



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, www.Auxiant.com or call 1-800-475-2232. For general definitions of common terms, such as allowed amount, balance billing, Coinsurance, Co-Payment, Deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.Auxiant.com or call 1-800-475-2232 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>Deductible</u>?	The insurance <u>plan</u> starts at: <u>In-Network</u>: \$5,000/Individual per Calendar Year or \$10,000/Family per Calendar Year. <u>Out-of-Network</u>: \$5,000/Individual per Calendar Year or \$10,000/Family per Calendar Year. The employer then “buys down” the <u>Deductible</u>, so your actual <u>Deductible</u> becomes \$500 per individual for a Calendar Year and \$1,000 per family for a Calendar Year	This benefit is in addition to the Wellmark Blue Cross BlueShield <u>plan</u> already in place. Refer to the Wellmark Blue Cross Blue Shield of Iowa Summary of Benefits and Coverage for covered services for your particular <u>plan</u>. Generally, you must pay all of the costs from <u>providers</u> up to the <u>Deductible</u> amount before this <u>plan</u> begins to pay. This buy-down benefit will then be paid as reimbursement to the covered service <u>provider</u>. Check your policy or <u>plan</u> document to see when the <u>Deductible</u> starts over.
Are there other <u>Deductibles</u> for specific services?	Yes. The pharmacy <u>Deductible</u> is \$50 /Individual per calendar year and \$100 /Family per calendar year.	You may have to meet <u>Deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	<u>In-Network</u>: \$7,500/Individual per Calendar Year or \$15,000 Family per Calendar Year. <u>Out-of-Network</u>: \$7,500/Individual per Calendar Year or \$15,000 Family per Calendar Year.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. This limit helps you plan for health care expenses. The <u>Deductible</u> is included in the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why This Matters:
	The employer then “buys down” the <u>out-of-pocket</u> , so your actual <u>out-of-pocket</u> becomes \$1,000 per individual for a Calendar Year, and \$2,000 per family for a Calendar Year.	
What is not included in the <u>out-of-pocket limit</u>?	Benefits not covered under the Wellmark Blue Cross and Blue Shield <u>Plan</u> .	See your Wellmark Blue Cross Blue Shield <u>Plan</u> for covered benefits and limitations or exclusions. Even though you pay these expenses, they don’t count toward the <u>out-of-pocket limit</u>
What is the <u>Coinsurance</u> benefit?	<u>In-Network</u> : 20% <u>Out-of-Network</u> : 40%	<u>Coinsurance</u> is your share of the costs of a covered service, calculated as a percent of the <u>allowed amount</u> for the service. For example, if the plan’s <u>allowed amount</u> for an overnight hospital stay is \$1,000, your <u>Coinsurance</u> payment of 10% would be \$100. This may change if you haven’t met your <u>Deductible</u> .
What are the prescription <u>Co-Payment</u> amounts?	Tier 1: \$10 Tier 2: \$30 Tier 3: \$60 Tier 4: \$60 Tier 5: \$150 Tier 6: \$300	<u>Co-Payments</u> are fixed dollar amounts (for example, \$10) you pay for covered health care, usually when you receive the service. Member is responsible for full <u>Co-Payment</u> at time of service; Auxiant will reimburse the member the difference. <u>Co-Payments</u> apply to the “buy down” portion of the <u>out-of-pocket limit</u> .

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