



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.clftpaedi.com or by calling 888-244-5096.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0	See the chart starting on page 2 for your costs for services the plan covers.
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?	Yes. \$0	The out-of-pocket limit is the most you could pay during a coverage period (one calendar 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 out-of-pocket limit?	Penalties, Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No	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?	No	This plan treats providers the same in determining payment for the same services.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	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 5. See your policy or plan document for additional information about excluded services .

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- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** 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 **co-insurance** 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**.)
- Your cost sharing does not depend on whether a provider is in a network.

Common Medical Event	Services You May Need	Your cost if you use a	Limitations & Exceptions
		Medicare Provider	
If you visit a health care provider’s office or clinic	Primary care visit to treat an injury or illness	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
	Specialist visit	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
	Other practitioner office visit	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
	Preventive care/screening/immunization	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
If you have a test	Diagnostic test (x-ray, blood work)	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
	Imaging (CT/PET scans, MRIs)	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.

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Common Medical Event	Services You May Need	Your cost if you use a	Limitations & Exceptions
		Medicare Provider	
If you need drugs to treat your illness or condition.	Generic drugs	100%	No coverage for generic drugs.
	Preferred brand drugs	100%	No coverage for preferred brand name drugs
	Non-preferred brand drugs	100%	No coverage for non-preferred brand name drugs
	Specialty drugs	100%	No coverage for specialty drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
If you have outpatient surgery	Physician/surgeon fees	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
If you need immediate medical attention	Emergency room services	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
	Emergency medical transportation	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
	Urgent care	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
	Physician/surgeon fee	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
If you have mental health, behavioral health, or substance	Mental/Behavioral health outpatient services	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.

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		Medicare Provider	
abuse needs	Mental/Behavioral health inpatient services	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
	Substance use disorder outpatient services	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
If you have mental health, behavioral health, or substance abuse needs	Substance use disorder inpatient services	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
If you are pregnant	Prenatal and postnatal care	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
	Delivery and all inpatient services	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
If you need help recovering or have other special health needs	Home health care	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
	Rehabilitation services	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
	Habilitation services	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.

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		Medicare Provider	
	Skilled nursing care	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
	Durable medical equipment	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
If you need help recovering or have other special health needs	Hospice service	\$0	The plan pays Medicare deductibles and co-insurance amounts. The plan does not pay any charge not allowed by Medicare.
If your child needs dental or eye care	Eye exam	Not Covered	---None---
	Glasses	Not Covered	---None---
	Dental check-up	Not Covered	---None---

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.)

- Dental Care
- Charges not approved by Medicare

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.)

- Hospital expense approved by Medicare
- Medical expense approved by Medicare

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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 1-888-244-5096. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

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 file a **grievance**. A grievance is a complaint you have about your health insurer or plan. You have the right to file a written complaint to express your dissatisfaction or denial of coverage for claims under this health insurance.

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal**. An appeal is a request for your health insurer or plan to review a decision or a grievance again. For more information on the appeals process, call your state office of health insurance customer assistance at: 1-800-252-3439 or visit www.tdi.texas.gov.

For questions about your rights or assistance, you can contact:

CL Frates and Company
P.O. Box 269001
Oklahoma City, OK 73126
1-800-850-7166

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

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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 \$6,440
- Patient pays \$1,100

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	\$0
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$1,100
Total	\$1,100

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

- Amount owed to providers: \$4,100
- Plan pays \$2,600
- Patient pays \$1,500

Sample care costs:

Prescriptions	\$1,500
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$730
Education	\$290
Laboratory tests	\$140
Vaccines, other preventive	\$140
Total	\$4,100

Patient pays:

Deductibles	\$0
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$1,500
Total	\$1,500

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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.
- 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**, **co-payments**, and **co-insurance** 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 **co-payments**, **deductibles**, and **co-insurance**. 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.

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