



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.medcost.com](http://www.medcost.com) or by calling 1-800-795-1023.

Important Questions	Answers		Why this Matters:
	<b>In-Network</b>	<b>Non-Network</b>	
<b>What is the overall deductible?</b>	\$2,500 / person \$5,000 / family Does not apply to most In-Network office visits, preventative care, and prescription drugs.	\$5,000 / person \$10,000 / family	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1 <sup>st</sup> ). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .
<b>Are there other deductibles for specific services?</b>	No		You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
<b>Is there an out-of-pocket limit on my expenses?</b>	Yes \$5,500 / person \$11,000 / family	\$11,000 / person \$22,000 / family	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the costs of covered services. This limit helps you plan for health care expenses.
<b>What is not included in the out-of-pocket limit?</b>	Premiums, balanced-billed charges, health care this plan doesn't cover, and penalties.		Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
<b>Is there an overall annual limit on what the plan pays?</b>	No		The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
<b>Does this plan use a network of providers?</b>	Yes. See <a href="http://www.medcost.com">www.medcost.com</a> or call 1-800-795-1023 for a list of participating providers.		If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, preferred, or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>provider</b> .
<b>Do I need a referral to see a specialist?</b>	No		You can see the <b>specialist</b> you choose without permission from this plan.
<b>Are there services this plan doesn't cover?</b>	Yes		Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <b>excluded services</b> .

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- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan’s **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven’t met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-Network Provider	Non-Network Provider	
<b>If you visit a health care provider’s office or clinic</b>	Primary care visit to treat an injury or illness	\$20 co-pay	30% co-insurance	Co-insurance applies after deductible.
	Specialist visit	\$40 co-pay	30% co-insurance	Co-insurance applies after deductible.
	Other practitioner office visit – chiropractic	\$40 co-pay	30% co-insurance	Co-insurance applies after deductible. Maximum 25 visits / plan year.
	Preventive care/screening/immunization	No charge	No charge	Deductible waived. Non-Network maximum \$500 / plan year.
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	30% co-insurance	50% co-insurance	Co-insurance applies after deductible.
	Imaging (CT/PET scans, MRIs)	30% co-insurance	50% co-insurance	Co-insurance applies after deductible.
<b>If you need drugs to treat your illness or condition</b>  More information about <b>prescription drug coverage</b> is available at <a href="http://www.medcost.com">www.medcost.com</a> .	Generic drugs	\$4 co-pay Retail \$12 co-pay Mail Order		Covers up to a 30 day supply (retail prescription) or a 31-90 day supply (mail order prescription). FDA approved contraceptives, certain smoking cessation products, and over-the-counter preventive medications (with prescription) are covered at 100%.
	Preferred brand drugs	\$40 co-pay Retail \$120 co-pay Mail Order		
	Non-preferred brand drugs	\$55 co-pay Retail \$165 co-pay Mail Order		
	Specialty drugs	25% co-pay (minimum \$50, maximum \$100)		Certain high cost specialty injectable drugs must be purchased and dispensed by the Plan’s Specialty Pharmacy program. Contact Prescription Drug administrator at telephone number on ID Card for more information. These drugs will not be covered by the Medical Plan.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	30% co-insurance	50% co-insurance	Co-insurance applies after deductible.
	Physician/surgeon fees	30% co-insurance	50% co-insurance	Co-insurance applies after deductible.

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Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-Network Provider	Non-Network Provider	
<b>If you need immediate medical attention</b>	Emergency room services	\$300 co-pay	\$300 co-pay	Co-pay waived if admitted to hospital from emergency room. Deductible waived.
	Emergency medical transportation	30% co-insurance	30% co-insurance	Co-insurance applies after In-Network deductible.
	Urgent Care	\$40 co-pay	\$40 co-pay	Deductible waived.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	30% co-insurance	50% co-insurance	Co-insurance applies after deductible. Precertification required.
	Physician/surgeon fee	30% co-insurance	50% co-insurance	Co-insurance applies after deductible.
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services			
	- Facility	30% co-insurance	50% co-insurance	Co-insurance applies after deductible.
	- Physician	\$40 co-pay	30% co-insurance	
	Mental/Behavioral health inpatient services	30% co-insurance	50% co-insurance	Co-insurance applies after deductible. Precertification required.
	Substance use disorder outpatient services			
- Facility	30% co-insurance	50% co-insurance	Co-insurance applies after deductible.	
- Physician	\$40 co-pay	30% co-insurance		
Substance use disorder inpatient services	30% co-insurance	50% co-insurance	Co-insurance applies after deductible. Precertification required.	
<b>If you are pregnant</b>	Prenatal and postnatal care	30% co-insurance	50% co-insurance	Co-insurance applies after deductible.
	Delivery and all inpatient services	30% co-insurance	50% co-insurance	Co-insurance applies after deductible.
<b>If you need help recovering or have other special health needs</b>	Home health care	30% co-insurance	50% co-insurance	Co-insurance applies after deductible. Maximum 16 hours / day.
	Rehabilitation services	\$40 co-pay	30% co-insurance	Co-insurance applies after deductible. Includes cardiac, cognitive, and pulmonary.
	Habilitation services	\$40 co-pay	30% co-insurance	Co-insurance applies after deductible. Includes occupational, physical, and speech.
	Skilled nursing care	30% co-insurance	50% co-insurance	Co-insurance applies after deductible. Maximum 60 days / plan year.
	Durable medical equipment	30% co-insurance	50% co-insurance	Co-insurance applies after deductible.
	Hospice service	30% co-insurance	50% co-insurance	Co-insurance applies after deductible.

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Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-Network Provider	Non-Network Provider	
<b>If your child needs dental or eye care</b>	Eye exam	Not applicable	Not applicable	No coverage. Contact your Human Resource Dept. for possible coverage availability.
	Glasses	Not applicable	Not applicable	No coverage. Contact your Human Resource Dept. for possible coverage availability.
	Dental check-up	Not applicable	Not applicable	No coverage. Contact your Human Resource Dept. for possible coverage availability.

**Excluded Services & Other Covered Services:**

<b>Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <a href="#">excluded services</a>.)</b>		
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Cosmetic surgery</li> <li>Dental care (adult) – may be covered; contact your Human Resources Dept.</li> </ul>	<ul style="list-style-type: none"> <li>Long-term care</li> <li>Non-emergency care when traveling outside the U.S.</li> <li>Routine eye care (Adult) – may be covered; contact your Human Resources Dept.</li> </ul>	<ul style="list-style-type: none"> <li>Routine foot care</li> <li>Weight loss programs</li> </ul>

<b>Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)</b>		
<ul style="list-style-type: none"> <li>Bariatric surgery</li> <li>Hearing aids (dependent children to age 19 only)</li> </ul>	<ul style="list-style-type: none"> <li>Infertility treatment (testing only)</li> </ul>	<ul style="list-style-type: none"> <li>Private-duty nursing</li> </ul>

**Important Note:**

Your health plan is committed to helping you achieve your best health. All employees have the ability to avoid any applicable penalties relating to the wellness programs. If you think you might be unable to meet a standard to avoid a penalty under this wellness program, you might qualify for an opportunity to avoid the penalty by different means. Contact Julie Hall at 919-715-9782 or Lisa Ervin at 919-715-7973 and we will work with you and, if you wish, with your doctor to find a wellness program with the same reward that is right for you in light of your health status.

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### Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at Group's Phone #(919) 715-9782. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x 61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

### Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: the claims administrator, MBS; P. O. Box 25987; Winston-Salem, NC; 27114-5987; or <http://www.medcost.com>. 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](http://www.dol.gov/ebsa/healthreform). Additionally a consumer assistance program can help you file your appeal. Contact North Carolina Department of Insurance; Health Insurance Smart NC; 430 N. Salisbury Street; Raleigh, NC 27603 or 1-877-885-0231 or <http://www.ncdoi.com>.

### Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." This plan or policy does provide minimum essential coverage.

### Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-795-1023

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-795-1023

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-795-1023

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-795-1023

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

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## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: **\$7,540**
- Plan pays \$3,576
- Patient pays \$3,964

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests**	\$500
Prescriptions*	\$200
Radiology**	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$2,500
Co-pays	\$24
Co-insurance	\$1,440
Limits or exclusions	\$0
<b>Total</b>	<b>\$3,964</b>

\*Assumed generic filled 2 times through mail order  
 \*\*Assumed services provided at independent facility

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: **\$5,400**
- Plan pays \$3,285
- Patient pays \$2,115

#### Sample care costs:

Prescriptions*	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures**	\$700
Education***	\$300
Laboratory tests****	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$1,400
Co-pays	\$640
Co-insurance	\$0
Limits or exclusions	\$75
<b>Total</b>	<b>\$2,115</b>

\*Assumed Insulin (Preferred) filled 4x through mail order  
 \*\*Assumed 4 visits @ \$100 PCP  
 \*\*\*Assumed 2 visits @\$150 Specialist  
 \*\*\*\*Assumed 4 visits nutritional counseling @ \$75  
 \*\*\*\*\*Assumed services provided at independent facility

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## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include [premiums](#).
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network [providers](#). If the patient had received care from out-of-network [providers](#), costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how [deductibles](#), [co-payments](#), and [co-insurance](#) can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your [providers](#) charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient

Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the [premium](#) you pay. Generally, the lower your [premium](#), the more you'll pay in out-of-pocket costs, such as [co-payments](#), [deductibles](#), and [co-insurance](#). You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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