



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the Plan would share the cost for covered health care services. **NOTE:** Information about the cost of this Plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 515-243-3246. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform.com or call 515-243-3246 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$283 per person (Medicare Part B Deductible)	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this Plan begins to pay. If you have other family members on the Plan, each family member must meet their own individual <u>deductible</u> . There is no family deductible for this Medicare Supplement Plan.
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> , dental and vision services, hearing aid benefits are covered before you meet your <u>deductible</u> .	This Plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. For example, this Plan covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this Plan?	\$283 per person (Medicare Part B Deductible)	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members on this Plan, they have to meet their own <u>out-of-pocket limits</u> . There is no family out-of-pocket for this Medicare Supplement Plan.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, dental and vision services, hearing aids, and health care this Plan does not cover	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	The Plan follows Medicare guidelines.	
Do you need a <u>referral</u> to see a <u>specialist</u> ?	The Plan follows Medicare guidelines.	



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.		The Plan follows Medicare guidelines and pays secondary.
	<u>Specialist</u> visit	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.		The Plan follows Medicare guidelines and pays secondary.
	<u>Preventive care/screening/immunization</u>	No charge. <u>Deductible</u> does not apply.		The Plan follows Medicare guidelines and pays secondary.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.		The Plan follows Medicare guidelines and pays secondary.
	Imaging (CT/PET scans, MRIs)	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.		The Plan follows Medicare guidelines and pays secondary.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.savrx.com .	Generic drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Prescription drugs</u> are not covered if <u>prescription drug</u> card is not shown at time of purchase. No charge for ACA-required generic preventive drugs such as FDA-approved contraceptives (or brand name drugs if a generic is medically inappropriate). <u>Plan</u> coordinates with Medicare and pays secondary.
	Brand drugs	20% <u>coinsurance</u> ; if a brand drug is purchased when a generic is available; you pay 20% <u>coinsurance</u> and the difference in cost between the brand and the generic.	20% <u>coinsurance</u> ; if a brand drug is purchased when a generic is available; you pay 20% <u>coinsurance</u> and the difference in cost between the brand and the generic.	
	<u>Specialty drugs</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.		The Plan follows Medicare guidelines and pays secondary.
	Physician/surgeon fees	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.		The Plan follows Medicare guidelines and pays secondary.
If you need immediate medical attention	<u>Emergency room care</u>	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.		The Plan follows Medicare guidelines and pays secondary.
	<u>Emergency medical transportation</u>	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.		The Plan follows Medicare guidelines and pays secondary.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
	<u>Urgent care</u>	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	The Plan follows Medicare guidelines and pays secondary.
If you have a hospital stay	Facility fee (e.g., hospital room)	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	The Plan follows Medicare guidelines and pays secondary.
	Physician/surgeon fees	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	The Plan follows Medicare guidelines and pays secondary.
	Inpatient services	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	The Plan follows Medicare guidelines and pays secondary.
If you are pregnant	Office visits	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	The Plan follows Medicare guidelines and pays secondary.
	Childbirth/delivery professional services	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	
	Childbirth/delivery facility services	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	
If you need help recovering or have other special health needs	<u>Home health care</u>	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	The Plan follows Medicare guidelines and pays secondary.
	<u>Rehabilitation services</u>	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	The Plan follows Medicare guidelines and pays secondary.
	<u>Habilitation services</u>	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	The Plan follows Medicare guidelines and pays secondary.
	<u>Skilled nursing care</u>	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	The Plan follows Medicare guidelines and pays secondary.
	<u>Durable medical equipment</u>	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	The Plan follows Medicare guidelines and pays secondary.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
	<u>Hospice services</u>	After the \$283 deductible is met, the Plan pays 100% of the Medicare allowed amount.	The Plan follows Medicare guidelines and pays secondary.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your Plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Plan at 515-243-3246. You may also contact the Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this Plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this Plan meet the Minimum Value Standards? Yes

If your Plan doesn’t meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a Plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 515-243-3246.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this Plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the Plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having Surgery

■ The Plan's overall deductible **\$283**

This **EXAMPLE** event includes services like:

Specialist office visits
Diagnostic tests (blood work)
Facility outpatient hospital/surgery center
Specialist visit (anesthesia)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$283
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
The total Peg would pay is	\$283

Managing Joe's Type 2 Diabetes

■ The Plan's overall deductible **\$283**

This **EXAMPLE** event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$283
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
The total Joe would pay is	\$283

Mia's Simple Fracture

■ The Plan's overall deductible **\$283**

This **EXAMPLE** event includes services like:

Emergency room care
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$283
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$283