



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, call 1-877-367-0528. 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 call 1-877-367-0528 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	Medical - <u>Preferred providers</u> : \$300 person/\$600 family. <u>Non-preferred providers</u> : \$600 person/\$1,200 family.	Generally, you must pay all of the costs from <a href="#">provider</a> up to the <a href="#">deductible</a> amount before this plan begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive care</a> services by a <u>preferred provider</u> , copays and certain <u>hospice services</u> are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this plan covers certain <u>preventive services</u> without cost sharing and before you meet your <a href="#">deductible</a> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	Yes, \$50 for the Traditional Dental Plan. There are no other specific <a href="#">deductibles</a> .	You must pay all of the costs for these services up to the specific <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay for these services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	\$3,300 person / \$6,600 family for covered medical expenses. Tiers 1 & 2 prescription drugs: \$3,300 person/\$6,600 family, per calendar year. No limit for Tier 3.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , <u>balance-billed</u> charges, health care this <a href="#">plan</a> doesn't cover, Tier 3 non-formulary brand <u>prescription drugs</u> , private duty nursing, penalties, dental, and vision.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <a href="#">network provider</a> ?	Not Applicable	This <a href="#">plan</a> does not use a <a href="#">provider network</a> . You can receive covered services from any <a href="#">provider</a> .
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a referral.

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
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to usual, customary and reasonable ( <a href="#">UCR</a> ) amounts. Combined benefit for Naturopathic Therapy, Acupuncture and Massage Therapy (Alternative care) limited to 26 combined visits per calendar year. Services of alternative <a href="#">providers</a> are eligible only if they are covered expenses under the <a href="#">plan</a> .
	<a href="#">Specialist</a> visit		
	<a href="#">Preventive care/screening/immunization</a>	No charge if provider accepts Medicare assignment	You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services you need are <a href="#">preventive</a> . Then check what your <a href="#">plan</a> will pay for. Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <a href="#">UCR</a> .
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <a href="#">UCR</a> .
	Imaging (CT/PET scans, MRIs)		
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.Savrx.com">www.Savrx.com</a> .	Generic drugs	20% <a href="#">coinsurance</a>	Retail is limited to a 34-day supply and Mail Order is limited to a 90-day supply. Specialty drugs are limited to a 30-day supply. Tier 1 and 2 (generics and preferred brand) are subject to a \$3,300 per person/\$6,600 per family <a href="#">annual out-of-pocket limit</a> . United Healthcare Part D Plan is the primary payer. Sav-Rx is the secondary payer for <a href="#">prescription drugs</a> .
	Preferred brand drugs	30% <a href="#">coinsurance</a>	
	Non-preferred brand drugs	40% <a href="#">coinsurance</a>	
	<a href="#">Specialty drugs</a>	Based on tier Level	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <a href="#">UCR</a> . <a href="#">Preauthorization</a> is required.
	Physician/surgeon fees	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <a href="#">UCR</a> .
If you need immediate medical attention	<a href="#">Emergency room care</a>	No charge if provider accepts Medicare assignment	Penalty of \$200 applies except for accidental injury or direct admission to the hospital. Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <a href="#">UCR</a> .
	<a href="#">Emergency medical transportation</a>		
	<a href="#">Urgent care</a>		
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <a href="#">UCR</a> .

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

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
	Physician/surgeon fees	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	Inpatient services	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> . <u>Preauthorization</u> required. Penalty of 50% reduction in benefits for non-compliance up to a maximum of \$250.
If you are pregnant	Office visits	No charge if provider accepts Medicare assignment	Benefits for member and spouse only. Dependent children not covered except for certain preventive services. Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	Childbirth/delivery professional services	No charge if provider accepts Medicare assignment	
	Childbirth/delivery facility services		
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	No charge if provider accepts Medicare assignment	Limited to 130 visits per year Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	<a href="#">Rehabilitation services</a>	No charge if provider accepts Medicare assignment	Outpatient visits limited to 40 per year Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	<a href="#">Habilitation services</a>	No charge if provider accepts Medicare assignment	Outpatient visits limited to 40 per year unless treatment of a mental disorder. Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	<a href="#">Skilled nursing care</a>	No charge if provider accepts Medicare assignment	Limited to 120 days Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	<a href="#">Durable medical equipment</a>	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	<a href="#">Hospice services</a>	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
<b>PPO Provider      Non-PPO Provider</b>				
<b>If your child needs dental or eye care</b>	Children's eye exam	No Charge	Charges in excess of \$90 scheduled benefit	Limited to once every 12 months.
	Children's glasses	No Charge	Charges in excess of scheduled benefit of \$90 for single vision lens / \$100 for frames	Limited to once every 12 months for lenses and once every 24 months for frames. Non-PPO charges are limited to scheduled amounts.
	Children's dental check-up	Diagnostic/preventive 0% to 30% depending on nature of services	Diagnostic/preventive 0% to 30% depending on nature of services	Annual maximum of \$2,000.

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

## Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"><li>• Bariatric Surgery</li><li>• Cosmetic Surgery (except for correct function disorder)</li><li>• Hearing Aids</li><li>• Infertility Treatment</li></ul>	<ul style="list-style-type: none"><li>• Habilitation Services, except for treatment of congenital birth defects or mental health conditions</li><li>• Injury or Illness for which a third-party may be responsible</li><li>• Long Term Care</li><li>• Routine Foot Care</li></ul>	<ul style="list-style-type: none"><li>• Services for which Medicare is or could be primary. (This exclusion applies if you are eligible to enroll in Medicare, but fail to do so.)</li><li>• Weight Loss Programs, except ACA mandated preventive care</li><li>• Work related injury or illness</li></ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"><li>• Acupuncture, naturopathic and massage therapy (Alternative care is limited to 26 combined visits per year)</li><li>• Dental Care (Adult)</li></ul>	<ul style="list-style-type: none"><li>• Male Sterilization</li><li>• Non-emergency care when traveling outside the U.S. (care must be medically necessary and considered standard care in the U.S.)</li><li>• Telemedicine</li></ul>	<ul style="list-style-type: none"><li>• Private Duty Nursing</li><li>• Routine Eye Care (Adult)</li><li>• Spinal treatment (non-surgical)</li><li>• Gene and cellular therapy</li></ul>

**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: 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) and Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://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](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: 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 may also contact the Trust Administration Office at 1-877-367-0528.

### 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:

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-367-0528.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-367-0528.

*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.cementmasonstrust.com](http://www.cementmasonstrust.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](#) \$300
- [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	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$300
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$360</b>

### Managing Joe's Type 2 Diabetes

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

- The [plan's](#) overall [deductible](#) \$300
- [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	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$300
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$1,000
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,320</b>

### Mia's Simple Fracture

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

- The [plan's](#) overall [deductible](#) \$300
- [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	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$300
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$300</b>

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