




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, visit [wellaway.com](http://wellaway.com) or by calling 1-855-773-7810. 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.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-773-7810 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	In- <a href="#">Network</a> : \$2,500 individual / \$5,000 family. <a href="#">Out-of-network</a> : \$5,000 individual / \$10,000 family	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Prescription Drugs</a> ; in- <a href="#">network</a> office visits & <a href="#">Preventive care</a> are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	In- <a href="#">Network</a> : \$6,000 individual / \$12,000 family. <a href="#">Out-of-network</a> : \$12,000 individual / \$24,000 family	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover & penalties for failure to obtain <a href="#">pre-authorization</a> for services.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.wellaway.com">www.wellaway.com</a> or call 1-855-773-7810 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 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
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office</a> or <a href="#">clinic</a>	Primary care visit to treat an injury or illness	\$50 <a href="#">copay</a> /visit, then 20% <a href="#">coinsurance deductible</a> doesn't apply Virtual visit: No charge	50% <a href="#">coinsurance</a>	Physician administered drugs may have a higher <a href="#">copayment</a> . Virtual visit services are only covered for in- <a href="#">network providers</a> .
	<a href="#">Specialist</a> visit	\$60 <a href="#">copay</a> /visit then 20% <a href="#">coinsurance deductible</a> doesn't apply	50% <a href="#">coinsurance</a>	Physician administered drugs may have a higher <a href="#">copayment</a> . Virtual visit services are only covered for in- <a href="#">network providers</a> .
	<a href="#">Preventive care/screening/immunization</a>	No charge	Not covered	Physician administered drugs may have a higher <a href="#">copayment</a> . You may have to pay for services that aren't <a href="#">Preventive</a> . Ask your <a href="#">provider</a> if the services needed are <a href="#">Preventive</a> . Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	Independent Clinical Lab: \$50 <a href="#">copay</a> /test, then 20% <a href="#">coinsurance deductible</a> doesn't apply Independent Diagnostic Testing Center: \$200 <a href="#">copay</a> /test, then 20% <a href="#">coinsurance deductible</a> doesn't apply Outpatient Hospital Facility: \$300 <a href="#">copay</a> /test, then 20% <a href="#">coinsurance deductible</a> doesn't apply	50% <a href="#">coinsurance</a>	Lab work performed in an Independent Diagnostic Testing Center may have higher cost share than an Independent Clinical Lab. Tests performed in hospitals may have higher cost share than Independent Diagnostic Testing Centers.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.wellaway.com](http://www.wellaway.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Imaging (CT/PET scans, MRIs)	<p><u>Specialist</u>: \$250 <u>copay</u>/test, then 20% <u>coinsurance deductible</u> doesn't apply</p> <p>Independent Diagnostic Testing Center: \$250 <u>copay</u>/test, then 20% <u>coinsurance deductible</u> doesn't apply</p> <p>Outpatient Hospital Facility: \$400 <u>copay</u>/test, then 20% <u>coinsurance deductible</u> doesn't apply</p>	50% <u>coinsurance</u>	Tests performed in hospitals may have higher cost share than Independent Diagnostic Testing Centers. <u>Preauthorization</u> required. Failure to obtain <u>preauthorization</u> may result in denied coverage or up to \$500 penalty.
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <u>prescription drug coverage</u> is available at <a href="http://www.wellaway.com">www.wellaway.com</a></p>	Generic drugs	<p><u>Preventive care</u>: No charge / Condition care: \$15 <u>copay</u>/prescription <u>deductible</u> doesn't apply/ All other generic: \$40 <u>copay</u>/prescription <u>deductible</u> doesn't apply</p>	Not covered	<p>Covers 30-day supply (retail) includes contraceptive drugs &amp; devices obtainable from a pharmacy. Review your <u>formulary</u> for prescriptions requiring precertification or step therapy for coverage. Prescriptions above \$400 require <u>Preauthorization</u>. Failure to obtain <u>preauthorization</u> may result in denied coverage or up to \$500 penalty.</p>
	Preferred brand drugs	\$70 <u>copay</u> /prescription <u>deductible</u> doesn't apply	Not covered	
	Non-preferred brand drugs	50% <u>coinsurance</u> /prescription <u>deductible</u> doesn't apply	Not covered	
	<u>Specialty drugs</u>	50% <u>coinsurance</u> /prescription <u>deductible</u> doesn't apply	Not covered	

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$400 <a href="#">copay</a> /visit, then 20% <a href="#">coinsurance deductible</a> doesn't apply Outpatient Hospital: 20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	Physician/surgeon fees	Ambulatory Surgical Center: 20% <a href="#">coinsurance deductible</a> doesn't apply Outpatient Hospital: 20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
If you need immediate medical attention	<a href="#">Emergency room care</a>	Facility fee: \$400 <a href="#">copay</a> /visit, then 20% <a href="#">coinsurance deductible</a> doesn't apply Physician fee: 20% <a href="#">coinsurance</a>	Facility fee: \$400 <a href="#">copay</a> /visit, then 20% <a href="#">coinsurance deductible</a> doesn't apply Physician fee: 20% <a href="#">coinsurance</a>	No coverage for non-emergency use.
	<a href="#">Emergency medical transportation</a>	20% <a href="#">coinsurance deductible</a> doesn't apply	20% <a href="#">coinsurance deductible</a> doesn't apply	Non-emergency transport not covered, except if preauthorized.
	<a href="#">Urgent care</a>	\$60 <a href="#">copay</a> /visit then 20% <a href="#">coinsurance deductible</a> doesn't apply	Not covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> required for non-maternity/non-accidental condition. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	Physician/surgeon fees	20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.wellaway.com](http://www.wellaway.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Primary Care office visit and all other locations: \$50 <a href="#">copay</a> /visit then 20% <a href="#">coinsurance deductible</a> doesn't apply; Specialist office visit and all other locations: \$60 <a href="#">copay</a> /visit then 20% <a href="#">coinsurance deductible</a> doesn't apply; Facility fee: 20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a> (office visit and all other locations and facility fee)	<a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	Inpatient services	20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
<b>If you are pregnant</b>	Office visits	Initial visit: \$60 <a href="#">copay</a> /visit then 20% <a href="#">coinsurance deductible</a> doesn't apply	50% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	Birth Center: \$400 <a href="#">copay</a> /visit then 20% <a href="#">coinsurance deductible</a> doesn't apply Hospital: 20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	Within 14 days from discharge. <a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	<a href="#">Rehabilitation services</a>	Inpatient: 20% <a href="#">coinsurance</a> Outpatient: \$60 <a href="#">copay</a> /visit then 20% <a href="#">coinsurance</a> <a href="#">deductible</a> doesn't apply	Inpatient: 50% <a href="#">coinsurance</a>  Outpatient: 50% <a href="#">coinsurance</a>	45 day limit applies (inpatient); 20 visit limit applies (outpatient). <a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	<a href="#">Habilitation services</a>	Inpatient: 20% <a href="#">coinsurance</a> Outpatient: \$60 <a href="#">copay</a> /visit then 20% <a href="#">coinsurance</a> <a href="#">deductible</a> doesn't apply	Inpatient: 50% <a href="#">coinsurance</a>  Outpatient: 50% <a href="#">coinsurance</a>	45 day limit applies (inpatient); 20 visit limit applies (outpatient). <a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	<a href="#">Skilled nursing care</a>	20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	<a href="#">Durable medical equipment</a>	20% <a href="#">coinsurance</a> Motorized wheelchair: 50% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	Limited to 1 <a href="#">durable medical equipment</a> for same/similar purpose. Excludes repairs for misuse/abuse. Motorized wheelchair must be <a href="#">medically necessary</a> .
	<a href="#">Hospice services</a>	20% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	<b>If your child needs dental or eye care</b>	Children's eye exam	0% <a href="#">coinsurance</a> Usual, Reasonable and Customary	0% <a href="#">coinsurance</a> Usual, Reasonable and Customary
Children's glasses		0% <a href="#">coinsurance</a> Usual, Reasonable and Customary	0% <a href="#">coinsurance</a> Usual, Reasonable and Customary	Coverage limited to one pair of glasses or lenses/ <a href="#">plan</a> year up to age 19.
Children's dental check-up		0% <a href="#">coinsurance</a> Usual, Reasonable and Customary	0% <a href="#">coinsurance</a> Usual, Reasonable and Customary	Limited to 2 exams per policy year.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.wellaway.com](http://www.wellaway.com).

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Routine eye care (Adult)
- Routine foot care-except for required diabetic care
- Weight loss programs-except for required [preventive services](#)

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric surgery - lifetime maximum 1 per covered person
- Chiropractic care - limited to 15 visits per benefit period
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing - inpatient only

**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: U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). 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](http://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 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: WellAway Limited at 1-855-773-7810.

### 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? Not applicable.

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 1-855-773-7810.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-773-7810.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-855-773-7810.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-773-7810.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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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 a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$2,500
- [Specialist copayment/coinsurance](#) \$60/20%
- Hospital (facility) [coinsurance](#) 20%
- Other [copayment](#) \$50

This EXAMPLE event includes services like:  
[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,500
<a href="#">Copayments</a>	\$200
<a href="#">Coinsurance</a>	\$2,000
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$4,700</b>

**Managing Joe's Type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$2,500
- [Specialist copayment/coinsurance](#) \$60/20%
- Hospital (facility) [coinsurance](#) 20%
- Other [copayment](#) \$50

This EXAMPLE event includes services like:  
[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$800
<a href="#">Copayments</a>	\$100
<a href="#">Coinsurance</a>	\$1,800
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$2,700</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$2,500
- [Specialist copayment/coinsurance](#) \$60/20%
- Hospital (facility) [coinsurance](#) 20%
- Other [copayment](#) \$400

This EXAMPLE event includes services like:  
[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,500
<a href="#">Copayments</a>	\$300
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,800</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.