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- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

MEC-Select

Are you prepared to take care of your health?



Having health insurance can mean the difference between seeking treatment when you're sick, hurt or need preventive care, and postponing care due to cost. In fact, 28% of recently surveyed adults skipped necessary medical care because they couldn't afford it.¹

MEC-Select is a cost-effective plan, offered through your work, that helps with many of the preventive services you need to maintain a healthy lifestyle, as well as common medical services when you're sick or injured. It's two coverages in one simple-to-use plan.



Minimum essential coverage (MEC)

Minimum essential coverage (MEC) refers to a list of preventive care services—like wellness screenings and vaccines—that all insurance plans are required to cover at no additional cost when participants visit a network provider. For a list of these required services, visit: www.healthcare.gov/coverage/preventive-care-benefits.



Why fixed-payment insurance?




The MEC plan's benefits are designed to cover services that help keep you well. But if you do get sick or injured, or if you need to see the doctor for some other reason, fixed-payment insurance can help by paying a fixed benefit amount for many services not covered by MEC. And, you can see any doctor you choose—whether in network or not.

Continued >

What's covered?





Minimum essential coverage

The MEC plan pays 100% for covered preventive care services when you visit a network provider. If you visit an out-of-network provider, benefits will not be paid. Covered services fall into three categories:

 <p>For all adults</p> <p>MEC covers things like:</p> <ul style="list-style-type: none"> ✓ Cholesterol and lung cancer screenings for qualified adults ✓ Blood pressure tests ✓ Tobacco cessation programs 	 <p>For women</p> <p>MEC includes:</p> <ul style="list-style-type: none"> ✓ Breast cancer and bone density screenings for qualified individuals ✓ Cervical cancer screenings ✓ FDA-approved contraception 	 <p>For children</p> <p>MEC pays for services such as:</p> <ul style="list-style-type: none"> ✓ Immunization vaccines ✓ Well-child visits through age 17 ✓ Vision and hearing screenings
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Fixed-payment insurance

Fixed-payment insurance helps with out-of-pocket costs for some services not covered under MEC. Benefits are paid at preselected, fixed dollar amounts per day until you reach your calendar year maximum. You have the flexibility to see any provider you choose—in- or out-of-network—and you get the full benefit amount no matter what other coverage you have. Fixed-payment insurance covers things like:

			
Non-preventive doctor visits	Hospital stays	Lab tests and x-rays	Outpatient prescriptions

Refer to your plan summary for a complete list of covered services.

How MEC-Select works

Type of service	Cost	MEC plan pays	Select Benefits pays	Out-of-pocket costs
Well-woman exam and flu shot at a network provider	\$150	\$150	N/A	\$0
Out-of-network doctor office visit for a sore throat	\$112	\$0	\$80	\$32

Note: These examples are for illustrative purposes only and are meant to provide a general overview of how benefits work. Please refer to your plan summary for actual benefit amounts and limits. Cost of services will vary by provider.

Frequently asked questions

Who decides what preventive services are covered under the MEC plan?

The plan follows government guidelines to determine which preventive services are covered. Learn more at: www.healthcare.gov/coverage/preventive-care-benefits.

Does the list of covered preventive services ever change?

The guidelines are periodically updated to reflect current medical and scientific advances. Unless there is a mandate for an immediate change, your MEC plan design will stay the same throughout the year.

What does fixed payment mean?

It means your plan pays a preselected amount per day for a covered service, regardless of the total billed amount or any other medical insurance you have. The fixed amount per day is paid for each covered event until you reach the calendar year maximum.

Who do I call if I have questions about my benefits?

Contact Symetra with any questions about your MEC-Select coverage. We're open Monday through Friday from 6:30 a.m. to 5 p.m. CT. You can reach us at [1-800-497-3699](tel:1-800-497-3699) or symsba@symetra.com.

Can I still visit my current providers?

Participation in the MEC plan requires that you visit a network provider. To see if your provider is part of the network or to find other providers in your area, log on to: www.multiplan.com/symetra.

The fixed-payment plan lets you visit any doctor, whether in- or out-of-network. If you choose a network provider, you may see some cost savings since network hospitals, doctors and other facilities discount their services.

Do I need a referral to see a specialist?

No. Referrals are not required, and you do not need pre-authorization to see a specialist when using fixed-payment coverage.

How much time do I have to file a claim?

For fixed-payment insurance claims, you have 90 days from the date of service to file a claim. For both plans, you must be enrolled in coverage at the time of service to receive a benefit.

Am I required to have minimum essential coverage?

The Affordable Care Act's individual mandate is still in place, but there is no financial penalty if individuals do not maintain minimum essential coverage. However, some states have their own individual health insurance mandate, requiring you to have qualifying health coverage or pay a fee when you file your state taxes. Talk to your HR representative to learn more about any requirements your state may have.

Regardless of any federal or state requirements, health coverage like MEC-Select can provide value by helping you pay for medical services you need for a healthy lifestyle.



DID YOU KNOW?

People without health coverage are more than twice as likely as those with insurance to have problems paying their medical bills.²

Network providers

You must visit a MultiPlan network provider to receive MEC benefits. You can visit any provider you choose for fixed-payment benefits, but a provider in the MultiPlan network could provide discounts on covered services that may significantly reduce your out-of-pocket costs.

To verify your provider is part of the MultiPlan network or to search for providers in your area, visit:

<http://www.multiplan.com/symetra>.

Why enroll?

When you sign up for Symetra Fixed-Payment Insurance, you get:

- **No required deductibles, copays or coinsurance to receive benefits.**
- **Coverage even if you have a pre-existing condition.**
- **The full benefit amount no matter what other insurance you may have.**
- **A simple enrollment process without any required medical questions or exams.⁴**
- **Easy enrollment at work and convenient premium payment through payroll deduction.**
- **An easy and flexible claims process.**
- **Responsive and empathetic customer service representatives at a U.S.-based call center.**

Don't miss your opportunity to enroll in this valuable coverage. To get started, review your enrollment materials or talk to your benefits representative.



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
www.symetra.com

Symetra® is a registered service mark of
Symetra Life Insurance Company.

The minimum essential coverage (MEC) plan is provided by your employer. It satisfies the minimum essential coverage requirements of the Affordable Care Act. Symetra provides administrative services only for MEC plans. Fixed-payment policies, insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, are not available in all U.S. states or any U.S. territory. They are designed to provide benefits at a preselected, fixed dollar amount. They are not a replacement for major medical or other comprehensive coverage, and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Base certificate number is SBC-01505-CERT 8/13.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, please contact your benefits representative.

¹ "Report on the Economic Well-Being of U.S. Households," Board of Governors of the Federal Reserve System, accessed July 18, 2023, <https://www.federalreserve.gov/publications/2023-economic-well-being-of-us-households-in-2022-expenses.htm>.

² "Key Facts about the Uninsured Population," Kaiser Family Foundation, published Dec. 19, 2022, <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population>.

³ Late entrants and those who elect coverage over the guaranteed issue amount outlined in the plan design will have to complete a medical questionnaire.

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Select Benefits Plan Design

for 11925000 - The Vincit Group and Member Companies - Plan 2 (FL, MO, & WA Only)

Fixed-Payment Indemnity Insurance

Outpatient Doctor Visit Benefit	\$70 per day \$350 per person, per calendar year maximum
Outpatient Diagnostic X-Ray and Lab Benefit	\$65 per day \$325 per person, per calendar year maximum
Inpatient Hospital Benefits Hospital Stay Intensive Care Unit Substance Abuse Facility Mental Health Facility 180 days lifetime maximum Nursing Facility 60 consecutive days per stay maximum. This benefit is only paid if following a covered hospital stay of at least three consecutive days and the insured is under age 65.	500 days per lifetime unless otherwise noted \$200 per day 10 days per person, per calendar year maximum \$400 per day 10 days per person, per calendar year maximum \$200 per day 10 days per person, per calendar year maximum \$100 per day 10 days per person, per calendar year maximum \$100 per day
Outpatient Prescription Drug Indemnity Benefit Generic	\$5 per day, 12 days per person, per calendar year maximum
Group Accident Benefit	up to \$300 per occurrence 1 occurrence per person, per calendar year maximum
PPO Network Option	Multiplan

Value-add benefits are included at no additional cost to you. These services are provided by Health Advocate, Inc., 3043 Walton Road, Suite 150, Plymouth Meeting, PA 19462. Please review the Value-add benefits flier for more information on these services. Not an insured benefit.

A Pharmacy Discount Program is included at no additional cost. This program is administered by a prescription benefit manager, OptumRx, 11900 W Lake Park Drive, Milwaukee, WI 53224. This discount program is not an insured benefit.

Monthly Premium	
<i>Employee</i>	\$48.73
<i>Employee + Spouse</i>	\$80.90
<i>Employee + Children</i>	\$67.06
<i>Family</i>	\$104.58

Your plan design and applicable premium amount may include benefits provided under one or more group policies. The plan design has been made available as a complete package and you may not elect to enroll in any policy or benefit separately. If you would like cost details, please contact your company or the plan administrator, Select Benefits Administrators at 1-800-497-3699 or symsba@symetra.com.

Please refer to the Description of Benefits included in this packet for additional information on your benefits.

This plan is available to individual(s) residing in the state(s) of FL, MO, WA.

Select Benefits insurance policies are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. They are designed to provide benefits at a preselected, fixed-dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Select Benefits policies are insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, and are not available in all U.S. states or any U.S. territory. Coverage is provided under generic policy form numbers SBC-00500, SBC-00535, and LGC-10011 or LGC-9072.

Select Benefits Description of Benefits

for 11925000 - The Vincit Group and Member Companies - Plan 2 (FL, MO, & WA Only)

Fixed-Payment Indemnity Insurance

Outpatient Doctor Visit Benefit

Benefits are paid at a preselected fixed dollar amount per day, up to a calendar year maximum. Doctor's office visits include treatment received in a Doctor's office, Outpatient clinic, Urgent Care facility (not a Hospital Emergency Room). This benefit excludes preventive care, vaccinations, inpatient or outpatient surgical procedures.

Outpatient Diagnostic X-Ray and Lab Benefit

This benefit pays a preselected fixed dollar amount per day for diagnostic X-ray or lab tests performed by a doctor. Benefits are subject to a calendar year maximum and will be paid when hospital confinement is not required.

Inpatient Hospital Benefit

Benefits are paid on the first day of a covered stay. ICU, substance abuse, mental health and nursing facility stays are included with the hospital stay benefit. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

Outpatient Prescription Drug Benefit

Covered prescription drugs will be paid at a preselected fixed dollar amount per day up to a maximum number of Generic days per person per calendar year. Prescriptions must be ordered by a physician and dispensed by a licensed pharmacist or physician. No benefits will be paid for drugs dispensed while insured is confined as an inpatient in any health care facility.

Group Accident Benefit

This benefit pays eligible expenses up to the benefit amount selected per accident occurrence. Expenses must be incurred within 52 weeks from the date of the accident with the first expense incurred within 60 days of the date of the accident.

Health Advocacy

Personalized assistance with a full range of health coverage and insurance-related issues such as locating doctors and other providers, scheduling appointments, getting cost estimates and more.

NurseLine™

Direct access to a registered nurse 24/7 for non-urgent concerns.

Medical Bill Saver™

Help negotiating with providers for medical and dental bills that are not covered by your insurance.

EAP+Work/Life

Licensed professional counselors and work/life specialists provide confidential, short-term help with personal, family and work-related issues.

Wellness Program

Unlimited access to highly trained wellness coaches by telephone, email or instant messaging. Includes a comprehensive, secure wellness website.

Pharmacy Discount Program

A discount from usual and customary drug charges will be given to the eligible person when prescriptions are purchased through a contracting pharmacy.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (except Dependent Life, Group Accident, and Critical Illness) without premium payments for up to two years after the employee's death. This is as long as the plan remains in force and the covered dependent meets the coverage requirements in the policy.

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

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ENROLLMENT/CHANGE REQUEST

For Select Benefits Group Insurance

Group Information (To be Completed by Employer)

Group name	Effective date for action requested	Group number
<input type="checkbox"/> Newly-Eligible Request <input type="checkbox"/> Subsequent Enrollment Period <input type="checkbox"/> Special Enrollment Request		
Reason _____		

Your Information (To be completed by individual requesting coverage)

Name				Social Security number	
Date of birth	Date of hire	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Home phone	Work phone	
Job title / occupation		I am actively working <input type="checkbox"/> Yes <input type="checkbox"/> No	Average number of hours worked per week		
Home address		City	State	Zip	
Email address		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Civil Union <input type="checkbox"/> Common Law			

Action Requested

- Enroll in the coverage for insurance as selected below.
- Change (add, increase, decrease, terminate) my current coverage, as shown below.
- Update information about me, my dependents and/or beneficiaries.
- Terminate all current coverage.

Coverage
Fixed-Payment Medical

 Option _____
Identify coverage option

- Employee
- Employee + 1
- Employee + 2 or more

Dependent Information *(Complete to add, change or terminate coverage for dependents. List additional dependents on a separate sheet and attach to this form.)*

No person can be insured under any policy as both a certificateholder and a dependent, or as a dependent of more than one certificateholder. The effective date of coverage for a dependent who is confined may be delayed.

Name				Social Security Number	
Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship		
Home address (if different than your address)		City	State	Zip	
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Terminate		Coverage: <input type="checkbox"/> Fixed-Payment Medical			

Name				Social Security Number	
Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship		
Home address (if different than your address)		City	State	Zip	
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Terminate		Coverage: <input type="checkbox"/> Fixed-Payment Medical			

Name				Social Security Number	
Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship		
Home address (if different than your address)		City	State	Zip	
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Terminate		Coverage: <input type="checkbox"/> Fixed-Payment Medical			

Beneficiary Information (Complete if your elected coverage includes a life insurance benefit.)

Primary Beneficiary: The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

Contingent Beneficiary: The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage _____%	Name	Date of birth	Relationship	
		Home address (if different than your address)	City	State	Zip
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage _____%	Name	Date of birth	Relationship	
		Home address (if different than your address)	City	State	Zip

Signatures (Sign and date **only one option** below. Retain a copy for yourself. Provide the original to your insured group's representative.)

Authorization (If you are enrolling in, changing or updating coverage)

I, the undersigned, elect the insurance coverage which I selected above and for which I am eligible under the terms of the group policy (or policies) insured by Symetra Life Insurance Company. I authorize the deduction from my earnings for any contribution I am required to make toward the cost of this insurance. I understand that I may not be able to make any changes to my elected coverage until the next enrollment period.

All information submitted by me on this form to the best of my knowledge and belief is true and complete. This form replaces all Enrollment/Change Request forms previously submitted.

Enrollee/Employee signature	Date
-----------------------------	------

Waiver (If you are declining or terminating all coverage.)

I, the undersigned, hereby waive my right at this time to elect the insurance coverage which I did not select above. I understand that if I do not enroll within 30 days of the date I am first eligible, that I may have to wait to obtain coverage until the next enrollment period.

Further, I understand that I may not be able to obtain coverage for life insurance, disability, or critical illness benefits in the future without submitting satisfactory evidence of insurability to Symetra Life Insurance Company for approval. I also understand that Symetra Life Insurance Company will have the right to refuse my request for insurance.

Reason: I already have insurance Other _____

All information submitted by me on this form to the best of my knowledge and belief is true and complete. This form replaces all Enrollment/Change Request forms previously submitted.

Enrollee/Employee signature	Date
-----------------------------	------

Accident Insurance

One Occurrence

Help when the unexpected happens



Accidents can happen to anyone, at any time. Could you afford the financial hit if one happened to you or someone in your family? Symetra Accident Insurance can help with some of the costs after an accident, so you and your family can get the care you need and get back to your daily routine.



How it works

Accident insurance provides benefits for one accident per covered person per calendar year. That means all eligible expenses associated with an accident are covered at 100%, up to the benefit limits. Benefits are paid no matter what other coverage you may have, and you can visit any provider you like.

The first expense must be incurred within 60 days of the accident, with all remaining expenses incurred within 52 weeks of the accident.



Why accident insurance?

Understanding how accident insurance fits into your overall benefits package can help you decide if it's right for you and your family.

Consider your health care out-of-pocket liability. Accident insurance can help close coverage gaps when there are deductible, copay or coinsurance requirements to meet.

Accident insurance benefits can also be used to pay for additional costs triggered by an accident, such as child or elder care during recovery.

[Continued >](#)

What's covered?

Benefits are provided for eligible expenses in the following categories if they are the result of an accident:



X-rays, MRIs and CT Scans

Benefits are provided when they are performed by a licensed physician.



Inpatient prescription drugs

Benefits are provided if an insured, once confined in a hospital, is prescribed and administered drugs by a licensed health care provider.



Surgery

Benefits are provided when surgical procedures are performed by a licensed physician.



Dental

Benefits are provided for treatment performed by a licensed physician or licensed dentist in connection with the following:

- Dislocation of jaw
- Injury to natural teeth
- Closed or open reduction of a fracture



Medical

Benefits are provided for the following services and supplies when they are provided by a licensed physician or other licensed health care provider:

- Physician office visits
- Emergency room visits
- Outpatient hospital visits
- Urgent care visits
- Chiropractic visits
- Rehabilitation services
- Nursing services



Inpatient hospital

Benefits are provided when all of the following conditions are met:

- The insured is confined in a hospital.
- A charge is made for room and board.
- The entire duration of the hospital confinement is recommended and approved by a physician.
- Confinement is the result of a non-occupational accident.
- The services and supplies used are not excluded under the exclusions and limitations provision of your policy.

Note: Benefits may vary by state.

Claim example

Meet Carlos



Carlos has an active lifestyle and elects to enroll in accident insurance offered by their company. Carlos is covered for up to **\$2,500** in the event of one accidental occurrence per calendar year.

One afternoon, Carlos decides to clean out the gutters on their house. Unfortunately, the ladder is not stable and Carlos falls and hurts their back.

Because Carlos enrolled in their company's accident insurance, they are able to use those benefits to help cover some of the costs associated with the fall. As a result, the out-of-pocket costs are only **\$1,600**, compared to the **\$4,100** they would have owed without accident insurance.

Here's a look at their expenses for this one occurrence:

Emergency room: \$962

X-rays: \$681

Diagnostic testing (MRI): \$1,135

Physician fees: \$401

Physical therapy: \$921

Total related medical bills: \$4,100

Accident insurance benefit: **\$2,500**

Remaining out-of-pocket costs: **\$1,600***

NOTE: This example is for illustrative purposes only and is meant to provide a general overview of how coverage works. Any resemblance to actual persons is purely coincidental. Refer to your complete set of enrollment materials for your plan's benefit amounts.



DID YOU KNOW?

In 2021, more than 2 in 10 adults went without medical care due to an inability to pay.¹

*This amount may be less if the participant has other insurance coverage.

Why enroll?

Let's face it, our lives are busy. Whether we're going straight from work to the grocery store or heading to after-school activities, we're not thinking about things taking unexpected turns. But if they do, Symetra Accident Insurance can help. By paying 100% of all eligible expenses up to the policy limit, these valuable benefits help you focus on recovery after an accident, not your finances.

Signing up for Symetra Accident Insurance also means you can enjoy:

- **A simple enrollment process without any required medical questions or exams.**
- **An easy and flexible claims process.**
- **Responsive and empathetic customer service representatives at a U.S.-based call center.**

**Don't miss your opportunity to enroll in this valuable coverage.
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THIS POLICY IS ISSUED AS AN ACCIDENT ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY ILLNESS.

¹ "Economic Well-Being of U.S. Households in 2021," Board of Governors of the Federal Reserve System, May 2022.

Fixed-Payment Prescription Drug Coverage

Benefits that fill your prescription needs



We know it's important to stay on top of your prescriptions. That's why we can ensure you have help with these costs when you need it. Your health care needs don't stop when you leave the provider's office, and neither should your benefits.

Your fixed-payment insurance policy provides coverage for your prescriptions so you can save money at the pharmacy counter. We also offer quick and convenient tools to put you in control of your medications so you can make informed decisions about which ones you're taking and how much you're paying for them.

Your coverage may include brand names and generics. See your policy for more information.

Contact us

sbclaims@symetra.com
[symetra.com/MyGO](https://www.symetra.com/MyGO)

Call 1-800-497-3699

Monday–Friday

6:30 a.m. to 5 p.m. CT

Fax: (715) 682-5919

Mailing address:

P.O. Box 440

Ashland, WI 54806

How it works

We pay a fixed dollar amount for the first prescription you fill each day. This means that no matter how many prescriptions are filled in a single day or how much they cost, you'll receive the same benefit amount for that day. If your coverage includes both brand names and generics, you'll receive benefits for the first generic prescription and the first brand-name prescription you receive each day.

The amount you receive is based on your plan's prescription benefit, and it's paid up to a maximum number of days per calendar year.

Example

You visit your pharmacy on Monday to have a generic prescription filled for \$13. Then, you come back on Friday to have two more generic prescriptions filled for \$25. We pay the same amount per day—in this case, \$10—even though you filled multiple prescriptions on Friday.

If your first prescription of the day costs less than your benefit amount, we will send you a check for the difference. If your prescription costs more, you are responsible for the remaining balance. In the Friday example to the right, \$5 would be paid for your first prescription, and you will receive a check for the remaining \$5 later.

Prescriptions must be ordered by a physician and dispensed by a licensed pharmacist or physician.

Monday	
First prescription	\$13
We pay	\$10/day
Your out-of-pocket cost	\$3

Friday	
First prescription	\$5
Second prescription	\$20
We pay	\$10/day
Your out-of-pocket cost	\$15

[Continued >](#)

OptumRx

Tools to keep your prescriptions on track

Your pharmacy benefits are managed by OptumRx. They provide safe, easy and cost-effective ways for you to get the medications you need.



Member website

The OptumRx website is your one-stop resource for managing your prescriptions.

Register online to:

- ✓ Fill, renew and transfer prescriptions for home delivery.
- ✓ Learn more about your medications, including prices and lower-cost alternatives.
- ✓ Locate a pharmacy near you.
- ✓ Review your home delivery order status and claims history.
- ✓ Sign up for medication and refill reminders via text message.
- ✓ Order medical supplies.
- ✓ Shop for health and wellness products.



Home delivery

Make fewer trips to the pharmacy by having your medication sent directly to you. Orders arrive in 7–10 business days, and shipping is free with standard U.S. mail delivery.

Here are four easy ways to get started:

- Log in to optumrx.com or the OptumRx app (see below).
- Ask your doctor to send an electronic prescription to OptumRx.
- Call the toll-free number on the back of your member ID card.
- Download an order form from optumrx.com.



Network retail pharmacies

You can fill new and existing prescriptions at discounted prices when you visit any network retail pharmacy.

You have three ways to find a network retail pharmacy in your area:

- Visit optumrx.com to locate a pharmacy in your area.
- Call the toll-free number on the back of your member ID card.
- Use the OptumRx app (see below).



Knowledgeable experts

Pharmacists are available by phone 24/7 to answer your questions, review new prescriptions for possible drug interactions, and contact your doctor if they see any potential problems.

Call **1-800-248-1062** to talk to a pharmacist today.



Medication text reminders

Text message reminders are a convenient way to help you remember when to take, refill and renew your medication. Register online at optumrx.com to get started.



The OptumRx app

The OptumRx app lets you access your pharmacy benefits and manage your prescriptions on the go. The app is available for Apple and Android devices. Download it now from the App Store® or Google Play™.



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777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
www.symetra.com

Symetra® is a registered service mark of Symetra Life Insurance Company.

For more information, contact your Symetra representative.

Fixed-payment policies, insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, are not available in all U.S. states or any U.S. territory. They are designed to provide benefits at a preselected, fixed dollar amount. They are not a replacement for major medical or other comprehensive coverage, and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Base certificate number is SBC-01505-CERT 8/13. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, call your HR representative.

OptumRx is provided by Optum, Inc. through Symetra Life Insurance Company. Optum, Inc. is not affiliated with Symetra Life Insurance Company or its affiliates.

BriovaRx: A hands-on approach to personalized care

When you're diagnosed with chronic or complex condition, like cancer, multiple sclerosis, rheumatoid arthritis or others, the specialty medications your doctor prescribes can be an important part of your treatment plan. That's where BriovaRx® can help. We provide the resources and personalized support to help you manage your condition and help maintain or improve your health and your quality of life. **BriovaRx is the exclusive specialty pharmacy for Symetra.**

BriovaRx: A specialty pharmacy to meet your needs

Medication and treatment plans for specialty conditions can be complex, requiring extra guidance and support for patients. BriovaRx provides personalized patient support from knowledgeable pharmacists, patient care coordinators and technicians who are trained in specialty conditions. With our hands-on approach to care, we also provide:

- Pharmacists available 24/7 for urgent concerns about your specialty medication
- Medication-related supplies, such as syringes, at no additional cost
- Proactive refill reminders
- Timely delivery and shipping in confidential packaging

Personalized one-on-one support

Our experts are there for you by phone any time you have questions about your medication, side effects or treatment. But our personalized support doesn't stop there.



BriovaLive® lets you get face-to-face with your care team. Request a real-time video consult with a BriovaRx clinician who is an expert in your condition. Your personal, confidential appointment gives you as much time as you need to ask questions from the privacy of your home. You can even record your session to review later or to share with your caregivers.



BriovaCommunity™ can help you feel more connected to others with the same condition and give you a chance to learn more about your treatment. BriovaRx patients with your condition share their treatment experiences through personalized videos. You'll also see videos with advice from other experts, like BriovaRx pharmacists.



We're here to help

Interested in using BriovaRx for your specialty pharmacy needs?

Call us at **1-855-4BRIOVA (1-855-427-4682)** or visit **BriovaRx.com** and we'll take it from there.

BriovaRx gives you the support and tools you need to better manage your condition. Call us today.

Free Meter Program



Diabetes can harm your eyes, kidneys, nerves, heart and blood vessels. The impact can be long-term. Regular blood sugar testing can help you manage your diabetes and may lead to better glucose control.

Take advantage of this great offer

To help you monitor blood sugar levels, your pharmacy benefit plan offers a Free Meter Program. With this program, you may be able to get a blood sugar meter at no charge to you. You and your doctor can choose from various meters. For more details, call OptumRx[®] customer service at the phone number on your member ID card. Or contact the meter manufacturer Service Center.

How to get your free meter

The first step in every diabetes care plan is talking with your health care team. If you would like a new blood sugar meter, tell your doctor or diabetes educator. They will help you select the no-charge meter that's right for you. Once you decide, it's easy to place your order. Just call the manufacturer's Service Center any time.

Choose from these brand-name meters

To obtain one of these ACCU-CHEK® meters call their Service Center at 1-800-835-8108
<http://meters.accu-chek.com>

Monitor

Test Strips

ACCU-CHEK Guide

ACCU-CHEK Guide Test Strips



ACCU-CHEK Aviva Plus

ACCU-CHEK Aviva Plus Test Strips



To order one of these OneTouch® meters call their Service Center at 1-866-355-9962
Order Code: 594PRX100

Monitor

Test Strips



OneTouch Verio® Meter

OneTouch Verio® Test Strips



OneTouch Verio Flex® Meter

OneTouch Verio® Test Strips



OneTouch Verio IQ® Meter

OneTouch Verio® Test Strips

**Don't delay. Talk with your doctor about choosing the best brand-name meter for you.
Then order your meter by calling the manufacturer's Service Center.**



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com](https://www.optum.com).

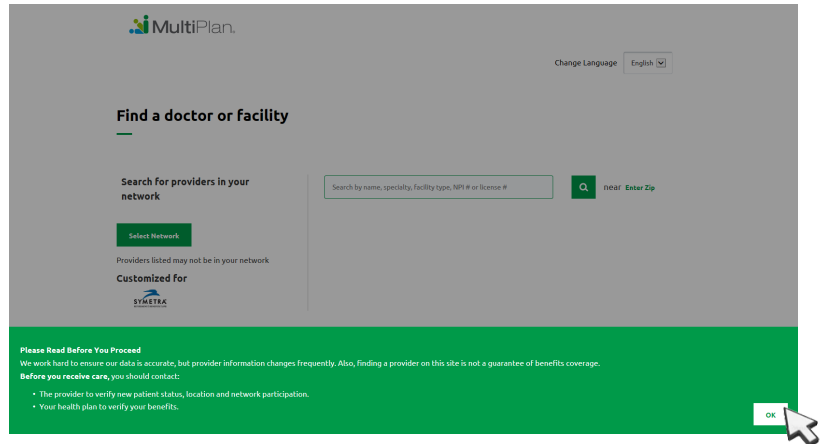
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Find a Provider in Four Easy Steps

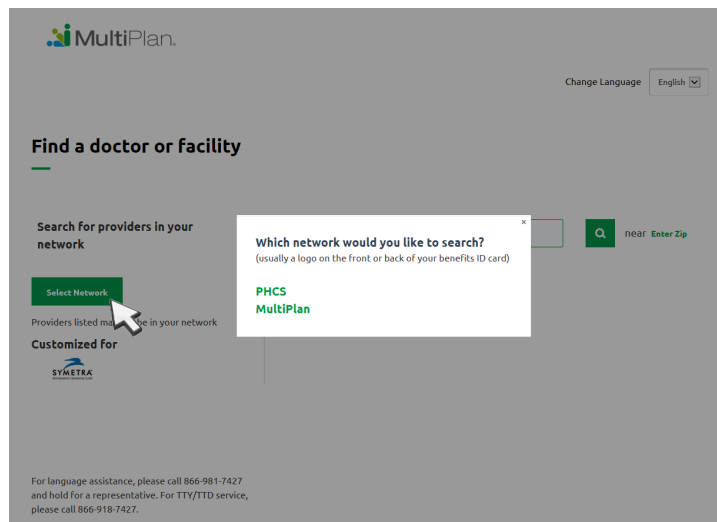
To find providers participating in MultiPlan's networks, visit multiplan.com/symetra. Before beginning your search, you must acknowledge that you have read the notice at the bottom of the screen.

Users can search for a provider in Spanish or English. To search in Spanish, click on the arrow next to "Change Language" and select Spanish.

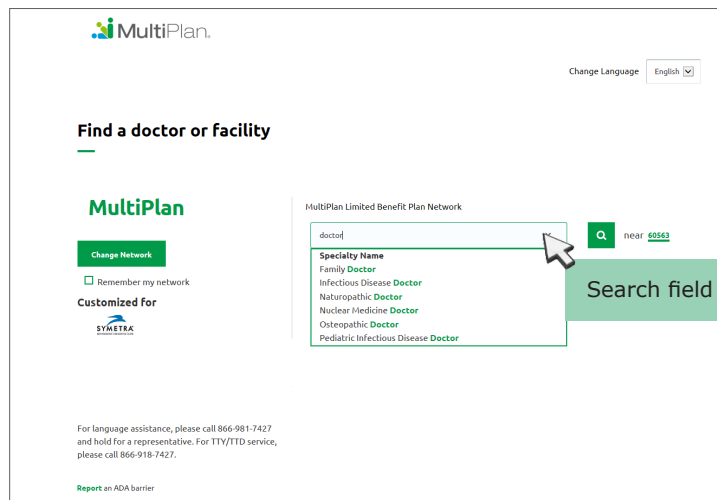


To begin your search, follow these four steps.

Step 1. Choose a network. This information can be found on your health plan's ID card; the on-screen selection uses the same wording as the network logos on the cards. Select the network name, and based on your selection you may be prompted to answer additional questions, like whether the logo includes additional wording or whether it is located on the front or back of the ID card. Once you've made your selection, follow the prompts on the next few screens.

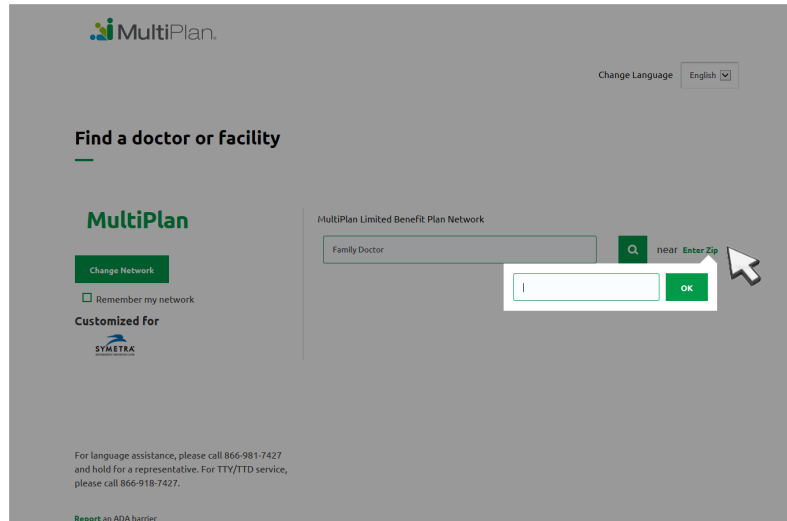


Step 2. Use the search field to specify what you are searching for. Enter a practitioner's name, specialty, facility type, NPI # or license #. As you begin to type your selection, you may be prompted with suggestions. Please note that you cannot leave the search field empty. If you don't know the name of the person or facility you are looking for here are some key search words to use: "Practice", "Doctor", "Pediatrician", "Hospital", "Facility".



Finding a Doctor or Facility

Step 3. Set your location and begin your search. If your settings allow your browser to detect your location, you can begin the search by clicking on the magnifying glass. However, if your settings don't allow the browser to detect your location, you will need to enter the zip code of the area you want to search. By default, the search pulls results within 20 miles of the zip code you enter.



4. Receive your search results and refine as desired. Before your search results are presented, you will need to acknowledge reading another notice. After you click OK, a list of providers matching the criteria you entered will be presented. To narrow your results, you can apply filters including gender, languages spoken, hospital affiliation,

whether the provider is accepting new patients, and wait time for appointments. A Printer Friendly icon is available for easy viewing of your search results on a printed page. You may print the listed providers or the details for a specific provider. Simply click on the Printer Friendly icon, send the results to your printer, and then close the window.

Martin, Lisa A, M.D. Pediatrics, General Practice	636 Raymond Dr Ste 205 Naperville, IL 60563 630-978-7015 View all Locations	1.27 Miles
Dhawan, Aman, M.D. Family Practice	636 Raymond Dr Ste 200 Naperville, IL 60563 630-355-5302 View all Locations	1.27 Miles
Vaikutis, John P, D.O. Family Practice	27650 Ferry Rd Ste 200	2.06 Miles
Jasinski, Gregory B, M.D. Psychiatry, Family Practice	Naperville, IL 60563 630-646-8000 View all Locations	2.24 Miles
Nietert, Doris B, M.D. General Practice, Pediatrics	1250 N Mill St Ste 100 Naperville, IL 60563 630-355-6996 View all Locations	2.26 Miles

Click on the name to see more detail about this provider.

549 results for 'Family Doctor' near 60563

Print results

Refine Results

Apply Filters **Reset Filters**

Refine results

Location

Within 20 Miles

New Patient Status

- All
- Accepts New Patients (539)

Gender

- All
- Female (258)
- Male (291)

Language

- Arabic (13)
- Bulgarian (1)

Martin, Lisa A, M.D. Pediatrics, General Practice	636 Raymond Dr Ste 205 Naperville, IL 60563 630-978-7015 View all Locations
Dhawan, Aman, M.D. Family Practice	636 Raymond Dr Ste 200 Naperville, IL 60563 630-355-5302 View all Locations
Vaikutis, John P, D.O. Family Practice	27650 Ferry Rd Ste 200 Naperville, IL 60563 630-225-1111 View all Locations
Jasinski, Gregory B, M.D. Psychiatry, Family Practice	1335 N Mill St Ste 100 Naperville, IL 60563 630-646-8000 View all Locations
Nietert, Doris B, M.D. General Practice, Pediatrics	1250 N Mill St Ste 100 Naperville, IL 60563 630-355-6996 View all Locations

Value-Add Benefits

Help is just a phone call away

Your coverage includes 24/7 access to value-add benefits and programs provided by Health Advocate at no additional cost to you. These services can help you and your eligible family members with a wide range of health care and insurance-related issues.



EAP+Work/Life™

This confidential program offers unlimited, toll-free access to licensed professional counselors and work/life specialists for short-term assistance with a wide range of family- and work-related issues. Educational materials, webinars and other resources are available through a dedicated website. Specialists can help you address:

- Stress, depression and anxiety.
- Substance abuse.
- Financial and legal problems.
- Divorce, grief and loss.
- Child and elder care concerns.



Health Advocacy

You have unlimited access to a Personal Health Advocate, typically a registered nurse supported by medical directors and benefits and claims specialists, who can help:

- Find qualified doctors, hospitals and other providers.
- Explain conditions and treatments.
- Resolve billing and claims issues.
- Arrange for second opinions and the transfer of medical records.
- Clarify health insurance benefits and answer coverage questions.



NurseLine™

You can reach a registered nurse 24 hours a day, 7 days a week for trusted advice when you need it most. Our experienced nurses are available to:

- Answer questions about symptoms or medications.
- Offer self-care information for non-urgent health issues.
- Explain health conditions and treatments.
- Direct you to the appropriate care for immediate attention, if needed.



Medical Bill Saver™

Expert negotiators will work with providers to reduce the cost of medical and dental bills that are not covered by your insurance—saving you time and money. Our skilled negotiators can:

- Help reduce your out-of-pocket costs on non-covered bills.
- Handle negotiations and obtain provider signoff.
- Give you an itemized summary of the outcome and payment terms.



Wellness Coaching

Our Wellness Coaching program provides a personalized, action-oriented approach to help you and your eligible family members reach and maintain your best possible health. Features include:

- Unlimited, confidential support from a personal Wellness Coach by telephone, email or secure web messaging.
- A comprehensive website featuring a personalized health profile to identify health risks, wellness tools and trackers, and self-guided programs on weight loss, nutrition and exercise.

[Continued >](#)

Who's eligible?

Health Advocate benefits are available to the enrolled member and their spouse/domestic partner, dependent children, parents and parents-in-law.

Wellness Coaching is available to enrolled members, their spouse and dependent children age 18+.

Questions?

For more information about your Health Advocate benefits or your specific group coverage, contact your company's benefits representative or Symetra at symsba@symetra.com or [1-800-497-3699](tel:1-800-497-3699).

To learn more, contact your Symetra representative.



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777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
www.symetra.com

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Value-add programs are offered by Health Advocate™ through Symetra Life Insurance Company. Health Advocate, a subsidiary of West Corporation, is not affiliated with any insurance or third-party provider. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment.

Value-add programs may not be available in all states.

West Corporation is not affiliated with Symetra Life Insurance Company or any of its affiliates. Product is not available in all U.S. states or any U.S. territory.

Careington

Savings on dental, vision and hearing care

Discount passes for your services

As part of your employee benefits you have access to savings passes, offered through Careington, that can help you save on dental, vision and hearing services. They're easy to use, valid for 30 days and you can buy them anytime for yourself or any family member enrolled in group supplemental health insurance.

Three discount passes are available*:



Dental

Dental Pass offers 20%–50% savings on most dental procedures through one of the nation's largest national dental networks.

Eligible services include:

- ✓ Cleanings and routine checkups
- ✓ Fillings and crowns
- ✓ Root canals and extractions
- ✓ Dentures



Vision

Vision Pass is a discount vision program that offers savings on eye care and eyewear.

Members receive:

- ✓ Exclusive member extras and special offers
- ✓ Access to trusted, private-practice VSP doctors
- ✓ Discounts on eye and contact lens exams, glasses and sunglasses



Hearing

Hearing Pass is a program that offers savings on hearing care and hearing aids.

Members can access:

- ✓ 30%–60% discounts on hearing services and products
- ✓ Over 5,000 network providers
- ✓ Latest in hearing aid and accessory technology
- ✓ 45-day, no-obligation trial period on purchased products
- ✓ Additional services such as routine hearing tests, batteries and extended warranties at no extra charge

*This plan is not insurance. Not available in Vermont or Washington.

[Continued >](#)

How it works

- ① Sign up for an account at www.lovemypass.com/Symetra.
- ② Purchase any of the discount passes above. Each pass is \$20* and valid for 30 days. They're available to you or any family members who sign up for group supplemental health insurance. Each pass can only be used by one person, but you can purchase multiple passes for multiple people.
- ③ Once you buy a pass, you'll receive an email with your electronic membership kit. Find a Careington network provider in your area and show them your membership card to receive immediate savings on the care you need.

*Arkansas and Maryland residents may cancel within the first 30 days after effective date and receive a refund of the processing fee, less a nominal \$5 fee in Maryland.

For more information about these savings passes, visit www.lovemypass.com/Symetra.



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Savings pass is a discount program offered through Careington. It is not insurance and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Members must pay for all services to receive a discount from participating providers. The list of participating providers is at lovemypass.com/Symetra. A written list of participating providers is available upon request. Arkansas and Maryland residents may cancel within the first 30 days after effective date and receive a refund of the processing fee, less a nominal \$5 fee in Maryland. Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 1-800-441-0380.

This plan is not available in Vermont or Washington.

Careington International Corporation is not affiliated with Symetra Life Insurance Company or its affiliates.

 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, visit pat.brown@vincit.com or call 1-423-702-7763. 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.dol.gov/ebsa/healthreform or call 1-423-702-7763 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall 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 ?	Not applicable.	This plan covers certain preventive services without cost-sharing . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductible for specific services.
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 because all eligible expenses are covered at 100%.
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 because all eligible expenses are covered at 100%.
Will you pay less if you use a network provider ?	Yes. See www.multiplan.com/symetra or call 1-800-280-9297 for a list of participating providers.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . 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 .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (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	Not covered		Not applicable.
	<u>Specialist</u> visit	Not covered		Not applicable.
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	Limited to preventive services for adults, including pregnant women, and children as required by ACA. The services include counseling and screening for alcohol misuse, blood pressure, cholesterol, colorectal cancer, depression, type 2 Diabetes, HIV, obesity, STI prevention, tobacco use, anemia, breast cancer, cervical cancer, domestic and interpersonal violence, osteoporosis, syphilis, autism, immunizations, well-woman visits, vision and hearing screenings for children. A complete list of the ACA preventive recommendations and guidelines can be found at http://www.uspreventiveservicestaskforce.org
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Not covered		Not applicable.
	Imaging (CT/PET scans, MRIs)	Not covered		Not applicable.

For more information about limitations and exceptions, see plan or policy document at pat.brown@vincitgroup.com or call 1-423-702-7763.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.optumrx.com or 1-800-248-1062 .	Generic drugs	No charge	Not covered	Covers up to a 30-day supply (retail prescription); 90-day supply (mail order prescription). The following services are covered at 100% if FDA-approved and prescribed by a doctor: <ul style="list-style-type: none"> - Contraceptive methods for women, including OTC (such as contraceptive sponges and spermicides); - Aspirin to prevent Cardiovascular Disease (OTC); - Iron Supplementation (OTC) (for Children at increased risk for iron-deficiency anemia); - Folic Acid Supplementation (for women planning or capable of pregnancy); - Oral Fluoride Supplementation (where water source does not contain fluoride); - Smoking deterrents. A description of these services can be found at https://www.healthcare.gov/coverage/preventive-care-benefits/
	Brand Name drugs			
	Non-Preferred Brand Name drugs			
	Specialty drugs		Not covered	Not applicable.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)		Not covered	Not applicable.
	Physician/surgeon fees		Not covered	Not applicable.
If you need immediate medical attention	Emergency room care		Not covered	Not applicable.
	Emergency medical transportation		Not covered	Not applicable.
	Urgent care		Not covered	Not applicable.
If you have a hospital stay	Facility fee (e.g., hospital room)		Not covered	Not applicable.
	Physician/surgeon fees		Not covered	Not applicable.

For more information about limitations and exceptions, see plan or policy document at pat.brown@vincitgroup.com or call 1-423-702-7763.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Not covered		Not applicable.
	Inpatient services	Not covered		Not applicable.
If you are pregnant	Office visits	Not covered		Not applicable.
	Childbirth/delivery professional services	Not covered		Not applicable.
	Childbirth/delivery facility services	Not covered		Not applicable.
If you need help recovering or have other special health needs	Home health care	Not covered		Not applicable.
	Rehabilitation services	Not covered		Not applicable.
	Habilitation services	Not covered		Not applicable.
	Skilled nursing care	Not covered		Not applicable.
	Durable medical equipment	Not covered		Not applicable.
	Hospice services	Not covered		Not applicable.
If your child needs dental or eye care	Children's eye exam	Not covered		Not applicable.
	Children's glasses	Not covered		Not applicable.
	Children's dental check-up	Not covered		Not applicable.

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 .)		
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Chiropractic care • Cosmetic surgery • Dental care • Diagnostic testing and imaging, other than preventive • Emergency room visits and treatment 	<ul style="list-style-type: none"> • Eye wear (glasses and contacts) • Hearing aids • Infertility treatment • Inpatient hospital stays • Long-term care • Mental health and substance abuse treatment • Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> • Prescription drugs other than the required preventive medications • Physician visits for illness or injury • Private-duty nursing • Routine eye care (Adult) • Routine foot care • Urgent care visits and treatment • Weight loss programs

For more information about limitations and exceptions, see plan or policy document at pat.brown@vincitgroup.com or call 1-423-702-7763.

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

- Preventive care covered under ACA
-
-

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. For more information on your rights to continue coverage, contact the plan at **1-423-702-7763**. 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/healthreform, or the U.S. Department of Health and Human Services 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 **1-423-702-7763**. 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/healthreform, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

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](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al **1-423-702-7763**.

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **1-423-702-7763**.

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 **1-423-702-7763**.

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' **1-423-702-7763**.

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 plan's overall deductible	\$0
■ 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	\$12,800
---------------------------	-----------------

In this example, Peg would pay: This condition is not covered, so patient pays 100 percent.

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$12,694
The total Peg would pay is	\$12,694

Managing Joe's type 2 Diabetes

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

■ The plan's overall deductible	\$0
■ 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	\$7,400
---------------------------	----------------

In this example, Joe would pay: This condition is not covered, so patient pays 100 percent.

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$7,239
The total Joe would pay is	\$7,239

Mia's Simple Fracture

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

■ The plan's overall deductible	\$0
■ 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	\$1,925
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In this example, Mia would pay: This condition is not covered, so patient pays 100 percent.

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