

 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 1-844-335-0166 or visit [www.aptahealth.com/stein](http://www.aptahealth.com/stein). 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.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-844-335-0166 to request a copy.

Important Questions	Answers	Why This Matters:
<p><b>What is the overall <a href="#">deductible</a>?</b></p>	<p>Cash Pay: \$0 person / \$0 family. All Other: \$2,500 person / \$5,000 family.</p>	<p>Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> 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>.</p>
<p><b>Are there services covered before you meet your <a href="#">deductible</a>?</b></p>	<p>Yes. In-network <a href="#">preventive care</a> is covered before you meet your <a href="#">deductible</a>.</p>	<p>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 <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a>. See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p>
<p><b>Are there other <a href="#">deductibles</a> for specific services?</b></p>	<p>No.</p>	<p>You don't have to meet <a href="#">deductibles</a> for specific services.</p>
<p><b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b></p>	<p>Cash Pay: \$0 person / \$0 family. All Other: \$4,500 person / \$9,000 family.</p>	<p>The <a href="#">out-of-pocket limit</a> 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 <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.</p>
<p><b>What is not included in the <a href="#">out-of-pocket limit</a>?</b></p>	<p><a href="#">Premiums</a>, <a href="#">balance billing</a> charges, sanctions, reductions and health care this <a href="#">plan</a> doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a>.</p>
<p><b>Will you pay less if you use a <a href="#">network provider</a>?</b></p>	<p>Does not apply. Call Apta Concierge at 1-844-335-0166 to find a Cash Pay provider or for questions regarding providers.</p>	<p>This plan does not use a provider network.</p>
<p><b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b></p>	<p>No.</p>	<p>You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a>.</p>



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
		Cash Pay Provider (You will pay the least)	All Other Providers (You will pay the most)	
<b>If you visit a health care <a href="#">provider's</a> office or clinic or use Virtual Primary Care</b>	Virtual Direct Primary Care Visit visits to treat an injury or illness	\$0 <a href="#">copay</a>	Not Covered	Contact Revive Health at 1-888-220-6650 or <a href="http://www.revive.health">www.revive.health</a> to receive services at no cost.
	Primary care visit to treat an injury or illness	Not Available	\$30 <a href="#">copay</a> .	<a href="#">Deductible</a> does not apply.
	<a href="#">Specialist</a> visit	\$0 <a href="#">copay</a>	\$50 <a href="#">copay</a> .	Credit Card Eligible when coordinated through the Cash Pay program. <a href="#">Deductible</a> does not apply.
	<a href="#">Preventive care/ screening/ immunization</a>	Not Available	No Charge.	<a href="#">Deductible</a> does not apply. Benefits include but are not limited to those recommended by the USPSTF (United States Preventive Services Taskforce) (A & B only), CDC (Center for Disease Control) Advisory Committee on Immunization Practices, and the HRSA (Health Resources and Services Administration) for women's and children's <a href="#">preventive care</a> . You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	Services provided in an Outpatient Hospital setting would not be Cash Pay eligible. <a href="#">Deductible</a> applies unless coordinated through the Cash Pay program. <a href="#">Preauthorization</a> is required for PET Scans, MRI's and MRA's. Failure to obtain <a href="#">preauthorization</a> will result in a \$500 penalty.
	Imaging (CT/PET scans, MRIs)	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Cash Pay Provider (You will pay the least)	All Other Providers (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.magellanrx.com">www.magellanrx.com</a>	Generic drugs	\$0 through Virtual <a href="#">Primary Care</a>	\$10 <a href="#">copay</a> (30 day retail) \$30 <a href="#">copay</a> (90 day retail) \$20 <a href="#">copay</a> (90 day mail order)	Generic medications are available at no cost through Virtual Primary Care. Contact Revive Health at 1-888-220-6650 or <a href="http://www.revive.health">www.revive.health</a> to receive services at no cost. <a href="#">Copay</a> applies per prescription. Covers up to a 90-day supply (retail prescription); 31-90 day supply (mail order prescription). No charge for ACA mandated <a href="#">preventive</a> drugs and smoking deterrents.  No charge for OTC acid reflux medication or for allergies (with an Rx) from a retail pharmacy. Dispense as Written (DAW) applies. <a href="#">Specialty drugs</a> are limited to a 30-day supply (retail and mail-order). <a href="#">Specialty drugs</a> must be obtained directly from the specialty pharmacy program after one fill at a retail pharmacy.
	Preferred brand drugs	Not Available	\$40 <a href="#">copay</a> (30 day retail) \$120 <a href="#">copay</a> (90 day retail) \$80 <a href="#">copay</a> (90 day mail order)	
	Non-preferred brand drugs	Not Available	\$60 <a href="#">copay</a> (30 day retail) \$180 <a href="#">copay</a> (90 day retail) \$120 <a href="#">copay</a> (90 day mail order)	
	<a href="#">Specialty drugs</a>	Not Available	\$60 <a href="#">copay</a> (30 day retail)	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	<a href="#">Deductible</a> applies unless coordinated through the Cash Pay program. <a href="#">Preauthorization</a> required unless performed in an office setting. Failure to obtain <a href="#">preauthorization</a> will result in a \$500 penalty.
	Physician/surgeon fees	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	Not Available	\$250 <a href="#">copay</a> Waived if admitted.	-----None-----
	<a href="#">Emergency medical transportation</a>	Not Available	20% <a href="#">coinsurance</a>	<a href="#">Deductible</a> applies.
	<a href="#">Urgent care</a>	\$0 <a href="#">copay</a>	\$50 <a href="#">copay</a>	Credit Card eligible when coordinated through the Cash Pay Program. Urgent Care is available at no cost through Virtual Primary Care. Contact Revive Health at 1-888-220-6650 or <a href="http://www.revive.health">www.revive.health</a> to receive services at no cost.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Cash Pay Provider (You will pay the least)	All Other Providers (You will pay the most)	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	<p><a href="#">Deductible</a> applies unless coordinated through the Cash Pay program.</p> <p><a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> will result in a \$500 penalty.</p>
	Physician/surgeon fees	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Outpatient Services	\$0 <a href="#">copay</a>	\$30 <a href="#">copay</a>	<p>Credit Card eligible when coordinated through the Cash Pay Program.</p> <p>Mental Health Visits are available at no cost through Virtual Primary Care. Contact Revive Health at 1-888-220-6650 or <a href="http://www.revive.health">www.revive.health</a> to receive services at no cost.</p>
	Inpatient services	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	<p><a href="#">Deductible</a> applies unless coordinated through the Cash Pay program.</p> <p><a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> will result in a \$500 penalty.</p>
<b>If you are pregnant</b>	Office visits	\$0 <a href="#">copay</a>	No Charge ( <a href="#">deductible</a> waived) for <a href="#">preventive services</a> . Other services \$30 <a href="#">copay</a> .	<p><a href="#">Preauthorization</a> required for inpatient hospital stays in excess of 48 hrs. (vaginal delivery) or 96 hrs. (C-section). Failure to obtain <a href="#">preauthorization</a> will result in a \$500 penalty. Baby does not count toward the mother's expense; therefore the family <a href="#">deductible</a> amount may apply. Depending on the type of services, a <a href="#">coinsurance</a> and/or <a href="#">deductible</a> applies unless coordinated through the Cash Pay program. .</p> <p>Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).</p>
	Childbirth/delivery professional services	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Cash Pay Provider (You will pay the least)	All Other Providers (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	<a href="#">Deductible</a> applies unless coordinated through the Cash Pay program. <a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> will result in a \$500 penalty.
	<a href="#">Rehabilitation services</a>	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	<a href="#">Deductible</a> applies unless coordinated through the Cash Pay program. Includes physical, speech & occupational therapy.
	<a href="#">Habilitation services</a>	Not Covered	Not Covered	This exclusion will not apply to expenses related to the diagnosis, testing and treatment of autism, ADD or ADHD and to expenses covered as a <a href="#">preventive service</a> .
	<a href="#">Skilled nursing care</a>	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	<a href="#">Deductible</a> applies unless coordinated through the Cash Pay program. Limited to 30 visits per <a href="#">plan</a> year. <a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> will result in a \$500 penalty.
	<a href="#">Durable medical equipment</a>	Not available	20% <a href="#">coinsurance</a>	<a href="#">Deductible</a> applies. <a href="#">Preauthorization</a> required for any item in excess of \$1,500. Failure to obtain <a href="#">preauthorization</a> will result in a \$500 penalty.
	<a href="#">Hospice services</a>	\$0 <a href="#">copay</a>	20% <a href="#">coinsurance</a>	<a href="#">Deductible</a> applies unless coordinated through the Cash Pay program. Bereavement counseling is covered if received within 6 months of death. <a href="#">Preauthorization</a> is required. Failure to obtain <a href="#">preauthorization</a> will result in a \$500 penalty.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Cash Pay Provider (You will pay the least)	All Other Providers (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not Available	No Charge	Charges limited to one exam/year.
	Children's glasses	Not covered	Not covered	-----None-----
	Children's dental check- up	Not covered	Not covered	-----None-----

**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</li> <li>• Dental care (Adult &amp; Child)</li> <li>• Glasses (Adult &amp; Child)</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Habilitation services</a></li> <li>• Long-term care</li> <li>• Massage Therapy</li> <li>• Non-emergency care when traveling outside the U.S. (If you become sick or injured while traveling, the plan may cover expenses incurred up to 120 consecutive days. This 120-day time limit does not apply if you are traveling for business or are a student.)</li> </ul>	<ul style="list-style-type: none"> <li>• Private Duty Nursing (except for home health care &amp; hospice)</li> <li>• Routine foot care</li> <li>• Weight loss programs</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>• Chiropractic care</li> <li>• Acupuncture</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Infertility treatment</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: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or <https://www.dol.gov/agencies/ebsa>. 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:

The U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or <https://www.dol.gov/agencies/ebsa>

Additionally, a consumer assistance program can help you file your appeal. Contact the Arkansas Insurance Department, Consumer Services Division at (800) 852-5494. Texas Consumer Health Assistance Program, Texas Department of Insurance at (855) 839-2427 (855-TEX-CHAP).

**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 866-326-7485.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 866-326-7485.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 866-326-7485.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 866-326-7485.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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## 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 pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$2,500
- [Specialist copayment](#) \$50
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

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*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles*</a>	\$2,500
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$2,000
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$4,560</b>

### Managing Joe's Type 2 Diabetes

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

- The [plan's](#) overall [deductible](#) \$2,500
- [Specialist copayment](#) \$50
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

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*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles*</a>	\$900
<a href="#">Copayments</a>	\$1,300
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$2,220</b>

### Mia's Simple Fracture

(emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$2,500
- [Specialist copayment](#) \$50
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles*</a>	\$200
<a href="#">Copayments</a>	\$250
<a href="#">Coinsurance</a>	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$550</b>

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