



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.talltreehealth.com](http://www.talltreehealth.com) or by calling 1-877-453-4201

Important Questions	Answers	Why this Matters:
<b>What is the overall deductible?</b>	No.	This plan does not have a deductible. Plan covers preventive services only.
<b>Are there other deductibles for specific services?</b>	No.	No
<b>Is there an out-of-pocket limit on my expenses?</b>	No.	Preventive services only and care must be rendered by a network provider.
<b>What is not included in the out-of-pocket limit?</b>	The plan has no out-of-pocket limit.	Plan covers preventive services only at 100%. All other expenses are not covered.
<b>Is there an overall annual limit on what the plan pays?</b>	No.	Plan covers preventive services only at 100%. All other expenses are not covered.
<b>Does this plan use a network of providers?</b>	Yes. See <a href="http://www.talltreehealth.com">www.talltreehealth.com</a> for a link to PHCS Specific Services network of participating providers.	You must use an in-network health care provider for preventive care benefits.
<b>Do I need a referral to see a specialist?</b>	Specialty Care is not covered.	Specialty Care is not covered.
<b>Are there services this plan doesn't cover?</b>	Yes.	Any service not listed on the Schedule of Benefits is not covered. Specific preventive care only.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan’s **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven’t met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<b>If you visit a health care <u>provider’s</u> office or clinic</b>	Primary care visit to treat an injury or illness	No Benefit	No Benefit	Based on plan provisions
	Specialist visit	No Benefit	No Benefit	Based on plan provisions
	Other practitioner office visit	No Benefit	No Benefit	Based on plan provisions
	Preventive care/screening/immunization	Plan pays 100%	No Benefit	Based on plan provisions
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	No Benefit	No Benefit	Based on plan provisions
	Imaging (CT/PET scans, MRIs)	No Benefit	No Benefit	Based on plan provisions
<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.mycatamaranrx.com">www.mycatamaranrx.com</a> .	Generic drugs	Plan pays 100%	No Benefit	Plan is limited to generic medications identified by CMS preventive services.
	Preferred brand drugs	No Benefit	No Benefit	Based on plan provisions
	Non-preferred brand drugs	No Benefit	No Benefit	Based on plan provisions
	Specialty drugs	No Benefit	No Benefit	Based on plan provisions
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No Benefit	No Benefit	Based on plan provisions
	Physician/surgeon fees	No Benefit	No Benefit	Based on plan provisions
<b>If you need</b>	Emergency room services	No Benefit	No Benefit	Based on plan provisions

<b>Common Medical Event</b>	<b>Services You May Need</b>	<b>Your Cost If You Use an In-network Provider</b>	<b>Your Cost If You Use an Out-of-network Provider</b>	<b>Limitations &amp; Exceptions</b>
<b>immediate medical attention</b>	Emergency medical transportation	No Benefit	No Benefit	Based on plan provisions
	Urgent care	No Benefit	No Benefit	Based on plan provisions
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No Benefit	No Benefit	Based on plan provisions
	Physician/surgeon fee	No Benefit	No Benefit	Based on plan provisions
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	No Benefit	No Benefit	Based on plan provisions
	Mental/Behavioral health inpatient services	No Benefit	No Benefit	Based on plan provisions
	Substance use disorder outpatient services	No Benefit	No Benefit	Based on plan provisions
	Substance use disorder inpatient services	No Benefit	No Benefit	Based on plan provisions
<b>If you are pregnant</b>	Prenatal and postnatal care	No Benefit	No Benefit	Based on plan provisions
	Delivery and all inpatient services	No Benefit	No Benefit	Based on plan provisions
<b>If you need help recovering or have other special health needs</b>	Home health care	No Benefit	No Benefit	Based on plan provisions
	Rehabilitation services	No Benefit	No Benefit	Based on plan provisions
	Habilitation services	No Benefit	No Benefit	Based on plan provisions
	Skilled nursing care	No Benefit	No Benefit	Based on plan provisions
	Durable medical equipment	No Benefit	No Benefit	Based on plan provisions
	Hospice service	No Benefit	No Benefit	Based on plan provisions
<b>If your child needs dental or eye care</b>	Eye exam	Plan covers 100%	No Benefit	Based on plan provisions
	Glasses	No Benefit	No Benefit	Based on plan provisions
	Dental check-up	No Benefit	No Benefit	Based on plan provisions

**Excluded Services & Other Covered Services:**

**Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)**

- Acupuncture
- All Health Care other than 63 preventive services identified by Centers for Medicare and Medicaid Services (CMS)
- Bariatric Surgery
- Chiropractic Care
- Cosmetic Surgery
- Dental care (Adults)
- Hearing Aids
- Infertility treatment
- Long-term care
- Most coverage provided outside the United States
- Non-Emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine Foot care
- Weight Loss programs

**Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)**

- 63 Preventive Services identified by Centers for Medicare and Medicaid Services (CMS)

**Your Rights to Continue Coverage:**

If you lose coverage under the plan, then, depending upon the circumstance, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 877-453-4201. You may also contact your state insurance department, 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, extension 61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Tall Tree Administrators

P.O. Box 1807

Draper, Utah 84020

1-877-453-4201

Department of Labor Employee Benefits Security Administration

1-866-444-EBSA (3272)

[www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does not meet the minimum value standard for the benefits it provides.**

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*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*

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## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



### This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$0
- Patient pays \$7,540

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$0
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$7,540
<b>Total</b>	<b>\$7,540</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$0
- Patient pays \$5,400

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$
Copays	\$
Coinsurance	\$
Limits or exclusions	\$5,400
<b>Total</b>	<b>\$5,400</b>

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.