



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 GPA at 1-800-827-7223. 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.cciio.cms.gov](http://www.cciio.cms.gov) or call 478-275-3150 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	<b>\$250</b> person/ <b>\$750</b> family Level I & Level II PPO & Non-PPO	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.
Are there services covered before you meet your <a href="#">deductible</a> ?	<b>Yes.</b> <a href="#">Copayments</a> do not apply towards the <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.
Are there other <a href="#">deductibles</a> for specific services?	<b>Yes</b> , \$50 per person for Prescriptions & \$50 per person for Dental services (except Preventive).	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> ?	<b>\$2,000</b> person/ <b>\$4,000</b> family Level I & Level II PPO <b>Unlimited</b> person & family Level II Non-PPO	The <a href="#">out-of-pocket</a> limit is the most you could pay in a year for covered services.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Premiums; balance-billed charges; charges in excess of <a href="#">UCR (Usual, Customary &amp; Reasonable)</a> ; any noncompliance penalties; and health care this plan doesn't cover	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	<b>Yes</b> , for Level II <a href="#">Providers</a> . See page 2 for an explanation of Level I & Level II <a href="#">Providers</a> . Visit <a href="http://www.multiplan.com/phcspracanc">www.multiplan.com/phcspracanc</a> or call 1-888-611-7427 for a list of participating PHCS <a href="#">physicians</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	<b>No.</b>	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Level I [Providers](#) include but are not limited to: Hospitals (Inpatient and Outpatient treatment); Inpatient Facilities (such as Rehabilitation Facilities, Skilled Nursing Facilities and [Hospice](#)); Inpatient and Outpatient Facilities of Mental Disorders, Chemical Dependency, Drug and Substance Abuse; Ambulatory Surgery Centers and Dialysis Clinics

Level II [Providers](#) are [Physicians](#) and all other [Providers](#) of service not defined as a Level I [Provider](#).

Level I [copays](#) waived if billed by Meadows Regional Medical Center of Vidalia, GA.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Level I Provider	Level II PPO Provider	Level II Non-PPO Provider	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	N/A	\$20 <a href="#">copay</a> /visit; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	40% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Family/General Practitioners, Pediatricians, Internists & Obstetricians/Gynecologists are considered Primary Care providers (PCP). PCP copay applies to PPO Mental, Behavioral & Substance Use Disorder Office Visits, Group Therapy, Outpatient Therapy & Office Psychological Testing. There is a \$10 <a href="#">copay</a> for Teladoc Telephone Consultations. There is no charge for PPO female sterilization & all PPO FDA approved contraceptive methods. <a href="#">Deductible</a> & 20% <a href="#">coinsurance</a> applies to PPO office surgery & allergy testing. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	<a href="#">Specialist</a> visit	N/A	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	40% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Preventive care/screening/immunization</a>	No Charge	No Charge	No Charge	Applicable <a href="#">deductible</a> & <a href="#">coinsurance</a> applies to Non-PPO Smoking Cessation. See your plan document for additional benefit information & limitations. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees. You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services needed are <a href="#">preventive</a> . Then check what your plan will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	\$50 <a href="#">copay</a> /visit; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	No Charge	40% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	There is no charge for MRIs, CTs & PET Scans billed by KIS Imaging. UR notification required or \$500 non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Level I Provider	Level II PPO Provider	Level II Non-PPO Provider	
	Imaging (CT/PET scans, MRIs)	\$250 <a href="#">copay</a> /day; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	40% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
<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="#">www.envisionrx.com</a>	Generic drugs	\$50 Prescription <a href="#">deductible</a> then Retail 20% <a href="#">copay</a> /Mail Order 20% <a href="#">copay</a> (minimum \$5/maximum \$100 Retail & Mail Order)			Covers a 34-day supply for Retail/90-day supply for Mail Order/30-day supply for Specialty. See your plan document for information about drugs that require prior authorization and drugs that are excluded.
	Preferred brand drugs	\$50 Prescription <a href="#">deductible</a> then Retail 20% <a href="#">copay</a> /Mail Order 20% <a href="#">copay</a> (minimum \$40/maximum \$100 Retail & Mail Order)			
	Non-preferred brand drugs				
	<a href="#">Specialty drugs</a>	\$50 Prescription <a href="#">deductible</a> then Generic 20% <a href="#">copay</a> /Brand Name 20% <a href="#">copay</a> (minimum \$5/maximum \$100 Retail & Mail Order)			
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$250 <a href="#">copay</a> /visit; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	N/A	N/A	UR notification required or \$500 non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	Physician/surgeon fees	N/A	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	40% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$250 <a href="#">copay</a> /visit; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Treatment of a non-medical emergency is not covered. UR notification required if admitted or \$500 non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	<a href="#">Emergency medical transportation</a>	\$250 <a href="#">copay</a> /day; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Non-PPO charges apply to PPO Out-of-Pocket maximum. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	<a href="#">Urgent care</a>	\$20 <a href="#">copay</a> /visit; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	\$20 <a href="#">copay</a> /visit; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	\$75 <a href="#">copay</a> /visit; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$250 <a href="#">copay</a> /confinement; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	N/A	N/A	UR notification required or \$500 non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.

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

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Level I Provider	Level II PPO Provider	Level II Non-PPO Provider	
	Physician/surgeon fees	N/A	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	40% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$250 <a href="#">copay</a> /day; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	40% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	See 'If you visit a health care provider's office or clinic' for the office visit benefit. UR notification required for admissions & day treatment or \$500 non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	Inpatient services	\$250 <a href="#">copay</a> /confinement; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	40% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
If you are pregnant	Office visits	N/A	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	40% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Office visit <a href="#">copayment</a> applies to the initial visit only. Contact UR for coordination of prenatal care. UR notification required or \$500 non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	Childbirth/delivery professional services				
	Childbirth/delivery facility services	\$250 <a href="#">copay</a> /confinement; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	N/A	N/A	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	<b>Inpatient:</b> \$250 <a href="#">copay</a> /confinement; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived <b>Outpatient:</b> \$250 <a href="#">copay</a> /day; 0% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	<b>Inpatient:</b> 20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies <b>Outpatient:</b> 20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	<b>Inpatient:</b> 40% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies <b>Outpatient:</b> 40% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	PPO <a href="#">deductible</a> & <a href="#">coinsurance</a> applies to Level I Cardiac Rehabilitation, Occupational/Physical/ Speech Therapy & Pulmonary Rehabilitation. Services limited per calendar year to 130 visits for Home Health, 30 visits for Physical Therapy & 60 days for Skilled Nursing Facilities. Hospice limited to \$10,000 per lifetime. Treatment of developmental delays may not be covered. See your plan document for additional information. Contact UR for coordination of care for Outpatient Hospice & Home Health. UR notification required for admissions, DME purchases over \$500 and all DME rentals or \$500 non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to <a href="#">UCR</a> fees.
	<a href="#">Rehabilitation services</a>				
	<a href="#">Habilitation services</a>				
	<a href="#">Skilled nursing care</a>				
	<a href="#">Durable medical equipment</a>				
	<a href="#">Hospice services</a>				
If your child needs dental or eye care	Children's eye exam	No Charge	No Charge	No Charge	Benefit applies to routine vision screenings for children. Non-PPO charges are subject to <a href="#">UCR</a> fees.

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

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Level I Provider	Level II PPO Provider	Level II Non-PPO Provider	
	Children's glasses	Not Covered			Not Covered
	Children's dental check-up	No Charge			\$1,300 dental calendar year maximum applies to age 19+ only. Non-PPO charges are subject to <a href="#">UCR</a> fees.

### 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](#).)

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Bariatric Surgery</li> <li>• Cosmetic Surgery</li> <li>• Infertility Treatment</li> </ul> | <ul style="list-style-type: none"> <li>• Long Term Care</li> <li>• Non-emergency care when traveling outside the U.S.</li> </ul> | <ul style="list-style-type: none"> <li>• Routine eye care (Adult)</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 [plan](#) document.)

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Acupuncture (smoking cessation only)</li> <li>• Chiropractic Care</li> <li>• Dental Care (Adult)</li> </ul> | <ul style="list-style-type: none"> <li>• Hearing Aids (<b>only</b> for initial purchase if hearing loss is due to illness, accidental injury or surgical procedure)</li> </ul> | <ul style="list-style-type: none"> <li>• Private Duty Nursing (Inpatient only if hospital has no ICU or ICU is full)</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 [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services 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 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: 800-827-7223 or the Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

### 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:

Español: Para obtener asistencia en Español, llame al 800-827-7223.

*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 in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$250
■ <a href="#">Specialist coinsurance</a>	20%
■ Hospital (facility) <a href="#">copayment</a>	\$250
■ Other <a href="#">coinsurance</a>	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:

Cost Sharing	
<a href="#">Deductibles</a>	\$260
<a href="#">Copayments</a>	\$250
<a href="#">Coinsurance</a>	\$750
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$1,320</b>

### Managing Joe's type 2 Diabetes

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

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$250
■ <a href="#">Specialist coinsurance</a>	20%
■ Hospital (facility) <a href="#">copayment</a>	\$250
■ Other <a href="#">coinsurance</a>	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:

Cost Sharing	
<a href="#">Deductibles</a>	\$300
<a href="#">Copayments</a>	\$80
<a href="#">Coinsurance</a>	\$910
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,310</b>

### Mia's Simple Fracture

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

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$250
■ <a href="#">Specialist coinsurance</a>	20%
■ Hospital (facility) <a href="#">copayment</a>	\$250
■ Other <a href="#">coinsurance</a>	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:

Cost Sharing	
<a href="#">Deductibles</a>	\$250
<a href="#">Copayments</a>	\$500
<a href="#">Coinsurance</a>	\$230
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$980</b>