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, visit OptimaEAP.com or call 1-800-899-8174. 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 healthcare.gov/sbc-glossary or call 1-800-899-8174 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes. Up to 6 EAP visits 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 https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Not applicable	This plan does not have an out-of-pocket limit on your expenses.
What is not included in the out-of-pocket limit?	EAP visits not authorized, or in excess of the plan visit limit, and healthcare this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. Contact Optima EAP at 1-800-899-8174 for a list of EAP network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not covered	Not covered	--none--
	Specialist visit	Not covered	Not covered	--none--
	Preventive care/screening/ immunization	Not covered	Not covered	--none--
If you have a test	Diagnostic test (x-ray, blood work)	Not covered	Not covered	--none--
	Imaging (CT/PET scans, MRIs)	Not covered	Not covered	--none--
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.optimahealth.com	Selected Generic drugs (Tier 1)	Not covered	Not covered	--none--
	Selected brand and other generic drugs (Tier 2)	Not covered	Not covered	
	Non-selected brand drugs (Tier 3)	Not covered	Not covered	
	Specialty drugs (Tier 4)	Not covered	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not covered	Not covered	--none--
	Physician/surgeon fees	Not covered	Not covered	--none--
If you need immediate medical attention	Emergency room care	Not covered	Not covered	--none--
	Emergency medical transportation	Not covered	Not covered	--none--
	Urgent care	Not covered	Not covered	--none--
If you have a hospital stay	Facility fee (e.g., hospital room)	Not covered	Not covered	--none--
	Physician/surgeon fees	Not covered	Not covered	--none--

* For more information about limitations and exceptions, see the plan or policy document at OptimaEAP.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge for EAP	Not covered	6 visits/presenting issue by Optima EAP providers only. Services limited to short-term problem assessment by licensed behavioral health providers, and referral services.
	Inpatient services	Not covered	Not covered	--none--
If you are pregnant	Office visits	Not covered	Not covered	--none--
	Childbirth/delivery professional services	Not covered	Not covered	
	Childbirth/delivery facility services	Not covered	Not covered	
If you need help recovering or have other special health needs	Home health care	Not covered	Not covered	--none--
	Rehabilitation services	Not covered	Not covered	--none--
	Habilitation services	Not covered	Not covered	--none--
	Skilled nursing care	Not covered	Not covered	--none--
	Durable medical equipment	Not covered	Not covered	--none--
	Hospice services	Not covered	Not covered	--none--
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	--none--
	Children's glasses	Not covered	Not covered	--none--
	Children's dental check-up	Not covered	Not covered	--none--

* For more information about limitations and exceptions, see the plan or policy document at OptimaEAP.com.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
• Acupuncture • Ambulance • Bariatric surgery • Chiropractic care • Cosmetic surgery • Dental care (adult) • Diagnostic test • Durable medical equipment • Emergency room services • Glasses • Habilitative services • Hearing aids	• Home health care • Hospice care • Imaging test • Infertility treatment • Inpatient surgery • Long-term care • Maternity care and delivery • Mental/behavioral health inpatient and outpatient • Non-emergency care when traveling outside the U.S. • Outpatient surgery • Pediatric eye exam	• Pediatric dental check-up • Prescription drugs • Preventive care/screening/immunization • Primary care visit • Private-duty nursing • Rehabilitative services • Routine eye exam (adult) • Routine foot care • Skilled nursing • Specialist visit • Urgent care • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

Your Rights to Continue Coverage:

For more information on your rights to continue coverage, contact the plan at 1-800-899-8174. There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Virginia State Corporation Commission, Life & Health Division, Bureau of Insurance, at 1-877-310-6560 or bureauofinsurance@scc.virginia.gov; the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform; or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.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 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 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: Member Services at the number on the back of your member ID card. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; or your state department of insurance at the Virginia State Corporation Commission, Life & Health Division, Bureau of Insurance, P.O. Box 1157, Richmond, VA, 23218, 1-877-310-6560 or bureauofinsurance@scc.virginia.gov.

Additionally, a consumer assistance program can help you file your appeal. Contact the Virginia State Corporation Commission, Life & Health Division, Bureau of Insurance, P.O. Box 1157, Richmond, VA, 23218, 1-877-310-6560, or bureauofinsurance@scc.virginia.gov.

Does this plan provide Minimum Essential Coverage? **No**

* For more information about limitations and exceptions, see the plan or policy document at OptimaEAP.com.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? No

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.

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 OptimaEAP.com.

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	**$0**
Specialist coinsurance	**0%**
Hospital (facility) coinsurance	**0%**
Other coinsurance	**0%**

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)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$12,800
The total Peg would pay is	**$12,800**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	**$0**
Specialist coinsurance	**0%**
Hospital (facility) coinsurance	**0%**
Other coinsurance	**0%**

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)*

Total Example Cost	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$7,400
The total Joe would pay is	**$7,400**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	**$0**
Specialist coinsurance	**0%**
Hospital (facility) coinsurance	**0%**
Other coinsurance	**0%**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$1,900
The total Mia would pay is	**$1,900**

The **plan** would be responsible for the other costs of these EXAMPLE covered services.

Optima Health Alternative Language Options for Notices and other Written Information

English: This Notice has Important Information. This notice has important information about your application or coverage through Optima Health. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-855-687-6260.

Amharic:
ይህ ማስታወቂያ ጠቃሚ መረጃ አለው፡፡ ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም በOptima Health በኩል ስለሚኖርዎት ሽፋን ጠቃሚ መረጃ አለው፡፡ በዚህ ማስታወቂያ ላይ ያሉትን ቁልፍ የሆኑ ቀናቶችን ያስተውሉ፡፡ የጤና ሽፋንዎትን ለማስቀጠል ወይም ወጪዎትን ለማገዝ እንዲቻል በተወሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ሊያስፈልግዎ ይችላል፡፡ በራስዎ ቋንቋ ያለምንም ክፍያ ይህን መረጃም ሆነ ድጋፍ የማግኘት መብት አለዎት፡፡ 1-855-687-6260 ይደውሉ።

Arabic:

يوتحي اذه راطخلإا ىلع تامولعم ةمهم. يوتحي اذه راطخلإا ىلع ةمهم تامولعم قلعتتك بلطب وأ جمانربب ةيطغتلا صاخلا كبدلى ةكرشن يمأتلا يحصلا Optima Health. ثحبا نع خيراوتلا ةيسيئرلا يفاذه الإخطار، دقف جاتحتىلإ ذاختا يجرُيل اصتلا 1 -855-687-6260 يأ ءارجإ لبقل ولحد ديعاوملا ةئيهنلا ظافحلا ىلع جمانربب ةيطغتلا ةيحصلا وأ لوصحلا ىلع ةدعاسم يفالتكاليف. كيدلو قحلا يفل وصحلا ىلع هذه تامولعملا قدعاسملاو كتغلبذ ودبد يأ تكلفة.

Bengali/Bangla:
এই িব►ি►েত র►পূণ তথ েরেয়ছ। এই ►►াপেন Optima Health (িঅ►মা েহলথ)-এর মাধেম দাখিল করা আপনার দরখা► বা কভাে েরজর উপর র►পূণ তথ েরেয়ছ। এই িব►ি►েত েউ►খ করা র►পূণ তারিখেলা েেদখ িনন। আপনার েহলথ কভাে েরজ বজায় রাখার জন বা খেরচর িবেষয় সহায়তা লাভের জন আপনাকে িনদ► সময়সীমার েমধ বব►া►হণ কেরত েহত পাের। িবনা খেরচ আপনার মাতৃভাষায় এই তথ এবং সহায়তা পাওয়ার িঅধকার আপনার েরেয়ছ।. কল 1-855-687-6260.

Chinese (Mandarin):
该通知含有重要信息。本通知含有关于Optima Health申请或保险的重要信息。请仔细查看本通知中的关键日期。您需要在截止期之前采取相应的行动，从而保障您的保险继续有效，能够为您提供报销。您有权免费获取信息的中文版，并可以免费获取到相关的中文帮助。請撥電話 1-855-687-6260.

French: Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Optima Health. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez 1-855-687-6260.

German: Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Optima Health. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1-855-687-6260.

Hindi:
इस सूचना म► महत् वपूणर जानकारी िनिहत है। इस सूचना म► Optima Health के माध् यम स आपक आवेदन या कवरेज क बार म► महत् वपूणर जानकारी िनिहत है। इस सूचना म► िनिहत महत् वपूणर ितथय► को देख►। आपको लागत क साथ अपन स् वास्थ् य का कवरेज रखन या सहायता के िलए िन►त समय सीमा म► काररवाई करन क► ज►रत हो सकती है। आपक पास िबना ►कसी लागत क अपनी भाषा म► इस जानकारी और सहायता को ►া► करने का अिधकार है। कॉल 1-855-687-6260

Ibo: Ọkwa a nwere Ozi Dị Mkpa. Ọkwa a nwere ozi dị mkpa maka akwụkwọ anamachọihe ma ọ bụ mkpuchi gị sitere na Optima Health (Ahụike Optima). Chọọ ụbọchị ndị dị mkpa n'ọkwa a. Ị nwere ike ịme ihe tupu ụfọdụ ụbọchị iji dowe mkpuchi ahụike gị ma ọ bụ enyemaka n'ụgwọ. Ị nwere ike ikike ịnweta ozi na enyemaka a n'asụsụ gị na akwụghị ụgwọ ọ bụla. Kpọ 1-855-687-6260

Korean: 이 공지는 매우 중요한 정보입니다. 이 공지는 옵티마 핼스를 통한 귀하께 적용되는 지원이나 보험에 대한 매우 중요한 정보입니다. 이 공지의 주요 날짜를 찾아보십시오. 귀하께서는 귀하의 건강 보험이나 비용에 관한 도움에 관련된 특정 마감일을 지켜야만 합니다. 귀하께서는 따로 비용없이 귀하의 언어로 이 정보와 도움을 받을 권리가 있습니다. 로 전화하십시오 1-855-687-6260.

Kru/Bassa: Náùm pò wùdù nà kɛ̀ kpà dɛ̀ mìù. Ɔ mɔ̀dɛ̀ kpà dɛ ɓá nì dyí kánà-kánà dyì dé Optima Health mú. Mɔ tì kpà dɛ ɓɛ̀ nì dé náùm pò wùdùɔ mù́. Mɔ tì kpà dɛ ɓɛ̀ nì dé náùm pò wùdùɔ mú. M̀ ɓè dé ɓɛ m̀ ké náùm pò pòɔ ɔ̀ mù pó dyì. Ɔ jù kè m dyì dɛ ɓɛà̀nyùɛn, m wìdíɔ mù ɓì dì dyì. Wà ɓì dì ɓɛ wà kè náùm pó wùdù nà kɛ Ɓàsɔ wùdù mù pò. Sebel 1-855-687-6260.

Navajo: Díí saad íliínii baa hane'. Naaltsoos nił́íníłtsoozígíí éí doodago kwe'é Optima Health nik'é'ésti'ígíí bína'ídíłkidgo díí kwe'é hazhó'ó baa ákoníínízin dooleeł. Yoołkáał yę́ędą́ą́' nich'į' é'élyaago biká'ígíí hádídíí'įįł. Díí niké'ésti'ígíí éi doodago béeso da bee níká a'doowołígíí bikáa'go da át'ée dooleeł áko t'áadoo bee e'e'aahí baa yíłkaahgo tsxįįłgo hasht'e díílííł níi da dooleeł. Bee haz'áanii hólǫ́díí kót'éego yaa halne'ígíí bee níká a'doowołgo dóó t'áá nizaadk'ehjí bee nił hodoonih t'áadoo bą́ą́h ílíní. 'Átah ánǫ́t'í'ígíí bee baa 'áháyą́ą́géé bich'į' bibéésh bee hane'í hwéédilní. 1-855-687-6260.

Persian/Farsi:
نیا هیملاعا ی واحد تاعلاطا ی مهم تسا. نیا هیملاعا ی واحد تاعلاطا ی مهم هرابرد تساوخرد امشو شوپ Optima Health هب .تسا خیرات ی اهیدیلک ناونعهدشرد نیا هیملاعا تقد کنید. نکمم تسا مزلا دشابا تکیخیرات رقم صاخ مادقا دینک اتشوپهمیبناتظفح دوشایرد هطبار ابهنیزهاههبامشکمک شود. امشزا نیا قحرادروخربدیتسهاتنیا تاعلاطا و هنوگرهیامنهار رگید ار هبنابزناتدوخو هبت روصنالگیار تفایرد کنید. 1-855-687-6260

Russian: В данном уведомлении содержится важная информация. В данном уведомлении содержится важная информация о Вашей заявке или страховом покрытии в компании Optima Health. Обратите внимание на важные даты, указанные в данном уведомлении. Если Вы хотите продолжать пользоваться мед.страхованием или получить помощь с оплатой, возможно, Вам потребуется принять решение до определенной даты. У Вас есть право на бесплатное получение данной информации и помощи на родном языке. Звоните по телефону 1-855-687-6260.

Spanish: Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Optima Health. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1-855-687-6260.

Tagalog: Ang Paunawang Ito ay Naglalaman ng Mahalagang Impormasyon. Ang paunawang ito ay naglalaman ng mahalagang impormasyon tungkol sa inyong aplikasyon o saklaw sa pamamagitan ng Optima Health. Hanapin ang mahahalagang petsa na nakasaad sa paunawang ito. Maaaring kailanganin ninyong gumawa ng hakbang bago sumapit ang ilang partikular na takdang petsa upang mapanatili ang inyong saklaw na pangkalusugan o tulong sa mga gastusin. Mayroon kayong karapatan na matanggap ang impormasyong ito at makakuha ng tulong sa inyong wika nang walang bayad. Tumawag sa 1-855-687-6260.

Urdu:
سا سٹوڈنٹ مہا علاطا دوجوم ہے سا سٹوڈنٹ میں پ آ ی ک تساوخرد یا Optima Health کے عیرذ چیروک کے سے لاوح علاطا مہا دوجوم سا ہے سٹوڈنٹ میں جرد ی دیلک روخیرات وک نہذ ریم ں یھکر پ آ ے کے یلا یہ رورضہ ہے ہ ک
صوصخم رونئلاڈیڈ ے سل بق سا ے لاوح ے سی ئوک نشکیا ں یلا مکات پ آ ی ک چیروک ے ئار بت حصر روا تگلا ے ک ے لاوح ے ست لاماعم ے ط ں یبر پ آ سا لاطاع کت ی ئاسر روا ریغب ی سک چرخ ے ک ی نپا ن ابز ں یم سا ت بابر ے ننا ج 1 -855-
687-6260

Vietnamese: Thông báo này có thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn đăng ký hoặc về bảo hiểm của quý vị thông qua Optima Health. Quý vị hãy xem những ngày quan trọng trong thông báo này. Quý vị có thể cần đưa ra hành động trước ngày hết hạn cụ thể để duy trì bảo hiểm sức khỏe của quý vị hoặc hỗ trợ thanh toán cho các chi phí. Quý vị có quyền nhận được thông tin và sự hỗ trợ này theo ngôn ngữ mà quý vị muốn mà không phải trả thêm chi phí nào. Xin gọi số 1-855-687-6260.

Yoruba: Àkíyèsí yìí ní Àlàyé Pàtàkì. Àkíyèsí yìí ní àlàyé pàtàkì nípa ohun tí o bèèrè fún tàbí gbígbà ìtójú nípasẹ̀ Optima Health. Wo àwọn ọjọ́ tó ṣe kókó nínú àkíyèsí yìí. O lè nílò láti gbé ìgbésẹ̀ nípa gbèdéke kan láti ṣètójú ìlera rẹ tàbí ṣèrànw ọ́ nípa iye òwó. O ní ẹ̀tọ́ láti gba àlàyé yìí àti ìrànwọ́ yìí ní èdè rẹ láìsan owó. Pè sórí 1-855-687-6260.