



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, <https://allthingsvault.com/AmazonDSP>. 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 <https://www.healthcare.gov/sbc-glossary>.

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	For <a href="#">network providers</a> \$500 individual / \$1,000 family; for <a href="#">out-of-network</a> providers \$2,000 individual / \$4,000 family	Generally, you must pay all of the costs 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> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. <a href="#">Preventive care</a> and primary care services are covered before you meet your <a href="#">deductible</a> .	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> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	There are no other specific deductibles.	
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	For <a href="#">network providers</a> \$2,500 individual / \$5,000 family; for <a href="#">out-of-network</a> providers 50% coinsurance	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. 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.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	<a href="#">Copayments</a> for certain services, <a href="#">premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="https://www.cigna.com/health-care-providers/">https://www.cigna.com/health-care-providers/</a> or call 1-800-882-4462 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). 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.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	Yes.	This <a href="#">plan</a> will pay some or all of the costs to see a <a href="#">specialist</a> for covered services but only if you have a <a href="#">referral</a> before you see the <a href="#">specialist</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
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office or clinic</a>	Primary care visit to treat an injury or illness	\$20 <a href="#">copay</a> /office visit and 20% <a href="#">coinsurance</a> for other outpatient services; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	None.
	<a href="#">Specialist</a> visit	\$35 <a href="#">copay</a> /visit	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	<a href="#">Preauthorization</a> is required. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by 50% of the total cost of the service.
	<a href="#">Preventive care/screening/immunization</a>	No charge.	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed 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)	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	None.
	Imaging (CT/PET scans, MRIs)	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="https://drex.com/how">https://drex.com/how</a>	Generic drugs	\$5 <a href="#">copay</a> /prescription for retail; \$10 <a href="#">copay</a> / prescription for 90 day retail or mail-order	Not Covered	Covers up to a 30-day supply (retail subscription); 31-90 day supply (mail order or retail prescription).
	Brand drugs	\$25 <a href="#">copay</a> /prescription for retail; \$50 <a href="#">copay</a> /prescription for 90 day retail or mail order	Not Covered	
	<a href="#">Specialty drugs</a>	50% <a href="#">coinsurance</a> to a maximum of \$250 for retail; a maximum of \$500 for 90 day retail or mail order	Not Covered	

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.AllThingsVAULT.com/AmazonDSP](http://www.AllThingsVAULT.com/AmazonDSP).

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 have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	<a href="#">Preauthorization</a> is required. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by 50% of the total cost of the service.
	Physician/surgeon fees	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> for anesthesia.
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$250 <a href="#">copay</a> and 20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	\$250 <a href="#">copay</a> and 20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	None.
	<a href="#">Emergency medical transportation</a>	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Urgent care</a>	\$40 <a href="#">copay</a>	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	<a href="#">Preauthorization</a> is required. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by 50% of the total cost of the service.
	Physician/surgeon fees	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> for anesthesia.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	None.
	Inpatient services	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
If you are pregnant	Office visits	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">coinsurance</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	Childbirth/delivery facility services	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	60 visits/year.
	<a href="#">Rehabilitation services</a>	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	60 visits/year. Includes physical therapy, speech therapy, and occupational therapy.
	<a href="#">Habilitation services</a>	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	

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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)	
	<a href="#">Skilled nursing care</a>	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	60 visits/calendar year.
	<a href="#">Durable medical equipment</a>	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Excludes vehicle modifications, home modifications, exercise, and bathroom equipment.
	<a href="#">Hospice services</a>	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	<a href="#">Preauthorization</a> is required. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by 50% of the total cost of the service.
<b>If your child needs dental or eye care</b>	Children's eye exam	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Coverage limited to one exam/year.
	Children's glasses	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Coverage limited to one pair of glasses/year maximum benefit \$175.
	Children's dental check-up	20% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	None.

**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>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> <li>• Infertility treatment</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>• Bariatric Surgery</li> <li>• Hearing Aids</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>• Acupuncture (if prescribed for rehabilitation purposes)</li> </ul>	<ul style="list-style-type: none"> <li>• Chiropractic care</li> </ul>	<ul style="list-style-type: none"> <li>• Weight loss programs</li> </ul>

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.AllThingsVAULT.com/AmazonDSP](http://www.AllThingsVAULT.com/AmazonDSP).

**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: Contact your state's Department of Insurance for more information. 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](#).

**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](#).

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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## 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](#) \$500
- [Specialist \[cost sharing\]](#) \$35
- Hospital (facility) [\[cost sharing\]](#) 20%
- Other [\[cost sharing\]](#) 20%

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:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$500
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$2,000
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$2,500</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist \[cost sharing\]](#) \$35
- Hospital (facility) [\[cost sharing\]](#) 20%
- Other [\[cost sharing\]](#) 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:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$290
<a href="#">Copayments</a>	\$210
<a href="#">Coinsurance</a>	\$1,020
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$1,520</b>

### Mia's Simple Fracture

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

- The [plan's](#) overall [deductible](#) \$500
- [Specialist \[cost sharing\]](#) \$35
- Hospital (facility) [\[cost sharing\]](#) 20%
- Other [\[cost sharing\]](#) 20%

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:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$500
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$510
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,010</b>

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