

SEAFARERS HEALTH AND BENEFITS PLAN

5201 Auth Way
Camp Springs, Maryland 20746-4275
(301) 899-0675

Margaret R. Bowen
Administrator

November 27, 2018

Dear Plan Participant:

According to the records of the Seafarers Health and Benefits Plan, you are currently eligible for pensioner health benefits. For this reason, we are sending you the enclosed Summary of Benefits and Coverage (SBC). This SBC briefly describes the benefits at the **Pensioners' Medicare level and Pensioners' Non-Medicare level**. If you believe that you are currently receiving a different level of benefits, please contact the Plan to request a different booklet.

We are required under the Patient Protection and Affordable Care Act (ACA) to send you this Plan document. It provides a brief summary of your benefits. The SBC is **not** a guarantee of benefits. The Plan's Rules and Regulations determine whether you are eligible for benefits.

Also enclosed is a Glossary of Health Coverage and Medical Terms. This document defines common terms that are used by health plans and health insurance companies.

Reminder about the Plan's Grandfathered Status

The Plan would also like to remind you that the Seafarers Health and Benefits Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 5201 Auth Way, Camp Springs, MD 20746.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Questions

If you have any questions about these benefits, or about the coverage that you receive from the Plan, you may contact the Plan at 1-800-252-4674. You may also view additional information about your health coverage at www.seafarers.org, under the Member Benefits tab.

Sincerely,

Margaret R. Bowen
Administrator

Enclosures



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 view the Plan's Summary Plan Description (SPD), go to www.seafarers.org or call 1-800-252-4674. 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.seafarers.org or call 1-800-252-4674 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|--|
| What is the overall deductible ? | \$125 person/\$250 family | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible . |
| Are there services covered before you meet your deductible ? | Yes. Inpatient Facility and Vision are not subject to deductible . | This plan covers some items and services even if you haven't met the deductible amount. But a copayment or coinsurance may apply. |
| Are there other deductibles for specific services? | Yes. \$100 for prescription drug coverage . There are no other specific deductibles . | You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services. Prescription coverage provided through Retiree RxCare. Pensioner only. No prescription coverage for dependents. |
| What is the out-of-pocket limit for this plan ? | Not applicable | This plan does not have an out-of-pocket limit on your expenses. |
| What is not included in the out-of-pocket limit ? | Not applicable | This plan does not have an out-of-pocket limit on your expenses. |
| Will you pay less if you use a network provider ? | Not applicable | This plan does not use a provider network . You can receive covered services from any provider . |
| Do you need a referral to see a specialist ? | No. | You can see the specialist you choose without a referral . |

 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 provider's office or clinic | Primary care visit to treat an injury or illness | 50% of Medicare coinsurance | 50% of Medicare coinsurance | Pensioner only. |
| | Specialist visit | 50% of Medicare coinsurance | 50% of Medicare coinsurance | Pensioner only. |
| | Preventive care/screening/immunization | 50% of Medicare coinsurance | 50% of Medicare coinsurance | Pensioner only. Annual physical no charge for dependents. |
| If you have a test | Diagnostic test (x-ray, blood work) | 50% of Medicare coinsurance | 50% of Medicare coinsurance | Pensioner only. |
| | Imaging (CT/PET scans, MRIs) | 50% of Medicare coinsurance | 50% of Medicare coinsurance | Pensioner only. |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.retireerxcare.com or www.seafarers.org | Generic drugs 30 day retail; 90 day mail order | \$10 copay retail per prescription \$20 copay mail per prescription | Not covered | Prior authorization required for certain drugs. Maintenance drugs cost more when purchased at retail. Pensioner only. |
| | Preferred brand drugs 30 day retail; 90 day mail order | \$25 copay retail per prescription \$50 copay mail per prescription | Not covered | Prior authorization required for certain drugs. Maintenance drugs cost more when purchased at retail. Pensioner only. |
| | Non-preferred brand drugs 30 day retail; 90 day mail order | \$50 copay retail per prescription \$100 copay mail per prescription | Not covered | Prior authorization required for certain drugs. Maintenance drugs cost more when purchased at retail. Pensioner only. |
| | Specialty drugs | No charge | Not covered | Thru Retiree RxCare. Pensioner only. |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | 50% of Medicare coinsurance | 50% of Medicare coinsurance | No payment if not pre-authorized . |
| | Physician/surgeon fees | 50% of Medicare coinsurance | 50% of Medicare coinsurance | No payment if not pre-authorized . |

| 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 | Emergency room care | 50% of Medicare <u>coinsurance</u> | 50% of Medicare <u>coinsurance</u> | \$300 <u>copayment</u> if non-injury related or not admitted. |
| | Emergency medical transportation | 50% of Medicare <u>coinsurance</u> | 50% of Medicare <u>coinsurance</u> | None |
| | Urgent care | 50% of Medicare <u>coinsurance</u> | 50% of Medicare <u>coinsurance</u> | Pensioner only. |
| If you have a hospital stay | Facility fee (e.g., hospital room) | \$300 <u>copayment</u> per hospital stay | \$300 <u>copayment</u> per hospital stay | 180 continuous days or \$1,000,000 maximum per illness. Inpatient benefits will resume after 60 days out of hospital. Payment at semi-private room rate. |
| | Physician/surgeon fees | 50% of Medicare <u>coinsurance</u> | 50% of Medicare <u>coinsurance</u> | None |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | Not covered | Not covered | Not covered. |
| | Inpatient services | Not covered | Not covered | Not covered. |
| If you are pregnant | Office visits | 50% of Medicare <u>coinsurance</u> | 50% of Medicare <u>coinsurance</u> | For medical conditions resulting from pregnancy; otherwise office visits are included in global fee. Maternity care may include tests and services described elsewhere in this SBC (i.e., ultrasound). Pensioner only. |
| | Childbirth/delivery professional services | 50% of Medicare <u>coinsurance</u> | 50% of Medicare <u>coinsurance</u> | None |
| | Childbirth/delivery facility services | \$300 <u>copayment</u> per hospital stay | \$300 <u>copayment</u> per hospital stay | Payment at semi-private room rate. |

| 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 help recovering or have other special health needs | Home health care | 50% of Medicare coinsurance | 50% of Medicare coinsurance | Combined with <u>skilled nursing care</u> ; 60 visits per year. Visit equals two hours. Maximum allowed \$75 per hour. |
| | Rehabilitation services | 50% of Medicare coinsurance | 50% of Medicare coinsurance | Pensioner only - after non-catastrophic illness/injury: 20 visits per year for physical therapy. Pensioner or dependents - after catastrophic illness/injury: 40 visits per year; includes physical, occupational, speech, pulmonary, and cognitive therapies. |
| | Habilitation services | Not covered | Not covered | Not covered. |
| | Skilled nursing care | 50% of Medicare coinsurance | 50% of Medicare coinsurance | Combined with <u>home health care</u> ; 60 visits per year. Visit equals two hours. Maximum allowed \$75 per hour. |
| | Durable medical equipment | 30% of Medicare coinsurance | 30% of Medicare coinsurance | Pensioner only - after non-catastrophic illness/injury. Pensioner or dependents - after catastrophic illness/injury. |
| | Hospice services | 20% of Medicare coinsurance | 20% of Medicare coinsurance | Up to six months. |
| If your child needs dental or eye care | Children's eye exam | Not covered | Not covered | Not covered. |
| | Children's glasses | Not covered | Not covered | Not covered. |
| | Children's dental check-up | Not covered | 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
- Bariatric surgery
- Chiropractic care
- Cosmetic surgery
- Dental care (routine)
- Durable medical equipment for dependents, except following catastrophic illness/injury
- Habilitation services
- Hearing aids for dependents
- Infertility treatment
- Long term care
- Mental health
- Occupational, speech, cognitive, or pulmonary therapy, except following catastrophic illness/injury
- Outpatient services for dependents
- Outpatient and inpatient substance use disorder
- Physical therapy for dependents, except following catastrophic illness/injury
- Prenatal and postnatal care for your spouse or daughter, unless included with delivery fees
- Prescriptions for dependents
- Private duty nursing (inpatient)
- Routine foot care
- Services outside the U.S. and its territories
- Treatment not medically necessary
- Weight loss programs

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

- Hearing aids for pensioner only
- Private duty nursing (for home health care only)
- Routine eye care

Participants in this Plan do not pay a premium for coverage.

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: U.S. Department of Labor, Employee Benefits Security Administration, at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or contact the Plan at 1-800-252-4674 for continuing the Plan's coverage through COBRA. 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: 1-800-252-4674. Your appeal must be in writing and sent within 180 days of the date your claim was denied. You should include any supporting documentation you have when making your request. Your written appeal should be sent to: Board of Trustees, Seafarers Health and Benefits Plan, Claims Department, 45353 St. George's Avenue, Piney Point, Maryland 20674. You may also contact the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444- EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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](#).

Language Access Services:

ATTENTION: if you need language assistance, free translation services are available. Call 1-800-252-4674

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-252-4674

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-252-4674

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-252-4674

See attached insert for information about translation services in other languages.

The Seafarers Health and Benefits Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act.

As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 1-800-252-4674. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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

About these Coverage Examples for Seafarers Health & Benefits Plan -- Medicare Pensioners:



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)

| | |
|--|-----------------|
| ■ Medicare allowed/Medicare paid | \$8,440/\$6,750 |
| ■ The plan's overall deductible | \$125/\$100 |
| ■ Specialist [cost sharing] | \$0 |
| ■ Hospital (facility) [copayment] | \$300 |
| ■ Other [cost sharing] [Med. coins./ded.] | 50% |
| ■ Other [cost sharing] [copayment] | \$0 |
| ■ Other [cost sharing] [excluded services] | \$30 |

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 | \$12,730 |
|---------------------------|-----------------|

In this example, Peg would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|--------------|
| Deductibles | \$125/\$5 |
| Copayments | \$300 |
| Coinsurance | \$180 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$30 |
| The total Peg would pay is | \$640 |

Managing Joe's type 2 Diabetes

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

| | |
|--|-----------------|
| ■ Medicare allowed/Medicare paid | \$1,790/\$1,430 |
| ■ The plan's overall deductible | \$125/\$100 |
| ■ Specialist [cost sharing] | \$0 |
| ■ Hospital (facility) [copayment] | \$0 |
| ■ Other [cost sharing] [Med. coins./ded.] | 50% |
| ■ Other [cost sharing] [copayment] | \$1,270 |
| ■ Other [cost sharing] [excluded services] | \$80 |

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 | \$7,390 |
|---------------------------|----------------|

In this example, Joe would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|----------------|
| Deductibles | \$125/\$100 |
| Copayments | \$1,270 |
| Coinsurance | \$110 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$80 |
| The total Joe would pay is | \$1,685 |

Mia's Simple Fracture

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

| | |
|--|-----------------|
| ■ Medicare allowed/Medicare paid | \$1,280/\$1,020 |
| ■ The plan's overall deductible | \$125 |
| ■ Specialist [cost sharing] | \$20 |
| ■ Hospital (facility) [cost sharing] | \$0 |
| ■ Other [cost sharing] [Med. coins./ded.] | 50% |
| ■ Other [cost sharing] [copayment] | \$0 |
| ■ Other [cost sharing] [excluded services] | \$0 |

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 | \$1,930 |
|---------------------------|----------------|

In this example, Mia would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|--------------|
| Deductibles | \$125 |
| Copayments | \$0 |
| Coinsurance | \$60 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$185 |