



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 1-877-624-6219 or visit [www.mycreatehealth.com/employee](http://www.mycreatehealth.com/employee). 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 <https://www.healthcare.gov/sbc-glossary/> or call 1-877-624-6219 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	\$3,000 individual (single coverage) / \$6,000 family (family coverage) per calendar year.	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 policy, the overall family <a href="#">deductible</a> must be met before the <a href="#">plan</a> begins to pay.
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. Certain preventive care and those services listed below as "deductible does not apply" or as "No charge."	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 plan 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://healthcare.gov/coverage/preventive-care-benefits/">https://healthcare.gov/coverage/preventive-care-benefits/</a>
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	\$3,000 individual / \$6,000 family per calendar year. (\$3,200 is the maximum <a href="#">out-of-pocket limit</a> for an individual within a 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. There is an embedded <a href="#">out-of-pocket limit</a> for coverage tier Employee + Family (which includes Employee + Spouse and Employee + Children). <a href="#">Deductible</a> included in out-of-pocket max.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	<a href="#">Premiums</a> , <a href="#">balance billing</a> , charges, and healthcare this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="https://www.mycreatehealth.com/employee">https://www.mycreatehealth.com/employee</a> or call 1 (877) 624-6219 for a list of network providers	This <a href="#">plan</a> uses a provider <a href="#">network</a> . You will pay less if you use a provider in the plan's <a href="#">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 provider's charge and what your plan 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.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	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
		Preferred Provider (You will pay the least)	Participating Provider (You may pay more)	Nonparticipating Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office rehab or clinic	Primary care visit to treat an injury or illness	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	Coverage includes primary care visits at a retail walk-in clinic.
	<a href="#">Specialist</a> visit	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	
	<a href="#">Preventive care/screening/immunization</a>	No charge, Not subject to <a href="#">deductible</a>	No charge, Not subject to <a href="#">deductible</a> .	0% <a href="#">coinsurance</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)	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	None.
	Imaging (CT/PET scans, MRIs)	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="tel:1-800-228-3108">1-800-228-3108</a> or <a href="http://www.savrx.com">www.savrx.com</a> .	Generic drugs	0% <a href="#">coinsurance</a> / retail prescription or mail order prescription			Your prescription drug coverage is administered through Sav-Rx. MagnaCare assumes no liability for the accuracy of your prescription drug benefits information.
	Preferred brand drugs	0% <a href="#">coinsurance</a> / retail prescription or mail order prescription			
	Brand drugs	0% <a href="#">coinsurance</a> / retail prescription or mail order prescription			
	<a href="#">Specialty drugs</a>	Refer to generic, preferred brand and brand drugs above. The first fill is allowed at a pharmacy. Additional fills must be provided by the Sav-Rx Specialty Pharmacy.			Prescription Drugs are subject to medical plan deductible
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% <a href="#">coinsurance</a> for ambulatory surgery centers;  0% <a href="#">coinsurance</a> for all other facilities	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	None.

\* For more information about limitations and exceptions, see the [plan](#) or document at <https://www.mycreatehealth.com>

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Participating Provider (You may pay more)	Nonparticipating Provider (You will pay the most)	
	Physician/ surgeon fees	0% <a href="#">coinsurance</a> for ambulatory surgery centers; 0% <a href="#">coinsurance</a> for all other facilities	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	None.
If you need immediate medical attention	<a href="#">Emergency room care</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	None.
	<a href="#">Emergency medical transportation</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	None.
	<a href="#">Urgent care</a>	Covered the same as <b>if you visit a health care provider's office or clinic</b> (Primary care or <u>Specialist</u> visit) or <b>if you have a test</b> above.			None.
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	None.
	Physician/ surgeon fees	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	None.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	None.
	Inpatient services	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	None.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Participating Provider (You may pay more)	Nonparticipating Provider (You will pay the most)	
If you are pregnant	Office visits	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> does not apply for preventive services. Depending on the type of services, <a href="#">coinsurance</a> or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth / delivery professional services	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	130 visits / year
	<a href="#">Rehabilitation services</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	30 inpatient days / year 40 outpatient visits / year Includes physical therapy, occupational therapy and speech therapy.
	<a href="#">Habilitation services</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	25 outpatient neurodevelopment visits / year includes physical therapy, occupational therapy and speech therapy.
	<a href="#">Skilled nursing care</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	60 inpatient days / year
	<a href="#">Durable medical equipment</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	None.
	<a href="#">Hospice services</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	14 days Respite limit for inpatient or outpatient / claimant lifetime. No other limits
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered	None.
	Children's glasses	Not Covered	Not Covered	Not Covered	None.
	Children's dental check-up	Not Covered	Not Covered	Not Covered	None.

## 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](#).)

- Cosmetic surgery, except congenital anomalies
- Dental Care (Adult)
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care, except for diabetic patients
- Weight loss programs

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

- Abortion
- Acupuncture
- Chiropractic care
- Non-emergency care when traveling outside the U.S.

**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: [insert State, HHS, DOL, and/or other applicable agency contact information]. 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 the agencies below:

### Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

MagnaCare Member Services	1-877-624-6219
Department of Labor's Employee Benefits Security Administration	1-866-444-EBSA (3272) or <a href="http://www.dol.gov/ebsa/healthreform">www.dol.gov/ebsa/healthreform</a>
Health & Human Services, Center for Consumer Information & Insurance Oversight	1-877-267-2323 x61565 or <a href="http://www.cciio.cms.gov">www.cciio.cms.gov</a>
Washington State Office of the Insurance Commissioner	1-800-562-6900 or <a href="https://www.insurance.wa.gov">https://www.insurance.wa.gov</a>

### 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 1 (877) 624-6219

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## 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](#) \$3,000
- [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>\$12,700</b>
<b>In this example, Peg would pay:</b>	
<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$3,000
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$61
<b>The total Peg would pay is</b>	<b>\$3,061</b>

### Managing Joe's Type 2 Diabetes

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

- The [plan's](#) overall [deductible](#) \$3,000
- [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>\$5,600</b>
<b>In this example, Joe would pay:</b>	
<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$3,000
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$178
<b>The total Joe would pay is</b>	<b>\$3,178</b>

### Mia's Simple Fracture

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

- The [plan's](#) overall [deductible](#) \$3,000
- [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>\$3,200</b>
<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$3,000
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$3,000</b>

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