This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.sas-mn.com or by calling 1-800-328-2739.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$**100 In-Network or $300 Out-of- Network; per person, per injury or sickness; does not apply to preventive care	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over. See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible.**
Are there other deductibles for specific services?	**No**	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	**No**	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out–of–pocket limit?	This plan has no out-of-pocket limit	Not applicable because there's no out-of-pocket limit on your expenses.
Is there an overall annual limit on what the plan pays?	Yes, $500,000	This plan will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit. The chart starting on page 2 describes *specific* coverage limits, such as limits on the number of office visits.
Does this plan use a network of providers?	Yes, see www.firsthealth.com for list of participating providers	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	No	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about **excluded services**.

Questions: Call 1-800-328-2739 or visit us at www.sas-mn.com.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.sas-mn.com or call 1-800-328-2739 to request a copy.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use In-Network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$40 copay/visit; then coinsurance 20%/30%/0%	$40 copay/visit, then coinsurance 40%/50%/10%	1 visit/ day, maximum 30 visits/ condition; not paid same day as surgery; coinsurance to $5,000/ coinsurance to $70,000/coinsurance to $425,000
	Specialist visit	$40 copay/visit; then coinsurance 20%/30%/0%	$40 copay/visit, then coinsurance 40%/50%/10%	1 visit/day, maximum 30 visits/ condition; not paid the same day as surgery; coinsurance to $5,000/ coinsurance to $70,000/coinsurance to $425,000
	Other practitioner office visit	$40 copay/visit; then coinsurance 20%/30%/0% for physical therapy and chiropractor	$40 copay/visit; then coinsurance 40%/50%/10% for physical therapy and chiropractor	Maximum 10 visits/policy year; coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,000
	Preventive care/screening/immunization	No charge	Not Covered	None
If you have a test	Diagnostic test (x-ray, blood work)	Coinsurance 20%/30%/0%	Coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Imaging (CT/PET scans, MRIs)	$500 copay/ procedure; then coinsurance 20%/30%/0%	$500 copay/ procedure; then coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.sas-mn.com	Generic drugs	$25 copay/drug; then coinsurance 20%/30%/0%	$25 copay/drug; then coinsurance 20%/30%/0%	30 day supply per prescription; coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,000
	Preferred brand drugs	$50 copay/drug; then coinsurance 20%/30%/0%	$50 copay/drug; then coinsurance 20%/30%/0%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00
	Non-preferred brand drugs	Not covered	Not covered	None
	Specialty drugs	Not covered	Not covered	None
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$500 copay/ admission; then coinsurance 20%/30%/0%	$500 copay/ admission; then coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $75,000/coinsurance to $425,000
	Physician/surgeon fees	Coinsurance 20%/30%/0%	Coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00
If you need immediate medical attention	Emergency room services	$150 copay/visit; then coinsurance 20%/30%/0%	$150 copay/visit; then coinsurance 20%/30%/0%	Copay waived if admitted; coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,000
	Emergency medical transportation	Coinsurance 20%/30%/0%	Coinsurance 20%/30%/0%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00
	Urgent care	$150 copay/visit; then coinsurance 20%/30%/0%	$150 copay/visit; then coinsurance 20%/30%/0%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00
If you have a hospital stay	Facility fee (e.g., hospital room)	$500 copay/ confinement; then coinsurance 20%/30%/0%	$500 copay/ confinement ; then coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Physician/surgeon fee	Coinsurance 20%/30%/0%	Coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$40 copay/visit; then coinsurance 20%/30%/0%	$40 copay/visit; then coinsurance 40%/50%/10%	Maximum 10 visits/policy year; coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,000
	Mental/Behavioral health inpatient services	$500 copay; then coinsurance 20%/30%/0%	$500 copay; then coinsurance 40%/50%/10%	Maximum 30 days/policy year; coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,000
	Substance use disorder outpatient services	$40 copay/visit; then coinsurance 20%/30%/0%	$40 copay/visit; then coinsurance 40%/50%/10%	Maximum $4,179 /policy year; coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,000
	Substance use disorder inpatient services	$500 copay; then coinsurance 20%/30%/0%	$500 copay; then coinsurance 40%/50%/10%	Maximum 7 days/policy year; coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,000
If you are pregnant	Prenatal and postnatal care	Coinsurance 20%/30%/0%	Coinsurance 40%/50%/10%	Paid the same as any sickness, coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,000
	Delivery and all inpatient services	Coinsurance 20%/30%/0%	Coinsurance 40%/50%/10%	Paid the same as any sickness; coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,000

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	Coinsurance 20%/30%/0%	Coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00
	Rehabilitation services	Coinsurance 20%/30%/0%	Coinsurance 40%/50%/10%	Physical therapy/chiropractic $40 copay/visit, maximum 10 visits/policy year; 1 visit per day; coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,000
	Habilitation services	Coinsurance 20%/30%/0%	Coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00
	Skilled nursing care	Coinsurance 20%/30%/0%	Coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00
	Durable medical equipment	$100 copay/ prescription then coinsurance 20%/30%/0%	$100 copay/ prescription then coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00
	Hospice service	Coinsurance 20%/30%/0%	Coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00
If your child needs dental or eye care	Eye exam	Coinsurance 20%/30%/0%	Coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00
	Glasses	Not covered	Not covered	Not covered
	Dental check-up	Coinsurance 20%/30%/0%	Coinsurance 40%/50%/10%	Coinsurance to $5,000/coinsurance to $70,000/coinsurance to $425,00

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- acupuncture
- bariatric surgery
- cosmetic surgery
- dental care (adults)
- hearing aids
- infertility treatment
- long term care
- routine eye care (adult)
- routine foot care
- weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- chiropractic care
- non-emergency care when traveling outside the U.S. for international students only
- private duty nurse

Your Rights to Continue Coverage:

"Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:
• You commit fraud
• The insurer stops offering services in the State
• You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at 1-800-328-2739. You may also contact your state insurance department at Toll Free Consumer Line: 877-999-6442.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: the plan administrator at www.sas-mn.com or 1-800-328-2739 or contact the DIFS Consumer Services, P.O. Box 30220, Lansing, MI 48909-7720 Or fax to: (517) 241-3991 Or Email to:difs-hicap@michigan.gov.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

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

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $4,810
- **Patient pays** $2,730

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$200
Copays	$1,050
Coinsurance	$1,330
Limits or exclusions	$150
Total	**$2,730**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays** $3,050
- **Patient pays** $2,350

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$100
Copays	$1,310
Coinsurance	$700
Limits or exclusions	$240
Total	**$2,350**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.