



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

<https://www.iibe.org/health/phbp-medical-and-rx-plan/> or call 1-718-591-2000. 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 and www.cciio.cms.gov or call 1-718-591-2000 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	2025–2026 \$750/individual	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u> ?	Yes, services that Medicare covers 100%, such as <u>preventive care</u> , <u>prescription drugs</u> , services rendered at JIB Medical P.C., and telehealth services approved by Medicare are covered before you meet your <u>deductible</u> .	Yes. This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-carebenefits/ .
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> .



All **copayment** and **coinsurance** costs shown in this chart are after your overall **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge <u>Deductible</u> does not apply.*	*If 100% covered by Medicare Part B For services not 100% covered by Medicare Part B, after the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>usual, customary & reasonable (UCR)</u> charges approved but not paid or reimbursed under Medicare Part B.
	<u>Specialist</u> visit	No charge	After the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>UCR</u> charges approved but not paid or reimbursed under Medicare Part B.
	<u>Preventive care/screening/immunization</u>	No charge <u>Deductible</u> does not apply.	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge <u>Deductible</u> does not apply.*	*If 100% covered by Medicare Part B For services not 100% covered by Medicare Part B, after the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>UCR</u> charges approved but not paid or reimbursed under Medicare Part B.
	Imaging (CT/PET scans, MRIs)	No charge	
If you need drugs to treat your illness or condition More information	Generic drugs	\$15 retail/prescription \$35 mail order/prescription. <u>Deductible</u> does not apply.*	* If covered 100% by Medicare Part D If you became a Medicare-eligible retiree (or a Medicare-eligible dependent) on or after January 1, 2025 , you will be automatically

For more information about limitations and exceptions, see plan or policy document at <https://www.jibe.org/health/phbp-medical-and-rx-plan/>

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
<p>about prescription drug coverage is available at www.express-scripts.com/documents or by calling Express Scripts at (800) 808-1596 or Accredo Specialty at (800) 803-2523.</p>	Preferred brand drugs	\$30 retail/prescription \$70 mail order/prescription. <u>Deductible</u> does not apply.*	<p>enrolled in Express Scripts Medicare[®] program. If you or your spouse's former employer provided a Medicare Advantage-only ("MA") plan with prescription drug coverage ("MA-PD"), then you may choose to opt out of the Express Scripts Medicare[®] program and receive <u>prescription drug coverage</u> under the MA Plan. Otherwise, if you choose to opt out of Express Scripts Medicare[®], you will keep your medical coverage under the plan but will not be provided with <u>prescription drug coverage</u>. Please see the October 2024 Summary of Material Modifications (SMM) for more information.</p> <p><u>Preauthorization</u> is required for some drugs or coverage could be lost.</p> <p>Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the <u>plan's</u> service area where there is no <u>network</u> pharmacy.</p> <p>If you reach the Catastrophic Coverage stage, you pay nothing for covered Medicare Part D drugs. You may have <u>cost sharing</u> for excluded drugs that may be covered under Part D's enhanced benefit, if the <u>plan</u> covers additional drugs not normally covered by Medicare Part D.</p> <p>90-day supply available via Express Scripts mail order and CVS and Walgreens pharmacies only. Retail prescriptions are otherwise limited up to a 34-day supply.</p> <p>A Part D Income Related Monthly Adjustment Amount may apply if your income is above the Medicare-defined income threshold.</p>
	Non-preferred brand drugs	\$60 retail/prescription \$165 mail order/prescription. <u>Deductible</u> does not apply.*	
	Specialty drugs	\$45 retail/prescription \$105 mail order/prescription <u>Deductible</u> does not apply.*	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	<p>After the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>UCR</u> charges approved but not paid or reimbursed under Medicare Part B.</p>
	Physician/surgeon fees	No charge	

For more information about limitations and exceptions, see plan or policy document at <https://www.jibe.org/health/phbp-medical-and-rx-plan/>

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you need immediate medical attention	Emergency room care	No charge	After the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>UCR</u> charges approved but not paid or reimbursed under Medicare Part B.
	Emergency medical transportation	No charge	
	Urgent care	No charge	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge <u>Deductible</u> does not apply.*	* If covered 100% by Medicare Part A For admissions not 100% covered by Medicare Part A, after the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the inpatient hospital <u>deductible</u> not paid by Medicare Part A.
	Physician/surgeon fees	No charge	After the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>UCR</u> charges approved but not paid or reimbursed under Medicare Part B.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge <u>Deductible</u> does not apply.*	* If covered 100% by Medicare Part B For services not covered 100% by Medicare Part B, after the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>UCR</u> charges approved but not paid or reimbursed under Medicare Part B.
	Inpatient services	No charge <u>Deductible</u> does not apply.*	* If covered 100% by Medicare Part A For services not 100% covered by Medicare Part A, after the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the inpatient hospital <u>deductible</u> not paid by Medicare Part A.
If you are pregnant	Office visits	No charge	After the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>UCR</u> approved but not paid or reimbursed under Medicare Part B.
	Childbirth/delivery professional services	No charge	
	Childbirth/delivery facility services	No charge <u>Deductible</u> does not apply.*	* If covered 100% by Medicare Part A <u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).

For more information about limitations and exceptions, see plan or policy document at <https://www.jibe.org/health/phbp-medical-and-rx-plan/>

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
			For services not 100% covered by Medicare Part A, after the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the inpatient hospital <u>deductible</u> not paid by Medicare Part A.
If you need help recovering or have other special health needs	Home health care	No charge <u>Deductible</u> does not apply.*	* If covered 100% by Medicare Part A
	Rehabilitation services	No charge <u>Deductible</u> does not apply.*	For services not covered 100% by Medicare Part A, after the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the inpatient hospital <u>deductible</u> not paid by Medicare Part A or the Medicare Part B annual <u>deductible</u> and 20% of <u>UCR</u> charges approved but not paid or reimbursed under Medicare Part B.
	Habilitation services	Not covered	None.
	Skilled nursing care	No charge <u>Deductible</u> does not apply.*	* If covered 100% by Medicare Part A or Medicare Part B
	Durable medical equipment	No charge <u>Deductible</u> does not apply.*	For services not covered 100% by Medicare Part A or Medicare Part B, after the annual <u>plan deductible</u> is met, the <u>plan</u> reimburses the inpatient hospital <u>deductible</u> not paid by Medicare Part A or Medicare Part B the annual <u>deductible</u> and 20% of <u>UCR</u> charges approved but not paid or reimbursed under Medicare Part B.
	Hospice services	No charge <u>Deductible</u> does not apply.*	
If your child needs dental or eye care	Children's eye exam	No Charge	1 exam limit every 12 months.
	Children's glasses	No Charge	Out-of-pocket expenses may be incurred for extra items. See the Optical Benefits section of your current SPD for further limitations.
	Children's dental check-up	Not covered	None.

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> Children's dental check-up Cosmetic surgery 	<ul style="list-style-type: none"> Dental care (Adult) <u>Habilitation Services</u> 	<ul style="list-style-type: none"> Long-term care Private duty nursing

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

- Acupuncture (through JIB Medical, PC only)
- Bariatric surgery
- Chiropractic care (30 visit limit)
- Non-emergency care when traveling outside the U.S.
- Hearing aids
- Infertility treatment
- Routine eye care (Adult) through Jena Optical or, for non-New York City resident dependents, General Vision Services or Vision Screening (non-NYC resident retirees may go to any provider and receive up to a \$56 reimbursement)
- Routine foot care
- Weight loss programs (through JIB Medical, PC only)

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 too, 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 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: The [plan](#) at 1-718-591-2000 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or 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? Not Applicable

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 718-591-2000.

————— *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 pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$750
■ Specialist cost sharing	\$0
■ Hospital (facility) cost sharing	\$0
■ Prescription Drugs copayment	\$15

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
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$750
Copayments	\$10
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$820

Managing Joe's type 2 Diabetes

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

■ The plan's overall deductible	\$750
■ Specialist cost sharing	\$0
■ Primary care cost sharing	\$0
■ Prescription Drugs copayment	\$45

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
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$750
Copayments	\$700
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,470

Mia's Simple Fracture

(emergency room visit and follow up care)

■ The plan's overall deductible	\$750
■ Specialist cost sharing	\$0
■ Emergency room cost sharing	\$0
■ Prescription Drugs cost sharing	\$15

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	\$1,900
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$750
Copayments	\$10
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$40
The total Mia would pay is	\$800

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