

Minuteman MyDoc HMO Gold Plus Health w/Child Dental

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 1/1/2015-12/31/2015

Coverage for: Individual/Family | Plan Type: HMO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.minutemanhealth.org or by calling 1-855-MHI-1776.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$1,000 for individual policy/ \$2,000 for family policy. Does not apply to preventive care, primary care visits, specialist visits or prescription drugs.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1 st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of- pocket limit on my expenses?	Yes. \$5,000 for individual policy/\$10,000 for family policy.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, non-emergency out- of-network care, balance-billed charges, penalties for failing to obtain prior authorization and health care this plan does not cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The Chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes, Minuteman Health Network-MA. See www.minutemanhealth.org or call 1-855-MHI-1776 for a list of participating providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers .

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Important Questions	Answers	Why this Matters:
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about <u>excluded services</u> .



- Co-payments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Co-insurance is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called balance billing.)
- This plan may encourage you to use <u>participating providers</u> by charging you lower <u>deductibles</u>, <u>co-payments</u> and <u>co-insurance</u> amounts.

Common		Your cost if you use an		
Medical Event	Services You May Need	In-network Provider	Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay per visit	Not Covered	none
	Specialist visit	\$45 copay per visit	Not Covered	none
	Other practitioner office visit	Chiropractor \$45 copay after deductible per visit Acupuncturist Not Covered	Not Covered	none-
	Preventive care/screening/immunization	No Charge	Not Covered	none

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Medical Event		In-network Provider	Out-of-network Provider	Limitations & Exceptions
If you have a test	Diagnostic test (x-ray, blood work)	Lab No charge after deductible X-Ray \$50 copay after deductible	Not Covered	none
	Imaging (CT/PET scans, MRIs)	\$200 copay after deductible	Not Covered	Prior approval required.
If you need drugs to	Generic drugs	\$20 copay retail/\$40 copay mail order per prescription	Not Covered	Covered drugs are listed on Minuteman Health's formulary
treat your illness or condition More information about prescription drug coverage is available at www.minutemanhealth.org	Preferred brand drugs	\$30 copay retail/\$60 copay mail order per prescription	Not Covered	Covered drugs are listed on Minuteman Health's formulary
	Non-preferred brand drugs	\$50 copay retail/\$150 copay mail order per prescription	Not Covered	Covered drugs are listed on Minuteman Health's formulary
	Specialty drugs	\$50 copay retail/\$150 copay mail order per prescription	Not Covered	Covered drugs are listed on Minuteman Health's formulary
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250 copay after deductible per visit	Not Covered	Some services require prior approval.
	Physician/surgeon fees	No charge after deductible	Not Covered	Some services require prior approval.

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Medical Event	Services You May Need	In-network Provider	Out-of-network Provider	Limitations & Exceptions	
If you need	Emergency room services	\$150 copay after deductible per visit	\$150 copay after deductible per visit	Copay waived if admitted	
immediate medical attention	Emergency medical transportation	\$100 copay after deductible per trip	\$100 copay after deductible per trip	none	
	Urgent care	\$30 copay per visit	Not Covered	none	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500 copay after deductible per stay	Not Covered	Some services require prior approval	
	Physician/surgeon fee	No charge after deductible	Not Covered	Some services require prior approval	
	Mental/Behavioral health outpatient services	\$30 copay per visit	Not Covered	none	
If you have mental health, behavioral	Mental/Behavioral health inpatient services	\$500 copay after deductible per stay	Not Covered	Some services require prior approval	
health, or substance	Substance use disorder outpatient services	\$30 copay per visit	Not Covered	none	
abuse needs	Substance use disorder inpatient services	\$500 copay after deductible per stay	Not Covered	Some services require prior approval	
	Prenatal and postnatal care	No charge	Not Covered	none	
If you are pregnant	Delivery and all inpatient services	\$500 copay after deductible per stay	Not Covered	none	

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Medical Event		In-network Provider	Out-of-network Provider	Limitations & Exceptions
	Home health care	No charge after deductible	Not Covered	Some services require prior approval
	Rehabilitation services	\$45 copay after deductible per visit	Not Covered	Limited to 60 visits per member per
If you need help recovering or have other special health needs	Habilitation services	\$45 copay after deductible per visit	Not Covered	calendar year
	Skilled nursing care	\$500 copay after deductible per stay	Not Covered	Limited to 100 days per year
	Durable medical equipment	20% coinsurance after deductible per item	Not Covered	Some services require prior approval
	Hospice service	No charge after deductible	Not Covered	Some services require prior approval
	Eye exam	No charge	Not Covered	Limited to one per calendar year
If your child needs dental or eye care	Glasses	Not Covered	Not Covered	none
	Dental check-up	50% coinsurance after deductible per visit	Not Covered	Dental check-ups are limited to two per 12 month period

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

• Acupuncture

Glasses

Cosmetic Surgery

Long-term care

• Dental care (adult)

- Non-emergency care when traveling outside the U.S.
- Private duty nursing
- Routine foot care (for non-diabetics)

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric Surgery
- Chiropractic Care (limited to 12 visits per calendar year)
- Coverage outside the United States, see www.minutemanhealth.org.
- Hearing Aids

- Infertility Treatment
- Weight loss programs

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on you rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-855-MHI-176. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

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Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Minuteman Health at 1-855-MHI-1776 or <u>www.minutemanhealth.org</u>. Or you may write to us at Minuteman Health, Inc., P.O. Box 120025, Boston, MA 02112-0025.

Other contact information: Department of Labor's Employee Benefits Security Administrations, 1-866-444-3272 or www.dol.gov/ebsa/healthreform

Consumer Assistance Resource

If you need help, the consumer assistance program in Massachusetts can help you file your appeal.

Contact: Health Care for All 30 Winter Street, Suite 1004 Boston, MA 02108 (800) 272-4232 http://www.hcfama.org/helpline

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

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

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby

(normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,170
- **Patient pays** \$1,370

Sample care costs:

540
\$40
200
200
500
900
900
100
700

Patient nave:

i aliciil pays.	
Deductibles	\$700
Co-pays	\$520
Co-insurance	\$0
Limits or exclusions	\$150
Total	\$1,370

Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,210
- **Patient pays** \$2,190

Sample care costs:

Prescriptions	\$2,100
Medical Equipment and Supplies	\$1,700
Office Visits and Procedures	\$730
Education	\$390
Laboratory tests	\$340
Vaccines, other preventive	\$140
Total	\$5,400

Patient pays:

Deductibles	\$1,000
Co-pays	\$860
Co-insurance	\$250
Limits or exclusions	\$80
Total	\$2,190



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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the **Coverage Examples?**

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from innetwork providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

No. Coverage Examples are <u>not</u> cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

 \checkmark Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-ofpocket costs, such as co-payments, deductibles, and co-insurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-855-MHI-1776 or visit us at www.minutemanhealth.org. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-855-MHI-1776 to request a copy.