

## Legacy Employee Health Plan Summary of Material Modifications

October 1, 2019

### Important changes to your 2020 benefits

This document is a Summary of Material Modifications (SMM). It is intended to notify you of important changes we are making to the Legacy Employee Health Plan, effective Jan. 1, 2020.

Please read this SMM carefully and keep it with the Employee Benefits Guide (Summary Plan Description) dated Jan. 1, 2017. The electronic Employee Benefits Guide will be updated with all changes listed on this SMM. If you have questions about your benefits, contact the Legacy HR Answer Center at [hanswer@lhs.org](mailto:hanswer@lhs.org) or call 503-415-5100.

**Effective Jan. 1, 2020, the Legacy Employee Health Plan adopts the following changes to the 2017 Employee Benefits Guide (page numbers below reference the Guide dated Jan. 1, 2017):**

- **Prescription Drug Plan Coverage of Diabetic Supplies**— page 44 and all other references
  - Diabetic supplies will now be available through the pharmacy benefit. MedImpact's preferred brand of meter and test strips will be available at Legacy Apothecaries and in-network retail pharmacies for a zero-dollar copay if you are enrolled and engaged in the Care Support Resources program.
- **Health Care Spending Account:** page 57 and all other references
  - Annual contribution limit is increased to \$2,700
- **Short and Long-Term Income Supplement Plans:** page 80 and all other references
  - You are required to apply for any applicable state paid family and medical leave benefits before you can receive benefits under the plans
  - The income supplement benefit is reduced by any applicable state paid family and medical leave program, any group disability insurance program or personal insurance policy
  - The amounts received from a personal disability benefit policy purchased through employment with Legacy will not reduce the income supplement benefits
  - Any overpayments will be considered a pre-payment of future benefit amounts and may offset future benefit payments
- **Voluntary Benefits:** Making new voluntary benefit plans available to benefit eligible employees. These benefits are 100% paid by employees on an after-tax basis and may only be elected during annual enrollment or when an employee first becomes eligible for benefits. See Aflac plan brochures for more information.

- **Accident Plan** – this plan pays you a cash benefit based on the type of injury incurred.
- **Critical Illness** – this plan pays cash to you in amounts up to \$30,000 should you be diagnosed with certain critical illness and cancers.
- **Hospital Indemnity** – this plan pays cash if you are hospitalized due to an accident or sickness, including pregnancy.

Legacy Health reserves the right to amend, modify, or terminate any of its employee benefit plans, in whole or in part, for any reason at any time. Any such amendment, modification, or termination may be applicable to both current and future plan participants and their eligible dependents and beneficiaries. Legacy will notify represented employees in the event of any negotiated changes to the items contained in this Notice.

# BENEFITS

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## Legacy Employee Health Plan Summary of Material Modifications

October 1, 2018

### Important changes to your 2019 benefits

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**Effective Jan. 1, 2019, the Legacy Employee Health Plan adopts the following changes to the 2017 Employee Benefits Guide (page numbers below reference the Guide dated Jan. 1, 2017):**

- **Medical coverage** – page 22 and all other references
  - Enhancing the coinsurance from 80% to 90% for primary care and specialty physician office visits.
- **Hearing Aids** – page 27 and all other references
  - Hearing aids for both children and adults will now be covered. One device per ear up to \$4,000 coverage maximum every 4 years.
- **Prescription Drug Plan** – page 43 and all other references
  - In 2019 Legacy will be moving to a new formulary. Some of the non-preferred medications today will become excluded from the formulary. If you are using an excluded medication, there will be alternatives or steps you can take to request continued coverage. If one of your medications is excluded, you will receive more information as we approach Jan. 1, 2019.

- Specialty medications will need to be obtained through a Legacy Health Apothecary or MedImpact Direct. If you are currently obtaining a specialty medication from a retail pharmacy you will receive communication prior to Jan. 1, 2019 instructing you how to obtain your medication in 2019.
- **Diabetic Prevention Plan** – page 45 and all other references
  - Adding voluntary clinical intervention for pre-diabetic members which provides a year-long structured lifestyle change program.
- **Tobacco Cessation Program** – page 8, 46 and all other references
  - Replacing the existing program with a voluntary Quit for Life program which provides an integrated mix of medication support, phone-based cognitive behavioral coaching, web-based learning, and support tools for employees and their spouses who are enrolled in the medical plan.
- **Weight Watchers** – page 47 and all other references
  - Adding a corporate Weight Watchers sponsorship which will allow employees access to a discounted rate for Weight Watchers online as well as access to Weight Watchers at Work.
- **Vision Plan** – page 54 and all other references
  - Enhancing the base plan to cover lenses and contact lenses every 12 months.
- **Income Supplement Plan** – page 66 and all other references
  - The Short-Term income supplement benefit is paid every two weeks and Long-Term benefit is paid every month, coinciding with Legacy pay periods. All benefit payments will be made in arrears.
  - If you incur a new and unrelated disability while on income supplement plan, there will be no additional waiting and benefit period for a new disability unless you return to work for a full day after your original disability ends.
  - Your income supplement benefit is reduced by any earnings from any form of employment or self-employment.
  - Temporary Modified Work is a modified Legacy job to support temporary restrictions in physical requirements and/or hours worked so an employee can resume work if the treating health care provider determines the employee is able. You will no longer have to meet an elimination period for temporary modified work. The income supplement benefit plan is reduced by an amount earned from temporary modified work.

## Legacy Employee Health Plan Summary of Material Modifications

Oct. 1, 2017

### Important changes to your 2018 benefits

This document is a Summary of Material Modifications (SMM). It is intended to notify you of important changes we are making to the Legacy Employee Health Plan, effective Jan. 1, 2018.

Please read this SMM carefully and keep it with the Employee Benefits Guide (Summary Plan Description) dated Jan. 1, 2017. The electronic Employee Benefits Guide will be updated with all changes listed on this SMM. If you have questions about your benefits, contact the Legacy HR Answer Center at [hanswer@lhs.org](mailto:hanswer@lhs.org) or call 503-415-5100.

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**Effective Jan. 1, 2018, the Legacy Employee Health Plan adopts the following changes to the 2017 Employee Benefits Guide (page numbers below reference the Guide dated Jan. 1, 2017):**

- **Benefit premiums** – page 8 and all other references
  - Benefit plan premiums (health, flexible spending accounts, life, disability and accidental death & dismemberment) will be deducted from the first two paychecks of the month (semi-monthly) instead of every paycheck.
  - Deferrals for the 403(b) Savings Plan and the 457(b) Deferred Compensation Plan will continue to be deducted from all paychecks.
- **Medical coverage** – page 24 and all other references
  - Nutrition counseling lifetime limit is increased from one session to five sessions.
- **Alternative care** – page 24, 31 and all other references
  - Alternative care services are covered at the lesser of 12 visits annually or 80 percent up to \$1,000 annually.
  - Massage therapy services are included in the alternative care benefit. Services must be medically necessary and a prescription for massage therapy is required.

- **Medical coverage, limitations and exclusions** – page 28, 34 and all other references
  - Autism spectrum disorders, behavioral disorders, obsessive compulsive and related disorders are covered at 80 percent from Legacy + Network providers and 0 percent from out-of-network providers. Applied Behavior Analysis (ABA) therapy requires pre-certification for medical necessity by PacificSource.
  - Pediatric gender dysphoria services are covered at 80 percent from Legacy + Network providers and 0 percent from out-of-network providers and subject to pre-certification for medical necessity by PacificSource.
  - Commercial-grade breast pumps are covered under the Plan; hospital-grade pumps are not covered.
  - Bone attached hearing aids (bone conductive) are covered at the same level as cochlear implants. Pre-certification by PacificSource is required.
- **Vision Plan** – page 54 and all other references
  - EyeMed replaces PacificSource as the third-party administrator for the Vision Plan.
  - Two plan options will be available: base or buy-up. Employees currently enrolled in the Vision Plan will be enrolled in the base plan if they do not make a Vision Plan election during the 2018 Annual Enrollment period.
  - Full-time and part-time employees will pay the same premium.
- **Income Supplement Plan** – page 66 and all other references
  - Employees will have the option of pre-tax or after-tax premiums on all Long-Term Income Supplement Plan options. Employees will be enrolled in the pre-tax premium option if they do not make an election during the 2018 Annual Enrollment period.
  - The benefit percentage for the employee-paid Long-Term Income Supplement Plan buy-up option for physicians and directors is increased to  $66\frac{2}{3}$  percent.
- **Flexible Spending Accounts** – page 57 and all other references
  - The Health Care Flexible Spending Account annual limit is increased to \$2,600.
- **Life Insurance**– page 61 and all other references
  - Dependent documentation is required for employees enrolled in spouse/domestic partner life insurance or dependent child life insurance.
- **Accidental Death & Dismemberment Plan** – page 73 and all other references
  - Dependent documentation is required for employees enrolled in family accidental death & dismemberment insurance.
- **Continuation of coverage** – page 98 and all other references
  - Domestic partners and their children may choose to continue medical, dental, vision, and Flexible Spending Account benefits on a self-pay basis following COBRA qualifying events.

## Legacy Employee Retirement Program Summary of Material Modifications

Oct. 1, 2017

### **Important changes to your retirement plan**

This document is a Summary of Material Modifications (SMM). It is intended to notify you of important changes we are making to the Employee Retirement Program, effective January 1, 2018.


Please read this SMM carefully and keep it with the Employee Retirement Program (Summary Plan Description) dated Feb. 1, 2017. The electronic Employee Retirement Program will be updated with all changes listed on this SMM. If you have questions, contact the Legacy HR Answer Center at 503-415-5100 or email [HRanswer@lhs.org](mailto:HRanswer@lhs.org).

Legacy Health reserves the right to amend, modify, or terminate any of its employee benefit plans, in whole or in part, for any reason at any time. Any such amendment, modification, or termination may be applicable to both current and future plan participants and their eligible dependents and beneficiaries. Legacy will notify represented employees in the event of any negotiated changes to the items contained in this Notice.

**Effective Jan. 1, 2018, the Legacy Employee Retirement Program adopts the following changes to the 2017 Employee Retirement Program (page numbers below reference the Program booklet dated Feb. 1, 2017):**

- **Your Contributions** – page 4 and all other references
  - Employees will be able to make after-tax Roth contributions to their 403(b) Employee Savings Plan.
  - Combined with pre-tax contributions, employees will be able to contribute after-tax contributions up to current IRS limits.
  - Employees automatically enrolled into the 403(b) Employee Savings Plan after Jan. 1, 2018, will have their contribution automatically increased one percent per year, up to a maximum of 15 percent. The current auto escalation limit is 10 percent.




 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, the Legacy HR Answer Center at (503) 415-5100 or email BenefitsDepartment@LHS.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or [www.ccjio.cms.gov](http://www.ccjio.cms.gov)

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	\$100 / individual or \$200 / family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
<b>Are there services covered before you meet your deductible?</b>	Yes, most in-network Preventive care and in-network pharmacy benefits are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No	You don't have to meet a deductible for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
<b>What is the out-of-pocket limit for this plan?</b>	Medical for network providers \$2,500 individual / \$6,000 family. There is no coverage for out-of-network providers Pharmacy for network providers \$1,250 individual / \$3,750 family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. This plan has separate out-of-pocket limits for prescription drugs.
<b>What is not included in the out-of-pocket limit?</b>	Copayments and coinsurance for certain services, premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.



Important Questions	Answers	Why This Matters:
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. Go to <a href="http://www.pacificsource.com/Legacy">www.pacificsource.com/Legacy</a> for a list of in-network providers within the <b>Legacy + network</b>	This <a href="#">plan</a> uses an exclusive <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay all of the cost if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	This <a href="#">plan</a> will pay some or all of the costs to see a <a href="#">specialist</a> for covered services.

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	10% <a href="#">coinsurance</a>	No covered.	<a href="#">Deductible</a> must be met, then coinsurance applies.
	<a href="#">Specialist</a> visit	10% <a href="#">coinsurance</a>	No covered.	<a href="#">Deductible</a> must be met, then coinsurance applies.
	<a href="#">Preventive care/screening/immunization</a>	No charge	No covered.	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	20% <a href="#">coinsurance</a>	Not covered	<a href="#">Deductible</a> must be met, then coinsurance applies.
	Imaging (CT/PET scans, MRIs)	\$100 Copay per day; 20% <a href="#">coinsurance</a>	Not covered	<a href="#">Preauthorization</a> is required. If you don't get <a href="#">preauthorization</a> , benefits will be reduced by 100% of the total cost of the service.
If you need drugs to treat your illness or condition	Generic drugs	\$15 <a href="#">copay</a> or cost of the drug if less (retail and mail order)	\$50 <a href="#">copay</a> + 20% <a href="#">coinsurance</a> or cost of the drug if less (retail and mail order)	<a href="#">Deductible</a> does not apply. See the current Employee Benefits Guide and any applicable Summary of Material Modification or go to <a href="http://mp.medimpact.com/LGC">http://mp.medimpact.com/LGC</a> for the Prescription Plan limits and exclusions
	More information about <a href="#">prescription drug coverage</a> is available at	Preferred brand drugs	\$30 <a href="#">copay</a> or cost of the drug if less (retail and mail order)	

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<a href="http://mp.medimpact.com/LGC">http://mp.medimpact.com/LGC</a>	Non-preferred brand drugs	\$60 <u>copay</u> + 20% <u>coinsurance</u> or cost of the drug if less (retail and mail order)		Covers up to a 34-day supply (retail prescription); 35-90 day supply (mail order prescription)
	<u>Specialty drugs</u>	\$100 <u>copay</u> (retail and mail order)	\$100 <u>copay</u> + 20% <u>coinsurance</u> (retail and mail order)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u> after deductible	Not covered	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be reduced by 100% of the total cost of the service.
	Physician/surgeon fees			
If you need immediate medical attention	<u>Emergency room care</u>	\$100 <u>copay</u> per day; 20% <u>coinsurance</u>	\$100 <u>copay</u> per day; 20% <u>coinsurance</u> ; Non-Emergent Medical Care not covered	<u>Deductible</u> must be met, then <u>copay</u> and <u>coinsurance</u> apply. <u>Copay</u> per day if Medical emergency; <u>Copay</u> waived if admitted
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Deductible</u> must be met, then <u>coinsurance</u> applies. Ambulance coverage if Medical emergency
	<u>Urgent care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u> Urgent Medical; Not covered for Non-Urgent Medical care	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	Not covered	<u>Deductible</u> must be met, then <u>coinsurance</u> applies. <u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be reduced by 100% of the total cost of the service.
	Physician/surgeon fees	20% <u>coinsurance</u>	Not covered	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	Not covered	<u>Deductible</u> must be met, then <u>coinsurance</u> applies.
	Inpatient services	20% <u>coinsurance</u>	Not covered	<u>Deductible</u> must be met, then <u>coinsurance</u> applies. <u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits will be reduced by 100% of the total cost of the service.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you are pregnant</b>	Initial Office visit	10% <a href="#">coinsurance</a>	Not covered	<a href="#">Cost sharing</a> does not apply to certain <a href="#">preventive services</a> . Depending on the type of services, <a href="#">coinsurance</a> may apply after <a href="#">deductible</a> is met. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% <a href="#">coinsurance</a>	Not covered	
	Childbirth/delivery facility services	20% <a href="#">coinsurance</a>	Not covered	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	20% <a href="#">coinsurance</a>	Not covered	<a href="#">Deductible</a> must be met, then coinsurance applies. <a href="#">Preauthorization</a> is required or benefit is reduced by 100% of the total cost of the service; 2 Maximum visits per day up to 8 hours per day for a RN or LPN; 1 Maximum visit per day up to 8 hours per day for other Home Health care providers.
	<a href="#">Rehabilitation services</a>	20% <a href="#">coinsurance</a>	Not covered	<a href="#">Deductible</a> must be met, then coinsurance applies. 60 Maximum visits per calendar year
	<a href="#">Habilitation services</a>	20% <a href="#">coinsurance</a>	Not covered	
	<a href="#">Skilled nursing care</a>	20% <a href="#">coinsurance</a>	Not covered	<a href="#">Deductible</a> must be met, then coinsurance applies. <a href="#">Preauthorization</a> is required. If you don't get <a href="#">preauthorization</a> , benefits will be reduced by 100% of the total cost of the service. 60 Maximum days per calendar year.
	<a href="#">Durable medical equipment</a>	20% <a href="#">coinsurance</a>	Not covered	<a href="#">Deductible</a> must be met, then coinsurance applies. <a href="#">Preauthorization</a> required for DME over \$1,000 for purchases or for repairs or benefit is reduced by 100% of the total cost of the service. Excludes vehicle modifications, home modifications, exercise, and bathroom equipment.
	<a href="#">Hospice services</a>	20% <a href="#">coinsurance</a>	Not covered	<a href="#">Deductible</a> must be met, then coinsurance applies. <a href="#">Preauthorization</a> is required. If you don't get <a href="#">preauthorization</a> , benefits will be reduced by 100% of the total cost of the service.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If your child needs dental or eye care</b>	Children's eye exam	Not covered	Not covered	Covered by the Vision Plan
	Children's glasses	Not covered	Not covered	Covered by the Vision Plan
	Children's dental check-up	Not covered	Not covered	Covered by the Dental Plan

**Excluded Services & Other Covered Services:**

<p><b>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)</b></p> <ul style="list-style-type: none"> <li>• Cosmetic surgery</li> <li>• Dental care</li> </ul>	<ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Private-duty nursing</li> <li>• Routine eye and foot care</li> <li>• Long-term care</li> </ul>
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<p><b>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)</b></p> <ul style="list-style-type: none"> <li>• Infertility treatment (EPO only)</li> <li>• Bariatric Surgery (EPO only)</li> </ul>	<ul style="list-style-type: none"> <li>• Acupuncture and Chiropractic care (EPO only)</li> <li>• Massage therapy (if prescribed for rehabilitation purposes, EPO only)</li> <li>• Weight loss programs (Through WMI only)</li> </ul>
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**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: [www.Oregon.gov/OHA](http://www.Oregon.gov/OHA) or [www.HCA.WA.gov](http://www.HCA.WA.gov). Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318- 2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: PacificSource at 1-844-520-5347.

**Does this plan provide Minimum Essential Coverage? Yes.**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Yes.**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

ATTENTION: If you speak one of the languages below, language assistance services, free of charge, are available to you. Call 800-820-7478.

ATENCIÓN (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-820-7478. ВНИМАНИЕ (Russian): Если вы говорите на русском языке, то вам доступны бесплатные услуги переводов. Звоните 800-820-7478. CHÚ Ý (Vietnamese): Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-820-7478. (Arabic) ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية (Arabic) متوفرة لك بالمجان. اتصل برقم 800-820-7478.

توافر لك بالمجان. اتصل برقم 800-820-7478. 注意 (Mandarin) : 如果您说普通话 (Mandarin), 您可以免费获得语言援助服务。请致电 800-820-7478. OGOW (Somali): Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 800-820-7478. 注意 (Cantonese) : 如果您說廣東話 (Cantonese), 您可以免費獲得語言援助服務。請致電 800-820-7478. 주의 (Korean): 한국어를

사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-820-7478 번으로 전화해 주십시오 (Farsi) با فشار دادن شماره 800-820-7478 می توانید خدمات رایگان برای شما فراهم می باشد. اگر به زبان فارسی گفتگو می کنید، پشتیبان زبانی بصورت رایگان در دسترس است. 800-820-7478. 800-820-7478. MEI AUCHEA (Trukese): Ika lei foosun fonuomw.

800-820-7478. Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 800-820-7478. ATENȚIE (Romanian): Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 800-820-7478. KUMBUKA (Swahili): Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 800-820-7478.

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

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



About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- [The plan's overall deductible](#) **\$100**
- [Specialist coinsurance](#) **10%**
- [Hospital \(facility\) coinsurance](#) **20%**
- [Other coinsurance](#) **20%**

This **EXAMPLE** event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Prescription drugs](#)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
<b>In this example, Peg would pay:</b>	
<a href="#">Deductibles</a>	\$100
<a href="#">Copayments</a> (prescriptions)	\$60
<a href="#">Coinsurance</a>	\$2,400
<i>What isn't covered</i>	
Limits or exclusions	\$150
<b>The total medical Peg would pay is</b>	<b>\$2,500</b>
<b>And the pharmacy total is</b>	<b>\$60</b>

### Managing Joe's Type 2 Diabetes

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

- [The plan's overall deductible](#) **\$100**
- [Specialist coinsurance](#) **10%**
- [Hospital \(facility\) coinsurance](#) **20%**
- [Other coinsurance](#) **20%**

This **EXAMPLE** event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
<b>In this example, Joe would pay:</b>	
<a href="#">Deductibles*</a>	\$100
<a href="#">Copayments</a> (prescriptions)	\$1,250
<a href="#">Coinsurance</a>	\$1,704
<i>What isn't covered</i>	
Limits or exclusions	\$80
<b>The total medical Joe would pay is</b>	<b>\$1,804</b>
<b>And the pharmacy total is</b>	<b>\$1,250</b>

### Mia's Simple Fracture

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

- [The plan's overall deductible](#) **\$100**
- [Specialist coinsurance](#) **10%**
- [Hospital \(facility\) coinsurance](#) **20%**
- [Other coinsurance](#) **20%**

This **EXAMPLE** event includes services like:

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

<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Mia would pay:</b>	
<a href="#">Deductibles*</a>	\$100
<a href="#">Copayments</a> (prescriptions)	\$35
<a href="#">Coinsurance</a>	\$740
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total medical Mia would pay is</b>	<b>\$840</b>
<b>And the pharmacy total is</b>	<b>\$35</b>

Note: Joe's numbers assume the patient does not participate in the [plan's](#) Care Support Resources (CSR) program. If you participate in the [plan's](#) CSR program, you may be able to reduce your costs. For more information about the CSR program, please contact: Care Support Resources at 503-415-5557

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.