


**Monterey County Schools Insurance Group: EPO \$30 No Ded Coverage Period: Beginning on/after 10/01/2013**  
**Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual + Family | Plan Type: EPO**

 **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.mcsig.com](http://www.mcsig.com) or by calling 1-800-287-1442 or 831-755-8055.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	<b>\$ 0</b>	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers <b>\$2,000</b> person / <b>\$4,000</b> family. <u>There is no out-of-pocket limit for non-participating provider services unless otherwise noted.</u>	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services (co-insurance). This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, non-participating charges, co-payments, penalties, and health care this plan doesn't cover	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. See <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> or call 1-800-287-1442 for a list of participating providers. No Monterey County hospitals in this plan's network.	If you use a participating doctor or other health care provider this plan will pay some or all of the costs of covered services. Be aware, your participating doctor or hospital may use a non-participating provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.

**Questions:** Call 1-800-287-1442 or visit us at [www.mcsig.com](http://www.mcsig.com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.mcsig.com](http://www.mcsig.com) or call 1-800-287-1442 to request a copy.

**Monterey County Schools Insurance Group: EPO \$30 No Ded Coverage Period: Beginning on/after 10/01/2013**  
**Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual + Family | Plan Type: EPO**



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

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 co-pay/visit	Not covered.	
	Specialist visit	\$30 co-pay/visit	Not covered.	
	Other practitioner office visit	\$10 co-pay/visit for Chiropractor.	Not covered.	Plan utilizes Chiropractic Health Plan of California. Number of visits limited to CHPC authorized treatment plan.
		\$30/visit for Acupuncture.	Not covered.	30 visit limit per plan year.
	Preventive care/screening/immunization	No charge.	Not covered.	Benefit limited to the recommended services and guidelines found at <a href="http://www.HealthCare.gov/center/regulations/prevention.html">http://www.HealthCare.gov/center/regulations/prevention.html</a> (the list).
If you have a test	Diagnostic test (x-ray, blood work)	No charge.		
	Imaging (CT/PET scans, MRIs)	No charge.	Not covered.	Advanced imaging requires pre-authorization.

**Questions:** Call 1-800-287-1442 or visit us at [www.mcsig.com](http://www.mcsig.com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.mcsig.com](http://www.mcsig.com) or call 1-800-287-1442 to request a copy.

**Monterey County Schools Insurance Group: EPO \$30 No Ded Coverage Period: Beginning on/after 10/01/2013**  
**Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual + Family | Plan Type: EPO**

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
<b>If you need drugs to treat your illness or condition</b>  More information about prescription drug coverage is available at <a href="http://www.mcsig.com">www.mcsig.com</a> .	Generic drugs	\$0/mail order; \$7/retail; \$9.50 retail maintenance.	20% co-ins. + balance billing.	Outpatient drug coverage provided through Express Scripts. No outpatient drug coverage through Anthem network.  Mail order is 90 day supply; retail and retail maintenance are 30 day supply.  Specialty drug coverage provided exclusively through CuraScript.
	Preferred brand drugs	\$20/retail; \$29 retail maintenance; \$40 mail order.		
	Non-preferred brand drugs	\$35 retail; \$44 retail maintenance; \$70 mail order.		
	Specialty drugs	\$21/generic; \$60 brand; \$100 non-preferred brand.	No coverage.	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$100 co-pay.	Not covered.	
	Physician/surgeon fees			
<b>If you need immediate medical attention</b>	Emergency room services	\$100/admit co-pay.	\$100/admit co-pay. No coverage if not emergency.	Co-pay may be reimbursable, see EOC. Non-participating ER physician services provided in a Participating facility covered as Participating.
	Emergency medical transportation	\$100 co-pay.	20% co-ins. based on R&C plus balance billing. 20% co-ins. based on billed charges if true emergency.	
	Urgent care	\$30 co-pay/visit.	Not covered.	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$200 co-pay.	Not covered.	
	Physician/surgeon fee			

**Questions:** Call 1-800-287-1442 or visit us at [www.mcsig.com](http://www.mcsig.com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.mcsig.com](http://www.mcsig.com) or call 1-800-287-1442 to request a copy.

**Monterey County Schools Insurance Group: EPO \$30 No Ded Coverage Period: Beginning on/after 10/01/2013**  
**Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual + Family | Plan Type: EPO**

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$15 co-pay/visit.	40% co-insurance + balance billing.	Mental, Behavioral health & substance abuse coverage provided through MHN. No coverage under Anthem network. Participating provider services not subject to deductible.
	Mental/Behavioral health inpatient services	\$0		
	Substance use disorder outpatient services	\$15 co-pay/visit.		
	Substance use disorder inpatient services	\$0		
<b>If you are pregnant</b>	Prenatal and postnatal care	\$30/visit.	Not covered.	
	Delivery and all inpatient services	No charge.		
<b>If you need help recovering or have other special health needs</b>	Home health care	\$30/ visit.	Not covered.	120 day limit per illness.
	Rehabilitation services	\$30/ visit.	Not covered.	Visit limits may apply. See Evidence of Coverage document.
	Habilitation services			
	Skilled nursing care	No charge.	Not covered.	365 day lifetime limit.
	Durable medical equipment	20% co-insurance.	Not covered.	Items costing \$2,000 or more require pre-authorization.
	Hospice service	No charge.		\$15,000 lifetime benefit maximum.
<b>If your child needs dental or eye care</b>	Eye exam	No coverage.		Separate coverage through VSP.
	Glasses	No coverage.		
	Dental check-up	No coverage.		Separate coverage through Delta Dental.

**Questions:** Call 1-800-287-1442 or visit us at [www.mcsig.com](http://www.mcsig.com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.mcsig.com](http://www.mcsig.com) or call 1-800-287-1442 to request a copy.

**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.)**

- Cosmetic Surgery
- Dental care
- Hearing Aids
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine vision 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.)**

- Acupuncture (30 visit limit per plan year)
- Bariatric Surgery (if performed at an Anthem Center of Excellence). Requires pre-authorization.
- Chiropractic Care (only when utilizing a Chiropractic Health Plan of California participating provider).
- Non-emergency care when traveling outside the U.S. See [www.mcsig.com](http://www.mcsig.com)
- Routine foot care

**Questions:** Call 1-800-287-1442 or visit us at [www.mcsig.com](http://www.mcsig.com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.mcsig.com](http://www.mcsig.com) or call 1-800-287-1442 to request a copy.

### **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 1-800-287-1442. 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: Anthem Blue Cross and Blue Shield, ATTN: Appeals, P.O. Box 54159, Los Angeles, CA 90054; 1-800-627-8797.

### **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.*—————

**Questions:** Call 1-800-287-1442 or visit us at [www.mcsig.com](http://www.mcsig.com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.mcsig.com](http://www.mcsig.com) or call 1-800-287-1442 to request a copy.

## 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 \$6,980

■ Patient pays \$ 560

**Sample care costs:**

Hospital charges (mother)	\$2,700
Routine obstetric care (12 office visits)	\$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
Co-pays (assumes 12 office visits) (assumes 90 day generics at mail order for Rx)	\$560
Co-insurance	\$0
Limits or exclusions	\$0
<b>Total</b>	<b>\$560</b>

### Managing type 2 diabetes (type 2 diabetes, hypertension, and a well-controlled condition)

■ Amount owed to providers: \$4,100

■ Plan pays \$ 3,530

■ Patient pays \$ 570

**Sample care costs:**

Prescriptions	\$1,500
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$730
Education	\$290
Laboratory tests	\$140
Vaccines, other preventive	\$140
<b>Total</b>	<b>\$4,100</b>

**Patient pays:**

Deductibles (in-office procedures subject to deductible)	\$0
Co-pays (assumes 4 office visits in a year) (\$30 per office visit co-pay applies) (assumes 90 day generics at mail order for Rx)	\$120
Co-insurance	\$260
Limits or exclusions (Education benefit limited to \$100)	\$190
<b>Total</b>	<b>\$570</b>

**Questions:** Call 1-800-287-1442 or visit us at [www.mcsig.com](http://www.mcsig.com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.mcsig.com](http://www.mcsig.com) or call 1-800-287-1442 to request a copy.

## 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, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

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

### Does the Coverage Example predict my future expenses?

- ✘ **No.** Coverage Examples are 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 co-payments, deductibles, and co-insurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-287-1442 or visit us at [www.mcsig.com](http://www.mcsig.com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.mcsig.com](http://www.mcsig.com) or call 1-800-287-1442 to request a copy.