**Trustmark Life Insurance Company: LewerMark**

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

**Coverage Period:** Beginning on or after Aug 1, 2015  
**Coverage for:** Student | Plan Type: PPO

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### Important Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
<th>Why this Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the overall deductible?</strong></td>
<td>$0</td>
<td>See the chart starting on page 2 for your costs for services this plan covers.</td>
</tr>
<tr>
<td><strong>Are there other deductibles for specific services?</strong></td>
<td>No.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Is there an out-of-pocket limit on my expenses?</strong></td>
<td>Yes, $3,000</td>
<td>The out-of-pocket limit 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.</td>
</tr>
<tr>
<td><strong>What is not included in the out-of-pocket limit?</strong></td>
<td>Premium, balanced billed charges, or health care charges that the insurance plan does not cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td><strong>Is there an overall annual limit on what the plan pays?</strong></td>
<td>No</td>
<td>This plan will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You’re responsible for all expenses above this limit. The chart starting on page 2 describes specific coverage limits, such as limits on the number of office visits.</td>
</tr>
<tr>
<td><strong>Does this plan use a network of providers?</strong></td>
<td>Yes, For a list of preferred providers, see <a href="http://hcpdirectory.cigna.com/web/public/providers">http://hcpdirectory.cigna.com/web/public/providers</a> or call 1-866-494-2111.</td>
<td>If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.</td>
</tr>
<tr>
<td><strong>Do I need a referral to see a specialist?</strong></td>
<td>No.</td>
<td>You can see the specialist you choose without permission from this plan.</td>
</tr>
<tr>
<td><strong>Are there services this plan doesn’t cover?</strong></td>
<td>Yes.</td>
<td>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.</td>
</tr>
</tbody>
</table>

### Questions:

Call 1-800-821-7710 or visit us at www.lewermark.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.lewermark.com or call 1-800-821-7710 to request a copy.  

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SBC  
10/16/2015
**Common Medical Event**

<table>
<thead>
<tr>
<th>Services You May Need</th>
<th>Your Cost If You Use an In-network Provider</th>
<th>Your Cost If You Use an Out-of-network Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care visit to treat an injury or illness</td>
<td>$20 deductible / occurrence 0% coinsurance</td>
<td>$50 deductible / occurrence 0% coinsurance</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>$20 deductible / occurrence 0% coinsurance</td>
<td>$50 deductible / occurrence 0% coinsurance</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Other practitioner office visit</td>
<td>$20 deductible / occurrence 0% coinsurance</td>
<td>$50 deductible / occurrence 0% coinsurance</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Preventive care/screening/immunization</td>
<td>No Charge</td>
<td>$50 deductible / occurrence 0% coinsurance</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Diagnostic test (x-ray, blood work)</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>$20 deductible / occurrence 0% coinsurance</td>
<td>$50 deductible / occurrence 0% coinsurance</td>
<td>--------------------------</td>
</tr>
</tbody>
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SBC

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<td>More information about prescription drug coverage is available at <a href="http://hcpdirectory.cigna.com/web/public/providers">http://hcpdirectory.cigna.com/web/public/providers</a></td>
<td>Generic drugs</td>
<td>50% coinsurance</td>
<td>100% coinsurance</td>
<td>30 day supply</td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td>50% coinsurance</td>
<td>100% coinsurance</td>
<td>30 day supply</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>50% coinsurance</td>
<td>100% coinsurance</td>
<td>30 day supply</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>50% coinsurance</td>
<td>100% coinsurance</td>
<td>30 day supply</td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>$20 deductible /occurrence 0% coinsurance</td>
<td>$50 deductible /occurrence 0% coinsurance</td>
<td>------------------------none------------------------</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>------------------------none------------------------</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room services</td>
<td>$100 deductible /occurrence 0% coinsurance</td>
<td>$100 deductible /occurrence 0% coinsurance</td>
<td>------------------------none------------------------</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>------------------------none------------------------</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>$20 deductible /occurrence 0% coinsurance</td>
<td>$50 deductible /occurrence 0% coinsurance</td>
<td>------------------------none------------------------</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>$20 deductible /occurrence 0% coinsurance</td>
<td>$50 deductible /occurrence 0% coinsurance</td>
<td>------------------------none------------------------</td>
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<tr>
<td></td>
<td>Physician/surgeon fee</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>------------------------none------------------------</td>
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<td></td>
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<tr>
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<td></td>
<td>You Use an In-network Provider</td>
<td>You Use an Out-of-network Provider</td>
<td>Limitations &amp; Exceptions</td>
</tr>
<tr>
<td>If you have mental health, behavioral health, or substance abuse needs</td>
<td>Mental/Behavioral health outpatient services</td>
<td>$20 deductible /occurrence 0% coinsurance</td>
<td>$50 deductible /occurrence 0% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Mental/Behavioral health inpatient services</td>
<td>$20 deductible /occurrence 0% coinsurance</td>
<td>$50 deductible /occurrence 0% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder outpatient services</td>
<td>$20 deductible /occurrence 0% coinsurance</td>
<td>$50 deductible /occurrence 0% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder inpatient services</td>
<td>$20 deductible /occurrence 0% coinsurance</td>
<td>$50 deductible /occurrence 0% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Prenatal and postnatal care</td>
<td>$20 deductible /occurrence 0% coinsurance</td>
<td>$50 deductible /occurrence 0% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Delivery and all inpatient services</td>
<td>$20 deductible /occurrence 0% coinsurance</td>
<td>$50 deductible /occurrence 0% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>Limited to a period of 60 days.</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Hospice service</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td>Eye exam</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>One routine exam per year.</td>
</tr>
<tr>
<td></td>
<td>Glasses</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>One pair of eyeglasses per year.</td>
</tr>
<tr>
<td></td>
<td>Dental check-up</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>Limited to 2 every year.</td>
</tr>
</tbody>
</table>

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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.)**

- Bariatric surgery
- Cosmetic surgery, except for repair of a disfigurement caused from an injury, a birth defect of an eligible dependent or a mastectomy
- Dental care (Adult)
- Elective care
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)
- Vision screenings (Adult)
- 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.)**

- Acupuncture up to 20 visits per policy year
- Chiropractic care up to 20 visits per policy year
- Hearing aids for newborns only
- Medically Necessary massage therapy, up to 20 visits per policy year.
- Pediatric Dental check-ups – limited to 2 every year
- Pediatric Vision – limited to one routine eye exam per year and one pair of eye glasses per year
- Physical and Occupational Therapy, limited to 20 visits for each service, per policy year.
- Private Duty Nursing
- Skilled Nursing Care – Limited to 60 days per policy year
Your Rights to Continue Coverage:

Federal and State laws pay 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 insurer at: 847-283-2314 or 800-396-2960. You may also contact your state insurance department at: Washington State Office of the Insurance Commissioner, at 800-562-6900, 8 a.m. to 5 p.m., Monday – Friday.

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 the Washington State Office of the Insurance Commissioner, PO Box 40255, Olympia, WA 98504-0255, 800-562-6900 or 360-725-7080, Fax: 360-586-2018, http://www.insurance.wa.gov.

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 1-800-821-7710.


Chinese (中文): 如果需要中文的帮助，请拨打这个号码1-800-821-7710.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-821-7710.
Trustmark Life Insurance Company: LewerMark
Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: Beginning on or after Aug 1, 2015
Coverage for: Student | Plan Type: PPO

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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.

Having a baby (normal delivery)

- Amount owed to providers: $7,540
- Plan pays $7,490
- Patient pays $50

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 $20
- Copays $0
- Coinsurance $0
- Limits or exclusions $0

Total $20

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

- Amount owed to providers: $5,400
- Plan pays $3,935
- Patient pays $1,465

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 $20
- Copays $0
- Coinsurance $1,450
- Limits or exclusions $0

Total $1,470

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.

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10/16/2015
Questions and answers about the Coverage Examples:

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.

What are some of the assumptions behind the Coverage Examples?

- 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.
- 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.

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