



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 at [my.breckpoint.com](http://my.breckpoint.com) or call (844) 798-4878. 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 [my.breckpoint.com](http://my.breckpoint.com) or call (844) 798-4878 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$0.00 individual / \$0.00 family participating <u>providers</u>	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	No. There are no other specific deductibles.	There is no <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>
Are there other <u>deductibles</u> for specific services?	No	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Not applicable	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Not applicable	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
Will you pay less if you use a <u>network provider</u> ?	No. You may seek treatment from any licensed physician/hospital/provider of medical services of your choice and the Plan will pay benefits for covered expenses based upon an Allowable Charge.	This plan treats <u>providers</u> the same in determining payment for all services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies. Maximum Allowable Charges (MAC) are used as the maximum allowable charge for all **provider** services. The fee schedule applies to provider billing codes (CPT's, DRG's, etc.) and will cover most charges made by **providers**. The reimbursement schedule is 150% of the Medicare reimbursement rate for physicians and 150% of the Medicare reimbursement rate for facilities. This means the reimbursement is set at 50% more under this **plan** than is paid for providing the same service to a Medicare patient.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
<b>If you visit a health care provider's office or clinic</b>	<u>Preventive care/screening/immunization</u>	No charge	Will be subject to age and developmentally appropriate frequency limitations determined by the U.S. Preventive Services Task Force (USPSTF), unless specifically stated this Schedule of Benefits, and can be located using the following website(s): <a href="http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/">http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/</a>
	Virtual Urgent Care (Powered by MeMD)	No charge	----- none -----
	Primary care visit to treat an injury or illness	Not covered	----- none -----
	<u>Specialist</u> visit	Not covered	----- none -----
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	Not covered	----- none -----
	Imaging (CT/PET scans, MRIs)	Not covered	----- none -----
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="http://www.rxvalet.com">www.rxvalet.com</a>	Preventive drugs	At pharmacy & mail order: No charge for preventive drugs only	Covers up to a 30 day supply (retail) & 31-90 day supply (mail order). All prescription brand drugs not paid for by the Plan are available at a discount off of retail through Rx Valet.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Not covered	Not covered
	Physician/surgeon fees	Not covered	Not covered

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	Not covered	Not covered
	<u>Emergency medical transportation</u>	Not covered	Not covered
	<u>Urgent care</u>	Not covered	Not covered
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Not covered	Not covered
	Physician/surgeon fees	Not covered	Not covered
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Mental and Behavioral Health: Not covered Substance Abuse: Not covered	Not covered
	Inpatient services	Mental and Behavioral Health: Not covered Substance Abuse: Not covered	Not covered
<b>If you are pregnant</b>	Office Visits	Not covered	Unless for preventive services.
	Childbirth/delivery professional services	Not covered	Not covered
	Childbirth/delivery facility services	Not covered	Not covered
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	Not covered	Not covered
	<u>Rehabilitation services</u>	Not covered	Not covered
	<u>Habilitation services</u>	Not covered	Not covered
	<u>Skilled nursing care</u>	Not covered	Not covered
	<u>Durable medical equipment</u>	Not covered	Not covered
	<u>Hospice service</u>	Not covered	Not covered
<b>If your child needs dental or eye care</b>	Children's eye exam	Not covered	Unless mandated by the Affordable Care Act.
	Children's glasses	Not covered	Unless mandated by the Affordable Care Act.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
	Children's dental check-up	Not covered	Unless mandated by the Affordable Care Act.

### Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> <li>• Abortion</li> <li>• Acupuncture</li> <li>• Bariatric surgery</li> <li>• Chiropractic care</li> <li>• Cosmetic surgery</li> <li>• Dental care (adult &amp; child) unless mandated by the Affordable Care Act</li> <li>• Experimental treatments or procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Habilitation Services</li> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Private-duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Routine eye care (adult &amp; child) unless mandated by the Affordable Care Act</li> <li>• Routine foot care</li> <li>• Temporomandibular Joint Dysfunction Syndrome (TMJ)</li> <li>• Weight loss programs (unless plan provisions are met)</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)
<ul style="list-style-type: none"> <li>• Check your policy or plan document</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: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). 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: the plan sponsor at (844) 798-4878 or the plan's Claims administrator at (844) 798-4878, or the 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).

### 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 Standard? [No]**

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.

-----*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 <b>plan's</b> overall <b>deductible</b>	\$0.00
■ <b>Primary Care Provider</b>	\$0.00
■ Hospital (facility)	\$0.00
■ Other	0%

#### This EXAMPLE event includes services like:

Primary care 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>	
	\$0
<b>Copayments</b>	\$0
<b>Coinsurance</b>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$12,800
<b>The total Peg would pay is</b>	<b>\$12,800</b>

### Managing Joe's type 2 Diabetes

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

■ The <b>plan's</b> overall <b>deductible</b>	\$0.00
■ <b>Primary Care Provider</b>	\$0.00
■ Hospital (facility)	\$0.00
■ Other	0%

#### This EXAMPLE event includes services like:

Primary care 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>	
	\$0
<b>Deductibles</b>	\$0
<b>Copayments</b>	\$0
<b>Coinsurance</b>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$7,400
<b>The total Joe would pay is</b>	<b>\$7,400</b>

### Mia's Simple Fracture

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

■ The <b>plan's</b> overall <b>deductible</b>	\$0.00
■ <b>Primary Care Provider</b>	\$0.00
■ Hospital (facility)	\$0.00
■ Other	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>\$1,050</b>
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#### In this example, Mia would pay:

<i>Cost Sharing</i>	
	\$0
<b>Deductibles</b>	\$0
<b>Copayments</b>	\$0
<b>Coinsurance</b>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$1,050
<b>The total Mia would pay is</b>	<b>\$1,050</b>