

 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, 1-800-765-4239. 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.healthcare.gov/sbc-glossary/ or call 1-800-765-4239 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0 <i>Certain <u>out-of-network claims</u> are treated as <u>in-network claims</u> (see page 1).</i>	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 deductible?	Not applicable.	This <u>plan</u> does not have an overall <u>deductible</u> .
Are there other deductibles for specific services?	Yes. \$600 per person for organ transplants and \$60 per person for <u>prescription drugs</u> . There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	Transplant Benefits: \$1,900 per person at Center of Excellence Facility and No limit at Non-Center of Excellence Facility. <i>Certain <u>out-of-network claims</u> are treated as <u>in-network claims</u> (see page 1).</i>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered transplant services.
What is not included in the out-of-pocket limit?	<u>Balance-billing</u> charges, <u>premiums</u> , <u>deductibles</u> , <u>coinsurance</u> for Non-Centers of Excellence organ transplant benefits, <u>prescription drugs</u> , <u>cost sharing</u> for hearing aids, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes.* For a list of preferred <u>network</u> pharmacies for <u>prescription drug</u> benefits, go to www.caremark.com , or call SilverScript Customer Care at 1-844-449-4729. For medical benefits, this <u>plan</u> does not use a <u>provider network</u> . You can receive covered services from any <u>provider</u> . If the <u>provider</u> accepts Medicare and you meet the Medicare Part B <u>deductible</u> , the service will be covered. * <u>Out-of-network providers</u> may be treated as <u>network providers</u> for <u>cost-sharing</u> purposes for <u>out-of-network emergency services</u> , <u>out-of-network providers</u> at <u>in-network facilities</u> , and <u>out-of-network air ambulance costs</u> for <u>emergencies</u>	For <u>prescription drugs</u> , this <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Important Questions	Answers	Why This Matters:
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> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Medicare <u>Provider</u> (You will pay the least)	Non-Medicare <u>Provider</u> (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	No charge if allowed by Medicare.	N/A	The <u>Plan</u> pays 20% of Medicare-eligible expenses. If you use a <u>provider</u> that accepts Medicare, Medicare generally pays 80%. You must pay the Medicare Part B <u>deductible</u> .
	<u>Specialist</u> visit			
	<u>Preventive care/screening/immunization</u>			
If you have a <u>test</u>	<u>Diagnostic test</u> (x-ray, blood work)	No charge if allowed by Medicare.	N/A	The <u>Plan</u> pays 20% of Medicare-eligible expenses. If you use a <u>provider</u> that accepts Medicare, Medicare generally pays 80%. You must pay the Medicare Part B <u>deductible</u> .
	Imaging (CT/PET scans, MRIs)			
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.caremark.com , or call SilverScript Customer Care at 1-844-449-	Generic drugs	\$15 <u>copayment/fill</u> (retail); \$25 <u>copayment/fill</u> (mail order and preferred <u>network pharmacy</u>); and \$45 <u>copayment/fill</u> (non-preferred pharmacy) after \$60 <u>prescription drug deductible</u> .	50% <u>coinsurance</u> after \$60 <u>prescription drug deductible</u> .	34-day supply (retail); 90-day supply (preferred <u>network pharmacy</u> or mail order); 90-day supply (non-preferred pharmacy) If a brand name drug is chosen when a generic drug is available, the brand name <u>copayment</u> will apply.
	Brand Name drugs	\$20 <u>copayment/fill</u> (retail); \$35 <u>copayment/fill</u> (mail order or preferred <u>network pharmacy</u>); and \$60 <u>copayment/fill</u> (non-preferred pharmacy) after \$60 <u>prescription drug deductible</u> .	50% <u>coinsurance</u> after \$60 <u>prescription drug deductible</u> .	90-day supply for maintenance drugs available through CVS Maintenance Choice (retail and mail order). Vaccines for flu, pneumococcal, shingles and TDAP will be subject to \$0 <u>copay</u> when obtained from a CVS pharmacy.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Medicare <u>Provider</u> (You will pay the least)	Non-Medicare <u>Provider</u> (You will pay the most)	
4729.	<u>Specialty drugs</u> through the <u>prescription drug program</u>	10% <u>coinsurance</u> (retail and mail order) up to maximum of \$125/fill after \$60 <u>prescription drug deductible</u> .	50% <u>coinsurance</u> (retail) after \$60 <u>prescription drug deductible</u> .	Limited to a 30-day supply. Covered persons who were receiving specialty medications before January 1, 2013 pay retail or mail order <u>copayments</u> , not subject to maximum.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge if allowed by Medicare.	N/A	The <u>Plan</u> pays 20% of Medicare-eligible expenses. If you use a <u>provider</u> that accepts Medicare, Medicare generally pays 80%. You must pay the Medicare Part B <u>deductible</u> . Certain <u>out-of-network</u> costs are treated as <u>in-network</u> costs as described on page 1.
	Physician/surgeon fees			
If you need immediate medical attention	<u>Emergency room care</u>	No charge if allowed by Medicare.	N/A	The <u>Plan</u> pays 20% of Medicare-eligible expenses. If you use a <u>provider</u> that accepts Medicare, Medicare generally pays 80%. You must pay the Medicare Part B <u>deductible</u> . The <u>Plan</u> pays 80% <u>coinsurance</u> for <u>medically necessary emergency services</u> during the first 60 days of each trip outside the United States (after the first \$250 of eligible expenses) up to \$50,000 per lifetime.
	<u>Emergency medical transportation</u>			
	<u>Urgent care</u>			
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge if allowed by Medicare. You will begin to pay all costs once all lifetime reserve days are used and expenses are incurred beyond an additional 365 days.	N/A	For the first 60 days, the <u>Plan</u> pays the Medicare Part A <u>deductible</u> (\$1,484 for 2021). For days 61 through 90, the <u>Plan</u> pays the amount that Medicare does not pay (\$371 per day for 2021). For days 91 and after, the <u>Plan</u> pays what Medicare does not pay during an initial 60 lifetime reserve days (\$742 per day for 2021). After all lifetime reserve days are used, the <u>Plan</u> pays 100% of Medicare-eligible expenses up to 365 days. Beyond an additional 365 days, you must pay all costs. Certain <u>out-of-network</u> costs are treated as <u>in-network</u> costs as described on page 1.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Medicare <u>Provider</u> (You will pay the least)	Non-Medicare <u>Provider</u> (You will pay the most)	
	Physician/surgeon fees	No charge if allowed by Medicare.	N/A	<p>The <u>Plan</u> pays 20% of Medicare-eligible expenses. If you use a <u>provider</u> that accepts Medicare, Medicare generally pays 80%.</p> <p>You must pay the Medicare Part B <u>deductible</u>.</p> <p>Certain <u>out-of-network</u> costs are treated as <u>in-network</u> costs as described on page 1.</p>
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge if allowed by Medicare.	N/A	<p>The <u>Plan</u> pays 20% of Medicare-eligible expenses. If you use a <u>provider</u> that accepts Medicare, Medicare generally pays 80%.</p> <p>You must pay the Medicare Part B <u>deductible</u>. Certain <u>out-of-network</u> costs are treated as <u>in-network</u> costs as described on page 1.</p>
	Inpatient services	<p>Facility: No charge if allowed by Medicare. You will begin to pay all costs once all lifetime reserve days are used and expenses are incurred beyond an additional 365 days.</p> <p>Professional: No charge if allowed by Medicare.</p>		<p>Facility: For the first 60 days, the <u>Plan</u> pays \$1,484 (Medicare Part A <u>deductible</u> for 2021). For days 61 through 90, the <u>Plan</u> pays \$371 per day (the amount that Medicare does not pay for 2021). For days 91 and after, the <u>Plan</u> pays what Medicare does not pay during an initial 60 lifetime reserve days (\$742 per day for 2021).</p> <p>After all lifetime reserve days are used, the <u>Plan</u> pays 100% of Medicare-eligible expenses up to 365 days. Beyond an additional 365 days, you must pay all costs.</p> <p>Professional: The <u>Plan</u> pays 20% of Medicare-eligible expenses. If you use a <u>provider</u> that accepts Medicare, Medicare generally pays 80%.</p> <p>You must pay the Medicare Part B <u>deductible</u>. Certain <u>out-of-network</u> costs are treated as <u>in-network</u> costs as described on page 1.</p>
If you are pregnant	Office visits	No charge if allowed by Medicare.	N/A	<p>The <u>Plan</u> pays 20% of Medicare-eligible expenses. If you use a <u>provider</u> that accepts Medicare, Medicare generally pays 80%.</p> <p>You must pay the Medicare Part B <u>deductible</u>.</p>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Medicare <u>Provider</u> (You will pay the least)	Non-Medicare <u>Provider</u> (You will pay the most)	
	Childbirth/delivery professional services	No charge if allowed by Medicare.		The <u>Plan</u> pays 20% of Medicare-eligible expenses. If you use a <u>provider</u> that accepts Medicare, Medicare generally pays 80%. You must pay the Medicare Part B <u>deductible</u> .
	Childbirth/delivery facility services	No charge if allowed by Medicare. You will begin to pay all costs once all lifetime reserve days are used and expenses are incurred beyond an additional 365 days.		For the first 60 days, the <u>Plan</u> pays \$1,484 (2021 Medicare Part A <u>deductible</u>). For days 61 through 90, the <u>Plan</u> pays \$371 per day (the amount that Medicare does not pay for 2021). For days 91 and after, the <u>Plan</u> pays what Medicare does not pay during an initial 60 lifetime reserve days (\$742 per day for 2021). After all lifetime reserve days are used, the <u>Plan</u> pays 100% of Medicare-eligible expenses up to 365 days. Beyond an additional 365 days, you must pay all costs.
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge if allowed by Medicare.	N/A	The <u>Plan</u> pays 20% of Medicare-eligible expenses. If you use a <u>provider</u> that accepts Medicare, Medicare generally pays 80%. You must pay the Medicare Part B <u>deductible</u> .
	<u>Rehabilitation services</u>	No charge if allowed by Medicare.	N/A	Medicare covers outpatient physical and occupational therapy, and speech-language pathology services. The <u>Plan</u> pays 20% of Medicare-eligible expenses. If you use a <u>provider</u> that accepts Medicare, Medicare generally pays 80%. You must pay the Medicare Part B <u>deductible</u> .
	<u>Habilitation services</u>	Not covered	Not covered	You must pay 100% of this service, even from a Medicare <u>provider</u> .
	<u>Skilled nursing care</u>	No charge if allowed by Medicare. If treatment continues for 101 days up to 365 days, you will pay all costs over the Medicare	N/A	You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entering a Medicare-approved facility within 30 days after leaving the hospital.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Medicare <u>Provider</u> (You will pay the least)	Non-Medicare <u>Provider</u> (You will pay the most)	
		approved amount. After 365 days, you must pay full costs.		
	<u>Durable medical equipment</u>	No charge if allowed by Medicare.	N/A	The <u>Plan</u> pays 20% of Medicare-eligible expenses. If you use a <u>provider</u> that accepts Medicare, Medicare generally pays 80%. You must pay the Medicare Part B <u>deductible</u> .
	<u>Hospice services</u>	No charge if allowed by Medicare.	N/A	Must be certified as terminally ill by physician. Certain outpatient drugs and inpatient respite care subject to <u>coinsurance</u> .
If your child needs dental or eye care	Children's eye exam	No charge	No charge	None
	Children's glasses	No charge	No charge	Calendar year maximum of one set of lenses and one pair of frames, or one 12-month supply of contacts, or one frame and one 12-month supply of contacts.
	Children's dental check-up	10% <u>coinsurance</u>	10% <u>coinsurance</u>	None

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery 	<ul style="list-style-type: none"> • <u>Habilitation services</u> • Infertility treatment 	<ul style="list-style-type: none"> • Private-duty nursing • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery (if allowed by Medicare)
- Chiropractic Care (if allowed by Medicare)
- Dental care (Adult) (up to \$1,500 per individual per calendar year)
- Hearing aids (up to \$1,250 per ear every 5 years, except for individuals under age 18)
- Long-term care (if allowed by Medicare)
- Routine eye care (adult) up to \$400 per individual per calendar year)
- Routine foot care (if allowed by Medicare)

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 Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/agencies/ebsa>. 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 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 on how 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: Fund Administrator, NECA-IBEW Welfare Trust Fund, 2120 Hubbard Avenue, Decatur, IL 62526-2871; Telephone: 1-800-765-4239. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/agencies/ebsa>.

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? 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.

Language Access Services:

Para obtener asistencia en Español, llame al 1-800-765-4239.

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 Medicare provider pre-natal care and a hospital delivery)

- The plan's overall medical deductible N/A
- Specialist N/A
- Hospital (facility) N/A
- Other N/A

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*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u> (Medicare)	\$210
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$270

Managing Joe's type 2 Diabetes

(a year of routine Medicare provider care of a well-controlled condition)

- The plan's overall medical deductible N/A
- Specialist N/A
- Hospital (facility) N/A
- Other N/A

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*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u> (Medicare)	\$258
<u>Copayments</u>	\$750
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$120
The total Joe would pay is	\$1,128

Mia's Simple Fracture

(Medicare provider emergency room visit and follow up care)

- The plan's overall medical deductible N/A
- Specialist N/A
- Hospital (facility) N/A
- Other N/A

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u> (Medicare)	\$203
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$203