

*These documents will remain posted electronically and in an area available for future use.*

# Warren County

**2016-17 Benefit Plan Year**

## **State & Federal Employee Health Plan Required Notices**

The attached information is provided so that you are aware of rights you may have under state and/or federal law as an eligible participant in the Warren County health insurance plan(s).

**By signing below, you are stating you have received this packet containing the following notices:**

- Federal & State COBRA Rights Notification
- Notice of HIPAA Special Enrollment Rights
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Patient Protection Disclosure to Participants of Non-Grandfathered Plans
- Notice of Medical Loss Ratio (MLR) Status
- The Women's Health and Cancer Rights Act of 1998
- Medicare Part D Notification of Creditable Coverage provided by our **BSNENY EPO 5010 \$10/\$30/\$50 and BSNENY HDEPO 6310 \$10/\$30/\$50 – 12/01/2016 - 11/30/2017** Health Plans
- JFA Notice of HIPAA Privacy Practices
- Notice of Availability of Coverage in the Health Insurance Marketplace
- Additional Notices for New York Employees
- **BSNENY EPO 5010** Summary of Benefits and Coverage (SBC)
- **BSNENY HDEPO 6310** Summary of Benefits and Coverage (SBC)
- **BSNENY Deductible Reimbursement Plan** Summary of Benefits and Coverage (SBC)
- **EAP of Warren, Washington County & Saratoga Counties** Summary of Benefits and Coverage (SBC)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

***THIS PAGE MUST BE SIGNED AND RETURNED TO Jackie Figueroa.  
PLEASE KEEP THE REMAINING PAGES OF THIS PACKET FOR YOUR PERSONAL RECORD***

# 2016-17 Benefit Plan Year

## State & Federal Employee Health Plan Required Notices

### Warren County

For additional information on the attached notices, please contact:

**Name:** Jackie Figueroa  
**Title:** Human Resource Director  
**Telephone Number:** 518-761-6482

### Reminder of Federal Continuation Coverage Rights under COBRA

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### **What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This life event is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both); and
- Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to **Warren County** and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

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## State & Federal Employee Health Plan Required Notices

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days (or another time frame if permitted under the terms of the Plan) after the qualifying event occurs. You must provide this notice to Human Resources.**

### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60<sup>th</sup> day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.HealthCare.gov](http://www.HealthCare.gov).

### **If you have questions;**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website. For more information about the Health Insurance Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan Contact Information**

For more information concerning your Plan or your COBRA continuation coverage rights, please contact your Plan Administrator or Jaeger & Flynn Associates, Inc. at (518) 373-0069 x280.

If you qualify for COBRA coverage, you will receive more information from Jaeger & Flynn Associates, Inc. following the specific event.

### **Notice of HIPAA Special Enrollment Rights**

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage under the Health Insurance Portability and Accountability Act (HIPAA). You should read this notice even if you plan to waive coverage at this time.

### **Loss of Other Coverage**

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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## State & Federal Employee Health Plan Required Notices

### Marriage, Birth, or Adoption

If you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

### Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children’s Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

### Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are also eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.HealthCare.gov](http://www.HealthCare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2014. You should contact your State for further information on eligibility.**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
<b>ALASKA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: <a href="https://www.flmedicaidprecovery.com/">https://www.flmedicaidprecovery.com/</a> Phone: 1-877-357-3268
<b>ARIZONA – CHIP</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://www.azaheccs.gov/applicants">http://www.azaheccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
<b>IDAHO – Medicaid and CHIP</b>	<b>MONTANA – Medicaid</b>
Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 1-800-926-2588 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084
<b>INDIANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-800-383-4278
<b>IOWA – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>

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<b>LOUISIANA – Medicaid</b>	Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	
<b>MAINE – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/publicassistance/index.html">http://www.maine.gov/dhhs/ofi/publicassistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>OREGON – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a> Phone: 1-800-699-9075	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>RHODE ISLAND – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a> Phone: 1-800-755-2604
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>PENNSYLVANIA – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>SOUTH CAROLINA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.gethiptexas.com/">https://www.gethiptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>WYOMING – Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002

To see if any more States have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)  
OMB Control Number 1210-0137 (expires 10/31/2016)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

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## State & Federal Employee Health Plan Required Notices

### **Patient Protection Disclosure to Participants of Non-Grandfathered Plans**

For the 12/01/2016 - 11/30/2017 plan year Warren County's BSNENY EPO 5010 and BSNENY HDEPO 6310 hold Non-Grandfathered Status in accordance with the Patient Protection and Affordable Care Act (the Affordable Care Act).

Warren County's health plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, the carrier may designate one for you.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Human Resources Department.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Human Resources Department.

For the 12/01/2016 - 11/30/2017 plan year Warren County's BSNENY EPO 5010 and BSNENY HDEPO 6310 hold Non-Grandfathered Status in accordance with the Patient Protection and Affordable Care Act (the Affordable Care Act).

You do not need prior authorization (including from a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Human Resources Department.

### **Notice of Medical Loss Ratio (MLR) Status**

For the 2014 MLR Reporting Year, Warren County's health insurance plan offering met or exceeded the Medical Loss Ratio rules in accordance with the Patient Protection and Affordable Care Act (the Affordable Care Act). The Plan and/ or its participants will not be receiving a rebate check.

The Affordable Care Act requires health insurers in the individual and small group markets to spend at least 80 percent of the premiums they receive on health care services and activities to improve health care quality (in the large group market, this amount is 85 percent). This is referred to as the Medical Loss Ratio (MLR) rule or the 80/20 rule. If a health insurer does not spend at least 80 percent of the premiums it receives on health care services and activities to improve health care quality, the insurer must rebate the difference.

A health insurer's Medical Loss Ratio is determined separately for each State's individual, small group and large group markets in which the health insurer offers health insurance. In some States, health insurers must meet a higher or lower Medical Loss Ratio. No later than August 1, 2015, health insurers must send any rebates due for the 2014 plan year and information to employers and individuals regarding any rebates due.

You are receiving this notice because your health insurer had a Medical Loss Ratio for the 2014 that met or exceeded the required Medical Loss Ratio. For more information on Medical Loss Ratio, visit [www.HealthCare.gov](http://www.HealthCare.gov)

### **The Women's Health and Cancer Rights Act of 1998**

#### **Enrollment Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan. If you would like more information on applicable deductible amounts, coinsurance amounts or WHCRA benefits, please contact your Plan Administrator or Jaeger & Flynn Associates, Inc. at (518) 373-0069 x280.

#### **Annual Notice**

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Please contact your Plan Administrator or Jaeger & Flynn Associates, Inc. at (518) 373-0069 x280 for more information.

### **Medicare Part D Notification of Creditable Coverage provided by our BSNENY EPO 5010 \$10/\$30/\$50 and BSNENY HDEPO 6310 \$10/\$30/\$50 – 12/01/2016 - 11/30/2017 Health Plans**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Warren County and about your options under Medicare's prescription drug coverage. This information can help you

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decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

1. **Warren County** has determined that the prescription drug coverage offered by the **BSNENY EPO 5010 \$10/\$30/\$50** and **BSNENY HDEPO 6310 \$10/\$30/\$50 – 12/01/2016 - 11/30/2017** are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and, is therefore, considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **Warren County** coverage **will not** be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Warren County coverage, be aware that you and your dependents **may not** be able to get this coverage back.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **Warren County** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information about this Notice or Your Current Prescription Drug Coverage:

You may contact the person listed below for further information or call Jaeger & Flynn Associates at (518) 792-0042 and ask to speak to Dave Shantz at extension 117. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Warren County] changes. You also may request a copy of this notice at any time.

### For More Information about your Options under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov);
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help; or
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: November 3, 2016

Name of Entity/Sender: **Warren County**

Contact/Position: **Jackie Figueroa**

Address: **1340 State Route 9, Lake George, NY, 12845**

Phone Number: **518-761-6482**

# 2016-17 Benefit Plan Year State & Federal Employee Health Plan Required Notices

## Jaeger & Flynn Associates, Inc. and JFA Flex Plan Services Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

This Notice describes the legal obligations of Jaeger & Flynn Associates, Inc. and JFA Flex Plan Services (the “Plan”) and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices (the “Notice”) to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information” (PHI). Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact:

**HIPAA Compliance and Privacy Officer**  
**Jaeger & Flynn Associates, Inc.**  
**30 Corporate Drive**  
**Clifton Park, NY 12065**  
**Telephone 518-373-0069; Fax 518-373-0121**

**Effective Date:** This Notice is effective August 8, 2013.

### Our Responsibilities

The Plan is required by law to maintain the privacy of PHI and to provide participants with notice of its legal duties and privacy practices.

### **State Law Issues**

To the extent that State law is more restrictive with respect to our ability to use or disclose your Patient Information, or to the extent that it affords you greater rights with respect to the control of your information, we will follow applicable State law. This may arise if your Health Information contains information relating to HIV/AIDS, mental health, substance abuse/chemical dependency and genetic testing, among others.

We are required by law to:

- maintain the privacy of your PHI;
- provide you with certain rights with respect to your PHI;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices **by mail or by email to your last-known address on file.**

### **How We May Use and Disclose Your Protected Health Information**

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. Minimum Necessary Standard will be used when using or disclosing PHI or when requesting PHI from another covered entity. The Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. Minimum Necessary Standard does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and there is no reasonable basis to believe that the information can be used to identify an individual or an individual’s health information.

The following categories describe the different ways that we may use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Payment.** We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

# 2016-17 Benefit Plan Year

## State & Federal Employee Health Plan Required Notices

**For Health Care Operations.** We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

**To Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

**As Required by Law.** We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

**To Plan Sponsors.** For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

### Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your PHI. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Organ and Tissue Donation.** If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

**Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

# 2016-17 Benefit Plan Year

## State & Federal Employee Health Plan Required Notices

**Law Enforcement.** We may disclose your protected health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may have been the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release your protected health information as required by federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Research.** We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

### Required Disclosures

The following is a description of disclosures of your PHI we are required to make.

**Government Audits.** We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**Disclosures to You.** When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information not disclosed pursuant to your individual authorization.

### Other Disclosures

**Personal Representatives.** We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- (2) treating such person as your personal representative could endanger you; or
- (3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members.** With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

**Authorizations.** Other uses or disclosures of your protected health information not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

More specifically, the Plan may not, without your written authorization, use or disclose any of your protected health information for marketing purposes or make any disclosures that constitute a sale of such protected health information. Further, if the Plan maintains any psychotherapy notes, such notes may not be used or disclosed without your written authorization.

# 2016-17 Benefit Plan Year

## State & Federal Employee Health Plan Required Notices

### Your Rights

You have the following rights with respect to your PHI:

**Right to Inspect and Copy.** You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to:

**HIPAA Compliance and Privacy Officer  
Jaeger & Flynn Associates, Inc.  
30 Corporate Drive  
Clifton Park, NY 12065  
T 518-373-0069; F 518-373-0121**

If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the **HIPAA Compliance Department**.

**Right to Amend.** If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the HIPAA Compliance and Privacy Officer, Jaeger & Flynn Associates, Inc. at above address. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorizations; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to:

**HIPAA Compliance and Privacy Officer  
Jaeger & Flynn Associates, Inc.  
30 Corporate Drive  
Clifton Park, NY 12065  
T 518-373-0069; F 518-373-0121**

Your request must state a time period of no longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke them or we notify you.

Effective February 17, 2010 (or such other date specified as the effective date under applicable law), we will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply – for example, disclosures to your spouse.

To request restrictions, you must send your request in writing to:

**HIPAA Compliance and Privacy Officer  
Jaeger & Flynn Associates, Inc.  
30 Corporate Drive  
Clifton Park, NY 12065  
T 518-373-0069; F 518-373-0121**

In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply – for example, disclosure to your spouse.

# 2016-17 Benefit Plan Year

## State & Federal Employee Health Plan Required Notices

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the HIPAA Compliance and Privacy Officer, Jaeger & Flynn Associates, Inc. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

**Right to Be Notified of a Breach.** You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, [www.jaegerflynn.com](http://www.jaegerflynn.com)  
To obtain a paper copy of this notice, send request to:

HIPAA Compliance and Privacy Officer  
Jaeger & Flynn Associates, Inc.  
30 Corporate Drive  
Clifton Park, NY 12065  
T 518-373-0069; Fax 518-373-0121

**Complaints.** If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services, 150 S. Independence Mall West Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111 (tel: 215.861.4441; 800.368.1019). To file a complaint with the Plan, contact HIPAA Compliance and Privacy Officer, Jaeger & Flynn Associates, Inc., 30 Corporate Drive, Clifton Park, NY 12065, 518-373-0069, Fax 518-373-0121. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with u

### **New Health Insurance Marketplace Coverage Options and Your Health Coverage**

#### **PART A: General Information**

When key parts of the health care law took effect in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and employment-based health coverage offered by **Warren County**.

#### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace occurs between October and December each year.

#### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium if you qualify for available federal subsidies and premium credits, but only if:

-You do not meet the eligibility requirements to enroll in our plan.

-The plans offered by your employer do not meet the minimum coverage requirements of the Affordable Care Act. Please note that the plan(s) offered by **Warren County** do meet the minimum coverage guidelines.

-A health plan option is available to you that does not require you to contribute more than 9.5% of your gross wages from your employer towards the cost of individual coverage.

If you are eligible to apply through the Health Insurance Marketplace, the savings on your premium that you may be eligible for will depend on your household income.

#### **Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets the standards noted above, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace would be made on an after-tax basis.

#### **How Can I Get More Information?**

For more information about your coverage offered by **Warren County**, please review the benefits information (plan description and summary of benefits and coverage) which have been provided to you or contact **Jackie Figueroa** if you have not yet been provided the benefits information or have questions about the information provided.

# 2016-17 Benefit Plan Year

## State & Federal Employee Health Plan Required Notices

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [www.HealthCare.gov](http://www.HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

### **PART B: Information about Health Coverage Offered by Your Employer**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information.

Employer name: **Warren County**

Employer Identification Number (EIN): **14-6002576**

Employer address: **1340 State Route 9, Lake George, NY, 12845**

Employer phone number: **518-761-6482**

Employer contact for information on employee health coverage at this job: **Jackie Figueroa**

Phone number (if different from above): **518-761-6482**

Email address: **[figueroaj@warrencountyny.gov](mailto:figueroaj@warrencountyny.gov)**

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

**All Eligible Employees** following the eligibility guidelines provided below

Eligible employees are (eligibility guidelines): **Full-Time Employee working 30 hours or more per week**

Eligible employees also have the option to enroll their dependents for coverage.

If checked, available coverage meets the minimum value standards of the affordable care act.

The cost of this coverage to you will be deemed to be affordable under the Affordable Care Act if the amount you are required to contribute towards the lowest cost individual plan does not exceed 9.5% of the wages you earn from **Warren County**.

Please note that even if our employer group plan is deemed to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [www.HealthCare.gov](http://www.HealthCare.gov) will guide you through the process. Jaeger & Flynn Associates, Inc. also has trained staff available to assist individuals and families in comparing health coverage options available through the New York State of Health Insurance Marketplace. These Marketplace Facilitated Enrollers can assist you in applying online, answer questions on eligibility, and assist in making changes on the Marketplace. For more information, contact Terri-Ann Montanye at (518) 373-0069 x110 or by email at [tmontanye@jaegerflynn.com](mailto:tmontanye@jaegerflynn.com).

### **ADDITIONAL NOTICES FOR NEW YORK EMPLOYEES**

#### **New York State COBRA Rights Notification**

On July 29, 2009, Governor David A. Paterson signed into law Chapter 236 of the Laws of 2009, which extends state continuation coverage for a period of 36 months. This extension will assist employees and their dependents that are eligible for Federal COBRA coverage in fully insured products or New York State continuation coverage.

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) allows employees who work for employers with 20 or more employees to continue their current group health insurance once they leave employment or have a reduction in hours that makes them ineligible for employer-sponsored coverage. New York State continuation coverage, also known as "mini-COBRA," gives the same right to employees who work for employers with fewer than 20 employees.

Under the NYS law, people eligible for mini-COBRA (state continuation coverage) may continue their coverage for a total of 36 months, regardless of the type of Qualifying Event causing coverage loss.

For those eligible for federal COBRA, they may elect 18 months of COBRA and then an additional 18 months of mini-COBRA, for a total of 36 months.

This notice does not fully describe continuation coverage or other rights with respect to your coverage.

**For more information** concerning your Plan or your COBRA continuation coverage rights please contact your Plan Administrator or Jaeger & Flynn Associates, Inc (518) 373-0069 x280. For information about your New York State continuation coverage rights, please contact the New York State Department of Financial Services at (800) 342-3736 or <http://dfs.ny.gov/insurance/ihealth.htm>.

#### **New Health Insurance Marketplace Coverage Options and Your Health Coverage**

Jaeger & Flynn has trained staff available to assist individuals and families in comparing health coverage options available through the New York State of Health Insurance Marketplace. These Marketplace Facilitated Enrollers can assist you in applying online, answer questions on eligibility, and assist in making changes on the Marketplace. For more information, contact Terri Ann Montanye at (518) 373-0069 ext. 110 or by email at [tmontanye@jaegerflynn.com](mailto:tmontanye@jaegerflynn.com).



**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.bsneny.com](http://www.bsneny.com) or by calling 1-800-888-1238.

Important Questions	Answers	Why this Matters:
<b>What is the overall deductible?</b>	None	See the chart starting on page 2 for your costs for services this plan covers.
<b>Are there other deductibles for specific services?</b>	No	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
<b>Is there an <u>out-of-pocket limit</u> on my expenses?</b>	Yes. In-network providers: \$6,350 Individual/\$12,700 Family	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <b><u>out-of-pocket limit</u></b> .
<b>Is there an overall annual limit on what the plan pays?</b>	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
<b>Does this plan use a <u>network of providers</u>?</b>	Yes. See <a href="http://www.bsneny.com">www.bsneny.com</a> for a list of participating providers.	If you use an in-network doctor or other health care <b>provider</b> , 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 <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
<b>Do I need a referral to see a <u>specialist</u>?</b>	No.	You can see the <b>specialist</b> you choose without permission from this plan.
<b>Are there services this plan doesn't cover?</b>	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .

**Questions:** Call 1-800-888-1238 or visit us at [www.bsneny.com](http://www.bsneny.com).

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- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
  - **Coinsurance** 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 **coinsurance** 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 in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 co-pay/visit	Not Covered	
	Specialist visit	\$40 co-pay/visit	Not Covered	
	Other practitioner office visit	\$40 co-pay/visit for chiropractor, Not Covered for acupuncture	Not Covered	
	Preventive care/screening/immunization	\$0 co-pay/visit	Not Covered	Additional preventive services may apply.
If you have a test	Diagnostic test (x-ray, blood work)	\$25 co-pay/visit for x-ray, \$0 co-pay/visit for bloodwork	Not Covered	
	Imaging (CT/PET scans, MRIs)	\$25 co-pay/visit	Not Covered	

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# BlueShield of Northeastern NY: Traditional Blue EPO 5010

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

Coverage Period: 12/01/2016 - 11/30/2017

Coverage for: Single/Family | Plan Type: EPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<b>If you need drugs to treat your illness or condition</b>  More information about <u>prescription drug coverage</u> is available at <a href="http://www.bsneny.com">www.bsneny.com</a> .	Generic drugs	\$10 co-pay/prescription	Not Covered	Some generic drugs may be subject to non-preferred brand cost share.
	Preferred brand drugs	\$30 co-pay/prescription	Not Covered	
	Non-preferred brand drugs	\$50 co-pay/prescription	Not Covered	
	Specialty drugs	See Limitations & Exceptions	Not Covered	Specialty drugs could be generic, preferred brand, or non-preferred brand. Please visit our website for a copy of our medication guide.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$75 co-pay/visit	Not Covered	
	Physician/surgeon fees	\$0 co-pay/visit	Not Covered	
<b>If you need immediate medical attention</b>	Emergency room services	\$100 co-pay/visit	\$100 co-pay/visit	
	Emergency medical transportation	\$100 co-pay/visit	\$100 co-pay/visit	
	Urgent care	\$35 co-pay/visit	\$35 co-pay/visit	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$250 co-pay/visit	Not Covered	
	Physician/surgeon fee	\$0 co-pay/visit	Not Covered	

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# BlueShield of Northeastern NY: Traditional Blue EPO 5010

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

Coverage Period: 12/01/2016 - 11/30/2017

Coverage for: Single/Family | Plan Type: EPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$0 co-pay/visit	Not Covered	
	Mental/Behavioral health inpatient services	\$250 co-pay/visit	Not Covered	
	Substance use disorder outpatient services	\$0 co-pay/visit	Not Covered	
	Substance use disorder inpatient services	\$250 co-pay/visit	Not Covered	
<b>If you are pregnant</b>	Prenatal and postnatal care	\$25 or \$40	Not Covered	For participating providers, cost share applies only to initial visit to determine pregnancy
	Delivery and all inpatient services	\$250 co-pay/visit	Not Covered	
<b>If you need help recovering or have other special health needs</b>	Home health care	\$40 co-pay/visit	Not Covered	
	Rehabilitation services	\$40 co-pay/visit	Not Covered	
	Habilitation services	\$40 co-pay/visit	Not Covered	
	Skilled nursing care	\$250 co-pay/visit	Not Covered	
	Durable medical equipment	50% co-insurance	Not Covered	
	Hospice service	\$0 co-pay/visit	Not Covered	
<b>If your child needs dental or eye care</b>	Eye exam	See limitations and exceptions	See limitations and exceptions	Contact your group administrator for coverage details.
	Glasses	See limitations and exceptions	Not Covered	Contact your group administrator for coverage details.
	Dental check-up	See limitations and exceptions	See limitations and exceptions	Contact your group administrator for coverage details.

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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
- Cosmetic surgery
- Custodial care
- Dental care (Adult)
- Hearing aids
- Long-term care
- Private-duty nursing
- Routine foot care
- Weight Loss programs

**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
- Infertility treatment
- Emergency care when traveling outside the United States
- Routine eye care (Adult)

**This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.**

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## 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 your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-888-1238. 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](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).

## 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: 1-800-888-1238.

## 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.

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-888-1238.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-888-1238.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-888-1238.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-888-1238.

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

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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 \$6,850**
- **Patient pays \$690**

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$0
Copays	\$540
Coinsurance	\$0
Limits or exclusions	\$150
<b>Total</b>	<b>\$690</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers: \$5,400**
- **Plan pays \$4,030**
- **Patient pays \$1,370**

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$0
Copays	\$650
Coinsurance	\$640
Limits or exclusions	\$80
<b>Total</b>	<b>\$1,370</b>

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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 in-network **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 **coinsurance** 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 **not** 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?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. 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.

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**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.bsneny.com](http://www.bsneny.com) or by calling 1-800-888-1238.

Important Questions	Answers	Why this Matters:
<b>What is the overall <u>deductible</u>?</b>	In-network providers: \$1,500 individual/\$3,000 Family Out-of-network providers: None	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
<b>Is there an <u>out-of-pocket limit</u> on my expenses?</b>	In-network providers: \$5,000 Individual/\$10,000 Family Out-of-network providers: None	The <b>out-of-pocket limit</b> 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.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
<b>Is there an overall annual limit on what the plan pays?</b>	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
<b>Does this plan use a <u>network of providers</u>?</b>	Yes. See <a href="http://www.bsneny.com">www.bsneny.com</a> for a list of participating providers.	If you use an in-network doctor or other health care <b>provider</b> , 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 <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
<b>Do I need a referral to see a <u>specialist</u>?</b>	No.	You can see the <b>specialist</b> you choose without permission from this plan.
<b>Are there services this plan doesn't cover?</b>	Yes.	Some of the services this plan doesn't cover are listed in the Services Your Plan Does NOT Cover section under Excluded Services & Other Covered Services. See your policy or plan document for additional information about <b>excluded services</b> .

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- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
  - **Coinsurance** 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 **coinsurance** 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 in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<b>If you visit a health care <u>provider's</u> office or clinic</b>	Primary care visit to treat an injury or illness	\$25 co-pay/visit	Not Covered	
	Specialist visit	\$40 co-pay/visit	Not Covered	
	Other practitioner office visit	\$40 co-pay/visit for chiropractor, Not Covered for acupuncture	Not Covered	
	Preventive care/screening/immunization	\$0 co-pay/visit	\$0 co-pay/visit for flu vaccine, Not Covered for mammogram	Additional preventive services may apply.
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	\$0 co-pay/visit	Not Covered	
	Imaging (CT/PET scans, MRIs)	\$0 co-pay/visit	Not Covered	

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Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<b>If you need drugs to treat your illness or condition</b>  More information about <u>prescription drug coverage</u> is available at <a href="http://www.bsneny.com">www.bsneny.com</a> .	Generic drugs	\$10 co-pay /prescription	Not Covered	Some generic drugs may be subject to non-preferred brand cost share.
	Preferred brand drugs	\$30 co-pay /prescription	Not Covered	
	Non-preferred brand drugs	\$50 co-pay /prescription	Not Covered	
	Specialty drugs	See Limitations & Exceptions	Not Covered	Specialty drugs could be generic, preferred brand, or non-preferred brand. Please visit our website for a copy of our medication guide.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$75 co-pay/visit	Not Covered	
	Physician/surgeon fees	\$0 co-pay/visit	Not Covered	
<b>If you need immediate medical attention</b>	Emergency room services	\$100 co-pay/visit	\$100 co-pay/visit	
	Emergency medical transportation	\$100 co-pay/visit	\$100 co-pay/visit	
	Urgent care	\$35 co-pay/visit	\$35 co-pay/visit	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$250 co-pay/visit	Not Covered	
	Physician/surgeon fee	\$0 co-pay/visit	Not Covered	

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Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$0 co-pay/visit	Not Covered	
	Mental/Behavioral health inpatient services	\$250 co-pay/visit	Not Covered	
	Substance use disorder outpatient services	\$0 co-pay/visit	Not Covered	
	Substance use disorder inpatient services	\$250 co-pay/visit	Not Covered	
<b>If you are pregnant</b>	Prenatal and postnatal care	\$25 or \$40	Not Covered	For participating providers, cost share applies only to initial visit to determine pregnancy
	Delivery and all inpatient services	\$250 co-pay/visit	Not Covered	
<b>If you need help recovering or have other special health needs</b>	Home health care	\$40 co-pay/visit	Not Covered	
	Rehabilitation services	\$40 co-pay/visit	Not Covered	
	Habilitation services	\$40 co-pay/visit	Not Covered	
	Skilled nursing care	\$250 co-pay/visit	Not Covered	
	Durable medical equipment	50% co-insurance	Not Covered	
	Hospice service	\$40 co-pay/visit	Not Covered	
<b>If your child needs dental or eye care</b>	Eye exam	See limitations and exceptions	See limitations and exceptions	Contact your group administrator for coverage details.
	Glasses	See limitations and exceptions	Not Covered	Contact your group administrator for coverage details.
	Dental check-up	See limitations and exceptions	See limitations and exceptions	Contact your group administrator for coverage details.

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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
- Custodial care
- Dental care (Adult)
- Hearing aids
- Long-term care
- Private-duty nursing
- Routine foot care
- Weight Loss programs

**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
- Infertility treatment
- Emergency care when traveling outside the United States
- Routine eye care (Adult)

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Class: 0002 20161024

## 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 your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-888-1238. 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](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).

## 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: 1-800-888-1238.

## 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.**

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-888-1238.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-888-1238.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-888-1238.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-888-1238.

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

BlueShield of Northeastern New York, a division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association

**Questions:** Call 1-800-888-1238 or visit us at [www.bsny.com](http://www.bsny.com).

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Group ID: 00967118  
Class: 0002 20161024

## 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 \$4,770**
- **Patient pays \$2,770**

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$2,600
Copays	\$20
Coinsurance	\$0
Limits or exclusions	\$150
<b>Total</b>	<b>\$2,770</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers: \$5,400**
- **Plan pays \$2,230**
- **Patient pays \$3,170**

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$2,600
Copays	\$340
Coinsurance	\$150
Limits or exclusions	\$80
<b>Total</b>	<b>\$3,170</b>

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Group ID: 00967118  
 Class: 0002 20161024

## 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 in-network 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 coinsurance 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 **not** 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?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. 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.

BlueShield of Northeastern New York, a division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association

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Group ID: 00967118  
Class: 0002 20161024

# Warren County Deductible Reimbursement Plan

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

Plan Type: Deductible Reimbursement

Coverage Period: 12/01/2016 – 11/30/2017

Coverage for: BSNENY HDEPO 6310 Enrollees



**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 <https://jfaflex.lh1ondemand.com> or by calling (518) 792-0042.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	<b>\$0</b>	See the chart starting on page 2 for your costs for services this plan covers. This HRA does not have a deductible, only your health plan has a deductible.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet an HRA <u>deductible</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	No.	There is no limit on how much you could pay during a coverage period for your share of the cost of covered services. <b>This plan only reimburses expenses applied to your health plan deductible.</b>
What is not included in the <u>out-of-pocket limit</u> ?	The plan has no <u>out-of-pocket limit</u> .	Not applicable because there is no <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	Yes, \$ 750 for Individual; \$1,500 for 2-Person/Family coverage. Maximum per person amount is \$750.	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 <u>network of providers</u> ?	Yes. See <a href="http://www.bsneny.com">www.bsneny.com</a> or call 1-800-888-1238 for a list of participating providers.	If you use an in-network doctor or other health care provider, the health plan will pay some or all of your 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. <b>This plan only reimburses expenses applied to your health plan deductible.</b>
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> 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 4. See your policy or plan document for additional information about <u>excluded services</u> . <b>This plan only reimburses expenses applied to your health plan deductible.</b>

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OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

Released on April 23, 2013 (corrected)

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

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- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** 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 **coinsurance** 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 participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Specialist visit	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Other practitioner office visit	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Preventive care/screening/immunization	Not applicable.	Not applicable	This plan only reimburses for expenses applied to your health plan deductible.
If you have a test	Diagnostic test (x-ray, blood work)	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.

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

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**Coverage for:** BSNENY HDEPO 6310 Enrollees

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
	Imaging (CT/PET scans, MRIs)	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable.	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
<b>If you need drugs to treat your illness or condition</b>  More information about <b>prescription drug coverage</b> is available at <a href="http://www.bsneny.com">www.bsneny.com</a> .	Generic drugs	Not applicable.	Not applicable.	This plan only reimburses expenses applied towards the health plan deductible.
	Preferred brand drugs	Not applicable.	Not applicable.	This plan only reimburses expenses applied towards the health plan deductible.
	Non-preferred brand drugs	Not applicable.	Not applicable.	This plan only reimburses expenses applied towards the health plan deductible.
	Specialty drugs	Not applicable.	Not applicable.	This plan only reimburses expenses applied towards the health plan deductible.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Physician/surgeon fees	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
<b>If you need immediate medical attention</b>	Emergency room services	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Emergency medical transportation	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.

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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
	Urgent care	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Physician/surgeon fee	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Mental/Behavioral health inpatient services	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Substance use disorder outpatient services	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Substance use disorder inpatient services	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
<b>If you are pregnant</b>	Prenatal and postnatal care	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Delivery and all inpatient services	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.

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# Warren County Deductible Reimbursement Plan

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

Plan Type: Deductible Reimbursement

Coverage Period: 12/01/2016 – 11/30/2017

Coverage for: BSNENY HDEPO 6310 Enrollees

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
<b>If you need help recovering or have other special health needs</b>	Home health care	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Rehabilitation services	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Habilitation services	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Skilled nursing care	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Durable medical equipment	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Hospice service	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
<b>If your child needs dental or eye care</b>	Eye exam	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Glasses	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.
	Dental check-up	Your responsibility is 100% if expense is applied to the health plan deductible.	Not applicable	If the cost is applied to the health plan deductible, reimbursement is available up to the account balance.

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# Warren County Deductible Reimbursement Plan

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

**Plan Type:** Deductible Reimbursement

**Coverage Period:** 12/01/2016 – 11/30/2017

**Coverage for:** BSNENY HDEPO 6310 Enrollees

## 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 (if prescribed for rehabilitation purposes)
- Chiropractic care
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- 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 (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric Surgery
- Expenses subject to your BSNENY Deductible
- Most coverage provided outside the United States. See [www.bsneny.com](http://www.bsneny.com).

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**Coverage Period:** 12/01/2016 – 11/30/2017

**Coverage for:** BSNENY HDEPO 6310 Enrollees

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## 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 your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at (518) 792-0042 x109. 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](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).

## 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 the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). You can also contact the plan at (518) 792-0042 x109.

## 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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## 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 \$5,490
- Patient pays \$2,050

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$700
Copays	\$30
Coinsurance	\$1320
Limits or exclusions	\$0
<b>Total</b>	<b>\$2,050</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,520
- Patient pays \$1,880

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$800
Copays	\$500
Coinsurance	\$500
Limits or exclusions	\$80
<b>Total</b>	<b>\$1,880</b>

Note: This plan does not provide insurance. This plan is available to reimburse eligible expenses subject to the BSNENY HDEPO 6310 Deductible up to your account balance after any applicable insurance has paid.

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Coverage for: BSNENY HDEPO 6310 Enrollees

## 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 in-network 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 coinsurance 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 **not** 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?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. 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 (518) 792-0042 or visit us at <https://jfaflex.lh1ondemand.com>.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call (518) 792-0042 to request a copy.

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



**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 by calling 1-800-734-6072.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	<b>\$0</b>	A portion of EAP services represent preventive care for which no deductible is applicable.
Are there other deductibles for specific services?	<b>No</b>	You don't have to meet any deductibles for EAP services.
Is there an <u>out-of-pocket limit</u> on my expenses?	<b>No</b>	There are no charges for EAP services obtained from a network EAP provider. There are, however, limits for the number of sessions covered by the plan.
What is not included in the <u>out-of-pocket limit</u> ?	<b>This plan has no out-of-pocket limit.</b>	Not applicable because there's no out-of-pocket limit on your expenses.
Is there an overall annual limit on what the plan pays?	<b>No</b>	The chart 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 <u>network of providers</u> ?	For more information please <b>call 1-800-734-6072 or visit <a href="http://www.adkeap.com">www.adkeap.com</a></b> .	This plan covers only in-network providers. If you use an in-network health care provider, this plan will pay some of all the costs of covered services as described on the following chart.
Do I need a referral to see a <u>specialist</u> ?	<b>No</b>	The EAP does not cover specialists. If the EAP provider determines that you need treatment from a specialist, the EAP provider will refer you to your group health plan or treatment resources in your community.
Are there services this plan doesn't cover?	<b>Yes</b>	See your plan document for information about <b>excluded services</b> .

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- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** 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 **coinsurance** 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 participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Specialist visit	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Other practitioner office visit	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Preventive care/screening/immunization	N/A	N/A	This plan doesn't provide any coverage for this type of service.
If you have a test	Diagnostic test (x-ray, blood work)	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Imaging (CT/PET scans, MRIs)	N/A	N/A	This plan doesn't provide any coverage for this type of service.
If you need drugs to treat your illness or condition	Generic drugs	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Preferred brand drugs	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Non-preferred brand drugs	N/A	N/A	This plan doesn't provide any coverage for this type of service.

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

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
	Specialty drugs	N/A	N/A	This plan doesn't provide any coverage for this type of service.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Physician/surgeon fees	N/A	N/A	This plan doesn't provide any coverage for this type of service.
If you need immediate medical attention	Emergency room services	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Emergency medical transportation	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Urgent care	N/A	N/A	This plan doesn't provide any coverage for this type of service.
If you have a hospital stay	Facility fee (e.g., hospital room)	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Physician/surgeon fee	N/A	N/A	This plan doesn't provide any coverage for this type of service.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No copay	N/A	This plan covers up to 3 sessions per year.
	Mental/Behavioral health inpatient services	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Substance use disorder outpatient services	No copay	N/A	This plan covers up to 0 sessions per year.
	Substance use disorder inpatient services	N/A	N/A	This plan doesn't provide any coverage for this type of service.
If you are pregnant	Prenatal and postnatal care	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Delivery and all inpatient services	N/A	N/A	This plan doesn't provide any coverage for this type of service.

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

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
<b>If you need help recovering or have other special health needs</b>	Home health care	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Rehabilitation services	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Habilitation services	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Skilled nursing care	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Durable medical equipment	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Hospice service	N/A	N/A	This plan doesn't provide any coverage for this type of service.
<b>If your child needs dental or eye care</b>	Eye exam	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Glasses	N/A	N/A	This plan doesn't provide any coverage for this type of service.
	Dental check-up	N/A	N/A	This plan doesn't provide any coverage for this type of service.

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

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 <u>excluded services</u> .)		
<ul style="list-style-type: none"><li>• Acupuncture (if prescribed for rehabilitation purposes)</li><li>• Bariatric surgery</li><li>• Chiropractic care</li><li>• Cosmetic surgery</li><li>• Dental care (Adult)</li></ul>	<ul style="list-style-type: none"><li>• Hearing Aids</li><li>• Infertility treatment</li><li>• Long-term care</li><li>• Non-emergency care when traveling outside the U.S.</li><li>• Private-duty nursing</li></ul>	<ul style="list-style-type: none"><li>• Routine eye care (Adult)</li><li>• Routine foot care</li><li>• Most coverage provided outside the United States. See <u>www.[insert]</u></li><li>• Weight loss programs</li></ul>
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.)		
<ul style="list-style-type: none"><li>• Counseling for mental health issues, marital problems, alcohol and substance abuse, loss and grief, parenting issues and family violence</li><li>• Critical situations (however, this is not meant to be a crisis line such as 911 or municipal police department)</li></ul>		
<ul style="list-style-type: none"><li>• Work life services</li><li>• Online services and resources</li><li>• Legal referral services</li><li>• Financial referral services</li></ul>		

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 your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at [contact number]. 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](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).

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

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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:

ESI at (800) 252-4555 or your Human Resources Department

## Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-800-xxx-xxxx

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-xxx-xxxx

[Chinese (中文): 如果需要中文的帮助,请拨打这个号码 1-800-xxx-xxxx

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-xxx-xxxx

## 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 not 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 not 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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## 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.

- Amount owed to providers: N/A
- Plan pays N/A
- Patient pays N/A

### Sample care costs:

Hospital charges (mother)	N/A
Routine obstetric care	N/A
Hospital charges (baby)	N/A
Anesthesia	N/A
Laboratory tests	N/A
Prescriptions	N/A
Radiology	N/A
Vaccines, other preventive	N/A
<b>Total</b>	<b>N/A</b>

### Patient pays:

Deductibles	\$
Copays	\$
Coinsurance	\$
Limits or exclusions	\$
<b>Total</b>	<b>N/A</b>

**This condition is not covered, so the patient pays 100%**

## Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: N/A
- Plan pays N/A
- Patient pays N/A

### Sample care costs:

Prescriptions	N/A
Medical Equipment and Supplies	N/A
Office Visits and Procedures	N/A
Education	N/A
Laboratory tests	N/A
Vaccines, other preventive	N/A
<b>Total</b>	<b>N/A</b>

### Patient pays:

Deductibles	N/A
Copays	N/A
Coinsurance	N/A
Limits or exclusions	N/A
<b>Total</b>	<b>N/A</b>

**This condition is not covered, so the patient pays 100%**

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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 in-network 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 coinsurance 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 not 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?

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