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| **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, www.Auxiant.com or call 1-800-475-2232. For general definitions of common terms, such as allowed amount, balance billing, Coinsurance, Co-Payment, Deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.Auxiant.com or call 1-800-475-2232 to request a copy. |

| **Important Questions** | **Answers** | **Why This Matters:** |
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| **What is the overall Deductible?** | The insurance plan starts at:In-Network: **$7,000**/Individual per Calendar Year or **$14,000**/Family per Calendar Year.Out-of-Network: **$7,000**/Individual per Calendar Year or **$14,000**/Family per Calendar Year.The employer then “buys down” the Deductible, so your actual Deductible becomes **$1,000** per individual for a Calendar Year and **$2,000** per family for a Calendar Year. | This benefit is in addition to the Wellmark Blue Cross BlueShield plan already in place. Refer to the Wellmark Blue Cross Blue Shield of Iowa Summary of Benefits and Coverage for covered services for your particular plan.Generally, you must pay all of the costs from providers up to the Deductible amount before this plan begins to pay. This buy down benefit will then be paid as reimbursement to the covered service provider. Check your policy or plan document to see when the Deductible starts over. |
| **Are there other****Deductibles for specific services?** | **Yes. $100**/Individual or **$200**/Family for prescription drugs. | You must pay all of the costs for these services up to the specific Deductible amount before this plan begins to pay for these services. |
| **What is the out-of-pocket limit for this plan?** | In-Network: **$8,550**/Individual per Calendar Year or **$17,100/**Family per Calendar Year.Out-of-Network: **$8,550**/Individual per Calendar Year or **$17,100/**Family per Calendar Year.The employer then “buys down” the out-of-pocket, so your actual out-of-pocket becomes **$2,000** per individual for a Calendar Year, and **$4,000** per family for a Calendar Year. | The out-of-pocket limit is the most you could pay in a year for covered services. This limit helps you plan for health care expenses. The Deductible, prescription Deductible, medical Co-Payments and prescription Co-Payments are included in the out-of-pocket limit.  |
| **What is not included in the out-of-pocket limit?** | Benefits not covered under the Wellmark Blue Cross and Blue Shield Plan. | See your Wellmark Blue Cross Blue Shield Plan for covered benefits and limitations or exclusions. Even though you pay these expenses, they don’t count toward the out–of–pocket limit. |
| **What is the Coinsurance benefit?** | In-Network: **30%**Out-of-Network: **50%** | Coinsuranceis yourshare of the costs of a covered service, calculated as a percent of the allowed amountfor the service. For example, if the plan’s allowed amountfor an overnight hospital stay is $1,000, your Coinsurance payment of 10% would be $100. This may change if you haven’t met your Deductible. |
| **What is the office visit Co-Payment benefit?**  | Designated PCP: **$35**Non-Designated PCP**: $40**Chiropractor: **$40**Urgent Care: **$40**Specialist: **$80** | Co-Paymentsare fixed dollar amounts (for example, $10) you pay for covered health care, usually when you receive the service. Member is responsible for full Co-Paymentat time of service; Auxiant will reimburse the member the difference. Co-Payments apply to the “buy down” portion of the out-of-pocket limit. |
| **What is the Emergency Room Services** **Co-Payment benefit?**  | **$300** |
| **What are the Prescription** **Co-Payment amounts?** | Tier 1: **$12**Tier 2: **$35**Tier 3: **$60**Tier 4: **$85** |