



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.iatsenbf.org or call 1-800-456-3863. 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/healthreform or call the Fund Office at 1-800-456-3863 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u>?	Not applicable.	This <u>plan</u> does not have a <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	Not Applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the <u>out-of-pocket limit</u>?	Not Applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
Will you pay less if you use a <u>network provider</u>?	Not Applicable.	This <u>plan</u> does not use a <u>provider network</u> . You can receive covered services from any <u>provider</u> .
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



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	Not covered	Not covered	There is no coverage for this type of medical event. You must obtain benefits from your primary insurance <u>plan</u> or pay 100% of these expenses. However, you may be eligible to receive a distribution from your CAPP account for out-of-pocket expenses. To be eligible for reimbursement under this HRA <u>plan</u> , the expense must be a "Qualifying Expense" as defined in the <u>plan</u> and under IRS rules; you must be enrolled in a group health <u>plan</u> that meets the ACA <u>minimum value standard</u> ; and you must have enough funds available in your CAPP account to cover the expense. No reimbursement is allowed for individual market coverage purchased through the ACA <u>Marketplace</u> . Annual physical exams are limited to one per calendar year.
	<u>Specialist visit</u>	Not covered	Not covered	
	<u>Preventive care/screening/immunization</u>	Not covered	Not covered	
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Not covered	Not covered	There is no coverage for this type of medical event. You must obtain benefits from your primary insurance <u>plan</u> or pay 100% of these expenses. However, you may be eligible to receive a distribution from your CAPP account for out-of-pocket expenses. To be eligible for reimbursement under this HRA <u>plan</u> , the expense must be a "Qualifying Expense" as defined in the <u>plan</u> and under IRS rules; you must be enrolled in a group health <u>plan</u> that meets the ACA <u>minimum value standard</u> ; and you must have enough funds available in your CAPP account to cover the expense. No reimbursement is allowed for individual market coverage purchased through the ACA <u>Marketplace</u> .
	Imaging (CT/PET scans, MRIs)	Not covered	Not covered	

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 www.iatsenbf.org	Generic drugs	Not covered	Not covered	There is no coverage for this type of medical event. You must obtain benefits from your primary insurance <u>plan</u> or pay 100% of these expenses. However, you may be eligible to receive a distribution from your CAPP account for out-of-pocket expenses. To be eligible for reimbursement under this HRA <u>plan</u> , the expense must be a “Qualifying Expense” as defined in the <u>plan</u> and under IRS rules; you must be enrolled in a group health <u>plan</u> that meets the ACA <u>minimum value standard</u> ; and you must have enough funds available in your CAPP account to cover the expense. No reimbursement is allowed for individual market coverage purchased through the ACA <u>Marketplace</u> .
	Preferred brand drugs	Not covered	Not covered	
	Non-preferred brand drugs	Not covered	Not covered	
	<u>Specialty drugs</u>	Not covered	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not covered	Not covered	There is no coverage for this type of medical event. You must obtain benefits from your primary insurance <u>plan</u> or pay 100% of these expenses. However, you may be eligible to receive a distribution from your CAPP account for out-of-pocket expenses. To be eligible for reimbursement under this HRA <u>plan</u> , the expense must be a “Qualifying Expense” as defined in the <u>plan</u> and under IRS rules; you must be enrolled in a group health <u>plan</u> that meets the ACA <u>minimum value standard</u> ; and you must have enough funds available in your CAPP account to cover the expense. No reimbursement is allowed for individual market coverage purchased through the ACA <u>Marketplace</u> .
	Physician/surgeon fees	Not covered	Not covered	

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	<u>Emergency room care</u>	Not covered	Not covered	There is no coverage for this type of medical event. You must obtain benefits from your primary insurance <u>plan</u> or pay 100% of these expenses. However, you may be eligible to receive a distribution from your CAPP account for out-of-pocket expenses. To be eligible for reimbursement under this HRA <u>plan</u> , the expense must be a “Qualifying Expense” as defined in the <u>plan</u> and under IRS rules; you must be enrolled in a group health <u>plan</u> that meets the ACA <u>minimum value standard</u> ; and you must have enough funds available in your CAPP account to cover the expense. No reimbursement is allowed for individual market coverage purchased through the ACA <u>Marketplace</u> . An ambulance is reimbursable only to and from hospital, and an ambulette is reimbursable only to and from a medical facility.
	<u>Emergency medical transportation</u>	Not covered	Not covered	
	<u>Urgent care</u>	Not covered	Not covered	
If you have a hospital stay	Facility fee (e.g., hospital room)	Not covered	Not covered	There is no coverage for this type of medical event. You must obtain benefits from your primary insurance <u>plan</u> or pay 100% of these expenses. However, you may be eligible to receive a distribution from your CAPP account for out-of-pocket expenses. To be eligible for reimbursement under this HRA <u>plan</u> , the expense must be a “Qualifying Expense” as defined in the <u>plan</u> and under IRS rules; you must be enrolled in a group health <u>plan</u> that meets the ACA <u>minimum value standard</u> ; and you must have enough funds available in your CAPP account to cover the expense. No reimbursement is allowed for individual market coverage purchased through the ACA <u>Marketplace</u> .
	Physician/surgeon fees	Not covered	Not covered	

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 mental health, behavioral health, or substance abuse services	Outpatient services	Not covered	Not covered	There is no coverage for this type of medical event. You must obtain benefits from your primary insurance <u>plan</u> or pay 100% of these expenses. However, you may be eligible to receive a distribution from your CAPP account for out-of-pocket expenses. To be eligible for reimbursement under this HRA <u>plan</u> , the expense must be a “Qualifying Expense” as defined in the <u>plan</u> and under IRS rules; you must be enrolled in a group health <u>plan</u> that meets the ACA <u>minimum value standard</u> ; and you must have enough funds available in your CAPP account to cover the expense. No reimbursement is allowed for individual market coverage purchased through the ACA <u>Marketplace</u> .
	Inpatient services	Not covered	Not covered	
If you are pregnant	Office visits	Not covered	Not covered	There is no coverage for this type of medical event. You must obtain benefits from your primary insurance <u>plan</u> or pay 100% of these expenses. However, you may be eligible to receive a distribution from your CAPP account for out-of-pocket expenses. To be eligible for reimbursement under this HRA <u>plan</u> , the expense must be a “Qualifying Expense” as defined in the <u>plan</u> and under IRS rules; you must be enrolled in a group health <u>plan</u> that meets the ACA <u>minimum value standard</u> ; and you must have enough funds available in your CAPP account to cover the expense. No reimbursement is allowed for individual market coverage purchased through the ACA <u>Marketplace</u> .
	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	<u>Home health care</u>	Not covered	Not covered	There is no coverage for this type of medical event. You must obtain benefits from your primary insurance <u>plan</u> or pay 100% of these expenses. However, you may be eligible to receive a distribution from your CAPP account for out-of-pocket expenses. To be eligible for reimbursement under this HRA <u>plan</u> , the expense must be a “Qualifying Expense” as defined in the <u>plan</u> and under IRS rules; you must be enrolled in a group health <u>plan</u> that meets the ACA <u>minimum value standard</u> ; and you must have enough funds available in your CAPP account to cover the expense. No reimbursement is allowed for individual market coverage purchased through the ACA <u>Marketplace</u> .
	<u>Rehabilitation services</u>	Not covered	Not covered	
	<u>Habilitation services</u>	Not covered	Not covered	
	<u>Skilled nursing care</u>	Not covered	Not covered	
	<u>Durable medical equipment</u>	Not covered	Not covered	
	<u>Hospice services</u>	Not covered	Not covered	

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 your child needs dental or eye care	Children’s eye exam	Not covered	Not covered	<p>There is no coverage for this type of medical event. You must obtain benefits from your primary insurance <u>plan</u> or pay 100% of these expenses. However, you may be eligible to receive a distribution from your CAPP account for out-of-pocket expenses. To be eligible for reimbursement under this HRA <u>plan</u>, the expense must be a “Qualifying Expense” as defined in the <u>plan</u> and under IRS rules; you must be enrolled in a group health <u>plan</u> that meets the ACA <u>minimum value standard</u>; and you must have enough funds available in your CAPP account to cover the expense. No reimbursement is allowed for individual market coverage purchased through the ACA <u>Marketplace</u>. For each calendar year, you can only reimburse for one eye exam and two pairs of lenses or frames prescribed by an ophthalmologist or optometrist, and you must have enough funds available in your CAPP account to cover the expense.</p> <p>There is no coverage for this type of medical event. You must obtain benefits from your primary insurance <u>plan</u> or pay 100% of these expenses. However, you may be eligible to receive a distribution from your CAPP account for out-of-pocket expenses. To be eligible for reimbursement under this HRA <u>plan</u>, the expense must be a “Qualifying Expense” as defined in the <u>plan</u> and under IRS rules; you must be enrolled in a group health <u>plan</u> that meets the ACA <u>minimum value standard</u>; and you must have enough funds available in your CAPP account to cover the expense. No reimbursement is allowed for individual market coverage purchased through the ACA <u>Marketplace</u>.</p>
	Children’s glasses	Not covered	Not covered	
	Children’s dental check-up	Not covered	Not covered	

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.)

- | | | |
|-------------------------------|--|---|
| • Acupuncture | • Hearing aids | • Private-duty nursing |
| • Bariatric surgery | • Infertility treatment | • Routine eye care (Adult & Child) |
| • Chiropractic care | • Long-term care | • Routine foot care |
| • Cosmetic surgery | • Non-emergency care when traveling outside the U.S. | • Weight loss program |
| • Dental care (Adult & Child) | | • All Common Medical Events list on pages 2-6 |

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

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: the 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, 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 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: IATSE National Health and Welfare Fund, 417 Fifth Avenue, Third Floor, New York, NY 10016-2204 or call 1-800-456-FUND (3863).

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? **No**

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 not meet the minimum value standard for the benefits it provides, but a participant must be enrolled in a group health plan that does provide minimum value to participate in this Plan C – Medical Reimbursement Program (MRP).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-844-243-5566.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-243-5566.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-844-243-5566.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-844-243-5566.

—————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 N/A
- Specialist copay N/A
- Hospital (facility) coinsurance N/A
- Other cost sharing N/A

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
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$12,700
The total Peg would pay is	\$12,700

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible N/A
- Specialist copay N/A
- Hospital (facility) coinsurance N/A
- Other cost sharing N/A

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
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$5,600
The total Joe would pay is	\$5,600

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible N/A
- Specialist copay N/A
- Hospital (facility) coinsurance N/A
- Other cost sharing N/A

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
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$2,800
The total Mia would pay is	\$2,800

This Plan only provides supplemental HRA benefits so these coverage examples are not applicable. You may be eligible to receive a distribution from your CAPP account for out-of-pocket expenses. To be eligible for reimbursement under this HRA plan, the expense must be a "Qualifying Expense" as defined in the plan and under IRS rules; you must be enrolled in a group health plan that meets the ACA minimum value standard; and you must have enough funds available in your CAPP account to cover the expense. No reimbursement is allowed for individual market coverage purchased through the ACA Marketplace.