

 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 GPA at 1-800-827-7223. 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.cciio.cms.gov](http://www.cciio.cms.gov) or call 765-741-3397 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall <a href="#">deductible</a>?</p>	<p><b>\$4,000</b> person/<b>\$8,000</b> family Level I &amp; Level II Imagine Health  <b>\$4,000</b> person/<b>\$8,000</b> family All Other Level I &amp; Level II PPO &amp; Non-PPO</p>	<p>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.</p>
<p>Are there services covered before you meet your <a href="#">deductible</a>?</p>	<p><b>Yes.</b> Preventive services do not apply towards the <a href="#">deductible</a>.</p>	<p>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>.</p>
<p>Are there other <a href="#">deductibles</a> for specific services?</p>	<p><b>No.</b></p>	<p>You don't have to meet <a href="#">deductibles</a> for specific services.</p>
<p>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</p>	<p><b>\$5,000</b> person/<b>\$10,000</b> family Level I &amp; Level II Imagine Health  <b>\$5,000</b> person/<b>\$10,000</b> family All Other Level I &amp; Level II PPO &amp; Non-PPO</p>	<p>The <a href="#">out-of-pocket</a> limit is the most you could pay in a year for covered services.</p>
<p>What is not included in the <a href="#">out-of-pocket limit</a>?</p>	<p>Premiums; balance-billed charges; charges in excess of <a href="#">UCR (Usual, Customary &amp; Reasonable)</a>; any noncompliance penalties; and health care this plan doesn't cover</p>	<p>Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a>.</p>
<p>Will you pay less if you use a <a href="#">network provider</a>?</p>	<p><b>Yes</b>, for Level II <a href="#">Providers</a>. See page 2 for an explanation of Level I &amp; Level II <a href="#">Providers</a>. Visit <a href="https://providers.imaginehealth.com/">https://providers.imaginehealth.com/</a> for a list of participating Imagine Health Level I &amp; II <a href="#">providers</a>. Visit <a href="http://www.multiplan.com">www.multiplan.com</a> or call 1-888-611-7427 for a list of participating PHCS <a href="#">physicians</a>.</p>	<p>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 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 <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.</p>
<p>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</p>	<p><b>No.</b></p>	<p>You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a>.</p>



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.  
 Level I [Providers](#) include but are not limited to: Hospitals (Inpatient and Outpatient treatment); Inpatient Facilities (such as Rehabilitation Facilities, Skilled Nursing Facilities and [Hospice](#)); Inpatient and Outpatient Facilities of Mental Disorders, Chemical Dependency, Drug and Substance Abuse; Ambulatory Surgery Centers and Dialysis Clinics  
 Level II [Providers](#) are [Physicians](#) and all other [Providers](#) of service not defined as a Level I [Provider](#).

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Level I & Level II Imagine Health Provider	Level I All Other Provider	Level II PPO Provider	Level II Non-PPO Provider	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	<p>There is no charge for PPO female office sterilization &amp; all PPO FDA female approved contraceptive methods. Chiropractic is limited to 12 visits per calendar year. Non-PPO charges are subject to <a href="#">UCR</a> fees.</p> <p>See your plan document for additional benefit information &amp; limitations. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.</p> <p>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 plan will pay for.</p>
	<a href="#">Specialist</a> visit	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Preventive care/screening/immunization</a>	No Charge				
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	<p>Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.</p>
	Imaging (CT/PET scans, MRIs)	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	

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

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Level I & Level II Imagine Health Provider	Level I All Other Provider	Level II PPO Provider	Level II Non-PPO Provider	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.express-script.com">www.express-script.com</a>	Generic drugs	<a href="#">Deductible</a> then 10% <a href="#">coinsurance</a>				Covers a 30-day supply for Retail/90-day supply for Mail Order/30-day supply for Specialty. See your plan document for information about drugs that require prior authorization and drugs that are excluded.
	Preferred brand drugs	<a href="#">Deductible</a> then 10% <a href="#">coinsurance</a>				
	Non-preferred brand drugs	<a href="#">Deductible</a> then 10% <a href="#">coinsurance</a>				
	<a href="#">Specialty drugs</a>	<a href="#">Deductible</a> then 10% <a href="#">coinsurance</a>				
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	N/A	UR notification required if admitted inpatient. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	Physician/surgeon fees	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	UR notification required for non-emergency transports. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	<a href="#">Emergency medical transportation</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	<a href="#">Urgent care</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	N/A	UR notification required. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	Physician/surgeon fees	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	

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Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Level I & Level II Imagine Health Provider	Level I All Other Provider	Level II PPO Provider	Level II Non-PPO Provider	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	UR notification required for inpatient admissions. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	Inpatient services	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
<b>If you are pregnant</b>	Office visits	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Contact UR for coordination of prenatal care. UR notification required or \$500 non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	Childbirth/delivery professional services	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	Childbirth/delivery facility services	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	N/A	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Services limited per calendar year to 60 combined visits for Physical/Occupational Therapy, 20 visits for Speech Therapy, 60 days for Skilled Nursing Facilities & 60 days for Rehabilitation Facilities. Treatment of developmental delays may not be covered. See your plan document for additional information about <b>excluded services</b> . Contact UR for coordination of care for Home Health care & Outpatient Hospice. UR notification required if admitted inpatient. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	<a href="#">Rehabilitation services</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Habilitation services</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Skilled nursing care</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Durable medical equipment</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Hospice services</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
<b>If your child needs dental or eye care</b>	Children's eye exam	No Charge				Routine Vision & Hearing Screening covered for children.

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Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Level I & Level II Imagine Health Provider	Level I All Other Provider	Level II PPO Provider	Level II Non-PPO Provider	
						Non-PPO charges are subject to <a href="#">UCR</a> fees.
	Children's glasses		Not Covered			Not Covered
	Children's dental check-up		Not Covered			Not Covered

**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> <li>• Hearing Aids</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility Treatment</li> <li>• Long Term Care</li> <li>• Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• Routine eye care (Adult)</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 (morbid obesity only)</li> </ul>	<ul style="list-style-type: none"> <li>• Chiropractic Care</li> </ul>	<ul style="list-style-type: none"> <li>• Private Duty Nursing (related to Home Health only)</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: 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 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 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: 800-827-7223 or the 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).

**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](#).

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

*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](#) \$4000
- [Specialist coinsurance](#) 10%
- [Hospital \(facility\) coinsurance](#) 10%
- Other [coinsurance](#) 10%

**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>	
Deductibles	\$4,000
Copayments	\$0
Coinsurance	\$860
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$4,920</b>

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

- The [plan's](#) overall [deductible](#) \$4000
- [Specialist coinsurance](#) 10%
- [Hospital \(facility\) coinsurance](#) 10%
- Other [coinsurance](#) 10%

**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>	
Deductibles	\$4,000
Copayments	\$0
Coinsurance	\$140
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$4,160</b>

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

- The [plan's](#) overall [deductible](#) \$4000
- [Specialist coinsurance](#) 10%
- [Hospital \(facility\) coinsurance](#) 10%
- Other [coinsurance](#) 10%

**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>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,800</b>