⚠️ 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, contact your Human Resources Department at 1-404-652-7071 or 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 https://www.healthcare.gov/sbc-glossary or call 1.800.742.9944 (Compliance Department) to request a copy.

Important Questions	Answers	Why This Matters:
What is the over-all deductible?	$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes, Preventative Services are covered. See page 2	See the Common Medical Events chart below for your costs for services this plan covers.
Are there other deductible's for a specific service?	No.	You don't have to meet deductibles for a specific service.
What is the out-of-pocket limit for this plan?	Not Applicable.	This plan does not have an out-of-pocket limit on your expenses.
What is not included in the out-of-pocket limit?	Not Applicable.	This plan does not have an out-of-pocket limit on your expenses.
Will you pay less if you use a network provider?	Yes, for a list of providers for Multiplan, see: www.multiplan.com or call 800.922.4362.	This plan uses a provider network. You pay the least if you use a provider in the Network provider tier. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your Network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

⚠	All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (you will pay less)	Non-Network Provider (you will pay more)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not covered	Not covered	
	Specialist visit	Not covered	Not covered	
	Preventive care/screening/ immunization	No charge to member	Not covered	Only preventative care services required by the Affordable Care Act (ACA) are covered. You may have to pay for services that aren't preventative. Ask your provider if the services are preventative. For a list of ACA preventative care services, visit https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html
If you have a test	Diagnostic test (x-ray, blood work)	No charge to member for ACA preventative services	Not covered	Only preventative care services required by the Affordable Care Act (ACA) are covered. For a list of ACA preventative care services, visit https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html
	Imaging (CT/PET scans, MRIs)	Not covered	Not covered	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at PharmAvail or call 1-800-933-3734.	Contraceptives	No charge to member		For more information about prescription drug coverage under the ACA, visit https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html
	ACA Supplements/Drugs	No charge to member		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not covered	Not covered	
	Physician/surgeon fees	Not covered	Not covered	
If you need immediate medical attention	Emergency room care	Not covered	Not covered	
	Emergency medical transportation	Not covered	Not covered	
	Urgent care	Not covered	Not covered	

If you have a hospital stay	Facility fee (e.g., hospital room)	Not covered	Not covered	
	Physician/surgeon fees	Not covered	Not covered	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Not covered	Not covered	Only preventative care services required by the Affordable Care Act (ACA) are covered. For a list of ACA preventative care services, visit https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html
	Inpatient services	Not covered	Not covered	
If you are pregnant	Office visits	Not covered	Not covered	Only preventative care services required by the Affordable Care Act (ACA) are covered. For a list of ACA preventative care services, visit https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html
	Childbirth/delivery professional services	Not covered	Not covered	
	Childbirth/delivery facility services	Not covered	Not covered	
If you need help recovering or have other special health needs	Home health care	Not covered	Not covered	
	Rehabilitation services	Not covered	Not covered	
	Habilitation services	Not covered	Not covered	
	Skilled nursing care	Not covered	Not covered	
	Durable medical equipment	Not covered	Not covered	
	Hospice services	Not covered	Not covered	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Only preventative care services required by the Affordable Care Act (ACA) are covered. For a list of ACA preventative care services, visit https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
• Acupuncture	• Bariatric surgery	• Chiropractic care
• Cosmetic surgery	• Dental care (Adult)	• Long-term care
• Hearing aids	• Infertility treatment	• Routine eye care (Adult)
• Non-emergency care when traveling outside the U.S.	• Private-duty nursing	
• Routine foot care	• Weight loss programs	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)
• Only preventative care services required by the Affordable Care Act (ACA) are covered. For a list of ACA preventative care services, visit https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html

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 plan at 1.800.742.9944 or www.imala.com, the Department of Labor's Employee Benefits Security Administration at 1.866.444.EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services and Center for Consumer Information and Insurance Oversight at 1.877.267.2323 x61565 or www.cciio.cms.gov. 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 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 at 1.800.742.9944 or www.imala.com, Louisiana Department of Insurance at 1.800.259.5300 or https://www.ldi.la.gov/ or the Department of Labor's Employee Benefits Security Administration at 1.866.444.EBSA (3272) or 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 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.

––––––––––––––––––––*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)	Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	Mia's Simple Fracture (in-network emergency room visit and follow up care)
■ The plan's overall deductible $0 ■ Specialist coinsurance Not covered ■ Hospital (facility) coinsurance Not covered ■ Other coinsurance Not covered	■ The plan's overall deductible $0 ■ Specialist coinsurance Not covered ■ Hospital (facility) coinsurance Not covered ■ Other coinsurance Not covered	■ The plan's overall deductible $0 ■ Specialist coinsurance Not covered ■ Hospital (facility) coinsurance Not covered ■ Other coinsurance Not covered
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*)	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*)	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	$12,731

Total Example Cost	$7,389

Total Example Cost	$1,925

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$12,528
The total Peg would pay is	**$12,528**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$7,176
The total Joe would pay is	**$7,176**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$1,925
The total Mia would pay is	**$1,925**

The plan would be responsible for the other costs of these EXAMPLE covered services.

Only preventative care services required by the Affordable Care Act (ACA) are covered under this MEC plan. For a list of ACA preventative care services, visit
https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html