




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 [www.PSEWTrusts.com](http://www.PSEWTrusts.com) or call 1-866-314-4239. 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 1-866-314-4239 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. Covered medical benefits under this plan.	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 cost sharing 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> ?	Medical: <a href="#">network providers</a> \$5,500 per person / \$11,000 per family; <a href="#">providers</a> who do not accept Medicare assignment: \$8,000 per person. <a href="#">Prescription drug</a> : \$1,350 per person for <a href="#">network prescription drug copays</a> ; no <a href="#">out-of-pocket limit</a> for <a href="#">out-of-network prescription drug copays</a> .	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> ?	Medical services provided by a <a href="#">provider</a> who does not accept Medicare assignment or expenses that are not covered by Medicare, <a href="#">premiums</a> , <a href="#">balance billed charges</a> , <a href="#">prescription drug copays</a> for <a href="#">out-of-network</a> pharmacies, health care this <a href="#">plan</a> does not cover and <a href="#">coinsurance</a> for <a href="#">out-of-network</a> chiropractic, acupuncture, diabetic education, home health care, hospice, naturopathic, orthotics, outpatient therapies and skilled nursing care.	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. Medicare approved <a href="#">providers</a> .	This <a href="#">plan</a> uses a provider <a href="#">network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network</a>

Important Questions	Answers	Why This Matters:
		<a href="#">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
		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</a> office or clinic	Primary care visit to treat an injury or illness	No charge for Medicare approved charges	20% of Medicare limited charge and up to 50% of the difference between Medicare limited charge and billed amount	Only expenses recognized as covered charges by Medicare are considered eligible expenses.  You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your plan will pay for.
	<a href="#">Specialist</a> visit			
	<a href="#">Preventive care/screening/immunization</a>			
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge for Medicare approved charges	20% of Medicare limited charge and up to 50% of the difference between Medicare limited charge and billed amount	Only expenses recognized as covered charges by Medicare are considered eligible expenses.
	Imaging (CT/PET scans, MRIs)			

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)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="http://www.envisionrxplus.com">prescription drug coverage</a> is available at <a href="http://www.envisionrxplus.com">www.envisionrxplus.com</a>	Generic drugs	\$3 <a href="#">copay</a> /prescription retail through Costco; \$7.50 <a href="#">copay</a> /prescription through Costco mail order	\$10 <a href="#">copay</a> /prescription retail non-Costco \$30 <a href="#">copay</a> /prescription mail order non-Costco	Up to a 90-day supply allowed at retail or mail order. Copays shown apply per 30-day supply at retail and 90-day supply at mail order. Step Therapy, prior authorization and quantity limit guidelines may apply. <a href="#">Copay</a> is waived at <a href="#">network pharmacies</a> for preventive medications that have a rating of "A" or "B" in the current United States Preventive Services Task Force's recommendations. Non-formulary drugs may not be covered without approval through the prior-authorization process. To determine if a <a href="#">prescription drug is in the formulary</a> , see the formulary list at <a href="http://www.envisionrxplus.com">www.envisionrxplus.com</a> . For more information, call 1-844-293-4760
	Preferred brand drugs	\$25 <a href="#">copay</a> /prescription retail \$62.50 <a href="#">copay</a> /prescription through Costco mail order	\$25 <a href="#">copay</a> /prescription retail \$75 <a href="#">copay</a> /prescription mail order non-Costco	
	Non-preferred brand drugs	\$50 <a href="#">copay</a> /prescription retail \$125 <a href="#">copay</a> /prescription through Costco mail order	\$50 <a href="#">copay</a> /prescription retail \$150 <a href="#">copay</a> /prescription mail order non-Costco	
	<a href="#">Specialty drugs</a>	Same as generic/brand benefit	Same as generic/brand benefit	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No charge for Medicare approved charges	20% of Medicare limited charge and up to 50% of the difference between Medicare limited charge and billed amount	Only expenses recognized as covered charges by Medicare are considered eligible expenses.
	Physician/surgeon fees			
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	No charge for Medicare approved charges	No charge for Medicare approved charges	Only expenses recognized as covered charges by Medicare are considered eligible expenses.
	<a href="#">Emergency medical transportation</a>		20% of Medicare limited charge and up to 50% of the difference between Medicare limited charge and billed amount	
	<a href="#">Urgent care</a>		20% of Medicare limited charge and up to 50% of the difference between Medicare limited charge and billed amount	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No charge for Medicare approved charges	20% of Medicare limited charge and up to 50% of the difference between Medicare limited charge and billed amount	Only expenses recognized as covered charges by Medicare are considered eligible expenses.
	Physician/surgeon fees			

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 mental health, behavioral health, or substance abuse services	Outpatient services	No charge for Medicare approved charges	20% of Medicare limited charge and up to 50% of the difference between Medicare limited charge and billed amount	Only expenses recognized as covered charges by Medicare are considered eligible expenses.
	Inpatient services			
If you are pregnant	Office visits	No charge for Medicare approved charges	20% of Medicare limited charge and up to 50% of the difference between Medicare limited charge and billed amount	Only expenses recognized as covered charges by Medicare are considered eligible expenses.
	Childbirth/delivery professional services			
	Childbirth/delivery facility services			
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	No charge for Medicare approved charges	20% of Medicare limited charge and up to 50% of the difference between Medicare limited charge and billed amount	Only expenses recognized as covered charges by Medicare are considered eligible expenses.
	<a href="#">Rehabilitation services</a>			
	<a href="#">Habilitation services</a>			
	<a href="#">Skilled nursing care</a>			
	<a href="#">Durable medical equipment</a>			
	<a href="#">Hospice services</a>			
If your child needs dental or eye care	Children's eye exam	No charge	No charge	Exam allowed once per calendar year.
	Children's glasses	No cost for expenses provided by National Vision except for costs in excess of basic services.	Costs over \$60.00 for a pair of single vision lenses and costs over \$80.00 for a frame.	Lenses once each calendar year. Frames <b>once</b> each calendar year for children under age 18, or once each two calendar years for children 18 or older.
	Children's dental check-up	No charge	No charge	Limited to two exams and cleanings per calendar year; must be separated by a period of at least five months.

## Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Cosmetic surgery</li><li>• Dental Care (Adult)</li></ul>	<ul style="list-style-type: none"><li>• Hearing aids</li><li>• Infertility treatment</li><li>• Long-term care</li></ul>	<ul style="list-style-type: none"><li>• Non-emergency care when traveling outside the U.S.</li><li>• Routine foot care</li><li>• Weight loss programs</li></ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"><li>• Bariatric surgery</li><li>• Chiropractic Care</li></ul>	<ul style="list-style-type: none"><li>• Private-duty nursing</li></ul>	<ul style="list-style-type: none"><li>• Routine eye care (Adult)</li></ul>

**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 Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) and Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x 61565 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 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: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or contact the Administration Office at 1-866-314-4239.

Additionally, a consumer assistance program can help you file your [appeal](#). Contact Washington Consumer Assistant Program at 1-800-562-6900 or [www.insurance.wa.gov](http://www.insurance.wa.gov).

**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**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 1-866-314-4239.

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist](#) [coinsurance](#) 0%
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

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>\$12,800</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$10
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$70</b>

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist](#) [coinsurance](#) 0%
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

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>\$7,400</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$400
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$460</b>

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist](#) [coinsurance](#) 0%
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

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>\$1,900</b>
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In this example, Mia would pay:

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