



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.chpstudent.com or by calling 1-800-633-7867.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	In-Network: \$100 Out-of-Network: \$350 Doesn't apply to In-Network preventive/wellness exams, immunizations, office visits, outpatient prescriptions drugs and generic prescription contraceptive drugs.	You must pay all of the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document for when the <u>deductible</u> starts over, usually but not always, the plan's effective date. See the chart starting on page 2 for how much you pay for covered services after you meet this <u>deductible</u> .
Are there other <u>deductibles</u> 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 <u>out-of-pocket limit</u> on my expenses?	Yes. In-Network: \$2,000 Out-of-Network: \$6,000	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges (unless balanced billing is prohibited), and health care this plan doesn't cover and elective treatment.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. For a list of In-Network providers, see www.firsttheath.com or call 1-800-633-7867.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the cost of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in- <u>network</u> , preferred, or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No.	No. You can see the <u>specialist</u> 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 4. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-800-633-7867 or visit us at www.chpstudent.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.cciio.cms.gov or call 1-800-633-7867 to request a copy.

Nationwide Life Insurance Company: Platinum Plan – Grinnell College Coverage Period: 8/14/16-8/13/17

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual | Plan Type: PPO



- **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 <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$10 copayment	\$10 copayment 30% coinsurance	Limited to 1 visit per day.
	Specialist visit	\$10 copayment	\$10 copayment 30% coinsurance	—————none—————
	Other practitioner office visit	10% coinsurance	30% coinsurance	Chiropractic care – Limited to 1 visit per day.
	Preventive care/screening/immunization	No charge	100% coinsurance	—————none—————
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	30% coinsurance	—————none—————
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	—————none—————
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.optumrx.com	Generic drugs	\$15 copayment	100% coinsurance	Copayment waived for generic contraceptives. Covers up to a 30-day supply (retail). You may have to pay the difference between Brand and Generic in addition to the Brand copay when there is a Generic equivalent available.
	Preferred brand drugs	\$30 copayment	100% coinsurance	
	Non-preferred brand drugs	\$30 copayment	100% coinsurance	
	Specialty drugs	\$30 copayment	100% coinsurance	

Questions: Call 1-800-633-7867 or visit us at www.chpstudent.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.cciio.cms.gov or call 1-800-633-7867 to request a copy.

Nationwide Life Insurance Company: Platinum Plan – Grinnell College Coverage Period: 8/14/16-8/13/17

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual | Plan Type: PPO

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 have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	—————none—————
	Physician/surgeon fees	10% coinsurance	30% coinsurance	See your plan document for additional information regarding reimbursement for multiple procedures performed during the same operative session.
If you need immediate medical attention	Emergency room services	\$150 copayment	\$150 copayment	The copayment is waived if you are admitted as an inpatient.
	Emergency medical transportation	10% coinsurance	30% coinsurance	—————none—————
	Urgent care	\$150 copayment	\$150 copayment	The copayment is waived if you are admitted as an inpatient.
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	—————none—————
	Physician/surgeon fee	10% coinsurance	30% coinsurance	See your plan document for additional information regarding reimbursement for multiple procedures performed during the same operative session.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$10 copayment	\$10 copayment 30% coinsurance	—————none—————
	Mental/Behavioral health inpatient services	10% coinsurance	30% coinsurance	—————none—————
	Substance use disorder outpatient services	\$10 copayment	\$10 copayment 30% coinsurance	—————none—————
	Substance use disorder inpatient services	10% coinsurance	30% coinsurance	—————none—————
If you are pregnant	Prenatal and postnatal care	\$10 copayment	\$10 copayment 30% coinsurance	—————none—————
	Delivery and all inpatient services	10% coinsurance	30% coinsurance	—————none—————

Questions: Call 1-800-633-7867 or visit us at www.chpstudent.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.cciio.cms.gov or call 1-800-633-7867 to request a copy.

Nationwide Life Insurance Company: Platinum Plan – Grinnell College Coverage Period: 8/14/16-8/13/17

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual | Plan Type: PPO

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	10% coinsurance	30% coinsurance	—————none—————
	Rehabilitation services	10% coinsurance	30% coinsurance	When prescribed by the Attending Physician. Limited to 1 visit per day.
	Habilitation services	10% coinsurance	30% coinsurance	When prescribed by the Attending Physician.
	Skilled nursing care	10% coinsurance	30% coinsurance	—————none—————
	Durable medical equipment	10% coinsurance	30% coinsurance	—————none—————
	Hospice service	10% coinsurance	30% coinsurance	—————none—————
If your child needs dental or eye care	Eye exam	No charge up to \$150 then 50% coinsurance		Limited to one exam per Policy Year for covered persons under the age of 19.
	Glasses	Combined with eye exam.		Limited to 1 pair of prescription eyeglasses (lenses and frames) or a 1 year supply of contacts lens in lieu of per Policy Year.
	Dental check-up	No Charge		Limited to 1 exam every 6 months for covered persons under the age of 19.

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.)

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> Acupuncture Cosmetic surgery Dental care (Adult) | <ul style="list-style-type: none"> Hearing aids Infertility treatment Long-term care | <ul style="list-style-type: none"> 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.)

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> Bariatric surgery Chiropractic care | <ul style="list-style-type: none"> Non-emergency care when traveling outside the U.S. (limitations apply) | <ul style="list-style-type: none"> Private-duty nursing |
|--|--|--|

Questions: Call 1-800-633-7867 or visit us at www.chpstudent.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.cciio.cms.gov or call 1-800-633-7867 to request a copy.

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 Consolidated Health Plans at 1-800-633-7867. You may also contact your state insurance department at **1-512-281-5705** or <http://www.iid.state.ia.us/market>.]

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: **1-512-281-5705** or [http://www.iid.state.ia.us/file a complaint](http://www.iid.state.ia.us/file_a_complaint).

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.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-633-7867.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-633-7867.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-633-7867.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-633-7867.

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

Questions: Call 1-800-633-7867 or visit us at www.chpstudent.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.cciio.cms.gov or call 1-800-633-7867 to request a copy.

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 \$6,570
- Patient pays \$970

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	\$100
Copays	\$0
Coinsurance	\$720
Limits or exclusions	\$150
Total	\$970

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

- Amount owed to providers: \$5,400
- Plan pays \$4,990
- Patient pays \$410

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	\$100
Coinsurance	\$130
Limits or exclusions	\$80
Total	\$410

Questions: Call 1-800-633-7867 or visit us at www.chpstudent.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.cciio.cms.gov or call 1-800-633-7867 to request a copy.

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.

Questions: Call 1-800-633-7867 or visit us at www.chpstudent.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.cciio.cms.gov or call 1-800-633-7867 to request a copy.