




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, go to [www.HCOnline.com](http://www.HCOnline.com) or call 1-855-727-5267. 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/healthform](http://www.dol.gov/ebsa/healthform) or call 1-877-552-7247 to request a copy.

Important Questions	Answers	Why This Matters:		
<p>What is the overall <a href="#">deductible</a>?</p>	<table border="1"> <tr> <td data-bbox="438 480 716 639"> <p><b>Keck Medicine of USC and USC Care Medical Group</b> None</p> </td> <td data-bbox="716 480 942 639"> <p><b>Anthem PPO</b> \$500/Employee only \$750/Family</p> </td> </tr> </table>	<p><b>Keck Medicine of USC and USC Care Medical Group</b> None</p>	<p><b>Anthem PPO</b> \$500/Employee only \$750/Family</p>	<p>Generally, you must pay all of the <a href="#">costs</a> from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a>, the overall family <a href="#">deductible</a> must be met before the plan begins to pay.</p>
<p><b>Keck Medicine of USC and USC Care Medical Group</b> None</p>	<p><b>Anthem PPO</b> \$500/Employee only \$750/Family</p>			
<p>Are there services covered before you meet your <a href="#">deductible</a>?</p>	<p>Yes. Tier 1 <a href="#">emergency room</a> and <a href="#">urgent care</a>; inpatient and outpatient facility fees; hospital physician/surgeon fees; <a href="#">preventive services</a>; <a href="#">rehabilitative</a> services; and <a href="#">skilled nursing care</a>.</p>	<p>This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a>. See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p>		
<p>Are there other <a href="#">deductibles</a> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <a href="#">deductibles</a> for specific services.</p>		
<p>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</p>	<table border="1"> <tr> <td data-bbox="438 951 942 1073"> <p><b>Medical</b> \$5,000/Employee-only \$10,000/Family</p> </td> <td data-bbox="438 1073 942 1203"> <p><b>Prescription drug</b> \$1,600/Individual \$3,200/Family</p> </td> </tr> </table>	<p><b>Medical</b> \$5,000/Employee-only \$10,000/Family</p>	<p><b>Prescription drug</b> \$1,600/Individual \$3,200/Family</p>	<p>The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. Medical: If you have other family members in this <a href="#">plan</a>, the overall family <a href="#">out-of-pocket limit</a> must be met. Prescription drug: If you have other family members in this <a href="#">plan</a>, they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.</p>
<p><b>Medical</b> \$5,000/Employee-only \$10,000/Family</p>	<p><b>Prescription drug</b> \$1,600/Individual \$3,200/Family</p>			
<p>What is not included in the <a href="#">out-of-pocket limit</a>?</p>	<p><a href="#">Copayments</a> on certain services, amounts applied to <a href="#">deductible</a>, <a href="#">balance-billing</a> charges, amounts over <a href="#">usual, customary and reasonable</a>, services rendered by <a href="#">non-network</a> providers, penalties for failure to receive <a href="#">prior authorization</a>, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a>.</p>		

Important Questions	Answers	Why This Matters:
Will you pay less if you use a <a href="#">network provider</a> ?	You must use <a href="#">network providers</a> , except in the event of an emergency. Tier 1: <a href="http://www.keckmedicine.org">www.keckmedicine.org</a> Tier 2: <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> or call 1-800-274-7767	This <a href="#">plan</a> uses a <a href="#">provider network</a> . If you use an <a href="#">in-network</a> doctor or other health care <a href="#">provider</a> , this <a href="#">plan</a> will pay some or all of the costs of covered services. Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No. You may self-refer to any provider within the Keck Medicine and USC Care Medical Group Network.	You can see the <a href="#">network specialist</a> you choose without permission from this <a href="#">plan</a> .

 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
		Keck Medicine of USC/USC Care Med Group (USCCMG) Network Tier 1 Provider (You will pay the least)	Anthem Network Tier 2 Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	\$10/visit	\$25/visit <a href="#">Deductible</a> waived	None
	<a href="#">Specialist</a> visit	\$10/visit	\$25/visit <a href="#">Deductible</a> waived	None
	<a href="#">Preventive care/screening/immunization</a>	No charge	No charge <a href="#">Deductible</a> waived	You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services you need are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge up to initial \$400; 10% <a href="#">coinsurance</a> thereafter	30% <a href="#">coinsurance</a>	None
	Imaging (CT/PET scans, MRIs)	No charge up to initial \$400; 10% <a href="#">coinsurance</a> thereafter	30% <a href="#">coinsurance</a>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Keck Medicine of USC/USC Care Med Group (USCCMG) Network Tier 1 Provider (You will pay the least)	Anthem Network Tier 2 Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.navitus.com">www.navitus.com</a>	Generic drugs	<b>Retail</b> 10% <a href="#">coinsurance</a> (\$5 max)	<b>Retail &amp; Mail</b> 20% <a href="#">coinsurance</a> (\$10 max)	Tier 1: Keck Medicine Pharmacies (up to 90-day supply) Tier 2: Navitus/Mail Order Network Pharmacies (Retail: 30-day & Mail Order 90-day supply) <a href="#">Specialty Drugs</a> : up to 30 day supply  No coverage for prescriptions filled at a <a href="#">non-network</a> pharmacy.
	Preferred brand drugs	<b>Retail</b> 20% <a href="#">coinsurance</a>	<b>Retail &amp; Mail</b> 30% <a href="#">coinsurance</a>	
	Non-preferred brand drugs	<b>Retail</b> 30% <a href="#">coinsurance</a>	<b>Retail &amp; Mail</b> 50% <a href="#">coinsurance</a>	
	<a href="#">Specialty drugs</a>	Same as non-specialty Tier 1		
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No charge	30% <a href="#">coinsurance</a>	None
	Physician/surgeon fees	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	<b>ER</b> \$75/visit <hr/> <b>Non-ER</b> \$75/visit + 10% <a href="#">coinsurance</a>	<b>ER</b> \$100/visit <a href="#">Deductible</a> waived <hr/> <b>Non-ER</b> \$100/visit + 30% <a href="#">coinsurance</a>	<a href="#">Prior authorization</a> required if admitted.
	<a href="#">Emergency medical transportation</a>	Not available	20% <a href="#">coinsurance</a>	None
	<a href="#">Urgent care</a>	Not available	\$50/visit <a href="#">Deductible</a> waived	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No charge	30% <a href="#">coinsurance</a>	<a href="#">Prior authorization</a> required.
	Physician/surgeon fees	No charge	30% <a href="#">coinsurance</a>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Keck Medicine of USC/USC Care Med Group (USCCMG) Network Tier 1 Provider (You will pay the least)	Anthem Network Tier 2 Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$10/visit (USCCMG only)	\$25/visit <a href="#">Deductible</a> waived	None
	Inpatient services	No charge	30% <a href="#">coinsurance</a>	<a href="#">Prior authorization</a> required.
If you are pregnant	Office visits	\$10/visit (USCCMG only)	\$25/visit <a href="#">Deductible</a> waived	<a href="#">Cost sharing</a> does not apply to certain <a href="#">preventive services</a> . Depending on the type of services, <a href="#">coinsurance</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). <a href="#">Prior authorization</a> is only required for stay exceeding 48 hours after delivery (or 96 hours after C-section.).
	Childbirth/delivery professional services	No charge	30% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	No charge	30% <a href="#">coinsurance</a>	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	30% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	<a href="#">Prior authorization</a> required. Limited to 50 visits per year.
	<a href="#">Rehabilitation services</a>	Physical & Occupational Therapy 10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	<a href="#">Prior authorization</a> required for inpatient care.
		Other therapies No charge		
	<a href="#">Habilitation services</a>	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None
	<a href="#">Skilled nursing care</a>	No charge	30% <a href="#">coinsurance</a>	<a href="#">Prior authorization</a> required. Limited to 120 days.
	<a href="#">Durable medical equipment</a>	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None
	<a href="#">Hospice services</a>	20% <a href="#">coinsurance</a>	20% <a href="#">coinsurance</a>	<a href="#">Prior authorization</a> required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Keck Medicine of USC/USC Care Med Group (USCCMG) Network Tier 1 Provider (You will pay the least)	Anthem Network Tier 2 Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Vision coverage is offered through VSP.
	Children's glasses	Not covered	Not covered	Vision coverage is offered through VSP.
	Children's dental check-up	Not covered	Not covered	Dental coverage is offered through Delta Dental.

**Excluded Services & Other Covered Services:**

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Cosmetic Surgery</li> <li>Dental Care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>Long Term Care</li> <li>Non-emergency care when traveling outside the U.S.</li> <li>Private Duty Nursing</li> </ul>	<ul style="list-style-type: none"> <li>Routine Eye Care (Adult)</li> <li>Routine Foot Care</li> <li>Weight Loss Programs</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"> <li>Bariatric Surgery (when performed Tier 1 facility)</li> </ul>	<ul style="list-style-type: none"> <li>Chiropractic Care</li> </ul>	<ul style="list-style-type: none"> <li>Hearing Aids</li> <li>Infertility Treatment</li> </ul>

**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: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://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](http://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: HealthComp at 1-855-727-5267 or the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://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 1-855-727-5267.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-727-5267.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-855-727-5267.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-727-5267.

*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](#) \$0
- [Specialist copayment](#) \$10
- Hospital (facility) [copayment](#) \$0
- Other [coinsurance](#) 10%

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*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$60</b>

### 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 copayment](#) \$10
- Hospital (facility) [copayment](#) \$0
- Other (Brand drugs) [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*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$100
<a href="#">Coinsurance</a>	\$800
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$920</b>

### Mia's Simple Fracture

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$10
- Hospital (ER) [copayment](#) \$75
- Other (Physical therapy) [coinsurance](#) 10%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$100
<a href="#">Coinsurance</a>	\$300
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$400</b>

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