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 by calling **1-866-375-0775**.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$0** person **/ $0** family	See the chart starting on page 2 for your costs for services this plan covers
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	No.	There is no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out–of–pocket limit?	This plan has no **out-of-pocket limit.**	Not applicable because there's no **out-of-pocket limit** on your expenses.
Is there an overall annual limit on what the plan pays?	No.	The chart staring on page 2 describes any limits on what the plan will pay for *specific* covered services, such as recommended preventive services.
Does this plan use a network of providers?	No.	You are free to use any licensed doctor or any certified hospital.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 3. See your policy or plan document for additional information about **excluded services**.

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you visit a health care provider's office or clinic	Annual preventive care	$0	Limited to recommended preventive care
	Immunizations	$0	
	General health screenings	$0	
	Treatment of an injury or sickness	Not Covered	Not Covered – Plan limited to preventive care only
If you have a test	HIV Screening	$0	Limited to recommended preventive care
	Colorectal Cancer Screening for Adults over 50	$0	
If you need contraceptive drugs More information about **prescription drug coverage** is available by calling 1-866-375-0775.	Generic Contraceptive Drugs	$0	Limited to recommended preventive care
	Brand Name Contraceptive Drugs	$50	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Covered	Not Covered – Plan limited to preventive care only
	Physician/surgeon fees		
If you need immediate medical attention	Emergency room services	Not Covered	Not Covered – Plan limited to preventive care only
	Emergency medical transportation		
	Urgent care		
If you have a hospital stay	Facility fee (e.g., hospital room)	Not Covered	Not Covered – Plan limited to preventive care only
	Physician/surgeon fee		
If you have mental health, behavioral health, or substance abuse needs	Depression screening and counseling for adults	$0	Limited to recommended preventive care
	Alcohol misuse screening and counseling	$0	
	Mental/Behavioral health outpatient services	Not Covered	Not Covered – Plan limited to preventive care only
	Substance use disorder inpatient services		
If you are pregnant	Anemia screening on a routine basis for pregnant women	$0	Limited to recommended preventive care

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
	Delivery and all inpatient services	Not Covered	Not Covered – Plan Limited to preventive care only
If you need help recovering or have other special health needs	Home health care	Not Covered	Not Covered – Plan Limited to preventive care only
	Rehabilitation services		
	Habilitation services		
	Skilled nursing care		
	Durable medical equipment		
	Hospice service		
If your child needs dental or eye care	Eye exam	$0	Limited to recommended preventive care
	Glasses	Not Covered	Not Covered – Limited to preventive care only
	Dental check-up	Not Covered	None

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.)

- preventive health services not meeting the requirements of the Affordable Care Act;
- Acupuncture
- Bariatric surgery
- Chiropractic care
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private duty nursing
- Routine eye care (Adult)
- Routine foot care, and
- 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.)

Questions: Call 1-866-375-0775.
If you aren't clear about any of the underlined terms used in this form, see the Glossary.
You can view the Glossary at www.cciio.cms.gov or call 1-866-375-0775 to request a copy.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, 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 to 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 1-866-375-0775. 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, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or 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 any of the following:

RSL Specialty Products Administration
Toll-Free - 1-866-375-0775
Written appeals should be mailed to:
RSL Specialty Products Administration
Claims Department
505 S. Lenola Road, Suite 231
Moorestown, NJ 08057.

Department of Labor's Employees Benefit Security Administration, Toll Free - 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform.

Julie Nelson
University Payroll & Benefits
UIUC (217) 333-3111, UIC (312) 996-6471, UIS (217) 206-7144
By mail to:
Henry Administration Building, Room 177 (MC318)
506 S. Wright Street
Urbana, IL 61801

Additionally, a consumer assistance program can help you file your appeal. Contact:

Chicago Office
122 S. Michigan Ave., 19th Floor
Chicago, IL 60603

Springfield Office
320 W Washington
Springfield, IL 62767
(877) 527-9431
http://insurance.illinois.gov/

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.

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

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** $290
- **Patient pays** $7,250

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
Total	**$7,540**

Patient pays:

Deductibles	$0
Copays	$0
Coinsurance	$0
Limits or exclusions	$7,250
Total	**$7,250**

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

- **Amount owed to providers:** $5,400
- **Plan pays** $100
- **Patient pays** $5,300

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
Total	**$5,400**

Patient pays:

Deductibles	$0
Copays	$0
Coinsurance	$0
Limits or exclusions	$5,300
Total	**$5,300**

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 exclusion.
- 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.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **copayments** 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.** Services shown are just examples. Preventive services you receive could be different based on your doctor's advice, your age, 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 service. 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.