

BENEFIT FUNDS OFFICE

OPEN ENROLLMENT IS HERE!

You are receiving this packet because you are eligible for a premium-free health plan through the SEIU Healthcare IL Benefit Funds Office.

SEIU Healthcare union workers fought for and won the right to health insurance, and it's our goal to make sure that every Union worker that needs health insurance is enrolled in a plan.

Whether you are already enrolled and will continue to receive coverage in the same great health plan, or haven't called us to enroll yet, we want to be sure to provide you with the basics about the health plan you qualify for.

See the enclosed Summary of Benefits and Coverage (SBC) for detailed information about your health insurance plan. Some of the important highlights about your health plan include:

	<p>Primary Care Coverage</p>	<ul style="list-style-type: none"> •Your plan provides free wellness exams and basic labs. •Getting care from a Primary Care doctor is the best way to manage and maintain your health.
	<p>Prescription Drug Plan</p>	<ul style="list-style-type: none"> •Your health plan provides prescription drug coverage, with many generic drugs offered for co-pays as low as \$1!
	<p>Urgent Care Coverage</p>	<ul style="list-style-type: none"> •Your health plan may offer an Urgent Care option, for sick visits that can't wait for an opening with your Primary Care doctor.
	<p>Emergency Coverage</p>	<ul style="list-style-type: none"> •Your health plan covers Emergency care at 100% after your co-pay, for true emergencies.

In addition to the above benefits, you also have access to discounted vision benefits through the Union. Information on how to access these benefits will be mailed to you in early January after you enroll.

Have questions? Call us! We are available from 8:30 – 5:00, Monday through Friday, at:

(773)385-9300

IF YOU ARE ALREADY ENROLLED, YOU DO NOT NEED TO ENROLL AGAIN – YOUR COVERAGE WILL CONTINUE.

IF YOU ARE READY TO ENROLL, FOLLOW THE INSTRUCTIONS BELOW:

CHILD CARE PROVIDERS

COMPLETE THE ENCLOSED APPLICATION AND W-9 FORM AND MAIL BACK. THE DEADLINE TO ENROLL IS _____ DON'T BE LATE!

MAIL YOUR COMPLETED DOCUMENTS TO:

**SEIU HEALTHCARE IL BENEFIT FUNDS
2229 S HALSTED St, STE 122 CHICAGO IL 60608
Or SCAN AND EMAIL TO: enroll@seiuhealthfund.org**

HOME CARE PROVIDERS

CALL US TO ENROLL. THE DEADLINE TO ENROLL IS _____ DON'T BE LATE!

**FOR ENGLISH: CALL (773)385-9300 AND FOLLOW THE PROMPTS
PARA ESPAÑOL: LLAME AL (773)385-9300 X5001 Y SIGA LAS INDICACIONES**

THIS PLAN IS FOR YOU ONLY. A SEPARATE DEPENDENT PLAN IS AVAILABLE FOR \$1,020 PER MONTH. CALL US FOR MORE INFORMATION.

PERSONAL ASSISTANTS

CALL US TO ENROLL. THE DEADLINE TO ENROLL IS _____ DON'T BE LATE!

**FOR ENGLISH: CALL (773)385-9300 AND FOLLOW THE PROMPTS
FOR SPANISH: CALL (773)385-9300 X5001 AND FOLLOW THE PROMPTS**

Does someone in your family or someone else you know need health insurance?
We can help. Have your friend or family member call **1-855-SIGN-UP8** for help finding affordable coverage on the ACA Marketplace.

Get to know your health insurance!

Health insurance can be confusing. Here's a list of health care terms you might need to know to help you choose a plan and then use that plan effectively.

OPEN ENROLLMENT The period of time each year when a health insurance plan allows members to enroll or change their plan.

PREMIUM The amount you or your employer pays each month in exchange for your health insurance.

COPAY The fixed amount you pay up front when you receive a medical service. For example, some plans require a \$10 copay for a visit to your Primary Care Physician and a \$20 copay for a visit to a specialist.

DEDUCTIBLE The amount that you must pay for medical services before your health insurance plan begins to pay a part. After this, the insurance covers their percentage of your services. The lower your deductible, the sooner your insurance starts to pay

COINSURANCE This is the percentage that you pay of your medical bills. For example, if your coinsurance percentage is 90/10 and the cost of your x-ray was \$1000, your insurance would cover \$900 of the bill, and you would only have to pay \$100. This charge is in addition to your copay. You pay your coinsurance until you reach your out-of-pocket maximum.

OUT-OF-POCKET MAXIMUM This is the most you will have to pay for your medical expenses for the entire year, as long as they are covered and in-network. After you reach this amount, your insurance pays 100% of covered, in-network medical bills.

IN-NETWORK Providers who your insurance company has negotiated a discount for medical services with are in-network. You pay less when you stay in-network for your care.

OUT-OF-NETWORK Providers who your insurance company has not negotiated a discount for medical services with are out-of-network. You pay more when you receive out-of-network care.

PROVIDER Any person or institution that provides medical care. Examples of providers include doctors, nurses, hospitals, and clinics.

CLAIM A request by a plan member or health care provider that the insurance company pays for its share of a medical service. Your insurance plan receives a claim every time you receive medical care.

PRE-AUTHORIZATION When your insurance requires a pre-authorization for a service or drug, your doctor must receive a pre-certification before you receive it. This ensures that the service or drug is medically necessary and that your insurance will help pay for it.

Don't let that minor pain turn into a major pain in your wallet.

Plan participants who go to the Emergency Room for non-emergencies will be penalized.
You will pay 50% of the total ER bill for non-emergencies.

What is a Non-Emergency?

Examples:

- ▲ Ear Infections
- ▲ Allergies
- ▲ Fever/Flu-Like Symptoms
- ▲ Sprain
- ▲ Sore Throat
- ▲ Urinary Tract Infections
- ▲ Minor Burns
- ▲ Pink Eye
- ▲ Upper Respiratory Infections

Going to the ER for minor issues is not the best way to get care. You have better options to get non-emergency treatment. Instead, go to:

- Your Primary Care Physician's office
- Urgent care center—Maximum \$50 copay (Not available for Advocate Plan members)
- Advocate Immediate Care Center—Maximum \$50 copay
- Advocate at Walgreens clinics

Attention: Very important information!

▲ For Union Medical Home or Union Health Services Plan Members:

- In case of an ER visit, you must contact your medical home as soon as possible and no later than 48 hours after emergency room treatment or an emergency admission to a hospital. Failure to notify your medical home may result in your being responsible for your entire Emergency Room bill.
- You must call your medical home before receiving immediate or urgent care treatment.
 - ▲ For UMC members (Nursing Home workers): Call **(312) 829-1134**
 - ▲ For UHS members (Home Care, Child Care, and Personal Assistant workers): Call **(312) 423-4200**
 - ▲ For other tips on how best to use your health insurance, call SEIU Healthcare IL Benefit Funds at **(773) 385-9300**.

This insurance is for you only; there is no dependent or spousal coverage.

If you have an uninsured family member or know someone who does not have health insurance, we can help. For assistance finding other coverage such as Medicaid, contact our benefit counselors directly at

1-855-SIGN-UP8 (1-855-744-6878).



SEIU Healthcare
United for Quality Care

(773) 385-9300 www.seiuhcilin.org/resources/healthcare/
2229 S. Halsted St., Suite 122, Chicago, IL 60608



Union Health Service. Inc.

SERVING OUR MEMBERS SINCE 1955

PHYSICIAN LISTING • FEBRUARY 2022



DUE TO THE COVID-19 PANDEMIC, WE ARE ASKING ALL MEMBERS TO PLEASE **CALL FIRST**: OUR CALL CENTER WILL ASSIST YOU.

Yevgenya Kaydanova, MD
Medical Director, Union Health Service

Visit our website at www.unionhealth.org

312-423-4200

24 Hours A Day • 7 Days A Week

POLK

The following list of Physicians practice at:

1634 WEST POLK STREET • CHICAGO, IL 60612
312-423-4200

Pharmacy Services available
Laboratory, General Radiology: (Mammography, Ultrasound, CT scan, Echocardiogram, Bone Density - by appointment)

PRIMARY CARE

ADULT/PEDIATRIC FAMILY PRACTICE

Michael Tu, DO

ADULT FAMILY PRACTICE

Jay Jaojaroenkul, MD

Sapna Narula, DO

Justyna Stengele, MD

Samara Taher, MD

NURSE PRACTITIONERS

Cindy Quinn, NP

Ann Korallus, NP

INTERNAL MEDICINE

Agnieszka Brukas, MD

Alex Buder, MD

Petya Chalakova, MD

Subhash Goyal, MD

Tatjana Guzina, MD

Richard S. Izewski, MD

Thiti Jaojaroenkul, MD

Danica Milenkovich, MD

Helenaida Ortega, MD

Ewa Osolkowski, MD

Tomasz Osolkowski, MD

Harry Poulos, MD

Vesna Sternic, MD

Gayathri Sundaresan, MD

Montha Suphangul, MD

Barbara Zabska, MD

PEDIATRICS

Roberto Espinosa, MD

Timothy P. Halt, DO

Shika Patel, MD

OBSTETRICS/ GYNECOLOGY

Priyanka Gokhale, MD

Molly Kavanaugh, CNM, APN

Marko Lekovic, MD

Mary Jane Nowak, MD

Heider Shuber, MD

SPECIALTY CARE

ALLERGY

Byung-Ho Yu, MD

CARDIOLOGY

Robert Andina, MD

Harry Cohen, MD

Joaquin Gonzalez, MD

DERMATOLOGY

Aashish Taneja, MD

DIETITIAN

S. Orloff, MS, RDN, LDN, CDE

MJ. Winkenwerder, RDN, LDN

ENDOCRINOLOGY

Sofia Garcia-Buder, MD

Ifrac Jamil, MD

ENT (EAR, NOSE & THROAT)

Leslie Block, MD

Ari Rubenfeld MD

Stephanie Joe, MD

GASTROENTEROLOGY

Andrew Albert, MD

Michael Flicker, MD

Daniel Kruss, MD

Mihir Majmundar, MD

GENERAL SURGERY

S. T. Ko, MD

Vijay Maker, MD

Francisco Quinteros, MD

Colorectal surgery

Ken Richards, MD

INFECTIOUS DISEASE

Cathy Creticos, M.D.

NEUROLOGY

Yevgenya Kaydanova, MD

Kenneth Moore, MD

Iwona Sobczak, MD

NEPHROLOGY

Madhav V. Rao, MD



ONCOLOGY/ HEMATOLOGY

Mebea Aklilu, MD

Steven Sandler, MD

OPHTHALMOLOGY

Larry Auerbach, MD

Andrew Lewicky, MD

Francisco Marruenda, MD

Harold Sy, MD

OPTOMETRY

Linda Bityou, OD

Grace Castells, OD

Vito Giuseffi, OD

ORTHOPAEDICS

Jeffery Ackerman, MD

Mark R. Hutchinson, MD

Djuro Petkovic, MD

Nathan Wetters, MD

PHYSIATRIST

Andrea Cyr, DO

PULMONOLOGY

Thomas Liao, MD

PODIATRY

Thomas Michael Kiely, DPM

Michael Kiely, DPM

Martin Yorath, DPM

RADIOLOGY

John Courtney, MD

Taral Doshi, MD

Mita Majmundar, MD

RHEUMATOLOGY

Dorothy K. Bloniarz, MD

UROLOGY

Traci Beck, MD

John J. Cudecki, MD

Michael Gomez, MD

Steven Koopman, MD

John E. Milner, MD

Paul Yonover, MD

NWC

The following list of Physicians practice at:

4701 NORTH CUMBERLAND
SUITE 21-26 • NORRIDGE, IL 60706
312-423-4200
EXTENSION 5800

Laboratory by appointment

PRIMARY CARE

ADULT FAMILY PRACTICE

Robert Bilinski, MD

Jay Jaojaroenkul, MD

INTERNAL MEDICINE

Sinisa Boskovic, MD

Petya Chalakova, MD

Agata Jurkiewicz, MD

Paul Nasilowski, MD

Kijana Seferovic, MD

PEDIATRICS

Alan E. Free, MD

OBSTETRICS/GYNECOLOGY

Swathi Arekapudi, MD

SPECIALTY CARE

ALLERGY

Byung-Ho Yu, MD

CARDIOLOGY

Ashish Mukherjee, MD

Mona Soni, MD

DERMATOLOGY

Aashish Taneja, MD

GASTROENTEROLOGY

Mihir Majmundar, MD

NEUROLOGY

Iwona Sobczak, MD

ORTHOPAEDICS

Jeffrey Goldstein, MD

Sean Sutphen, DO

PODIATRY

Michael Kiely, DPM

RHEUMATOLOGY

Dorothy K. Bloniarz, MD

UROLOGY

Charles Hughes, MD

Matthew Meadows, MD

David Shore, MD

87TH

The following list of Physicians practice at:

**2800 WEST 87TH STREET
CHICAGO, IL 60652
312-423-4200
EXTENSION 6500**

Laboratory by appointment

PRIMARY CARE

INTERNAL MEDICINE

Pamela Cruz-Carandang, MD
Doris McCulley, MD
Vivian Sanchez, MD
Hesham Wazwaz, MD
Penka Zamfirova, MD

PEDIATRICS

Antonina Galica, MD

OBSTETRICS/GYNECOLOGY

Dexter Arrington, MD
Shaunda Chin-Bonds, DO
Marko Lekovic, MD

SPECIALTY CARE

CARDIOLOGY

Ashraf Abourahma, MD
Ashish Mukherjee, MD

GASTROENTEROLOGY

Mihir Majmundar, MD

GENERAL SURGERY

Lindsey Klingbeil, MD,

NEPHROLOGY

Nimeet Brahmabhatt, MD

OPTOMETRY

Michael Hwang, OD

OPC

The following list of Physicians practice at:

**610 SOUTH MAPLE AVENUE
SUITE 2300 • OAK PARK, IL 60304
312-423-4200
EXTENSION 5500**

Laboratory by appointment

PRIMARY CARE

ADULT FAMILY PRACTICE

Mary Obeso, MD

INTERNAL MEDICINE

Ilina Andreeva, MD
Albena Savova, MD
Gayathri Sundaresan, MD

OBSTETRICS/GYNECOLOGY

Swathi Arekapudi, MD
Kornelia Krol, MD

SPECIALTY CARE

GASTROENTEROLOGY

Daniel Kruss, MD

EVANSTON

**1325 HOWARD STREET
2ND FLOOR • EVANSTON, IL 60202
312-423-4200
EXTENSION 6000**

TEMPORARILY CLOSED

Patient appointments with their doctors will be accommodated at our other clinic sites.

AURORA

The following list of Physicians practice at:

**3535 EAST NEW YORK STREET
SUITE 210 • AURORA, IL 60504
312-423-4200
EXTENSION 7300**

PRIMARY CARE

FAMILY PRACTICE

George Georgiev, MD

INTERNAL MEDICINE

Francisco Martinez, MD

UHS contracts with Rush Copley Medical Group for Specialty Care



PRIMARY CARE / GENERAL MEDICINE

Provida Family Medicine / Luis Salazar, MD

(847) 548-2200

(Affiliated with Advocate Condell Medical Center)

1425 Hunt Club Road • Suite 100 • Gurnee, IL 60031

Peter Nani, MD; Rosalva Acosta, PA; Ksenia Samvel, PA;

Megan Kahue, PA; Dominic Alesandrini, PA

www.providahealthcenter.com

Zmedi / Internal Medicine: Sandhya Nagubadi, MD;

George Karanastasis, MD

Family Practice: Naaz F. Aziz, MD; John Curtin, DO

Meghan Kremke, PA

(Affiliated with Advocate South Suburban Hospital)

15614 S. Harlem Avenue • Unit F • Orland Park, IL 60462

2555 Lincoln Hwy. • Suite 113 • Olympia Fields, IL 60461

12800 S. Ridgeland Avenue • Suite E • Palos Heights, IL 60463

12800 S. Ridgeland Avenue • Suite F • Palos Heights, IL 60463

(708) 429-3700

www.zmedigroup.com

Alex Iskander, MD

(815) 609-9480

2320 South Route 59 • Plainfield, IL 60586

www.stmaryinternalmedicine.com

OBSTETRICS & GYNECOLOGY

Vincent Padovano, MD / Libertyville OBGYN

(847) 367-0022

(Affiliated with Advocate Condell Medical Center)

890 S. Garfield Avenue • Suite 104 • Libertyville, IL 60048

Rush Copley OB / GYN Aurora, Eola, Oswego

(630) 978-4800

(Affiliated with Rush Copley Medical Center)

2020 Ogden Avenue • Suite 225 • Aurora, IL 60504

2972 Indian Trail Road • Aurora, IL 60502

4789 Route 71 • Oswego, IL 60543

Monique Jones, MD / Dexter Arrington, MD

Shaunda Chin-Bonds, DO / Lena Alia MD

(708) 679-1890 - Option 2

(Affiliated with Advocate South Suburban Hospital)

DuPage Medical Group

3700 W. 203rd Street • Suite 110 • Olympia Fields, IL 60461

Silver Cross Hospital Pavilion A

1890 Silver Cross Boulevard • Suite 345 • New Lenox, IL 60451

(708) 679-1890 - Option 2

PEDIATRICS

Bharti Amin, MD

(708) 748-5910

(Affiliated with Advocate South Suburban Hospital)

4440 West Lincoln Hwy • Matteson, IL 60443

Rush Copley Pediatrics: Luis Bolanos, MD; Nadia Abu-Nijmeh, MD;

Jennifer Kleinfield, MD; Hinna Khan, MD; Kristy Macellaio, PA-C

(630) 820-7100

2121 Ridge Ave. Suite 101 • Aurora, IL 60504

www.rush.edu/locations/rush-copley-medical-group-pediatrics-aurora-ridge

UNION HEALTH SERVICE

CONTRACTING CORE HOSPITALS:

- Advocate Christ Medical Center
- Advocate Condell Medical Center
- Advocate Illinois Masonic Medical Center
- Advocate Lutheran General Hospital
- Advocate South Suburban Hospital
- Rush-Copley Medical Center
- Rush-Oak Park Hospital
- University of Illinois Hospital & Health Sciences System





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 773-385-9300. 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 or call 773-385-9300 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	No	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$3,000 In-Network Medical Benefit \$3,600 In-Network Prescription Drug Benefit	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Any amounts not paid by the Plan for out-of-network charges, non-covered charges, or penalties	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. The network is Union Health Service 1-312-423-4200	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .

 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 provider's office or clinic	Primary care visit to treat an injury or illness	\$0	Not Covered	\$10 copayment if you use UHS on Polk St.
	Specialist visit	\$0	Not Covered	UHS Referral is needed.
	Preventive care/screening/immunization	No charge	Not Covered	UHS Referral is needed.
If you have a test	Diagnostic test (x-ray, blood work)	0%	Not Covered	UHS Referral is needed.
	Imaging (CT/PET scans, MRIs)	0%	Not Covered	UHS Referral is needed.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at Optum 1-888-354-0090	Generic drugs – Medication Cost at point of sale \$0-\$15 Greater than \$15	\$1 copayment	Not Covered	Call UHS 312-423-4200. Copayments subject to change depending on the brand, dosage, or quantity.
	Preferred brand drugs – Medication Cost at point of sale \$0 - \$30 Greater than \$30	\$8 copayment	Not Covered	Call UHS 312-423-4200. Copayments subject to change depending on the brand, dosage, or quantity.
	Non-preferred brand drugs – All Cost	100% coinsurance	Not Covered	Call UHS 312-423-4200.
	Specialty drugs	Not Covered	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0%	Not Covered	UHS Referral is needed.
	Physician/surgeon fees	0%	Not Covered	
If you need immediate medical attention	Emergency room care	\$200 copayment	\$200 copayment	\$200 copayment is waived if admitted to the hospital. You must call UHS no later than 48 hours after treatment. UHS Referral is needed. If you receive treatment in a hospital emergency room for a condition that DOES NOT meet the Plan 's definition of an emergency, the benefits you would have

[* For more information about limitations and exceptions, see the [plan](#) or policy document or by calling 773-385-9300.]

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)	
				otherwise received for that treatment will be reduced by 50%.
	Emergency medical transportation	0%	0%	UHS Referral is needed.
	Urgent care	0%	Not Covered	UHS Referral is needed.
If you have a hospital stay	Facility fee (e.g., hospital room)	0%	Not Covered	UHS Referral is needed.
	Physician/surgeon fees	0%	Not Covered	UHS Referral is needed.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$10 copayment per visit	Not Covered	UHS Referral is needed.
	Inpatient services	0%	Not Covered	UHS Referral is needed.
If you are pregnant	Office visits	0%	Not Covered	UHS Referral is needed.
	Childbirth/delivery professional services	0%	Not Covered	UHS Referral is needed.
	Childbirth/delivery facility services	0%	Not Covered	UHS Referral is needed.
If you need help recovering or have other special health needs	Home health care	0%	Not Covered	UHS Referral is needed.
	Rehabilitation services	0%	Not Covered	UHS Referral is needed.
	Habilitation services	0%	Not Covered	UHS Referral is needed.
	Skilled nursing care	0%	Not Covered	Subject to 90-day calendar year maximum. UHS Referral is needed.
	Durable medical equipment	0%	Not Covered	UHS Referral is needed.
	Hospice services	0%	Not Covered	UHS Referral is needed.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

[* For more information about limitations and exceptions, see the [plan](#) or policy document or by calling 773-385-9300.]

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">• Acupuncture• Cosmetic Surgery• Dental care (Adult)• Hearing aids	<ul style="list-style-type: none">• Infertility treatment• Long-term care• Non-emergency care when traveling outside the U.S.	<ul style="list-style-type: none">• Private-duty nursing• Routine eye care (Adult)• Routine foot care• Weight loss programs

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">• Bariatric surgery (must meet all criteria: your Primary Care Physician has recommended the treatment, your Primary Care Physician states you are at least 100 pounds over your medically desirable weight, you have a body mass index of 45 or more, the obesity is a threat to your life due to life threatening co-morbidities, such as diabetes, heart disease, hypertension, etc., you have a documented history of unsuccessful attempts to reduce weight by more conservative measures, you have successfully completed a psychiatric evaluation and have no psychiatric conditions which may reduce the chances the surgery will have long-term success, you actively participate in a Disease Management program with Hines & Associates for six months prior to surgery which includes nutritional counseling and a weight reduction program, and you have not had any form of bariatric surgery in the past. Revision bariatric surgeries are not covered under the Plan.• Chiropractic care (Chiropractic Care is covered at 50% with a calendar maximum of 20 visits).

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: 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 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: 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 773-385-9300.]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 773-385-9300.]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 773-385-9300.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 773-385-9300.]

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

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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	\$0
■ Specialist [cost sharing]	\$0
■ Hospital (facility) [cost sharing]	0%
■ Other [cost sharing]	0%

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>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$60

Managing Joe's Type 2 Diabetes

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

■ The plan's overall deductible	\$0
■ Specialist [cost sharing]	\$0
■ Hospital (facility) [cost sharing]	0%
■ Other [cost sharing]	0%

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>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$20

Mia's Simple Fracture

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

■ The plan's overall deductible	\$0
■ Specialist [cost sharing]	\$0
■ Hospital (facility) [cost sharing]	0%
■ Other [cost sharing]	0%

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>	
Deductibles	\$0
Copayments	\$200
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$200

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