



NATIONAL AUTOMATIC SPRINKLER INDUSTRY WELFARE FUND • PENSION FUND



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JOHN P. EGER, Administrator

December 2020

To All Participants in the NASI Welfare Fund

From the Board of Trustees

Retirement of Fund Administrator

It's with a debt of gratitude that we announce the retirement of long time Fund Administrator, Michael Jacobson. Mike has been with the NASI Trust Funds for over 40 years and has led the organization for more than 35 years. He has always guided the Trust Funds with the utmost professionalism and with the best interest of the participants in mind. We wish Mike all the best in retirement and thank him for his exceptional years of service.

Mike will be replaced by the Assistant Fund Administrator, John Eger. John has been with the Trust Funds for more than 37 years. We are confident that he will continue the legacy that Mike has built.

The Fund Remains Financially Stable

The Board of Trustees of the National Automatic Sprinkler Industry Welfare Fund is again pleased to report that the NASI Welfare Fund continues to experience generally favorable financial conditions that permit the Fund to provide the coverage and benefits described below.

In general, the NASI Welfare Fund pays the following percentage for Level 1 benefits after you meet the individual deductible:

	<u>Fund Pays/You Pay</u>
In-Network	80%/20%
Out-of-Network	60%/40%

100% Coverage

There are a few exceptions under the NASI Welfare Plan where 100% coverage is provided for In-Network services under all levels of NASI Welfare Plan coverage (without first applying the individual deductible). Among those exceptions are:

- MDLive (virtual doctor's visits)
- Preventive Services required by law as listed in the Plan Document
- Routine annual physical examinations
- In-Network Medically Necessary colonoscopies

90% Coverage for Urgent Care

One of the factors contributing to lower than expected claim expenses may be that fewer people are using a hospital emergency room for diagnosis and/or treatment that can be addressed at an Urgent Care facility or even by MDLive. The NASI Welfare Fund covers In-Network Urgent Care charges at 90% (instead of the above 80% coverage level), and there is no deductible applied to Urgent Care. The 90% coverage level also applies to In-Network walk-in clinics such as CVS' *Minute-Clinic*.

MDLive

To make it even easier to access medical care for our active and retired participants who are not yet eligible for Medicare, the NASI Welfare Plan provides 100% coverage for the telemedicine service; *MDLive*. *MDLive*

gives you access to a physician, licensed in your state, any time of day or night; even on weekends and holidays. **MDLive** is appropriate for non-emergency ailments such as sore throat, asthma, fever, flu, as well as certain behavioral health issues. To encourage use of **MDLive**, the NASI Welfare Fund covers 100% of the cost of this service. While the cost of the “virtual visit” is covered in full, you will be responsible for costs arising from your “virtual visit”; things like your portion of the cost of a prescription drug that you received as a result of your telemedicine visit.

Sign up online now, before you need it. You might not feel like doing it when you are sick. Follow the link to the **MDLive** website you can find on the nasifund.org website or go to MDLIVE.com/bcbsil.

Telemedicine for Medicare-eligible Retirees and Beneficiaries

Physicians are now allowed to bill Medicare for telemedicine services. If your doctor provides telemedicine services, this means that instead of traveling to receive medical evaluations, mental health services, and management of medication, your doctor can provide such services to you over the phone. You should feel free to use your doctor if they are willing to speak to you by telephone. Medicare will cover their part of the charge for that telemedicine service, then NASI will cover its part, as if the service was provided in the office. You may still have some portion of the bill to pay (you still have to meet Medicare Part B's deductible for example), but most Medicare-eligible folks should now be able to access their doctor's services by telephone.

Chiropractic Benefit Improvement

Effective January 1, 2021, the NASI Welfare Fund Plan of Benefits is modified to provide coverage for up to 26 Chiropractic visits each year. This represents an increase, from 20, in the number of annual chiropractic visits.

Hearing Aid Benefit Improvement

Effective January 1, 2021, the NASI Welfare Fund Plan of Benefits is modified to provide coverage for medically necessary hearing aids for dependents to mitigate or reverse hearing loss attributable to a specific injury or surgical or medical procedure resulting in hearing damage to the dependent (subject to the cap set forth below

for Participants). In addition, effective January 1, 2021, the amount of coverage will be increased from \$400 every five years to \$1,200 per individual every three years.

Dental Benefit Improvement

Effective January 1, 2021, the maximum annual dental benefit payable under the NASI Welfare Plan will increase based on your level of coverage.

For Level 1 and Self-Pay Benefits, the maximum annual dental benefit and the lifetime orthodontia benefit will increase from \$3,000 per individual to \$4,000 per individual.

For Level 2 Benefits, the maximum annual dental benefit will increase from \$2,000 per individual per year to \$3,000 per individual per year, and the lifetime orthodontia benefit payable will increase from \$3,000 per individual to \$4,000 per individual.

Member Assistance Program

This program provides guidance and resources for those with substance abuse and other mental health issues, financial difficulties, as well as legal and other questions. There is no cost to you associated with the use of this program. **Call 866-379-0895** to speak to a counseling professional who will listen to your concerns and who can guide you to the appropriate services you require. This program is available to active and retired participants and dependents, including Medicare-eligible retirees and dependents.

Diabetes Care Management Program

A number of diabetics will be invited to participate in the **Livongo** Diabetes Remote Monitoring program. The goal of this program is to help these individuals lower their Hemoglobin A1C levels and, in doing so, avoid, minimize, or delay medical complications often associated with Diabetes. Participants in this program will receive a special glucose meter and unlimited test strips and lancets as well as access to coaches by telephone or, if preferable, by text. There will be no cost to those participating in this program.

Flu shots and other Immunizations

Remember to get your seasonal flu shot from your Blue Cross Blue Shield participating physician or at your local pharmacy that participates with Express Scripts. Most

immunizations, including flu shots, are covered at 100% by the NASI Welfare Fund when using an In-Network provider.

Level 2 and Level 3 Benefits

The great majority of those eligible for benefits from the NASI Welfare Plan enjoy Level 1 benefits which include non-medical benefits such as dental, vision, disability, and life insurance. The NASI Welfare Plan also provides two other levels of medical benefits which have different deductible, co-insurance, and out-of-pocket maximum expense levels. Groups who have bargained for Level 2 or Level 3 medical benefits can also choose to bargain for some or all of the “additional” benefits: dental, vision, disability, and life insurance.

Effective January 1, 2021, the hourly contribution rates associated with these benefits are as follows:

• Level 2 Medical Benefits	\$7.78
• Level 3 Medical Benefits	\$7.37
• Dental	\$0.69
• Disability	\$0.07
• Vision	\$0.10
• Life	\$0.01

Pensioner Medical Coverage

Retirees with medical coverage pay a premium that is deducted from their monthly pension benefit. The amounts retirees pay are designed to cover 50% of the cost of retiree coverage.

Pensioners and beneficiaries who do NOT have Medicare Coverage

The monthly self-payment amount for pensioners or beneficiaries who are not yet eligible for Medicare will increase from \$910 per month in 2020 to **\$915 per month beginning January 1, 2021.**

Pensioners and beneficiaries whose Local Union has a Retired Employee Subsidy Account (RESA) and who are eligible for their local union’s RESA will continue to benefit from their Local Union’s subsidy of the cost of their coverage. If your Local Union determines that your RESA will not pick up the additional cost by increasing its subsidy to its covered members, you will be advised in a separate announcement.

Pensioners and Beneficiaries WITH Medicare

The monthly self-payment amount for pensioners or beneficiaries who became eligible for Medicare before 2002 will NOT increase in cost from \$320 per month in 2020. The cost will remain **\$320 per month in 2021.** Similarly, for those pensioners or beneficiaries who become eligible for Medicare after 2001, the monthly self-payment cost for coverage will NOT increase in cost from \$370 per month in 2020, but will remain **\$370 per month in 2021.**

Medicare-eligible Pensioners and Beneficiaries who are eligible for their Local Union’s Retired Employee Subsidy Account (RESA) will continue to benefit from their Local Union’s subsidy of the cost of their coverage.

Monthly Cost for Those Participating in NASI Welfare Fund through Participation Agreements

The monthly premium for the NASI Welfare Fund for those participating in the Fund through participation agreements (e.g. owner members) will be \$1,688.00.

REMINDERS

Retiree Benefits and Medicare

Medicare is the primary coverage for Pensioners, Dependents of Pensioners, and Beneficiaries. The NASI Welfare Plan requires that individuals who are eligible for Medicare Part B benefits sign up for those benefits. Additionally, if an individual is not entitled to cost-free Medicare Part A, that individual must also purchase Part A coverage from Medicare when they become eligible to do so at age 65.

Since ***Medicare does not pay for hospital or medical services outside of the United States***, in order to have coverage for such services when traveling or living outside the United States, you need to purchase travel insurance or other medical insurance. The NASI Welfare Fund will not provide primary medical coverage for Medicare-eligible individuals; instead, the Plan will limit its coverage to the amount the Plan would have paid on your behalf had you received those services in the United States. For example, if you are hospitalized in the United States, Medicare Part A pays all of the cost of the hospitalization except for the deductible (\$1,452 in 2020). If you are, instead, hospitalized outside of the

United States, the Plan will process your claim assuming your medical expense was \$1,452 (i.e., the amount that would not have been covered by Medicare if the expense was incurred in the United States), and you will be responsible for the remainder of the charges unless you have travel insurance or other coverage.

Notification Requirement upon Divorce

Notice of your divorce must be provided to the Fund office within 60 days of your divorce.

If notice of your divorce is not provided to the Fund Office in this time frame, and as a result, benefits are paid to an ineligible Dependent, the Fund can recover those benefits by treating such benefits as an advance to you and deducting such amounts from benefits which become due to you until the entire amount of benefits erroneously paid is recovered.

Make Sure Your Beneficiary is Up-to-Date

Be aware that your divorce does not invalidate your Beneficiary designation. Forms to designate or change a Beneficiary for your NASI Welfare Fund life insurance benefit (for active participants), NASI Pension Fund Death Benefit, and SIS Pension Fund death benefit are available on the Funds' website, www.nasifund.org or by calling the Fund office.

Annual Reminder (as required by federal law) regarding Women's Health and Cancer Rights Act of 1998

The NASI Welfare Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.

Call the Fund Office at 1-800-638-2603 for more information.


Summary of Benefits and Coverage

The pages that follow this announcement are designed to meet requirements of the Affordable Care Act.



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 1-800-638-2603. 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 or call 1-800-638-2603 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	<u>Network providers</u> : \$400 /individual, \$1,200 /family; <u>Out-of-network providers</u> : \$900 /individual, \$2,700 /family	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. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> , <u>prescription drugs</u> , <u>in-network urgent care</u> , <u>dental</u> and vision are covered before you meet your <u>deductible</u> .	This <u>plan</u> 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 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 www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	Yes. \$10 /individual for vision and \$75 /individual, \$225 /family for dental. There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	<u>Network providers</u> : \$2,900 /individual, \$12,700 /family; <u>Out-of-network providers</u> : \$5,000 /individual.	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 <u>plan</u> , 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, if applicable.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, the <u>out-of-network deductible</u> , penalties for failure to obtain <u>preauthorization</u> and health care this <u>plan</u> doesn't cover.	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 <u>network provider</u> ?	Yes. See www.nasifund.org or call 1-800-810-BLUE for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	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.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u> . No charge for virtual office visits through MDLIVE.	40% <u>coinsurance</u>	None
	<u>Specialist</u> visit	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No charge. <u>Deductible</u> does not apply.	40% <u>coinsurance</u>	Subject to age and frequency guidelines. 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)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.express-scripts.com	Generic drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Deductible</u> does not apply. Retail limited to up to a 30-day supply; mail order limited to up to a 90-day supply. If you request a brand name drug when a generic equivalent is available, you will be charged the difference in the cost between the brand name drug and the generic substitute. Maintenance drugs purchased at retail are subject to reimbursement limitation. Drugs obtained from an out-of-network pharmacy are limited to the in-network allowance. For <u>specialty drugs</u> , you must use Express Scripts' specialty pharmacy. No charge for ACA required generic preventive drugs (or brand name preventive drugs if a generic is not medically appropriate). Not all <u>prescription drugs</u> are covered. Free diabetic test strips and glucometer through Livongo.
	Preferred brand drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	
	Non-preferred brand drugs	30% <u>coinsurance</u>	30% <u>coinsurance</u>	
	<u>Specialty drugs</u>	20% <u>coinsurance</u> for preferred brand <u>specialty drugs</u> ; 30% <u>coinsurance</u> for non-preferred brand <u>specialty drugs</u>	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Professional/physician charges may be billed separately. Includes medical screening and further medical examination and treatment required to stabilize the patient.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to emergency transportation to or from the nearest hospital equipped to provide the required medical care.
	<u>Urgent care</u>	10% <u>coinsurance</u> ; <u>deductible</u> does not apply.	40% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> is required.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u> . No charge for virtual office visits through MDLIVE.	40% <u>coinsurance</u>	None
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> is required.
If you are pregnant	Office visits	No charge for routine prenatal office visits. 20% <u>coinsurance</u> for all other office visits.	40% <u>coinsurance</u>	Cost sharing does not apply for <u>preventive services</u> . Depending on the type of services, <u>coinsurance</u> or a <u>deductible</u> may apply. Maternity care may include tests and services described somewhere else in the SBC (e.g., ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to hemodialysis, IV therapy and physician visits.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Habilitation services</u>	Not covered	Not covered	You must pay 100% of these expenses, even in-network.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to a \$150 daily maximum.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge after \$10 vision <u>deductible</u> . Overall <u>deductible</u> does not apply.	Not covered	Limited to one exam in a 12-month period unless more than one exam is <u>medically necessary</u> . Vision benefits are administered separately from the medical plan.
	Children's glasses	No charge after \$10 vision <u>deductible</u> . Overall <u>deductible</u> does not apply.	Not covered	Limited to one pair in a 12-month period unless more than one pair is <u>medically necessary</u> . Vision benefits are administered separately from the medical plan.
	Children's dental check-up	10% <u>coinsurance</u> after \$75 dental <u>deductible</u> . Overall <u>deductible</u> does not apply.	10% <u>coinsurance</u> after \$75 dental <u>deductible</u> . Overall <u>deductible</u> does not apply.	Dental benefits are administered separately from the medical plan.

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.)

- Acupuncture
- Cosmetic surgery (except to repair or alleviate damage resulting from or caused by injury, congenital defect or disfigurement related to disease)
- Habilitation services
- Infertility treatment
- Long-term care
- Routine foot care
- Weight loss programs (except as required by the Affordable Care Act)

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

- Bariatric surgery
- Chiropractic care (limited to 26 visits per year)
- Dental care (Adult) (limited to \$4,000 per year)
- Hearing aids (limited to \$1,200 per individual in a 3-year period; includes coverage for dependents who meet specific criteria)
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)

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 Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. 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 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 plan at 1-800-638-2603. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or 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:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-638-2603.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-638-2603.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-638-2603.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-638-2603.

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

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 \$400
- Specialist coinsurance 20%
- 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*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$400
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$2,360
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,820

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$400
- Specialist coinsurance 20%
- 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*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$400
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,000
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$1,400

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$400
- Specialist coinsurance 20%
- 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*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$400
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$480
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$880