

The Summary of Benefits and Coverage (SBC) describes the benefits and services covered by the plan. It also explains how you can get a copy of the plan documents. This is only a summary of information about your coverage, or to get a copy of the plan documents, call 1-855-315-5800. For general definitions of terms, see the Glossary of Health Coverage and Medical Terms. You can find more information at www.healthcare.gov.

Important Questions

<p>What is the <u>maximum</u> amount you can deduct for health care expenses paid for yourself, your spouse, and your dependent children in a calendar year?</p>	<p>\$1,500 for an individual. Generally, you must pay for the expenses out of pocket before they are deductible.</p>	<p>Why This Matters:</p> <p>Generally, you must pay for the expenses out of pocket before they are deductible.</p>
<p>Are there <u>services</u> covered before you start your deductible?</p>	<p>Yes. Some preventive services are covered before you start your deductible.</p>	<p>This covers some items and services that are not covered by the plan before you start your deductible.</p>
<p>Are there <u>other</u> services covered before you start your deductible?</p>	<p>Yes. Some preventive services are covered before you start your deductible.</p>	<p>You don't have to pay for these services.</p>
<p>What is the <u>annual</u> limit on the amount you can deduct for health care expenses paid for yourself, your spouse, and your dependent children in a calendar year?</p>	<p>\$3,000 for an individual. The amount you can deduct for health care expenses paid for yourself, your spouse, and your dependent children in a calendar year is \$3,000.</p>	<p>The amount you can deduct for health care expenses paid for yourself, your spouse, and your dependent children in a calendar year is \$3,000.</p>
<p>What is <u>not</u> included in the out-of-pocket maximum?</p>	<p>Preventive services, health care services that are not covered by the plan, and health care services that are covered by the plan but are not included in the out-of-pocket maximum.</p>	<p>Even though you pay for these expenses, they are not included in the out-of-pocket maximum.</p>
<p>Will you pay for <u>services</u> provided by out-of-network providers?</p>	<p>Yes. See www.sutterhealthplus.com for more information. You can also call 1-855-315-5800 for more information.</p>	<p>This is a network plan. You will pay for services provided by out-of-network providers.</p>

Do you need a specialist? Yes. This plan will pay some or all of the costs of services you need before you see a specialist.

All payments shown in this chart are for services you receive directly from the plan.

Common Medical Services You May Need	What You Will Pay	Limitations, Exceptions & Participating Provider Information
<p><u>Primary Care (PCP) Visit to injury or illness</u></p>	<p>PCP Office Visit Sutter Walk-in Car charge Telehealth Visit</p>	

* For more information about limitations and exceptions, see

Common Medications You May Need	Participating Provider	What You Will Pay	Limitations, Exceptions & Participating Information

Your Rights to Continue Coverage agencies that can help if you want to continue your coverage agencies is: The Department of Health and Human Services, U.S. Department of Health and Human Services, 2025 Massachusetts Avenue, Washington, DC 20202, 1-800-368-0273. Coverage options may be available to you, too, including but not limited to the following: www.hhs.gov/health-care/coverage. For more information, call 1-800-318-2596.

You May Be Eligible for a Special Enrollment Period if you are having a life event. See www.hhs.gov/health-care/coverage for more information. If you are having a life event, you may be eligible for a Special Enrollment Period (SEP) to enroll in a health plan. For more information, call 1-800-318-2596.

Does My Health Plan Have to Cover Essential Health Benefits? CHIP, TRICARE, and certain other coverage programs do not have to cover essential health benefits. For more information, call 1-800-318-2596.

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Language Access Services: Please see Notice of Language Assistance addendum.

