

 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, call GPA at 1-800-827-7223. 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.cciio.cms.gov](http://www.cciio.cms.gov) or visit [www.gunnisoncounty.org](http://www.gunnisoncounty.org) to view the 2020 Benefits Summary Guide.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	<b>\$4,000</b> person/ <b>\$8,000</b> family PHCS, Direct Contract, and all other Providers	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	<b>Yes.</b> Preventive services do not apply towards the <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	<b>No.</b>	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	<b>\$4,000</b> person/ <b>\$8,000</b> family PHCS, Direct Contract, and all other Providers	The <a href="#">out-of-pocket</a> limit is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Premiums; balance-billed charges; charges in excess of <a href="#">UCR (Usual, Customary &amp; Reasonable)</a> ; any noncompliance penalties; and health care this plan doesn't cover	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	<b>Yes</b> , PHCS and Direct Contract <a href="#">Providers</a> will not balance bill See page 2 for an explanation of <a href="#">Providers</a> . Visit <a href="http://www.multiplan.com">www.multiplan.com</a> or call 1-877-952-7427 for a list of participating PHCS <a href="#">providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	<b>No.</b>	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies. PHCS and Direct Contract [Providers](#) include but are not limited to: Hospitals (Inpatient and Outpatient treatment); Inpatient Facilities (such as Rehabilitation Facilities, Skilled Nursing Facilities and [Hospice](#)); Inpatient and Outpatient Facilities of Mental Disorders, Chemical Dependency, Drug and Substance Abuse; Ambulatory Surgery Centers and Dialysis Clinics  
All Other [Providers](#) are [Physicians](#) and all other [Providers](#) of service not defined as a PHCS or Direct Contract [Provider](#).

Common Medical Event	Services You May Need	Limitations, Exceptions, & Other Important Information		
		PHCS and Direct Contract Providers	All Other Providers	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	N/A	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Family/General Practitioners, Pediatricians, Internists & Obstetrician/Gynecologists are considered Primary Care Providers (PCP). There is no charge for PPO female office sterilization & all PPO FDA approved contraceptive methods. Non-PPO charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees.
	<a href="#">Specialist</a> visit	N/A	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Preventive care/screening/immunization</a>	No Charge	No Charge	See your plan document for additional benefit information & limitations. PHCS and Direct Contract charges are based on Allowable Claims Limits. All Other charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees. You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services needed are <a href="#">preventive</a> . Then check what your plan will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	PHCS and Direct Contract charges are based on Allowable Claims Limits. All Other charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees.
	Imaging (CT/PET scans, MRIs)	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	PHCS and Direct Contract charges are based on Allowable Claims Limits. All Other charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees.

[\* For more information about limitations and exceptions, see the plan or policy document at [www.gpatpa.com](http://www.gpatpa.com).]

Common Medical Event	Services You May Need	Limitations, Exceptions, & Other Important Information		
		PHCS and Direct Contract Providers	All Other Providers	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.caremark.com">www.caremark.com</a> .	Generic drugs	Covers a 30-day supply for Retail/90-day supply for Mail Order/30-day supply for Specialty. See your plan document for information about drugs that require prior authorization and drugs that are excluded.		
	Preferred brand drugs			
	Non-preferred brand drugs			
	<a href="#">Specialty drugs</a>			
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	PHCS and Direct Contract charges are based on Allowable Claims Limits. All Other charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees.
	Physician/surgeon fees	N/A	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	UR notification required if admitted inpatient. PHCS and Direct Contract charges are based on Allowable Claims Limits. All Other charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees..
	<a href="#">Emergency medical transportation</a>	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	PHCS and Direct Contract charges are based on Allowable Claims Limits. All Other charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees.
	<a href="#">Urgent care</a>	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	PHCS and Direct Contract charges are based on Allowable Claims Limits. All Other charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	UR notification required. PHCS and Direct Contract charges are based on Allowable Claims Limits. All Other charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees.
	Physician/surgeon fees	N/A	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	

[\* For more information about limitations and exceptions, see the plan or policy document at [www.gpatpa.com](http://www.gpatpa.com).]

Common Medical Event	Services You May Need	Limitations, Exceptions, & Other Important Information		
		PHCS and Direct Contract Providers	All Other Providers	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	See 'If you visit a health care <a href="#">provider's office or clinic</a> ' for the office visit benefit. UR notification required for Inpatient admissions. PHCS and Direct Contract charges are based on Allowable Claims Limits. All Other charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees.
	Inpatient services	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
If you are pregnant	Office visits	N/A	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	No charge applies to the initial visit only. Contact UR for coordination of prenatal care. PHCS and Direct Contract charges are based on Allowable Claims Limits. All Other charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees.
	Childbirth/delivery professional services	N/A	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	Childbirth/delivery facility services	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Services are limited per calendar year to 120 visits for Home Health, 36 visits for Cardiac Rehabilitation, 60 visits each for Physical/Speech/Occupational Therapy & 120 combined days for Skilled Nursing Facilities. Treatment of developmental delays may not be covered. See your plan document for additional information. Contact UR for coordination of care for Outpatient Hospice. UR notification required for Home Health & inpatient admission. PHCS and Direct Contract charges are based on Allowable Claims Limits. All Other charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees.
	<a href="#">Rehabilitation services</a>	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Habilitation services</a>	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Skilled nursing care</a>	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Durable medical equipment</a>	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Hospice services</a>	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
If your child needs dental or eye care	Children's eye exam	No Charge	No Charge	Benefit applies to routine vision screenings for children. All Other charges are subject to <a href="#">Usual, Customary &amp; Reasonable</a> fees.
	Children's glasses	Benefits may be available through a separate vision plan.		
	Children's dental check-up	Not Covered		

[\* For more information about limitations and exceptions, see the plan or policy document at [www.gpatpa.com](http://www.gpatpa.com).]

### 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](#).)

- Cosmetic Surgery
- Dental Care (Adult)
- Infertility Treatment
- Long Term Care
- 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 (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture
- Bariatric Surgery
- Chiropractic Care
- Hearing Aids

**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 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 x61565 or [www.cciio.cms.gov](http://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](http://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: 800-827-7223 or the Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://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? **Yes**

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:

Español: Para obtener asistencia en Español, llame al 800-827-7223.

—————*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)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$4,000
■ <a href="#">Specialist copayment</a>	\$0
■ Hospital (facility) <a href="#">coinsurance</a>	0%
■ Other <a href="#">coinsurance</a>	0%

#### 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*)

<b>Total Example Cost</b>	<b>\$12,800</b>
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#### In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$4,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$4,060</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$4,000
■ <a href="#">Specialist copayment</a>	\$0
■ Hospital (facility) <a href="#">coinsurance</a>	0%
■ Other <a href="#">coinsurance</a>	0%

#### 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*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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#### In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$4,060
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$4,060</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$4,000
■ <a href="#">Specialist copayment</a>	\$0
■ Hospital (facility) <a href="#">coinsurance</a>	0%
■ Other <a href="#">coinsurance</a>	0%

#### This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$1,900</b>
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#### In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$4,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,900</b>