

Important Questions	Answers	Why This Matters
What is not included in the out-of-pocket limit ?	Premiums , balance billing charges, penalties for failure to obtain preauthorization for services and health care that a plan doesn't cover	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a test	Diagnostic test (x-ray, blood work)	X-rays: No charge; deductible does not apply Laboratory: No charge; deductible does not apply	X-rays: 20% coinsurance Laboratory: 20% coinsurance	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$150copay/visit;		

Common Medical Event

Services You May Need

What You Will

Other Covered Services (This isn't a complete list. Check your policy [plan](#) document for other covered services and your costs for these services.)

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Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor, Employee Benefits Security Administration (EBSA) (3272) or www.dol.gov/ebsa/healthreform, or the Department of Health and Human Services, Centers for Consumer Information and Insurance Oversight (CCIIO) (3272) or www.cciio.cms.gov or for more information on your rights to continue coverage, you can contact the Member Service number listed on your ID card or call 1-888-333-4742. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a [denial](#). 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 an appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

About these Coverage Examples:

Peg is Having a Baby
(9 months of in-network prenatal care
and a hospital delivery)

Managing Joe's type 2 Diabetes
(a year of routine in-network care of
well-controlled condition)

Mia's Simple Fracture
(in-network emergency room visit &
follow up care)

The plan's overall _

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주십시오.

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