

 The Summary of Benefits and Coverage (SBC) shows you how you and the [plan](#) would share the cost for covered health care services. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, at <http://benefits.filice.com/amys/> by calling 1-707-781-7762.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	The Amy's Health Centers do not have a deductible for health services.
Are there services covered before you meet your deductible ?	A deductible is not applicable to services at the health center.	The Amy's Health Centers do not have a deductible for health services. Services are covered per the copays listed in the chart starting on page 2.
Are there other deductibles for specific services?	No.	The Amy's Health Centers do not have any deductibles for specific services.
What is the out-of-pocket limit for this plan ?	There are no out-of-pocket limits for the health center.	The Amy's Health Centers do not have out-of-pocket limits for services rendered inside the centers
What is not included in the out-of-pocket limit ?	There are no out-of-pocket limits for the health center.	The Amy's Health Centers do not have out-of-pocket limits for services rendered inside the centers
Will you pay less if you use a network provider ?	Yes.	Only Amy's Health Centers staff can direct services within the centers.
Do you need a referral to see a specialist ?	No.	There are no specialists at the Amy's Health Center. If a Health Center provider refers a member to a specialist, the Health Center may be able to provide a referral for the member's health insurance plan.

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	Only in office procedures covered
	Specialist visit	Not Covered	Not Covered	—————none—————
	Preventive care/screening/immunization	No charge	Not Covered	Some preventive services are not available at the Health Center or through this plan including mammograms, colonoscopies.
If you have a test	Diagnostic test (x-ray, blood work)	\$0	Not Covered	X-rays are not available through this plan. Most blood work is available through this plan.
	Imaging (CT/PET scans, MRIs)	Not Covered	Not Covered	

* For more information about limitations and exceptions, see the plan or policy document at <http://benefits.filice.com/amys/>.

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 drugs to treat your illness or condition More information about prescription drug coverage is available at http://benefits.filice.com/amys/ .	Generic drugs	If the prescription is prescribed and dispensed at the health center: \$0	If the prescription is prescribed at the health center but filled at the pharmacy**: \$5	**If a health center provider prescribes a medication not available in the health center <u>and the member is enrolled in the Amy's Medical Plan</u>, subscriber copays will be applied as outlined in this document. For more information about limitations and exceptions, see the plan or policy document at http://benefits.filice.com/amys/.
	Preferred brand drugs	If the prescription is prescribed and dispensed at the health center: \$0	If the prescription is prescribed at the health center but filled at the pharmacy**: \$10	
	Non-preferred brand drugs	If the prescription is prescribed and dispensed at the health center: \$0	If the prescription is prescribed at the health center but filled at the pharmacy**: \$20	
	Specialty drugs	Not Covered	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Covered	Not Covered	
	Physician/surgeon fees	Not Covered	Not Covered	

* For more information about limitations and exceptions, see the plan or policy document at <http://benefits.filice.com/amys/>.

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	Emergency room care	Not Covered	Not Covered	
	Emergency medical transportation	Not Covered	Not Covered	
	Urgent care	\$0	Not Covered	Limited services available
If you have a hospital stay	Facility fee (e.g., hospital room)	Not Covered	Not Covered	
	Physician/surgeon fees	Not Covered	Not Covered	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Not Covered	Not Covered	
	Inpatient services	Not Covered	Not Covered	
If you are pregnant	Office visits	\$0	Not Covered	Limited prenatal and postnatal care which may include pregnancy testing, prescribe prenatal vitamins, and treat for some acute illnesses. No routine wellness visits are offered for children under 18.
	Childbirth/delivery professional services	Not Covered	Not Covered	
	Childbirth/delivery facility services	Not Covered	Not Covered	
If you need help recovering or have other special health needs	Home health care	Not covered	Not covered	
	Rehabilitation services	Not covered	Not covered	
	Habilitation services	Not covered	Not covered	
	Skilled nursing care	Not covered	Not covered	
	Durable medical equipment	Not covered	Not covered	
	Hospice services	Not covered	Not covered	
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 at <http://benefits.filice.com/amys/>.

Excluded Services & Other Covered Services:

Services Your [Plan](#) Does NOT Cover (Check your plan document for more information and a list of any other [excluded services](#).)

- Emergency Services
- Most outpatient surgery
- In-patient Hospitalization
- Specialist Services
- X-rays or Imaging Services
- Mental Health Services

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

- Vaccinations
- Urgent Care
- Some minor surgical procedures (toenail removal, punch biopsy, vasectomies)
- Medication Dispensing
- Disease Management
- Acupuncture (limited availability)

Your Rights to Continue Coverage: If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at 1-707-781-7762.

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 (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: Amy's Kitchen at 1-781-7762 or 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? **No**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? **No**

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 1-707-781-7762.]

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

* For more information about limitations and exceptions, see the plan or policy document at <http://benefits.filice.com/amys/>.