The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) 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, https://eoc.anthem.com/eocdps/81HBIND01012025. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms, see the Glossary. You can view the Glossary at <u>www.healthcare.gov/sbc-glossary/or call (855) 748-1804</u> 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 <u>plan</u> covers.
Are there services covered before you meet your deductible?	Yes.	This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive</u> <u>services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-</u> <u>pocket limit</u> for this <u>plan?</u>	Not Applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the <u>out-of-pocket</u> <u>limit?</u>	Not Applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
Will you pay less if you use a <u>network</u> provider?	Yes. See www.anthem.com/find- care/?alphaprefix=YGQ or call (855) 748-1804 for a list of network providers. Costs may vary by site of service and how the provider bills.	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?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

			What You Will Pay			
Common Medical Event	Services You May Need	Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP In- Network Provider (You will pay more)	Non-IHCP Out- of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge	No charge	Not covered	Virtual visits (Telehealth) benefits available.	
	Specialist visit	No charge	No charge	Not covered	Virtual visits (Telehealth) benefits available.	
	Preventive care/screening/immunization	No charge	No charge	Not covered	Prescribed FDA approved contraceptives are not subject to cost shares. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.	
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Lab – Office No charge X-Ray – Office No charge	No charge	Not covered	none	
	Imaging (CT/PET scans, MRIs)	No charge	No charge	Not covered	none	
If you need drugs to treat	Generic drugs (Tier 1)	No charge	No charge (retail and home delivery)	Not covered (retail and home delivery)		
your illness or condition	Preferred brand drugs (Tier 2)	No charge	No charge (retail and home delivery)	Not covered (retail and home delivery)	For more information, refer to	
More information about prescription drug coverage is available at http://www.anthem.com/pharmacyinformation/	Non-preferred brand drugs (Tier 3)	No charge	No charge (retail and home delivery)	Not covered (retail and home delivery)	"Select Drug List" at http://www.anthem.com/pharma	
	Specialty drugs (Tier 4)	No charge	No charge (retail and home delivery)	Not covered (retail and home delivery)	cyinformation/ *See Prescription Drug section.	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	No charge	Not covered	none	
	Physician/surgeon fees	No charge	No charge	Not covered	none	

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy document at https://eoc.anthem.com/eocdps/81HBIND01012025.

			What You Will Pay			
Common Medical Event	Services You May Need	Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP In- Network Provider (You will pay more)	Non-IHCP Out- of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information	
If you need immediate medical attention	Emergency room care	No charge	No charge	Covered as In- <u>Network</u>	none	
	Emergency medical transportation	No charge	No charge	Covered as In- <u>Network</u>	none	
	Urgent care	No charge	No charge	Covered as In- <u>Network</u>	none	
If you have a	Facility fee (e.g., hospital room)	No charge	No charge	Not covered	none	
hospital stay	Physician/surgeon fees	No charge	No charge	Not covered	none	
If you need mental health, behavioral health, or substance abuse	Outpatient services	Office Visit No charge Other Outpatient No charge	Office Visit No charge Other Outpatient No charge	Office Visit Not covered Other Outpatient Not covered	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatientnone	
services	Inpatient services	No charge	No charge	Not covered	none	
	Office visits	No charge	No charge	Not covered	Cost sharing does not apply for	
If you are pregnant	Childbirth/delivery professional services	No charge	No charge	Not covered	In- <u>Network preventive services</u> . Depending on the type of	
	Childbirth/delivery facility services	No charge	No charge	Not covered	services, a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Postpartum office visits are part of the professional maternity services.	
	Home health care	No charge	No charge	Not covered	none	
If you need help recovering or have other special health needs	Rehabilitation services	No charge	No charge	Not covered	*See Therapy Services section.	
	<u>Habilitation services</u>	No charge	No charge	Not covered	- See Therapy Services section.	
	Skilled nursing care	No charge	No charge	Not covered	100 days/year for skilled nursing services for Indian Health Care Providers (IHCP) and Non-IHCP In-Network Providers combined.	

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy document at https://eoc.anthem.com/eocdps/81HBIND01012025.

	Services You May Need		What You Will Pay			
Common Medical Event		Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP In- Network Provider (You will pay more)	Non-IHCP Out- of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information	
	Durable medical equipment	No charge	No charge	Not covered	*See <u>Durable Medical Equipment</u> section.	
	Hospice services	No charge	No charge	Not covered	none	
If your child needs dental or	Children's eye exam	No charge	No charge	Not covered	*See Vision Services section.	
	Children's glasses	No charge	No charge	Not covered	See vision services section.	
eye care	Children's dental check-up	Not covered	Not covered	Not covered	none	

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services.</u>)

- Abortion (except in cases of rape, incest, or when the life of the mother is endangered)
- Cosmetic surgery
- Long-term care
- Routine eye care (Adult)

- Acupuncture
- Dental care (Adult)
- Non-emergency care when traveling outside the U.S.
- Routine foot care unless medically necessary
- Children's dental check-up
- Infertility treatment
- Private-duty nursing
- Weight loss programs

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

- Bariatric surgery for morbid obesity only
- Chiropractic care 12 visits/year

• Hearing aids

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: New Hampshire Insurance Department, 21 So Fruit St, Suite 14, Concord, NH 03301, Consumer Hotline (800) 852-3416, or contact Anthem at the number on the back of your ID card. 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 <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information on how to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 518, North Haven, CT 06473-0518

^{*} For more information about limitations and exceptions, see the plan or policy document at https://eoc.anthem.com/eocdps/81HBIND01012025.

New Hampshire Insurance Department, 21 So Fruit St, Suite 14, Concord, NH 03301, Consumer Hotline (800) 852-3416

Additionally, a consumer assistance program can help you file your appeal. Contact New Hampshire State Insurance Department 21 South Fruit Street, Suite 14, Concord, NH 03301, (800) 852-3416, TTY/TDD Relay Services: (800) 735-2964, http://www.nh.gov/insurance/, consumerservices@ins.nh.gov

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? Not Applicable.

If your <u>plan</u> doesn't meet the <u>Minimum Value Standards</u>, you may be eligible for a <u>premium tax credit</u> to help you pay for a <u>plan</u> through the <u>Marketplace</u>.

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

About these Coverage Examples:

The total Peg would pay is

\$60



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

Peg is Having a Baby (9 months of in-network pre-natal ca	Managing Joe's Type 2 Diabe (a year of routine in-network care of controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)			
 The plan's overall deductible Specialist coinsurance Hospital (facility) coinsurance Other coinsurance 	\$0 0% 0% 0%	 The plan's overall deductible Specialist coinsurance Hospital (facility) coinsurance Other coinsurance 	\$0 0% 0% 0%	 The plan's overall deductible Specialist coinsurance Hospital (facility) coinsurance Other coinsurance 	\$0 0% 0% 0%	
This EXAMPLE event includes services: Specialist office visits (prenatal care) Childbirth/Delivery Professional Service Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work Specialist visit (anesthesia)	es	This EXAMPLE event includes served like: Primary care physician office visits (included ucation) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose meter)	ding disease	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	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800	
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:		
Cost Sharing		Cost Sharing		Cost Sharing		
<u>Deductibles</u>	\$0	<u>Deductibles</u>	\$0	<u>Deductibles</u>	\$0	
Copayments	\$0	<u>Copayments</u>	\$0	Copayments	\$0	
<u>Coinsurance</u>	\$0	<u>Coinsurance</u>		Coinsurance	\$0	
What isn't covered		What isn't covered		What isn't covered		
Limits or exclusions	\$60	Limits or exclusions	\$20	Limits or exclusions	\$0	

\$20

The total Mia would pay is

The total Joe would pay is

\$0

(TTY/TDD: 711)

Albanian (Shqip): Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkthyes, telefononi (855) 748-1804

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على 1804-748 (855).

Armenian (hայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվձար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով։ Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (855) 748-1804։

Bassa (Băsóò Wùdù): M dyi dyi-diè-dè bě bédé bá céè-dè nìà ke dyí ní, ɔ mò nì dyí-bèdèìn-dè bé m ké gbo-kpá-kpá kè bỗ kpỗ dé m bídí-wùdùǔn bó pídyi. Bé m ké wudu-zììn-nyò dò gbo wùdù ke, dá (855) 748-1804.

Bengali (বাংলা): যদি এই নখিপত্রের বিষয়ে আপনার কোনো প্রশ্ন খাকে, তাংলে আপনার ভাষায় বিনামূল্য সাহায্য পাওয়ার ও তথ্য পাওয়ার অধিকার আপনার আছে। একজন দোভাষীর সাথে কথা ব্লার জন্য (৪55) 748-1804 — তে কল করুন।

Burmese (မြန်မာ): ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခကြေးငွေ ပေးစရာမလိုပဲ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် ဖု (855) 748-1804 သို့ ခေါ် ဆိုပါ။

Chinese (中文): 如果您對本文件有任何疑問,您有權使用您的語言免費獲得協助和資訊。如需與譯員通話,請致電(855) 748-1804。

Dinka (Dinka): Na non thiëëc në ke de ya thorë, ke yin non lon bë yi kuony ku wer alëu bë geer yic yin ne thon du ke cin weu taauë ke piny. Te kor yin ba jam wenë ran ye thok geryic, ke yin col (855) 748-1804.

Dutch (Nederlands): Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (855) 748-1804.

Farsi (فارسي): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (855) 748-1804) تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (855) 748-1804.

German (Deutsch): Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (855) 748-1804.

Greek (Ελληνικά) Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (855) 748-1804.

Gujarati (ગુજરાતી): જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ય વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો (855) 748-1804.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (855) 748-1804.

Hindi (हिंदी): अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें(855) 748-1804

Hmong (White Hmong): Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (855) 748-1804.

Igbo (Igbo): O bụr ụ na ị nwere ajujụ o bụla gbasara akwukwo a, ị nwere ikike inweta enyemaka na ozi n'asusu gi na akwughi ugwo o bula. Ka gi na okowa okwu kwuo okwu, kpọo (855) 748-1804.

Ilokano (**Ilokano**): Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lenguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (855) 748-1804.

Indonesian (Bahasa Indonesia): Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (855) 748-1804.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (855) 748-1804

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(855) 748-1804 にお電話ください。

Khmer (ខ្មែរ)៖ បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ ដើម្បីជជែកជាមួយអ្នកបកប្រែ សូមហៅ(855) 748-1804 ។

Kirundi (Kirundi): Ugize ikibazo ico arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugishe umusemuzi, akura (855) 748-1804.

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(855) 748-1804 로 문의하십시오.

Lao (ພາສາລາວ): ຖ້າທ່ານມີຄຳຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ເພື່ອໂອ້ລົມກັບລ່າມແປພາສາ, ໃຫ້ໂທຫາ (855) 748-1804.

Navajo (**Diné**): Díí naaltsoos biká'ígíí łahgo bína'ídíłkidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehji bee nił hodoonih t'áadoo bááh ílínígóó. Ata' halne'ígíí ła' bich'i' hadeesdzih nínízingo koji' hodíílnih (855) 748-1804.

Nepali (नेपाली): यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ। दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (855) 748-1804

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