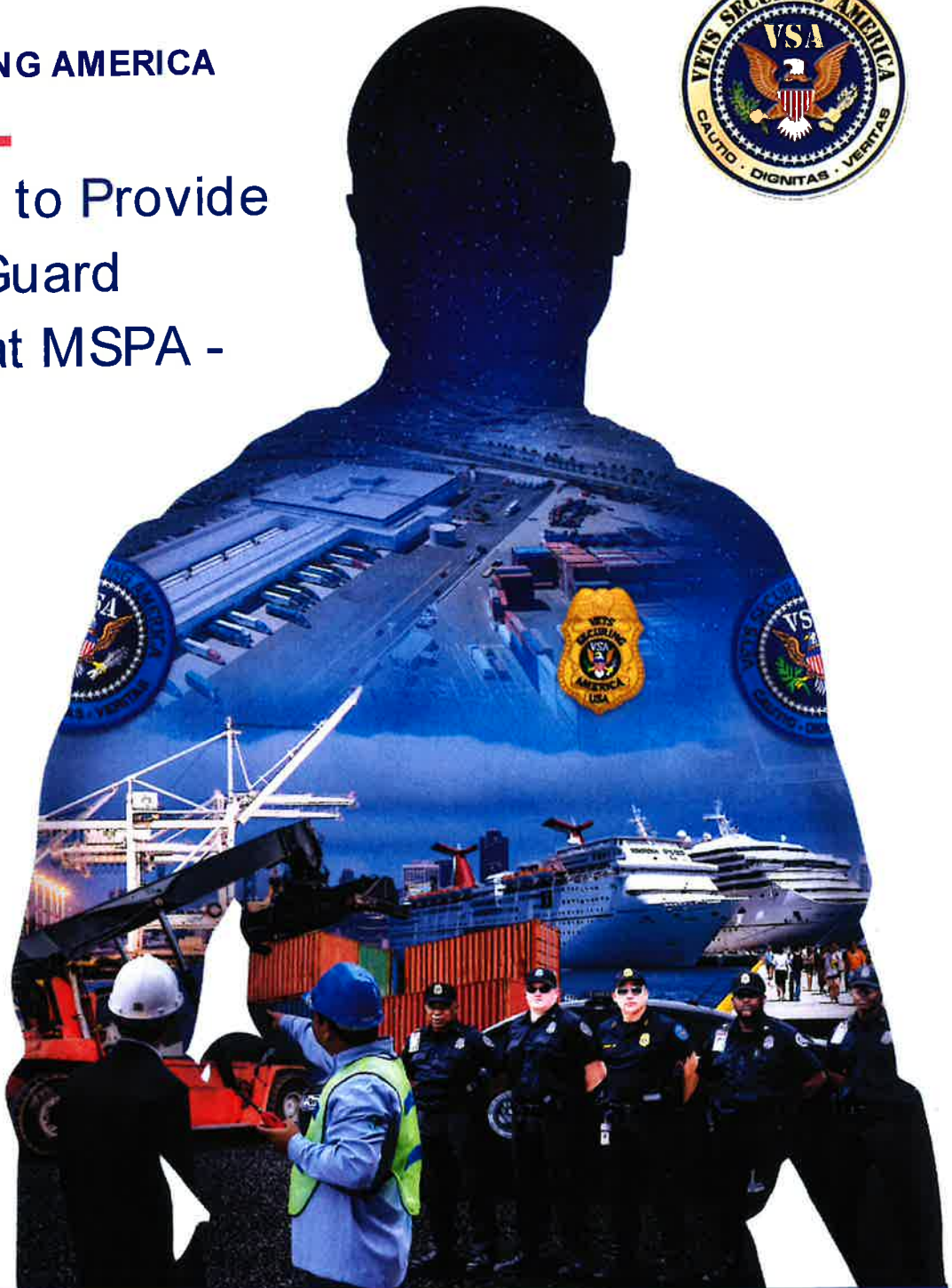


VETS SECURING AMERICA



Response to Provide Security Guard Services at MSPA - Gulfport



Submitted to:

Executive Director
Mississippi State Port Authority at Gulfport
2510 14th Street, Suite 1450
Gulfport, MS 39501

Submitted by:

Vets Securing America
Gerald A. Gregory
President and Founder
10100 Reunion Place Suite 120
San Antonio TX, 78216
Tel: (800) 441-1808
jerry@vetssecuringamerica.com

**MISSISSIPPI STATE PORT AUTHORITY
REQUEST FOR PROPOSALS FOR SECURITY SERVICES**

SUBMISSION FORM RFP # 19-OP-10

Company Vets Securing America

Address 1125 w 190th St Los Angeles, California 90248

Contact Person Gerald A. Gregory

Telephone Number (800) 441-1808

Email Jerry@vetssecuringamerica.com

NOTE: It is the Contractor's responsibility to provide adequate information in their proposal package to enable the MSPA to ensure the proposal meets the required criteria. Items listed in the package shall be in the same order as listed in the specifications. Failure to do so could result in the rejection of the proposal.

EMPLOYEES NOT TO BENEFIT

I (we) hereby certify that if the contract is awarded to our firm, partnership, or corporation, no employee of MSPA, or members of his/her family, including spouse, parents, or children has received or been promised, directly or indirectly, any financial benefit, by way of fee, commission, finder's fee, political contribution or any similar form of remuneration on account of the act of awarding and/or executing this contract.

CONFLICTS OF INTEREST

The Contractor ☐ is ☒ is not aware (mark one box) of any information bearing on the existence of any potential organizational conflict of interest. For the purposes of this declaration, the Contractor should refer to Mississippi Code § 25-4-101, et seq. including, without limitation, § 25-4-105, and any other applicable law concerning conflicts of interest.

CONTINGENT FEES

The prospective Contractor represents as a part of such Contractor's bid or proposal that such Contractor ☐ has ☒ has not (mark one box) retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

COLLUSION

I certify that this offer is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting an offer for the same services, materials, supplies, or equipment and is in all respects fair and without collusion or fraud. I understand collusive bidding is

EXHIBIT A

a violation of State and Federal laws and can result in fines, prison sentences, and civil damage awards. I hereby certify that the responses to the above representations, certifications, and other

statements are accurate and complete. I agree to abide by all conditions of the proposal and certify that I am authorized to sign for my company.

Signature:  _____

Name (Printed): Gerald A. Gregory _____

Title: President _____

Signature Date: _____ April 1, 2019

MSPA Security Services Rate Sheet

EXHIBIT B

Position	Hours Per Week (Estimated)	Annual Hours (Estimated)	July 1, 2019 - June 30, 2020		July 1, 2020 - June 30, 2021		July 1, 2021 - June 30, 2022	
			Employee Pay Rate	MSPA Bill Rate	Employee Pay Rate	MSPA Bill Rate	Employee Pay Rate	MSPA Bill Rate
West Gate Guard	24 hours 7 days a week 168 hours (weekly)	8736 hours annually	\$ 12.00	\$ 18.48	\$ 12.25	\$ 18.92	\$ 12.50	\$ 19.38
North Gate Guard	0600 until 1800 5 days a week 60 hours (weekly)	3120 hours annually	\$ 12.00	\$ 18.48	\$ 12.25	\$ 18.92	\$ 12.50	\$ 19.38
East Gate Guard	0600 until 2200 5 days a week 80 hours (weekly)	4160 hours annually	\$ 12.00	\$ 18.48	\$ 12.25	\$ 18.92	\$ 12.50	\$ 19.38
Armed Security Guard	This service will be provided on an as needed basis	Hours may vary	\$ 14.00	\$ 21.32	\$ 14.25	\$ 21.83	\$ 14.50	\$ 22.36
Off Site Building Security Guard	0700 until 1800 5 days a week 55 hours (weekly)	2860 hours annually	\$ 12.00	\$ 18.48	\$ 12.25	\$ 18.92	\$ 12.50	\$ 19.38
Vehicle Screening Guards (2)	0700 until 1600 or 8 hours a day 5 days a week 45 hours (weekly)	2340 hours annually	\$ 12.00	\$ 18.48	\$ 12.25	\$ 18.92	\$ 12.50	\$ 19.38
Surveillance Guard	24 hours 7 days a week 168 hours (weekly)	8736 hours annually	\$ 12.00	\$ 18.48	\$ 12.25	\$ 18.92	\$ 12.50	\$ 19.38
Radio Operator/Guard	0600 until 2200 5 days a week. Saturday and Sundays 0600 until 1800 104 hours (weekly)	5408 hours annually	\$ 12.00	\$ 18.48	\$ 12.25	\$ 18.92	\$ 12.50	\$ 19.38
Roving Patrol Rate	2300 until 0800 5 days a week and Saturday and Sunday 24 hours a day 93 hours (weekly)	4836 hours annually	\$ 12.00	\$ 20.68	\$ 12.25	\$ 21.18	\$ 12.50	\$ 21.68
Captain of Security Rate	1500 until 2300 5 days a week 40 hours (weekly)	2080 hours annually	\$ 15.00	\$ 22.22	\$ 15.25	\$ 22.75	\$ 15.50	\$ 23.30
Security Vehicle	PER DAY RATE		*****	\$ 36.16	*****	\$ 36.16	*****	\$ 36.16

MSPA WILL ONLY PAY FOR HOURS WORKED. HOURS MAY VARY

Holiday Pay: 50 % more
Please list the percentage of the base rate to show holiday pay rate

Vets Securing America

Legal Name of Company

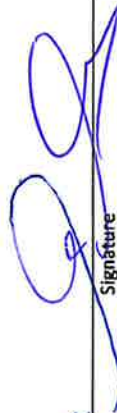
1125 w 190th st Los Angeles, California 90248

Address

City, State Zip

Gerald A. Gregory, President

Name & Title of Authorized Person



Signature

April 1, 2019

Date

Background

VSA's Background

VSA is committed to securing MSPA locations with our premier port security services, including:

- A competitive pricing model
- Innovative use of technology, such as the FaceEx Traveler Verification System
- Enhanced leadership structure
- Unparalleled success in screening at port environments

In 2008, President Jerry Gregory formed VSA out of deep respect for the dedication and commitment of the service men and women from the United States Armed Forces and domestic law enforcement. With the goal of helping military and law enforcement Veterans build upon their prior experience and transition successfully into the private sector, VSA provides them with stable employment opportunities and competitive wages. VSA's clients can be confident that they are hiring the most professional, qualified, and best trained security guards in the United States.

The firm continually adapts to meet the needs of our maritime industry/ports of entry clients through constant innovation, utilization of technology, and a wealth of security and law enforcement experience. VSA and wholly owned affiliate firms are currently under contract to provide security to 15 ports and terminals nationwide; no other security firm can compete with our maritime industry experience.



Maritime Expertise

In terms of screening success, 2018 saw a 16% increase in seized prohibited items, including a 36% increase in handguns. Even with this increase, our missed gun count was reduced from five (5) in 2017 to three (3) in 2018. Furthermore, in 2018 VSA (through associated management) confiscated 41,840 bottles of liquor, up 119% over 2017, we believe the total potential revenue savings due solely to the liquor confiscations (excluding beer and wine) is approximately \$6.5 million dollars.

This contract brings immense opportunity to optimize staffing levels at your terminal sites and redefine/lift up the seaport standard outlined in the various PFSPs. Our financial strength and guard capacities allow us to deliver on the bold claims explored herein and welcome scope

modifications as MSPA sees fit. We look forward to demonstrating the value and durability our partnership will provide.

Maritime Experience

Worldwide Sourcing Group (WWSG) – Added Stability and Value

VSA is the premier security arm of the Worldwide Sourcing Group (WWSG) umbrella, which features brands such as Surveillance International, FaceEx, American Guard Services, and United Stevedoring of America. This diverse expertise from virtually every industry directly benefits our clients. We leverage our wholly owned affiliates to pass on cost savings and improve efficiency in innovated ways. *Some WWSG brands are illustrated below:*



Maritime/Port Experience

VSA is one of the largest employers of TWIC credentialed and CFR 105.210 trained personnel in the Nation. No other company can match our nationwide presence at significantly-sized terminals/ports, our level of ISPS and MTSA compliance, and our caliber of seasoned maritime security professionals. Crowd management tactics and knowledge of existing threats are leveraged for our numerous port/maritime industry clients; each season we screen millions of passengers for the major cruise liners, even deploying facial recognition to complement 33 CFR 105 directives in the process.

A sample list of our clients and their varied port environments are provided below:

Current Contracts (Sample List) for Marine Terminal Security Services:

- Port of Long Beach
- Port Canaveral
- PortMiami
- Port Tampa Bay
- Port Everglades
- Maui Port
- Hilo Hawaii Harbor
- Port of Charleston
- Mobile Alabama Cruise Terminal (MACT)
- Port of Seattle
- Port of New Orleans
- Seaboard Marine Shipping
- Port Jacksonville

Current Experience (Sample List) with Cruise Liners:

- Carnival Cruise Line
- Norwegian Cruise Lines
- Princess Cruise Lines
- Cunard Cruise Lines
- Oceania Cruise Lines
- Celebrity Cruise Lines
- Crystal Cruise Lines
- Royal Cruise Lines
- Prestige Cruise Lines
- Silver Seas
- Phoenix Reisen
- FRS Cruises
- Balearia
- ResidenSea



Port Canaveral

VSA (through associated management) supports the Visible Intermodal Prevention and Response (VIPR) operation at the Port. VIPR operations are designed to augment the security of port operations/security but could apply to any mode of transportation. This was particularly effective on March 18th, 2010 when we were observed and inspected by TSA Team Orlando.



PortMiami

VSA (through associated management) has a significant presence at PortMiami and has unveiled two groundbreaking technologies at the port to improve passenger experience, minimize wait times, and optimize CIP spend. These include the first dual-view x-ray screener for cruise use and the first Proof of Concept using facial recognition to onboard guests/arrivals.



Port of Seattle

VSA (through associated management) provides a full range of security services within the Port of Seattle, the third largest cargo gateway in the US.

In 2017, VSA management partnered with Smiths Detection to bring the Nation's first dual-view x-ray screener (HI-SCAN 6040-2is) to PortMiami. This technology was the first to specifically be designed in accordance with the Cruise Industry's needs and goals—improved security screening and shorter customer wait times to dramatically enhance the experience of embarkation.

Further, in 2018, our firm successfully conducted a Proof of Concept trial of our facial recognition brand—FaceEx. The trial used pre-submitted cruise line passenger imagery and information to authenticate identities quickly and much more efficiently than even a trained human operator. Seamless integration with new technology is our specialty as an industry leader.

Results of Trial

FACEEX proved reliable....

matching over 97% of passengers and 99% of crew during the 3 hours which equates to 1.6 seconds per match.



Management

Overview

The Team leadership for this project has been chosen from the executive members and has been formulated out of a shared and well-understood vision. Each leader aligns with the objectives of this proposal and reflects the best practices of those that are sought by MSPA. We see the iterative processes of team leadership, governance, communication, and quality as interwoven rather than separate or independent considerations. Therefore, all issues are activated at once whenever a new contract begins.

Management Structure

Positions in the management structure that require the same knowledge, skills, and resources are grouped to increase efficiency and promote greater expertise. Likewise, decision-making and goal-creation processes are shared at all levels via the free flowing of information throughout the organization.

Office Location Assigned to the MSPA Account

New Orleans, LA will service the contract until we establish a local operational office to be 100 percent dedicated to the MSPA account.

Professional Experience and Bios

Our Upper Management has a proven track record that will meet the administrative, operational, and logistical challenges contained in this Solicitation. VSA has leveraged its management to become industry experts in:

- Information Sharing and contractor/vendor **interaction**
- Continuous vigilance and frequent reassessment of **risk analysis**
- Periodic **reporting** to stakeholders
- Better **response times**

Our Executive Management Team has been strategically formed to include recognized experts in the areas of security, consulting, and risk management services. Employees who have been chosen to represent VSA meet specific niches in diverse market segments to offer the most specialized, customer-focused approach possible.

Similarly, VSA's Project Manager and management team possesses training from various courses and seminars in Security Operations, Supervision, Project Management, Law Enforcement, Seaport Security Antiterrorism, Security Screener Program Supervision, and more. Senior decision makers are actively involved with account management, offering proactive support and responding to needs as appropriate; training sessions and professional development opportunities have made these leaders indispensable to our continued growth as a business.

Key Personnel Summaries

Gerald Gregory is the President of Vets Securing America. A former Police Captain with over 30 years' experience in the public and private law enforcement sectors, Mr. Gregory is a hands-on manager, always available to clients to discuss any security needs or answer any questions. He began his career in New York as an Undercover Investigator, also performing street surveillance operations. Today a licensed Private Detective and Security Professional, Mr. Gregory has

extensive industry experience in both the public and private law enforcement sector. His credentials in the private sector include Officer, Investigator, Scheduling and Operations Manager, Branch Manager, Regional and National Operations Director, Vice President, Executive Vice President, President, and Chief Executive Officer. In the public law enforcement sector, he attended and graduated from the Essex County New Jersey Police Academy. Mr. Gregory successfully completed his duty as Constable, Confidential Aide to Sheriff, Police Officer, Sergeant, Lieutenant, and Captain of a police department's emergency management division. In addition, Mr. Gregory has effectively completed large Government contracts for federal, State and local Government clients. He was successful in starting and running an East Coast security and investigations company with over 1,800 employees, and has since sold this company to form a Security and Investigations company with nationwide capability—VSA.

Deputy Chief Aaron Pann, VSA's Vice President, presents a diversified background as a Military-trained security specialist with a distinguished military career in leading the planning, security, communications, technology, and operations of organizations throughout the United States and abroad. Deputy Chief Pann has experience in cross-functional team building and leadership, multi-cultural communication, change management, organizational development, and quality/ performance improvement. He obtained a fast-track career promotion through a series of increasingly responsible management positions in leading large-scale operations worldwide. Deputy Chief Pann has received numerous commendations and awards for outstanding leadership, general management, and field operations.

Craig Weissman, CFE, is the Chief Operating Officer for VSA. He has over 16 years' experience in the security industry, most recently conducting financial review audits, financial fraud examinations, due diligence investigations, and the corporate restructuring of several companies. Mr. Weissman's career includes six (6) years in the corporate office of Beau Dietl & Associates as Vice President of the White Collar Division where he managed a staff of analysts and investigators. As an investigator, he has provided risk assessment and competitive intelligence to help clients make strategic business decisions. In addition, Mr. Weissman has been a Certified Fraud Examiner since 2004. As granted by the Association of Certified Fraud Examiners, a Certified Fraud Examiner credential denotes proven expertise in fraud prevention, detection, and deterrence. Mr. Weissman graduated from George Washington University with a Bachelor of Science in Economics.

Leticia Wenzel is the Chief Compliance Officer for VSA. Ms. Wenzel has over 14 years managing different rental properties throughout the State of Texas. Ms. Wenzel's extensive time as property manager has helped her to develop a more client oriented approach to business. During her time as a property manager, Ms. Wenzel has had the opportunity to choose and hire different security companies to patrol the different complexes she has managed.

Experience

Please see our references included below; if for any reason MSPA designees are unable to reach our clients to verify our service, please let us know, and we will happily provide a new reference.

Texas Department of Transportation	
7100 Washington Ave Houston, Texas 77251	Scope: VSA provides both armed and unarmed uniformed security services to patrol and secure eight Travel Information Centers along the border of the State of Texas. For each of these eight sites, VSA provides a marked patrol vehicle, and Officer duties include keeping the peace for travelers, managing traffic, staffing the front desk, and assisting staff and visitors as needed at all eight locations. Guard reserves are deployed as needed to fill in during emergencies.
Peter Sissons, Site Supervisor (713) 876-4172 peter.sissons@txdot.gov	
Duration: 2010 – Present	

Department of Human Resources – Jefferson County	
Gordon Pearson's Bldg. 50 North Ripley St Suite 2104 Montgomery, Alabama 36130	Scope: VSA provides security guard services for Beason-Hammon Alabama Taxpayer and Citizen Protection facility, ten hours a day, five days a week. VSA guards, secures and monitors DHR facilities for theft, injury to the public or employees, damage or destruction of property, sabotage or attempted sabotage, and other attempted acts of violence, while performing periodic patrols, checking IDs, maintain a visitors' log and incident log books, escorting staff or public to their vehicles, and other duties as needed by the department.
Douglas E. Heath, Assistant Director (205) 423-4923 douglas.heath@dhr.alabama.gov	
Duration: 2017 – Present	

Texas DSHS Rio Grande State Center	
1401 Rangerville Road Harlingen Texas 78550	Scope: VSA provides unarmed security officers 24/7 at multiple facilities. Officers supervise vehicles on state property and make visual inspections to be certain that children, pets, or prohibited items are not left in vehicles. Officers also prevent losses attributed to neglect and secure all entrances and exits.
Ray Ramos, Procurement Director (956) 364-8304 ray.ramos@hhsc.state.tx.us	
Duration: 2010 – Present	

Approach

Overview

VSA will leverage the following in its approach going forward:

Skills:	Screening, applying proof of concept technologies, quickly posting replacements with TWIC, responding to natural disasters. Vetting and personnel placement/matching, optimizing and automating administrative tasks through technology, flexibility, resource allotment, surveillance operations.
Knowledge:	<p>Handling hazardous materials and dangerous goods, X-ray equipment, identifying IEDs, pat-down procedures, threat evolution, access control, "Protection in Depth" using FSPs as framework, FEMA guidelines and best practices, MTSA requirements, DHS recommendations and what constitutes anti-terrorism technology, data security, the benefits of local hiring and engagement, quality control methods for ports, leveraging our technology and applications, handling media relations</p> <p>Physical security by using the tactics of deterrence, detection, assessment, communication, and response.</p> <p>VSA uses a strategy of "Protection in Depth" which involves seeking to delay attackers by utilizing the unique space of a facility (crime prevention through environmental design). The more space a facility provides, the more layers of security are available to delay an attacker. VSA will use the layout of each facility to craft a multi-pronged and resistant security approach with knowledge of all access points and perimeter alarm systems.</p>

Detailed Approach to Fulfill the Requirements

Understanding of a Changing Port Environment

The maritime environment in general (and MSPA specifically) is undergoing a period of transition and change. Whenever there is development/unveiling of new master plan, it is clear that the future is full of economic growth and expansion. This growth will bring with it new security challenges that can only be combated by a multi-faceted security approach that involves both local law enforcement and VSA guards.

Security challenges due to expansion include, but are not limited to:

- Increased foot traffic in out and of the port
- Higher passenger flow and need for screening due to the booming cruise market
- More chance of data security breaches

Breakdown of Post-Specific Approaches

Performance measurement procedures will be tailored to specific post assignments. Drills and exercises will focus on areas most relevant to each assignment's purview.

#	Area of Concern	VSA's Approach
1.	Control of Security Restricted Areas (SRAs)	Staffing levels will be monitored with XORA Guard Tracking. Inspections, drills, and exercises will be flexible encompassing the range of threats faced by SRAs; these will include both high-level threats such as active shooter drills, as well as

		low-level incidents (i.e. lost persons wandering into SRAs). Deviations from SOPs will be monitored closely and will not be tolerated.
2.	Access Control at Gates	Drills/exercises will involve step-by-step walkthroughs of screening procedures for all cases specified in post orders/SOPs. Screening procedures for disabled/special needs individuals and for unwilling or resistant individuals will also be tested. A VSA supervisor posing as an individual passing through a gate can develop an up-close appraisal of the screening procedures used by our officers.
3.	Searching of Staff and Other Persons	The primary objective of performance evaluations in this area is to ensure that search procedures can be reliably expected to prevent prohibited items from passing beyond the point of search. We can measure this in a quantifiable manner by regularly having VSA personnel disguised as passengers or MSPA staff attempting to pass through a search point with a prohibited item, and then logging the rate of successful detection.
4.	Vehicle Permits and Searches	We understand that vehicle permit regulations are not consistent and will focus on search procedures of vehicles which determine whether the individual is allowed to be in the area. These procedures can be measured in a similar fashion to the search procedures for staff and other persons above.
5.	Confiscated (Dangerous) Items	Regularly scheduled drills/exercises will be conducted on a step-by-step basis for procedures/equipment use which can detect and confiscate dangerous items. Similarly, to our inspection of search procedures, disguised VSA personnel can attempt to pass prohibited items beyond search; confiscation success rate will be measured.

Transition

We take the transition process seriously. Often, incumbents turn their strength of having existing assets, staff, and processes into a weakness by not treating the process seriously or by assuming continuity. VSA always aims for a rapid and smooth transition, giving incumbent guards the right of first refusal, a practice usually reserved and mandated by Federal contracts. We work closely with the management of both parties to obtain employee contact information and coordinate interviews; in practice, this becomes a transparent process with encouraged client participation. Guard status, rank, experience, and/or wages from the previous contract are carried over on a case-by-case basis.

Throughout the process, we seek to learn and incorporate lessons from previous implementations. And if the incumbent has a close-out/exit process, we will work with them to our best ability, even if it demands additional staff.

Areas of the Transition that will be highlighted and emphasized:

- Interfacing with the Director of Public Safety
- Review of the Facility Security Plan
- Preparedness for compliance with all sections of the Scope
- Formalized transition and phase-in plan sent to designee(s) immediately after award

VSA is mindful of time sensitivities, especially with regards to training times and implementation. Therefore, we will hire incumbents and guards with sufficient port experience who can renew their certifications quickly and easily. MTSA and TWIC certifications take time to obtain, but our guards will have them far ahead of their start time. Insurance certificates will also be provided in advance, cutting down transition wait times.



Continual communication is absolutely necessary to achieve an effective, seamless transition. Throughout the transition period, this interaction will occur at two formal levels: (1) daily (Monday through Friday) plan-of-the-day meetings of the VSA transition Team to review and assess transition progress and status, and (2) weekly meetings with Port designees, in person and via phone conferences.

In addition, we will implement a comprehensive communications plan for incumbent guard staff by communicating clearly and frequently, providing a strategic framework for recruiting responses and decisions; we will lessen all concerns during this period of change.

Mobilization Plan (Overview)

Date/Timeframe	Action Item	Description
1. After one week of verbal/written Notification of Award	Meet with Port Designee and management	Port, including the Contract Administrator or Designee, will be an integral part of communicating the changes, identifying the new roles, and aiding with the transition.
2. Within two weeks from award date	Define workforce transition categories, needs and strategies	With Port, VSA will evaluate existing procedures, continuity, and the need to implement any urgent corrections to existing operations.
3. Immediately upon award; the final written document will be submitted after approval by both parties	Develop Workforce Transition Strategy/Begin drafting Plans	Develop outline(s) for proposed strategy that addresses the specific security needs at designated facilities/buildings. Once both parties agree, the formal document(s) will be prepared; it will include policies, procedures, definitions, and

		transition philosophy for VSA personnel at the Port location.
4. Prior to Contract start	Identify and implement employee training, screening, and equipment needs not previously provided to assume assigned duties	Using an employee roster and various employment checklists, the Quality Control Manager will ensure compliance with all requirements.
5. When necessary	Complete role worksheets for these employees	Using appropriate post orders and qualified personnel, VSA will define assignment duties, limitations and responsibilities.
6. When necessary	Complete training worksheets for these employees	Utilizing VSA policy, employees will acknowledge and commit to all requirements.
7. When necessary	Complete security profile forms for these employees	As identified by management, all requirements to assume duties at Port locations will be complied with.

Training Focus to Full Implementation

<i>Training Focus</i>	<i>Implementation</i>
<i>Understanding the role and function of Port Facility Security Plans</i>	The Facility Security Plan will provide the foundation for VSA training on this contract. Guards will be informed of all access points restricted areas, delivering stores, and bunkers. It is crucial that all security responses are coordinated with vessel schedules.
<i>Understanding and identifying the Maritime Security Levels</i>	The three MARSEC levels will be incorporated into our training and provide a framework for our emergency response. Additional procedures will begin at heightened MARSEC levels.
<i>Recognizing dangerous substances and devices</i>	VSA guards are equipped with cargo scanning equipment and are trained to inspect unattended baggage and report any irregularities or tampering.
<i>Recognizing suspicious behavior</i>	Guards will be made aware of the range of suspicious behaviors that dangerous people tend to commit, such as the unauthorized use of photography, asking a lot of questions, appearing agitated, wearing multiple layers, and carrying suspicious packages.
<i>Understanding the techniques used to circumvent security measure</i>	VSA knows how important it is to stay one step ahead of criminals. Common techniques to circumvent security include waterside approaches, diversions, false documents, and manipulating facility personnel.

Short Notice Provisioning

Ability to Provide Additional Personnel

We will maintain a “Flex-Force” of reserve personnel cross-trained on multiple MSPA post assignments. These reserve personnel will be waiting on stand-by and can effectively respond to vacancies, emergencies, and request for additional services on a short notice. Our “Flex-force” will be staffed at twenty percent beyond the minimum staffing requirements.

Combined with the capabilities of our local branch offices, of which there are many nationwide and four in Florida alone, along with our 24/7 Communications and Dispatch Center, our “Flex-force” will be able to provide a response within an hour or less.

Replacement Staffing Plan

Posts will receive swift security relief for rare no shows. Our automated workforce management and tracking systems identify any discrepancy with arrival times, including lateness or non-response, and immediately alerts Supervisors. We can quickly provide a substitute (within the agreed upon timeframe) because our firm is uniquely positioned to hire more than the requested amount of personnel and support staff to account for any unforeseen incidents.

Replacement staff will be held to a high standard, and confirm to training, appearance, and professional conduct standards of regular full-time personnel.

Auditability

We employ numerous methods to render performance evaluations quantifiable and auditable by MSPA stakeholders. Chiefly among them are our use of Key Performance Indicators (KPIs); we have a history of measuring KPIs for our nationwide DHL clients, and use client-side surveys and self-evaluation methods to gather accurate and comprehensive KPI scores. We will tailor our KPIs for this contract to include areas of concern such as: scanning rates of luggage, stores, personnel and guest, up time of supplied equipment, etc.

In the past, we have presented quantitative KPI scores alongside more qualitative performance measures (such as recognition from client-side site managers) in Quarterly Business Reviews (QBRs) presented to our client stakeholders. These presentations are a form of verifiable evaluation of our staff’s performance at individual sites; KPI scores are calculated using both client and self-evaluation surveys, and trigger corrective action if they fall below a certain quota.

Auditability of our performance in operational procedures and other security measures can also be facilitated electronically; daily log reports, inspection reports, and incident reports are submitted electronically and can be stored for viewing by client stakeholders who have been given access to our database.

Our use and promotion of electronic reporting methods cultivates a reporting culture; this allows us to better record and quantify contract-wide activities in a measurable form. For example, we take great effort in recording the success rate of prohibited item confiscation for our port security contracts.

Proposal

Proposed Workflow Activities

- Integrate the methods above to mitigate challenges at the Port.
- Design Transition-In and Transition-Out plans with mindfulness and an added responsiveness to MSPA's needs.
- Combine approaches and specialties—from advanced perimeter security to customer service and professional consultation when needed.
- Adequately equip, train, and give refresher training/professional development opportunities to those local residents under our employ.
- Provide all necessary log, evaluation, and report forms to the MSPA Designee.
- Provide a continual security presence with the use of replacement guards.
- Comply with all local, state, and federal laws and regulations when hiring, training, and deploying officers.
- Give particular attention to sites with pre-assessed security vulnerabilities.
- Organize and maintain a knowledge base of various security plans, including any Facility Security Plans (FSP).
- Develop a **Green Plan** to complement the MSPA's mission of sustainable and livable environments.
- Maintain a real-time online workforce management system.
- Use a climate of positivity to bridge the gap between guards and monitored populations.

Experience Providing Security Services to Government Entities

VSA is primarily a government contractor specializing in maritime security provisioning. With over 11 continuous years in the industry, we stand apart from our competitors in our ability to leverage local expertise, apply training, and staff our employees to optimize post-fill and employee/client satisfaction. *Please see the section above for more detail into our experience.*

Types of Documentation and Reports

VSA is a paperless company relying on automation and real-time access to reports and documentation. We have integrated real-time solutions for nearly all of our clients as the immediate benefit away from paper reporting and interrupting is clear; faster and more intuitive capture of events, easier broadcasting to many kinds of stakeholders, and greater transparency are just some of the benefits.

Please see a sample report attached.

Fee Structure

Please see the attached.

VSA always performs various market surveys in order to adequately price service delivery and implementation. We also start with a high guard rate that is above the market standard in order to ensure high retention and performance.

Additional Relevant Information

Ability to Resume Operations After a Hurricane or Other Disasters

Our Continuity of Operations Plan (COOP) accounts for worst case scenarios and disasters of large magnitudes. More information on this, and other procedures/capabilities are discussed below:

Vets Securing America has created a Continuity of Operations Plan (COOP) to provide a method for our clients to continue operations during emergencies and to gradually resume full operations, given the constraints of the emergency or situation affecting normal operations.

VSA developed its COOP in accordance with Federal Preparedness Circular 65, Federal Executive Branch Continuity of Operations (U.S. Department of Homeland Security 2004). This circular provides guidance to U.S. government agencies in developing COOP contingency plans. As a resource for emergency planning in critical facilities, it provides an effective structure for planning the resumption of essential functions during emergencies that disrupt normal operations.

In addition, we bring the following to every comparable contract:

- FEMA guideline awareness
- Extensive guard reserves to stand in for personnel affected by disasters
- Both local and remote operations centers
- Internalized GPS tracking not reliant on cellular coverage
- Local office with generator capabilities in case power is interrupted
- Training programs and disaster drills that address critical functions during disasters and gives personnel valuable confidence in the event of an emergency. Disaster drills have been performed at similar sites which allow for improvisation and testing of different response methods. Each event is unique, and our disaster plans take the need for thoughtful improvisation into account.
- We alleviate much of the stress experienced by first-responders and the Coast Guard so that they can perform necessary search and rescue operations and other time-sensitive duties. We use interdepartmental communication with local PD, Coast Guard, and others to determine how we can be most effective and beneficial. We are there to provide peace of mind and support.



The TWIC certification process can lead to complications for unprepared firms. For guards who don't already possess a TWIC card, we E-Verify that they are lawful U.S. citizens and ensure that they meet all other TWIC requirements. TWIC applicants must pass security assessments 8 to 12 weeks beforehand, making the process a long one that most contract transition phases do not allot sufficient time for. Therefore, we prepare non-TWIC guards to be certified long in advance on a strategic (for future contracts) timeframe, rather than a contract-based one. Consequently, we prefer staffing all port security sites with incumbent guards with pre-existing TWIC certification.

Communication in a Crisis

In an emergency, communication is key. Multiple avenues of communication are crucial in emergency situations: communication between liaisons and stakeholders, between supervisors/managers and officers, even between standing guards and reserve guards. VSA understands the intensity of crisis-level incidents; reserve guards sent in to supplement the

standing force will only worsen the situation when deployed without training or directive into the proverbial fire.

For this reason, not only do we cross-train reserve guards on multiple posts and ensure their familiarity with the client property, but we also train regular officers in communication techniques that will allow them to accurately and comprehensively describe the immediate situation to a reserve guard upon arrival. We treat each security officer as a central nexus through which our management team is linked to various client stakeholders engaged in the project. Beyond Port designees, this would include the local Police Department, Fire Department, and emergency medical services.

As a nexus of communication, each officer must be trained in appropriate communication techniques, such as the ability to relay information in a clear and concise manner even under the pressure of emergency situations. Each officer must have the appropriate communication equipment with reliable backups in case of faulty connections.

Competitors tend to overpromise on their commitment to link each officer easily, cost effectively, and so on. We simply rely on what works—while instituting radio backups when cell service is weak, or when there is a service “dead zone”, which unfortunately occurs when communication is needed the most (as we saw during 9/11).

Response to Sample Contingencies at Government Entities

Response to Armed Individuals

Our Officers come from law enforcement and/or military backgrounds so a large percentage of these highly skilled men and women have already been trained in Advanced Law Enforcement Rapid Response Training (ALERRT), the national standard in active shooter response training.

Medical Emergencies

In the event of a medical emergency, guards will immediately contact emergency responders while remaining on the scene to maintain order. While waiting for emergency responders, they will apply the extent of their medical knowledge in order to preserve life (we train and certify guards in CPR/First Aid/AED) while being aware of their own limits and avoiding risky measures.

Angry Individual – Irrational

VSA officers are trained intensively in “Verbal Judo” and the “Use of Force” spectrum for handling potentially irate individuals. During our screening process, we also put potential hires through fine-tuned integrity testing to select against negative traits which may be detrimental in confrontations with irate individuals.

Mental Health Disorders

We train guards to treat individuals suffering from mental health disorders with respect and understanding. If a guard encounters such an individual who is not a safety risk/security threat, but who requires assistance, then the guard will take the necessary actions to assist if possible or direct that individual to the appropriate resources.

For those suffering from mental health disorders that make them a safety risk or security threat to other individuals, guards will approach such scenarios with heightened care and caution while drawing from similar procedures as those used to handle irate individuals (verbal judo and use of force escalation/de-escalation), only taking extreme action when extreme danger is presented to other individuals.

Training Programs

Types of Training	Offered?	Description
Pre-assignment/ orientation training	✓	<p>All VSA Officers under the contract will be licensed by BSIS and fulfill all other licensing requirement. Moreover, VSA provides all Security Officers with comprehensive pre-assignment training. VSA recognizes that pre-assignment training is necessary to familiarize Officers with the normal protocols. Public Relations, Observation and Documentation, Communication and Its Significance, and Liability/Legal Aspects will be covered.</p> <p>VSA will ensure personnel receive emergency response and safety sensitivity training, and all Officers will be suitably instructed on proper security and patrol procedures.</p> <p>VSA Security Officers receive training in scan and search techniques, facility layout, and report writing.</p> <p>VSA conducts training using Target Solutions' online testing programs, specifically designed for the security industry. Following each seminar topic is a test, for which each applicant must receive a passing grade of at least 80% to be considered for employment.</p>
On-the-job, facility-specific or industry-specific training	✓	<p>VSA has long-standing practices of cross-training Officers in advance for multiple posts. This brings added value. VSA also moves Officers to different posts, so that Officers do not become complacent; all Officers will be fully capable of being utilized in different ways. This also prepares reserve officers to fill positions left vacant due to turnover.</p> <p>Both formal and informal on-the-job-training (OJT), updated quarterly, will facilitate continuous improvement and address any negative trends.</p> <p>Corrective actions will consist of documenting negative trends and applying additional training to ensure that VSA Personnel understand each task breakdown and overall mission.</p> <p>On-site training will familiarize officers with the local environment and the area to be secured. We will also train officers in public relations and customer service practices tailored to the area.</p>
Annual retraining and recertification (16 Hours Minimum)	✓	<p>Retraining and recertification will occur for those Guards who may need additional customer service skills (for example) because they moved posts to a more public-facing position. Recertification may need to occur to ensure the continuation of Guards on the job, per state law. VSA will keep all certifications and licenses current and follow all requirements for maintaining certification.</p>

Our training program is built from the distilled expertise of over 11 years in the port security business with dozens of maritime operations nationwide. It includes more than five modules of nearly a hundred slides of port-specific security training, which covers topics such as building an effective maritime security system, hazardous material identification, developing security awareness, and advanced X-ray training for screening services.

Our training program is comprehensive and will aim to reach a balance of security and customer service. It will cover the following general and port-specific topics:

- Harassment and Discrimination
- Role of the Security Officer
- Customer Service
- Observation and Documentation
- Communications (verbal and non-verbal)
- Report Writing
- Liability/Legal Aspects
- Handling Difficult People
- Workplace Violence
- Preserving the Incident Scene
- MTSA 33 CFR – 105.210
- Post Order Compliance
- S/O Duties / Responsibilities
- Emergency Procedures
- Emergency Operations
- Safety Training
- TWIC

Screeners are mandated to take an 80-hour MTSA-approved training, an OJT program, and eye examination, while all security officers and screeners must pass Port-approved prohibited items tests and meet customer service training requirements.

Core Leadership Training

Each project brings a challenging but mutually beneficial element: the need for site-specific training. Continually updating our response procedures to reflect new facilities or new regions with unique vulnerabilities has trained our managers to be more agile and with greater responsiveness nationwide. We welcome increased training whenever awarded a contract with a cruise line, port, or other maritime entity — the overall mission is to utilize the best safeguard possible, with the most appropriate methods and tools available.

Customer Service Training

VSA security officers and supervisors are trained to maintain a balance between customer service and security. The goal is being able to project both a welcoming, customer-oriented demeanor while simultaneously presenting a visible and intimidating deterrent against threats. The key, as we teach our officers, is in body language and non-verbal communication. We train our guards to diffuse tense situations in a non-violent manner. These de-escalation tools emphasize proper use of body language, proxemics, and the harmony of speech and thought.

Beyond these techniques, every aspect of our personnel development process is geared towards creating the desired balance of security and customer service; from the selection of the right personnel who can project the needed demeanor, to the education of security guards in the principles of verbal and non-verbal communication, and even post assignments are made with customer service in mind as more public-facing/customer-oriented posts are given to those guards who exhibit excellent customer service.

Clear directions for helping customers with cruise-related manners (such as directions to a specific area) will be included in post-orders so that guards can be a useful resource to Port passengers. This is our commitment to customer service in action.

Port-specific Security Officer and Supervisor Training

At port environments, VSA Security Officers and Supervisors hold a Transportation Worker Identification Credential (TWIC) and have completed Maritime Transportation Security Act (MTSA) training prior to duty assignment. Screening Officers are required to pass MTSA and FAA or TSA approved security screener training at the Term's commencement. A US Coast Guard approved Facility Security Officer Training Program will be initiated for the site

Security classes prepare students to plan, perform, and manage various levels of security operations. VSA also provides unmatched instruction in threat collection and intelligence analyses, a critical factor in safeguarding the Nation's critical infrastructure and key resources.

In addition to the above, VSA provides the following security training program services:

- Assessment and review of current training programs, to assure ongoing regulatory compliance.
- "Train-the-Trainer" programs that certify select company personnel to provide the most frequently needed and courses.
- World-class instructors who are recognized leaders in their fields and have the demonstrated ability to transfer their knowledge to your staff.
- ISPS Code, MTSA, US Coast Guard complaint classroom training provided in several locations in the United States.
- A wide-range of courses that cover every aspect of security management and operations for all levels of our organization.
- Complete video, course materials, and testing procedures that help assure that personnel receive not only quality training, but that the experience is appropriately documented.



Port-Specific Training Innovations

Formally SMART APPROACH, X-Screen is the foremost security x-ray image recognition training product in the world. With X-Screen, our trainers can simulate nearly each screening situation perfectly and provider our Screeners with unique course learning specific to Smith Detection dual-view X-ray machines. Our Screeners will be acquainted to quickly distinguish between innocent and critical items, bags and situations.

This screening simulation tool features:

- Adaptive learning & Ability to construct your own bags, lessons and courses
- X-ray correct 'Build-a-Bag'
- An instant library update feature to adapt to changing regulations
- Lesson and Course builder with Curriculum delivery
- Session analysis and reports
- Internet-hosted service
- Induction through advanced training and testing
- Hi-fidelity photo-realistic interfaces
- Internet-hosted x-ray image recognition training
- 100% x-ray correct screening
- X-Ray correct simulation on all the major x-ray machines available today

- Bag image library allows us to stay abreast of advances in technology due to an innovative Bag-Builder module and unique capturing technique
- One of the most flexible X-ray training programs
- Allows users to add new threats as the image library updates every few days – completely customizable to client's needs with abilities to manipulate bags and images to include variety of items like irons and candles and not only threat items

Baseline Training for Operational Anti-Terrorism

Beyond awareness training that exceeds the industry standard, we provide the following training on operational measures related to anti-terrorism:

- **Use of the Technical Resource for Incident Prevention (TRIPwire) system**—a 24/7 online, collaborative information-sharing and resource portal for private sector security professionals, along with bomb squads, emergency responders, intelligence analysts, etc. Guards obtain and analyze data (e.g. documents, images, videos) gathered by experts
- **Hazard Assessment and Response Management (HARM)**
- **Managing Civil Actions in Threat Incidents (MCATI)**
- **Tactical Planning for WMD Incidents**
- **WMD Response**
 - **Hands-on Training, Respiratory Protection, Law Enforcement Protective Measures, Incident Complexities**
- **Transit Terrorist Tools and Tactics**

We coordinate and schedule the above anti-terrorism training topics and programs, combine them with our standard training for ports of entry, and monitor acceptability with Training Gap Analysis (*discussed below*) and other tools.

The training baseline (beyond anti-terrorism) is represented with the following table:

Baseline Matrix

#	Critical Areas for Deployment	Subjects Covered (According to Department of Homeland Security Best Practices)
1	General	<ul style="list-style-type: none"> • Overview of the Administration and/or Agency • Overview of the Roles and Responsibilities of a Security Guard • Ethics and Professionalism • Company/Agency Administrations • Post Duties
2	Human Interaction and Customer Service	<ul style="list-style-type: none"> • Principles of Communications (Verbal and Non-Verbal) • Professional Public Relations • Understanding Human Behavior
3	Weapons and Defensive Tactics	<ul style="list-style-type: none"> • Defensive Tactics • Use of Handcuffs • Use of Intermediate Weapons • Use of Firearms (if armed)
4	Inspections	<ul style="list-style-type: none"> • Screener Training • Examining of Identifications and Credentials
5	Communications	<ul style="list-style-type: none"> • Records, Reports, and Forms

		<ul style="list-style-type: none"> • Agency Specific Training • Communications Equipment
6	Emergency Response	<ul style="list-style-type: none"> • General Response Procedures • Safety and Fire Prevention • Special Situations • Code Adam • Hostage Situations, Sabotage, and Espionage • Civil Disturbances • Workplace Violence and Active Shooter • Cardio-pulmonary resuscitation (CPR), automatic external defibrillator (AED), First Aid • Emergency Communications • Facility-Specific Emergency Training

Scheduling and Tracking of Training

We schedule training (with a certified instructor, onsite) within the first week post-award to ensure the timeliness of full deployment.

Certification and/or registration (depends on the state authority) carries with it a unique number that is trackable. We treat training identically, giving mandated courses serialized numbers. Smart software used by our firm also automatically schedules and tracks non-completion and completion. Additionally, refreshers are scheduled as events, and alert all responsible parties to comply with the necessary training update/refresher or face disciplinary actions (all Officers/Supervisors understand this process before assignment and after our orientation sessions).

Training Gap Analysis

A training gap analysis is a comparative tool to find out if the guards employed by our firm meet both required basic training and any additional education that is specific to the facility and/or location. We work with our public agency clients to identify and address these gaps (using Training Gap Analysis)—which are often understood in six categories: general job-related training, human interaction and customer service, weapons and defensive tactics, inspections, communications, and emergency response.

Documented Practices of Updating Employee Training

Employees are trained on current regulations and best practices, and as these change, updates and refresher training must change in equal measure. NSI studies and subsequent improvements also brought about new training measures concerning suspicious activity reporting (SAR), privacy/SSI, information sharing, and more. Applicable updates from the above are then worked into the baseline, advanced, and site-specific training approaches.

Special Training Programs:

Emergency Training

All VSA Security Guards receive site-specific emergency training. Every environment has different factors that come into play in the event of an emergency. Some of these factors are geographical or infrastructural in nature. For example, a region with heavy rainfall would be more concerned with traffic incidents due to slippery roads than an arid region.

In VSA's experience, we have learned to work closely with our clients and their pre-existing emergency procedures in order to devise a response that is most effective in their environment. We will educate our guards in the crisis particularities inherent to the Port, to ensure that their mid-crisis conduct in the event of emergency is both timely and appropriate. Mock disaster training may be conducted alongside local police and fire authorities.

Crowds and Treat Response Training

VSA understands the hectic environment which special events create, an environment which does not lend itself well to security measures and detecting and preventing potential threats. Thanks to our experience in providing event security, we are well-versed in methods to mitigate the challenges to special event security. Delayed police presence will only prioritize the company's procedure and make it more salient. The posted guards' objective reports and their subsequent detail will be expected to reflect this time between police notification and arrival.

Local/Regional Trainer

Upon award, we will work with stakeholders to retain the best port and maritime security trainer in the region. All information, including efforts made to secure this individual or individuals, will be documented and available for audit.

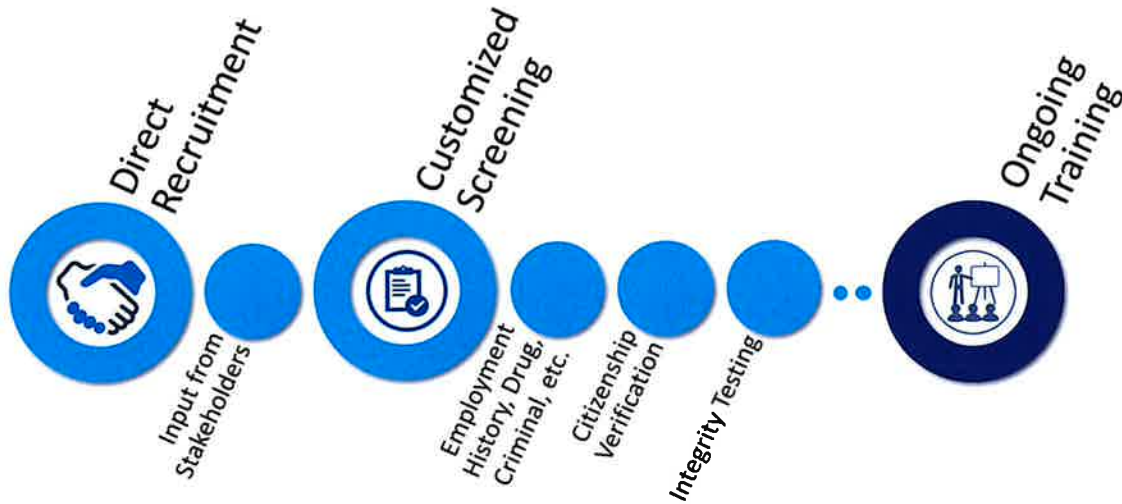
Personnel

Guard Qualifications

Below, we provide samples of supervisors who would be eligible to be staffed on this account. We do not provide names of other officers who are not at the level of management due to privacy concerns.

Local Supervisor #1: Prior to professionally providing security and supervisory services with VSA, Supervisor #1 worked two separate posts over the course of five (5) years then was part of an Aircraft search team (for six (6) years) where he conducted searches on Boeing planes, checked cargo, and verified IDs before employee entry. Supervisor #1 has an Associate's Degree in Alternative Fuels/Advanced Transportation technology.

Local Supervisor #2: As a prior Security Police Specialist for nearly six years, Supervisor #2 brings a decorated service in the US Armed Forces as a leader of a security response team in charge of inspecting physical safeguards for compliance with standards, controlling entry, patrolling fence lines, and more. He then became a security supervisor and worked closely with stakeholders—enforcing client policies, procedures, and ensuring the safety of associates, vendors, visitors, and guests with applied best practices.



Above: Our simplified recruitment process diagram

Direct / Local Recruitment

We draw from outside the typical candidate pools and hire directly; whereas our competition often does not hire directly. No running ads or one-size-fits-all campaigns in newspapers and online. We go to military bases, law enforcement agencies, and career fairs (local, national) to invest resources early for added value benefits later.

Hundreds of local employees, many of which live within a few miles of the Port, already trained in the most advanced tactics for critical infrastructure/port security that matches your facilities—are standing by; equally important, our reputation and image across Mississippi will greatly benefit the Contract.

Application Process

Guards in the local area will be encouraged by job fairs, career outreach specialists, college counselors, etc. to create an account and register at our job portal, which is a convenient online gateway that allows our HR staff to select only the most qualified candidate(s) and schedule an interview. Prior port experience will factor heavily in the initial determination.

Hiring Process/Interviewing

We believe good customer service starts at hiring—competitive offerings correctly targeted to high caliber candidate pools make up our hiring approach. We also focus our attentions on the interview stage, specifically asking candidates “How would you solve/handle ‘X’ scenario using a customer service-oriented approach or CSP? Once satisfactory answers have been given, we institute a psychological profile and Integrity Testing, which has proven extremely useful for retention and lowering workers comp rates.

Extensive No-Cost Screening

It is VSA policy to always conduct criminal history and sex offender background checks on all VSA personnel prior to beginning work and during the term of a purchase order. In this case, we will mandate that each employee assigned to the Contract pass an FBI background check with no serious convictions or felonies. This procedure will conform with *State and industry mandates*.

To comply with the above, Officers seek out IdentoGO Centers, formerly L-1 Enrollment Services, to get these criminal background checks, which are equivalent to fingerprinting services. IdentoGO’s primary service is the secure capture and transmission of electronic fingerprints for employment, certification, licensing, and other verification purposes. IdentoGO Centers provide a fast, convenient way to obtain FBI Criminal History Reports or “rap sheets,” summarizing felony criminal arrest and conviction records submitted from all 50 states and the District of Columbia. The FBI Criminal History Report is generated from a fingerprint-based criminal record check conducted using FBI’s Integrated Automatic Fingerprint Identification System (IAFIS), which searches the National Criminal History Repository Database. If records exist, a detailed report is given; these reports extensively relay information (if any exists) on connections to felonies, the arresting agency’s name, date of arrest, the charge, and the disposition of the arrest.

Mentoring

Supervisor to guard ratios are low to allow for close mentoring and performance-oriented approaches to be realized. Mentoring and impactful professional development opportunities are encouraged and part of our retention strategy.

Benefits

Employees on this contract will enjoy health plan options (federally compliant) with medical stipends, along with vision and dental coverage. They will receive uniforms at no cost, which is best practice in our industry, and also have the choice to opt into a Brinks Money Card as a convenient weekly pay option. Holiday pay will also be given per the state/federal standard with vacation time accrual based on merit and seniority.

Details on individual health plans have been attached.

Holidays

Our holidays observed match MSPA's list and therefore, do not present a possible scheduling conflict or gap.

Acceptance of Conditions

VSA claims no exceptions.



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 4th day of January, 2017, the State of Mississippi issued a Charter/ Certificate of Authority to:

VETS SECURING AMERICA, INC.

That the state of incorporation is Delaware.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Vets Securing America, Inc. is in good standing at this time.

Given under my hand and seal of office
the 22nd day of February, 2019

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN19063252

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>



DELBERT HOSEMANN
Secretary of State

This is not an official certificate of good standing.

Name History

Name	Name Type
Vets Securing America, Inc.	Legal

Business Information

Business Type:	Profit Corporation
Business ID:	1108261
Status:	Good Standing
Effective Date:	01/04/2017
State of Incorporation:	DE
Principal Office Address:	1299 Artesia Blvd, Ste 200 Carson, CA 90746

Registered Agent

Name
InCorp Services, Inc.
302 Enterprise Dr. STE A
Oxford, MS 38655

Officers & Directors

Name	Title
Sherif Assal 1299 Artesia Blvd, Ste 200 Carson, CA 90746	Secretary
Sherine Assal 1299 Artesia Blvd, Ste 200 Carson, CA 90746	President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/22/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER El Dorado Insurance Agency, Inc. El Dorado Sec Svcs Ins Agy 3673 Westcenter Drive Houston TX 77042		CONTACT NAME: Kimberly Ann deGreef PHONE (A/C No. Ext): 832-320-4505 FAX (A/C No.): 832-320-4555 E-MAIL: kimberlyann@eldoradoinsurance.com ADDRESS:															
INSURED Vets Securing America, Inc. 10100 Reunion Place Suite 120 San Antonio TX 78216		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Zurich American Ins Co</td><td>27855</td></tr><tr><td>INSURER B: Endurance American Insurance Company</td><td>10641</td></tr><tr><td>INSURER C: Colony Insurance Company</td><td>39993</td></tr><tr><td>INSURER D: Hiscox Insurance Company</td><td>10200</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Zurich American Ins Co	27855	INSURER B: Endurance American Insurance Company	10641	INSURER C: Colony Insurance Company	39993	INSURER D: Hiscox Insurance Company	10200	INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A: Zurich American Ins Co	27855																
INSURER B: Endurance American Insurance Company	10641																
INSURER C: Colony Insurance Company	39993																
INSURER D: Hiscox Insurance Company	10200																
INSURER E:																	
INSURER F:																	

COVERAGES **CERTIFICATE NUMBER: VSA (10-20-18) W-CRM** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BOL0288450-01	10/20/2018	10/20/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000				
	<input checked="" type="checkbox"/> Errors & Omissions		MED EXP (Any one person) \$ 10,000				
	GEN'L AGGREGATE LIMIT APPLIES PER		PERSONAL & ADV INJURY \$ 1,000,000				
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> OTHER \$25,000 Per Occ. Ded.						PRODUCTS - COM/PROP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY			BAP0865493-02	10/20/2018	10/20/2019	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		BCDILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	BCDILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$				
B	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		EXC30000484301 (\$5M X Primary)	10/20/2018	10/20/2019	EACH OCCURRENCE \$ 10,000,000
C	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		AR4460605 (\$5M X \$5M)			AGGREGATE \$ 10,000,000
	DED	RETENTION \$					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 0093650-03	9/30/2018	9/30/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-EP
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER/EMPLOYEE?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Crime - 1st & 3rd Party			VC21824594.18	10/31/2018	10/31/2019	LIMIT \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder when there is a written contract between the named insured and the certificate holder that requires such status.

This certificate use for bid purpose only.

Upon the award VSA will issue a new liability Insurance Certificate as per the bid/proposal requirements

CERTIFICATE HOLDER



CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

R.L. Ring, Jr./KDEGRE

February 27, 2018

Re: Good Standing Letter

To Whom it May Concern:

The intent of this letter is to confirm that the account for Vets Securing America is in good standing. They currently have a \$25,000,000 financing arrangement and we are willing to provide them with an additional \$25,000,000 if needed to accommodate new contract awards. RTS Financial has been working with Vets Securing America and their affiliates since November 2013.

For further questions please call Ryan Beasley, our National Sales Manager, directly at 913-310-1451.

Regards,



Jim Maurer

Vice President/General Counsel

Subtotal	
Sales Tax	
Total Invoice Amount	
Payment/Credit Applied	
TOTAL	

[illegible]



VETS SECURING AMERICA

Continuations Supervisor Inspection Report										Supervisor		Day:		Date:		Shift:								
Ending Mileage		Starting Mileage		Total Mileage		Vehicle Damage?		if yes, Explain on an incident report		Officer (s) on Duty (Print)		(A) Armed (U) Unarmed		Security Officer Review Rate 1-4				Security Officer Signature		Site Examination		Client Signature Comments		
Job Site		Time		In		Out																		
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
32																								
33																								
34																								

Use Reverse for Explanation

2 Satisfactory

1 Poor

4 Excellent

3 Good

Certify that the facts stated in this report are true:



Location:

NOTE: PAY PERIOD STARTS SUNDAY AT MIDNIGHT AND ENDS SATURDAY AT MIDNIGHT

Pay Period From: _____ to _____

ALL Security officers MUST SIGN IN & OUT on the timesheet, failure to do so will result in shortage of pay

[illegible]



VETS SECURING AMERICA

Incident Report

Form Name:

Submitted By:

Date/Time:

Address:

Details

**VETS SECURING
AMERICA**

IR #

INCIDENT DAY/DATE

INCIDENT TIME (24 HRS)

TYPE OF INCIDENT

LOCATION OF INCIDENT

PRIMARY INVOLVED
PARTY

NAME (LAST, FIRST,
MIDDLE)

ADDRESS

PHONE

SUSPECTS INFORMATION

ADDITIONAL
DESCRIPTION/DISTINCTIVE
EQUIPMENT

VEHICLE 1 INFORMATION

VEHICLE 2 INFORMATION

ADDITIONAL
INFORMATION

NARRATIVE 1

NARRATIVE 2

NARRATIVE 3

EVIDENCE PHOTO 1

EVIDENCE PHOTO 2

EVIDENCE PHOTO 3

DATE/TIME REPORT WAS
TAKEN

REPORTING OFFICER'S
NAME

Vets Securing America: An Equal Opportunity Employer
PRE-EMPLOYMENT QUESTIONNAIRE



DATE: _____

Application for Employment

Personal Information				
Name (Last Name, First):			Social Security Number	
Current Address:	Apt. No:	City:	State:	Zip
Home Phone:	Mobile Phone:		Circle Preferred Number: Home / Mobile	
Are you 18 years or older?	Do you have the legal right to work and be employed in the United States?			

Desired Employment		
Position:	Date you can start:	Desired Salary:
Are you employed now?	If so, may we inquire of your present employer?	
Have you ever applied with this Company before?	When?	What position?
Have you ever worked with this Company before?	When?	What position?
Reason for leaving (if applicable):		
Name of your last supervisor at this Company (if applicable):		

Education			
Circle highest grade completed in each category	High 9 10 11 12	College 1 2 3 4	Grad 1 2 3 4
School Name	Location	Did you graduate?	Subjects Studied
High School			
College			
Graduate School			
Apprentice, Business, or Vocational School			

Military Information			
Branch of US Service	Length of Service	Final Rank	Service Number
Schools or special experience acquired during service which are relevant to position being applied for			

Employment Record

List all previous employment, including Military Services, during the past ten (10) years. Do not attach a resume. Attach a separate list if more space is required.

Present or recent employer:			
Street Address:	City:	State:	Zip:
Job Title:	Start date:	Leaving Date:	
Description of Work:			
Reason for Leaving:			
Weekly Starting Salary:	Weekly Final Salary:	May we contact your previous Supervisor?	
Name of Supervisor:	Title:	Phone Number:	

Present or recent employer:			
Street Address:	City:	State:	Zip:
Job Title:	Start date:	Leaving Date:	
Description of Work:			
Reason for Leaving:			
Weekly Starting Salary:	Weekly Final Salary:	May we contact your previous Supervisor?	
Name of Supervisor:	Title:	Phone Number:	

Present or recent employer:			
Street Address:	City:	State:	Zip:
Job Title:	Start date:	Leaving Date:	
Description of Work:			
Reason for Leaving:			
Weekly Starting Salary:	Weekly Final Salary:	May we contact your previous Supervisor?	
Name of Supervisor:	Title:	Phone Number:	

Rev: 11/09/2018



Form Information

Form Name	Daily Log Report
Submitted by	Sacramento Tablet
Date/Time	02/11/19 02:21 PM CST
Address	7530 Folsom-Auburn Road, Folsom, CA 95630

Details

VETS SECURING AMERICA

Date	08-Feb-2019
time	05:52 PM
Checklist	
Comments	<p>1600. Sgt. Banik and Ofc. Strickland on site and starting shift. Met with Judy the manager of Marina Vista. Picked up laptop from Kahn. Met with the Jobs Plus employees on site and worked out a safety plan for them when they clock out and leave.</p> <p>1700. Drove to Alder Grove and talked to Robbie about his site.</p> <p>1730. Marina Vista ran into an argument between 2 women and their children on Vallejo near bldg. 401-403. (See incident report 1)</p> <p>1735. Searched the area for the vehicles and found the gray Ford Focus parked on McClatchy near bldg. 49-63. Tried to park and make contact but the girls hopped in and drove off down 5th street, making a left onto Vallejo towards Muir.</p> <p>1820. Met up with OFC. Rodriguez and provided him with his shirts and pants. Reminded him about body armor deal.</p> <p>1839. Sent out emails to weekend shift. Talked with Arlyn about things she needed to have taken care of before Saturday.</p> <p>1840. Vehicle Patrol Marina Vista.</p> <p>1900. Vehicle patrol Alder Grove. Double check laundry doors and all locked.</p> <p>2000. Vehicle patrol Marina Vista.</p> <p>2030. Vehicle Patrol Alder Grove.</p> <p>2040. Rest room break.</p> <p>2050. Lunch.</p> <p>2100. Vehicle patrol Marina Vista. Helped a resident with their vehicle. Their vehicle over heated and we found some water to help cool it down and get them going again.</p> <p>2145. Alder Grove vehicle patrol.</p> <p>2230. Marina Vista vehicle patrol.</p> <p>2300. Alder Grove vehicle patrol.</p> <p>2330. Marina Vista vehicle patrol.</p> <p>2348. Email sent to Judy and Robbie about Friday evenings activities.</p> <p>0000. Off site.</p>
Users	David Banik



Signature

[Handwritten Signature]

At 02/09/19 01:35 AM CST 407 Vallejo Way Sacramento,
CA 95818

[Handwritten Signature]

At 02/09/19 01:35 AM CST 407 Vallejo Way Sacramento,
CA 95818



Form Information

Form Name	VETS Daily Log Report
Submitted by	Sacramento Tablet
Date/Time	02/17/19 01:51 AM CST
Address	240 Seavey Circle, Sacramento, CA 95818

Details

VETS SECURING AMERICA

Date	16-Feb-2019
time	04:00 PM
Checklist	
Comments	<p>1600 S/o Rodriguez and Rogers arrived on site. we began our patrol at Marina Vista. We made several patrols throughout the site. We noticed the clubhouse was still open with occupants. At 1630 officers Rodriguez and Rogers made several patrols throughout Alder Grove. At 1638 we noticed a white box truck stuck on the grass area in front of unit 408.</p> <p>1700 S/o Rodriguez and Rogers returned to Marina Vista and began our patrol of the property. the clubhouse remained in use. At 1725 we returned to Alder Grove and began to lock the laundry rooms. At 1745 all laundry rooms were locked.</p> <p>1800 S/o Rodriguez and Rogers continued to patrol throughout Marina Vista. We patrolled the area on foot to ensure we visible and alert at all times. S/o Rodriguez and Rogers then returned to Alder Grove and patrolled the streets of the site</p> <p>1900 s/o Rodriguez and Rogers carried out continues patrols throughout both Alder Grove and Marina Vista. We ensured we were visible and alert at all times. At 1951 we noticed several teens near unit 147.</p> <p>2000 s/o Rodriguez and Rogers continued to patrol throughout the property. At 2016 we noticed a red truck lp# 5tfj974 parked on the grass on Seavey Circle. The driver moved when asked. At 2030 we returned to patrol Alder Grove. we made a full foot patrol of the site greeting all residents we came in contact with.</p> <p>2100 while on patrol near the clubhouse on Seavey Circle we heard yelling and screaming we attempted to located the source but was unable to, we continued to patrol the area to ensure we wernt needed.</p> <p>2200 while making our rounds throughout Marina Vista we noticed the laundry room was unlocked and the lights were not working. we then returned to Marina Vista and made our rounds of the grounds. At 2248 we noticed a white Chevy Tahoe with its hazard lights on near Seavey Circle and McClatchy. The driver stated she broke down on her way home.</p> <p>2300 S/O Rodriguez and Rogers preformed our final patrols of both sites</p> <p>0000 off duty.</p>
Users	David Banik



Signature

Jose Rb

At 02/17/19 01:51 AM CST 240 Seavey Circle Sacramento,
CA 95818

Jose Rb

At 02/17/19 01:51 AM CST 240 Seavey Circle Sacramento,
CA 95818

Your summary of benefits



Anthem Blue Cross

Your Plan: Value HMO 20/40/250/3 day/20% OP(Essential Formulary \$5/\$20/\$40/\$60/30%)

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA); except OB/GYN services received within the member's medical group/ IPA, and services for mental and nervous disorders and substance abuse. Benefits are subject to all terms, conditions, limitations, and exclusions of the EOC.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i>	Not Applicable	Not Applicable
Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$3,000 single / \$6,000 family	Not Applicable
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i>	No charge	Not covered
Doctor Home and Office Services		
Primary care visit to treat an injury or illness	\$20 copay per visit	Not covered
Specialist care visit	\$40 copay per visit	Not covered
Prenatal and Post-natal Care	\$20 copay per visit	Not covered
Other practitioner visits: Retail health clinic On-line Visit	Not covered Not covered	Not covered Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Chiropractic services <i>Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Chiropractic visits count towards your physical and occupational therapy limit.</i>	\$20 copay per visit	Not covered
Acupuncture	\$20 copay per visit	Not covered
Other services in an office: Allergy testing Chemo/radiation therapy Hemodialysis Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection</i>	\$20 copay per visit \$40 copay per visit \$40 copay per visit 30% coinsurance up to \$150 per visit	Not covered Not covered Not covered Not covered
Diagnostic Services Lab: Office Freestanding Lab Outpatient Hospital	No charge No charge 20% coinsurance	Not covered Not covered Not covered
X-ray: Office Freestanding Radiology Center Outpatient Hospital	No charge No charge 20% coinsurance	Not covered Not covered Not covered
Advanced diagnostic imaging (for example, MRI/PET/CAT scans): Office Freestanding Radiology Center Outpatient Hospital	\$100 copay per test \$100 copay per test 20% coinsurance	Not covered Not covered Not covered
Emergency and Urgent Care Emergency room facility services <i>Copay waived if admitted.</i> Emergency room doctor and other services	\$150 copay per visit No charge	Covered as In-Network Covered as In-Network

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Ambulance (air and ground)	\$100 copay per trip	Covered as In-Network
Urgent Care (office setting) <i>Copay waived if admitted.</i>	\$20 copay per visit	Covered as In-Network
Outpatient Mental/Behavioral Health and Substance Abuse		
Doctor office visit	\$20 copay per visit	Not covered
Facility visit:		
Facility fees	No charge	Not covered
Doctor Services	\$20 copay per visit	Not covered
Outpatient Surgery		
Facility fees:		
Hospital	20% coinsurance	Not covered
Freestanding Surgical Center	20% coinsurance	Not covered
Doctor and other services	No charge	Not covered
Hospital Stay (all inpatient stays including maternity, mental / behavioral health, and substance abuse)		
Facility fees (for example, room & board)	\$250 copay per day up to \$750 per admission	Not covered
Doctor and other services	No charge	Not covered
Recovery & Rehabilitation		
Home health care <i>Coverage for In-Network Provider is limited to 100 visit limit per benefit period.</i>	\$20 copay per visit	Not covered
Rehabilitation services (for example, physical/speech/occupational therapy):		
Office <i>Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Chiropractic visits count towards your physical and occupational therapy limit.</i>	\$20 copay per visit	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Outpatient hospital <i>Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Chiropractic visits count towards your physical and occupational therapy limit.</i></p> <p>Habilitation services (for example, physical/speech/occupational therapy):</p> <p>Office <i>Habilitation visits count towards your rehabilitation limit.</i></p> <p>Outpatient hospital <i>Habilitation visits count towards your rehabilitation limit.</i></p>	<p>20% coinsurance</p> <p>20% coinsurance</p> <p>20% coinsurance</p>	<p>Not covered</p> <p>Not covered</p> <p>Not covered</p>
<p>Cardiac rehabilitation</p> <p>Office</p> <p>Outpatient hospital</p>	<p>\$20 copay per visit</p> <p>20% coinsurance</p>	<p>Not covered</p> <p>Not covered</p>
<p>Skilled nursing care (in a facility) <i>Coverage for In-Network Provider is limited to 100 day limit per benefit period.</i></p>	No charge	Not covered
Hospice	No charge	Not covered
Durable Medical Equipment	50% coinsurance	Not covered
Prosthetic Devices	No charge	Not covered

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Not Applicable	Not Applicable
Pharmacy Out of Pocket	\$0	\$0
Prescription Drug Coverage <i>This plan uses an Essential formulary List. Drugs not on the list are not covered.</i>		
Preventive Drugs <i>Preventive Rx Plus: Deductible is waived for certain drugs for diabetes, asthma, heart health, high blood pressure, high cholesterol, stroke, and osteoporosis.</i>		
Tier 1a - Typically Lower Cost Generic	No charge	No charge
Tier 1b - Typically Generic	No charge	No charge
Tier 2 - Typically Preferred Brand & Non-Preferred Generics	No charge	No charge
Other Drug Coverage		
Tier 1a - Typically Lower Cost Generic <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program) You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. Member pays the retail pharmacy copay plus 50% for out of network.</i>	\$5 copay per prescription (retail only). \$12.50 copay per prescription (home delivery only).	50% coinsurance up to \$250 per prescription (retail only).
Tier 1b - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program) You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. Member pays the retail pharmacy copay plus 50% for out of network.</i>	\$20 copay per prescription (retail only). \$50 copay per prescription (home delivery only).	50% coinsurance up to \$250 per prescription (retail only).
Tier 2 - Typically Preferred Brand & Non-Preferred Generics <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program) Member pays the retail pharmacy copay plus 50% for out of network.</i>	\$40 copay per prescription (retail only). \$120 copay per prescription (home delivery only).	50% coinsurance up to \$250 per prescription (retail only).

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Tier 3 - Typically Non-Preferred Brand <i>Certain drugs require preauthorization approval to obtain coverage. Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program) Member pays the retail pharmacy copay plus 50% for out of network.</i>	\$60 copay per prescription (retail only). \$180 copay per prescription (home delivery only).	50% coinsurance up to \$250 per prescription (retail only).
Tier 4 - Typically Specialty (brand and generic) <i>Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program. Covers up to a 30 day supply (retail pharmacy and home delivery program) Member pays the retail pharmacy copay plus 50% for out of network.</i>	30% coinsurance up to \$250 per prescription (retail only). 30% coinsurance up to \$250 per prescription (home delivery only).	50% coinsurance up to \$250 per prescription (retail only).

Your summary of benefits

Notes:

- This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).
- In addition to the benefits described in this summary, coverage may include additional benefits, depending upon the member's home state. The benefits provided in this summary are subject to federal and California laws. There are some states that require more generous benefits be provided to their residents, even if the master policy was not issued in their state. If the member's state has such requirements, we will adjust the benefits to meet the requirements.
- Your plan requires a selection of a Primary Care Physician. Your plan requires a referral from your Primary Care Physician for select covered services.
- Preventive Care Services includes physical exam, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunization, health education, intervention services, HIV testing) and additional preventive care for women provided for in the guidance supported by Health Resources and Service Administration.
- For Medical Emergency care rendered by a Non-Participating Provider or Non-Contracting Hospital, reimbursement is based on the reasonable and customary value. Members may be responsible for any amount in excess of the reasonable and customary value.
- If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.
- Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.
- Additional visits maybe authorized if medically necessary. Pre-service review must be obtained prior to receiving the additional services.
- Skilled Nursing Facility day limit does not apply to mental health and substance abuse.
- Freestanding Lab and Radiology Center is defined as services received in a non-hospital based facility.
- Infertility services are not included in the out of pocket amount.
- Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverage do not exceed 100% of the covered expense
- When using non-network pharmacy; members are responsible for in-network pharmacy copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount. Members will pay upfront and submit a claim form.
- Supply limits for certain drugs may be different, go to Anthem website or call customer service.
- Certain drugs require pre-authorization approval to obtain coverage.
- For additional information on limitations and exclusions and other disclosure items that apply to this plan, go to https://le.anthem.com/pdf?x=CA_LG_HMO

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Questions:(855) 333-5730 or visit us at www.anthem.com/ca

CA/L/F/Val20402503d20OPEF520406030-HMO-NA/NA-LH2125/QRKDS/LR2091/01-18

Your summary of benefits

- For additional information on this plan, please visit sbc.anthem.com to obtain a Summary of Benefit Coverage.
- Respite Care limited to 5 consecutive days per admission.

Language Access Services:

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (855) 333-5730.

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (855) 333-5730.

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով (855) 333-5730:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (855) 333-5730。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (855) 333-5730 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (855) 333-5730.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (855) 333-5730.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (855) 333-5730.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(855) 333-5730 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (855) 333-5730 로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idílkidgo ná bohónéedzà dóó bee ahóót'i' t'áá ni nizaad k'ehj bee níl hodoonih t'áadoo bą́ąh ilínigóó. Ata' halne'ígíí la' bich'i' hadeesdzih nínízingo koj' hodiilnih (855) 333-5730.

Language Access Services:

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (855) 333-5730.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (855) 333-5730 'ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (855) 333-5730.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (855) 333-5730.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (855) 333-5730.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (855) 333-5730.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Your summary of benefits



Anthem Blue Cross

Your Plan: Anthem Elements Choice HMO 5900 (Essential Formulary \$5/\$20/\$50/\$65/30% \$500 Deductible)

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA); except OB/GYN services received within the member's medical group/IPA, and services for mental and nervous disorders and substance abuse. Benefits are subject to all terms, conditions, limitations, and exclusions of the EOC.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section. Deductible applies to all medical services unless otherwise noted.</i>	\$5,900 per member	Not Applicable
Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$6,400 single / \$12,800 family	Not Applicable
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i>	No charge	Not covered
Doctor Home and Office Services Primary care visit to treat an injury or illness	\$35 copay per visit deductible does not apply	Not covered
Specialist care visit	\$70 copay per visit deductible does not apply	Not covered
Prenatal and Post-natal Care	\$35 copay per visit	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
	deductible does not apply	
Other practitioner visits: Retail health clinic On-line Visit Chiropractic services <i>Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Chiropractic visits count towards your physical and occupational therapy limit.</i> Acupuncture	Not covered Not covered \$35 copay per visit deductible does not apply \$35 copay per visit deductible does not apply	Not covered Not covered Not covered Not covered
Other services in an office: Allergy testing Chemo/radiation therapy Hemodialysis Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection</i>	\$35 copay per visit deductible does not apply \$70 copay per visit deductible does not apply \$70 copay per visit deductible does not apply 30% coinsurance up to \$150 per visit	Not covered Not covered Not covered Not covered
Diagnostic Services Lab: Office Freestanding Lab Outpatient Hospital	No charge No charge 30% coinsurance	Not covered Not covered Not covered
X-ray: Office Freestanding Radiology Center Outpatient Hospital	No charge No charge 30% coinsurance	Not covered Not covered Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Advanced diagnostic imaging (for example, MRI/PET/CAT scans): <div>Office</div> <div>Freestanding Radiology Center</div> <div>Outpatient Hospital</div>	<div>\$250 copay per test deductible does not apply</div> <div>\$250 copay per visit deductible does not apply</div> <div>30% coinsurance</div>	<div>Not covered</div> <div>Not covered</div> <div>Not covered</div>
Emergency and Urgent Care Emergency room facility services <i>Copay waived if admitted.</i> Emergency room doctor and other services	<div>\$250 copay per admission and then 30% coinsurance</div> <div>No charge</div>	<div>Covered as In-Network</div> <div>Covered as In-Network</div>
Ambulance (air and ground)	\$100 copay per trip deductible does not apply	Covered as In-Network
Urgent Care (office setting) <i>Copay waived if admitted.</i>	\$35 copay per visit deductible does not apply	Covered as In-Network
Outpatient Mental/Behavioral Health and Substance Abuse Doctor office visit Facility visit: <div>Facility fees</div> <div>Doctor Services</div>	<div>\$35 copay per visit deductible does not apply</div> <div>No charge</div> <div>\$35 copay per visit deductible does not apply</div>	<div>Not covered</div> <div>Not covered</div> <div>Not covered</div>
Outpatient Surgery Facility fees: <div>Hospital</div>	<div>30% coinsurance</div>	<div>Not covered</div>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Freestanding Surgical Center</p> <p>Doctor and other services</p>	<p>30% coinsurance</p> <p>No charge</p>	<p>Not covered</p> <p>Not covered</p>
<p>Hospital Stay (all inpatient stays including maternity, mental / behavioral health, and substance abuse)</p> <p>Facility fees (for example, room & board)</p> <p>Doctor and other services</p>	<p>30% coinsurance</p> <p>No charge</p>	<p>Not covered</p> <p>Not covered</p>
<p>Recovery & Rehabilitation</p> <p>Home health care <i>Coverage for In-Network Provider is limited to 100 visit limit per benefit period.</i></p>	<p>\$35 copay per visit deductible does not apply</p>	<p>Not covered</p>
<p>Rehabilitation services (for example, physical/speech/occupational therapy):</p> <p>Office <i>Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Chiropractic visits count towards your physical and occupational therapy limit.</i></p> <p>Outpatient hospital <i>Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Chiropractic visits count towards your physical and occupational therapy limit.</i></p> <p>Habilitation services (for example, physical/speech/occupational therapy):</p> <p>Office <i>Habilitation and Rehabilitation visits count towards your Rehabilitation limit.</i></p> <p>Outpatient hospital <i>Habilitation visits count towards your rehabilitation limit.</i></p>	<p>\$35 copay per visit deductible does not apply</p> <p>30% coinsurance</p> <p>30% coinsurance</p> <p>30% coinsurance</p> <p>30% coinsurance</p>	<p>Not covered</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>
<p>Cardiac rehabilitation</p> <p>Office</p> <p>Outpatient hospital</p>	<p>\$35 copay per visit deductible does not apply</p> <p>30% coinsurance</p>	<p>Not covered</p> <p>Not covered</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Skilled nursing care (in a facility) <i>Coverage for In-Network Provider is limited to 100 day limit per benefit period.</i>	30% coinsurance	Not covered
Hospice	No charge	Not covered
Durable Medical Equipment	50% coinsurance	Not covered
Prosthetic Devices	No charge	Not covered

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible <i>Deductible applies to all pharmacy services unless otherwise noted.</i>	\$500 single / \$1,500 family	Not Applicable
Pharmacy Out of Pocket	Not Applicable	Not Applicable
Prescription Drug Coverage <i>This plan uses an Essential formulary List. Drugs not on the list are not covered.</i>		
Preventive Drugs <i>Preventive Rx Plus: Deductible is waived for certain drugs for diabetes, asthma, heart health, high blood pressure, high cholesterol, stroke, and osteoporosis.</i>		
Tier 1a - Typically Lower Cost Generic	No charge	No charge
Tier 1b - Typically Generic	No charge	No charge
Tier 2 - Typically Preferred Brand & Non-Preferred Generics	No charge	No charge
Other Drug Coverage Tier 1a - Typically Lower Cost Generic <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program)</i>	\$5 copay per prescription deductible does not apply (retail only). \$12.50 copay per prescription deductible does not apply (home delivery only).	50% coinsurance up to \$250 per prescription deductible does not apply (retail only).
Tier 1b - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program)</i>	\$20 copay per prescription deductible does not apply (retail only). \$50 copay per prescription deductible does not apply (home delivery only).	50% coinsurance up to \$250 per prescription deductible does not apply (retail only).

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Tier 2 - Typically Preferred Brand & Non-Preferred Generics <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program)</i>	\$50 copay per prescription (retail only). \$150 copay per prescription (home delivery only).	50% coinsurance up to \$250 per prescription (retail only).
Tier 3 - Typically Non-Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program)</i>	\$65 copay per prescription (retail only). \$195 copay per prescription (home delivery only).	50% coinsurance up to \$250 per prescription (retail only).
Tier 4 - Typically Specialty (brand and generic) <i>Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program. Covers up to a 30 day supply (retail pharmacy and home delivery program)</i>	30% coinsurance up to \$250 per prescription (retail and home delivery).	50% coinsurance up to \$250 per prescription (retail only).

Your summary of benefits

Notes:

- This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).
- In addition to the benefits described in this summary, coverage may include additional benefits, depending upon the member's home state. The benefits provided in this summary are subject to federal and California laws. There are some states that require more generous benefits be provided to their residents, even if the master policy was not issued in their state. If the member's state has such requirements, we will adjust the benefits to meet the requirements.
- Your plan requires a selection of a Primary Care Physician. Your plan requires a referral from your Primary Care Physician for select covered services.
- Preventive Care Services includes physical exam, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunization, health education, intervention services, HIV testing) and additional preventive care for women provided for in the guidance supported by Health Resources and Service Administration.
- For Medical Emergency care rendered by a Non-Participating Provider or Non-Contracting Hospital, reimbursement is based on the reasonable and customary value. Members may be responsible for any amount in excess of the reasonable and customary value.
- If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.
- Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.
- Additional visits maybe authorized if medically necessary. Pre-service review must be obtained prior to receiving the additional services.
- Skilled Nursing Facility day limit does not apply to mental health and substance abuse.
- Freestanding Lab and Radiology Center is defined as services received in a non-hospital based facility.
- Infertility services are not included in the out of pocket amount.
- Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverage do not exceed 100% of the covered expense
- In Network and Non Network pharmacy deductibles are combined. Satisfying one helps satisfy the other. Pharmacy deductibles are included in the annual out-of-pocket maximums.
- When using non-network pharmacy; members are responsible for in-network pharmacy copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount. Members will pay upfront and submit a claim form.
- Supply limits for certain drugs may be different, go to Anthem website or call customer service.
- Certain drugs require pre-authorization approval to obtain coverage.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association, ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Questions:(855) 333-5730 or visit us at www.anthem.com/ca

CA/L/F/ACE5900EssFo520506530500D-HMO-NA/NA-LH2119/DO0V2/LR2113/01-18

Your summary of benefits

- For additional information on limitations and exclusions and other disclosure items that apply to this plan, go to https://le.anthem.com/pdf?x=CA_LG_HMO
- For additional information on this plan, please visit sbc.anthem.com to obtain a Summary of Benefit Coverage.
- Respite Care limited to 5 consecutive days per admission.

Language Access Services:

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (855) 333-5730.

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (855) 333-5730.

Armenian (հայերեն): Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (855) 333-5730:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (855) 333-5730。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (855) 333-5730 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (855) 333-5730.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (855) 333-5730.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (855) 333-5730.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(855) 333-5730 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (855) 333-5730 로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idílkidgo ná bohónéedzà dóó bee ahóót'i' t'áá ní nizaad k'ehj bee níí hodoonih t'áadoo bááh ilínigóó. Ata' halne'ígíí la' bich'i'í hadeesdzih níínízingo kojí' hodíílnih (855) 333-5730.

Language Access Services:

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (855) 333-5730.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (855) 333-5730 'ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (855) 333-5730.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (855) 333-5730.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (855) 333-5730.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (855) 333-5730.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Your summary of benefits



Anthem Blue Cross Life and Health Insurance Company

Your Plan: Solution PPO 2500/25/20 (Essential Formulary \$5/\$20/\$40/\$60/30%)

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section. Deductible applies to all medical and pharmacy services unless otherwise noted.</i>	\$2,500 single / \$5,000 family	\$7,500 single / \$15,000 family
Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$6,350 single / \$12,700 family	\$19,050 single / \$38,100 family
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i>	No charge	40% coinsurance
Doctor Home and Office Services Primary care visit to treat an injury or illness	\$25 copay per visit deductible does not apply	40% coinsurance
Specialist care visit	\$25 copay per visit deductible does not apply	40% coinsurance
Prenatal and Post-natal Care	\$25 copay per visit deductible does not apply	40% coinsurance
Other practitioner visits: Retail health clinic	\$25 copay per visit deductible does not apply	40% coinsurance

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
On-line Visit	\$10 copay per visit deductible does not apply	40% coinsurance
Chiropractic services <i>Coverage for In-Network Providers and Non-Network Providers combined is limited to 30 visit limit per benefit period.</i>	\$25 copay per visit deductible does not apply	40% coinsurance
Acupuncture <i>Coverage for In-Network Providers and Non-Network Providers combined is limited to 20 visit limit per benefit period.</i>	\$25 copay per visit deductible does not apply	40% coinsurance
Other services in an office: Allergy testing Chemo/radiation therapy Hemodialysis Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection</i>	20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance 40% coinsurance
Diagnostic Services Lab: Office Freestanding Lab Outpatient Hospital	20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance
X-ray: Office Freestanding Radiology Center Outpatient Hospital	20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance
Advanced diagnostic imaging (for example, MRI/PET/CAT scans): Office Freestanding Radiology Center Outpatient Hospital	20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance
Emergency and Urgent Care Emergency room facility services <i>Copay waived if admitted.</i>	\$150 copay per admission and 20%	Covered as In-Network

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency room doctor and other services	coinsurance 20% coinsurance	Covered as In-Network
Ambulance (air and ground)	20% coinsurance	40% coinsurance
Urgent Care (office setting)	\$25 copay per visit deductible does not apply	40% coinsurance
Outpatient Mental/Behavioral Health and Substance Abuse		
Doctor office visit	\$25 copay per visit deductible does not apply	40% coinsurance
Facility visit:		
Facility fees	20% coinsurance	40% coinsurance
Doctor Services	\$25 copay per visit deductible does not apply	40% coinsurance
Outpatient Surgery		
Facility fees:		
Hospital	20% coinsurance	40% coinsurance
Freestanding Surgical Center	20% coinsurance	40% coinsurance
Doctor and other services	20% coinsurance	40% coinsurance
Hospital Stay (all inpatient stays including maternity, mental / behavioral health, and substance abuse)		
Facility fees (for example, room & board) <i>Co-pay \$500 if you do not receive preauthorization.</i>	20% coinsurance	40% coinsurance
Doctor and other services	20% coinsurance	40% coinsurance
Recovery & Rehabilitation		
Home health care <i>Coverage for In-Network Providers and Non-Network Providers combined is limited to 100 visit limit per benefit period.</i>	20% coinsurance	40% coinsurance

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Rehabilitation services (for example, physical/speech/occupational therapy): Office Outpatient hospital Habilitation services (for example, physical/speech/occupational therapy): Office Outpatient hospital	20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance 40% coinsurance
Cardiac rehabilitation Office Outpatient hospital	20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance
Skilled nursing care (in a facility) <i>Coverage for In-Network Providers and Non-Network Providers combined is limited to 100 day limit per benefit period.</i>	20% coinsurance	40% coinsurance
Hospice	0% coinsurance	40% coinsurance
Durable Medical Equipment	50% coinsurance	50% coinsurance
Prosthetic Devices	20% coinsurance	40% coinsurance

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible
Pharmacy Out of Pocket	Combined with medical out of pocket	Combined with medical out of pocket
Prescription Drug Coverage <i>This plan uses an Essential formulary List. Drugs not on the list are not covered.</i>		
Tier 1a - Typically Lower Cost Generic <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program) You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. Member pays the retail pharmacy copay plus 50% for out of network.</i>	\$5 copay per prescription deductible does not apply (retail only). \$12.50 copay per prescription deductible does not apply (home delivery only).	50% coinsurance up to \$250 per prescription (retail only).
Tier 1b - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program) You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. Member pays the retail pharmacy copay plus 50% for out of network.</i>	\$20 copay per prescription deductible does not apply (retail only). \$50 copay per prescription deductible does not apply (home delivery only).	50% coinsurance up to \$250 per prescription (retail only).
Tier 2 - Typically Preferred Brand & Non-Preferred Generics <i>Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program) Member pays the retail pharmacy copay plus 50% for out of network.</i>	\$40 copay per prescription deductible does not apply (retail only). \$120 copay per prescription deductible does not apply (home delivery only).	50% coinsurance up to \$250 per prescription (retail only).

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Tier 3 - Typically Non-Preferred Brand <i>Certain drugs require preauthorization approval to obtain coverage. Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program) Member pays the retail pharmacy copay plus 50% for out of network.</i>	\$60 copay per prescription deductible does not apply (retail only). \$180 copay per prescription deductible does not apply (home delivery only).	50% coinsurance up to \$250 per prescription (retail only).
Tier 4 - Typically Specialty (brand and generic) <i>Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program. Covers up to a 30 day supply (retail pharmacy and home delivery program) Member pays the retail pharmacy copay plus 50% for out of network.</i>	30% coinsurance up to \$250 per prescription (retail and home delivery).	50% coinsurance up to \$250 per prescription (retail only).

Your summary of benefits

Notes:

- This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).
- In addition to the benefits described in this summary, coverage may include additional benefits, depending upon the member's home state. The benefits provided in this summary are subject to federal and California laws. There are some states that require more generous benefits be provided to their residents, even if the master policy was not issued in their state. If the member's state has such requirements, we will adjust the benefits to meet the requirements.
- The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to the individual deductible and individual out-of-pocket maximum; in addition, amounts for all family members apply to the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
- All medical services subject to a coinsurance are also subject to the annual medical deductible.
- Annual Out-of-Pocket Maximums includes deductible, copays, coinsurance and prescription drug.
- In network and out of network deductible and out of pocket maximum are exclusive of each other.
- For plans with an office visit copay, the copay applies to the actual office visit and additional cost shares may apply for any other service performed in the office (i.e., X-ray, lab, surgery), after any applicable deductible.
- Preventive Care Services includes physical exam, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunization, health education, intervention services, HIV testing) and additional preventive care for women provided for in the guidance supported by Health Resources and Service Administration.
- For Medical Emergency care rendered by a Non-Participating Provider or Non-Contracting Hospital, reimbursement is based on the reasonable and customary value. Members may be responsible for any amount in excess of the reasonable and customary value.
- If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.
- If your plan includes out of network benefit and you use a non-network provider, you are responsible for any difference between the covered expense and the actual non-participating providers charge.
- Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.
- Certain types of physicians may not be represented in the PPO network in the state where the member receives services. If such physician is not available in the service area, the member's copay is the same as for PPO (with and without pre-notification, if applicable). Member is responsible for applicable copays, deductibles and charges which exceed covered expense.
- Additional visits maybe authorized if medically necessary. Pre-service review must be obtained prior to receiving the additional services.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Questions: (855) 333-5730 or visit us at www.anthem.com/ca

CA/L/F/ExcClas30/500ad/250OP-PPO-NA/NA-LP2097/QVRJY/LR2081/01-18

Your summary of benefits

- If your plan includes out of network benefits, all services with calendar/plan year limits are combined both in and out of network.
- Transplants covered only when performed at Centers of Medical Excellence or Blue Distinction Centers.
- Bariatric Surgery covered only when performed at Blue Distinction Center for Specialty Care for Bariatric Surgery.
- Skilled Nursing Facility day limit does not apply to mental health and substance abuse.
- Respite Care limited to 5 consecutive days per admission.
- Freestanding Lab and Radiology Center is defined as services received in a non-hospital based facility.
- Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverage do not exceed 100% of the covered expense
- When using non-network pharmacy; members are responsible for in-network pharmacy copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount. Members will pay upfront and submit a claim form.
- Supply limits for certain drugs may be different, go to Anthem website or call customer service.
- Certain drugs require pre-authorization approval to obtain coverage.
- For additional information on limitations and exclusions and other disclosure items that apply to this plan, go to https://le.anthem.com/pdf?x=CA_LG_PPO
- For additional information on this plan, please visit sbc.anthem.com to obtain a Summary of Benefit Coverage.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Questions:(855) 333-5730 or visit us at www.anthem.com/ca

CA/L/F/ExcClas30/500ad/250OP-PPO-NA/NA-LP2097/QVRJY/LR2081/01-18

Language Access Services:

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (855) 333-5730.

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (855) 333-5730.

Armenian (հայերեն): Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար գանգահարեք հետևյալ հեռախոսահամարով (855) 333-5730:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (855) 333-5730。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (855) 333-5730 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (855) 333-5730.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (855) 333-5730.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (855) 333-5730.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(855) 333-5730 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (855) 333-5730 로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idííkidgo ná bohónéedzá dóó bee ahóót'i' t'áá ní nizaad k'ehí bee níí hodoonih t'áadoo bą́ąh ilínigóó. Ata' halne'ígíí la' bich'í' hadeesdzih nínízingo koǵ' hodíílnih (855) 333-5730.

Language Access Services:

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (855) 333-5730.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (855) 333-5730 'ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (855) 333-5730.


Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (855) 333-5730.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (855) 333-5730.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (855) 333-5730.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

 **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, contact ARM Ltd at 1-800-392-1770. 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.HealthCare.gov or call 1-800-392-1770 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network Providers \$3,000/Individual or \$6,000/family Non-Network Providers \$6,000/individual or \$12,000/family	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> and primary care services are covered before you meet your <u>deductible</u> . Prescription Drugs are not subject to <u>deductible</u> .	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-care-benefits/ .
Are there other deductibles for specific services?	No.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	For network providers \$6,600 individual / \$13,000 family; for <u>out-of-network providers</u> \$13,200 individual / \$26,400 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.PHCS.com or call 1-800-392-1770 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	

 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 <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	\$20 copay for first six visits (deductible does not apply), then 20% coinsurance. Teladoc visits 100%	60% coinsurance. Teladoc visits 100%	For in Network, each member pays copay cost share for up to 6 combined PCP office visits per year. After 6, copays, deductible and coinsurance applies Teladoc 100% no deductible or copay Family coverage. www.Teladoc.com
	<u>Specialist visit</u>	\$40 copay for first six visits (deductible does not apply), then 20% coinsurance	60% coinsurance	Each member pays copay cost share for up to 6 combined Specialist office visits per year. After 6, copays, deductible and 20% coinsurance apply.
	<u>Preventive care/screening/immunization</u>	No charge	20% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need 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)	20% <u>coinsurance</u>	60% <u>coinsurance</u>	Facility charges subject to the Plan's Claim Review and Audit Program
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	60% <u>coinsurance</u>	
	Generic drugs (Tier 1)	45% <u>coinsurance</u> , \$15 minimum	Not Covered	Covers up to a 30-day supply (retail subscription); 31-90 day supply (mail order prescription).
	Preferred brand drugs (Tier 2)	45% <u>coinsurance</u> , \$70 minimum	Not Covered	
	Non-preferred brand drugs (Tier 3)	45% <u>coinsurance</u> , \$100 minimum	Not Covered	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at 1-844-728-3479.	<u>Specialty drugs</u> (Tier 4)	50% <u>coinsurance</u> , \$100 minimum	Not Covered	
	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits could be reduced by 50% of the total cost of the service. Based on 120% of Medicare Allowed
	Physician/surgeon fees	20% <u>coinsurance</u>	60% <u>coinsurance</u>	50% <u>coinsurance</u> for anesthesia.
If you have outpatient surgery	<u>Emergency room care</u>	\$250 <u>copay</u>	\$250 <u>copay</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 need immediate medical attention	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Facility fees subject to the Plan's Claim Review and Audit program. Plan payment based on 120% of Medicare allowed payment.
	<u>Urgent care</u>	\$35 <u>copay</u> , deductible does not apply	60% <u>coinsurance</u>	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits could be reduced by 50% of the total cost of the service. Plan payment based on 120% of Medicare allowed payment.
	Physician/surgeon fees	20% <u>coinsurance</u>	60% <u>coinsurance</u>	None
	Outpatient services	Same as any other illness	Not covered	Not covered
If you need mental health, behavioral health, or substance abuse services	Inpatient services	Same as any other illness	Not covered	
	Office visits	Prenatal visits, plan pays 100%, postnatal visits; Deductible, then 20%	60% <u>coinsurance</u>	<u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Depending on the type of services, <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Plan payment based on 120% of Medicare allowed payment.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	
	Home health care	20% <u>coinsurance</u>	20% <u>coinsurance</u>	
	<u>Rehabilitation services</u>	\$40 copay	20% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Habilitation services</u>	\$40 copay	40% <u>coinsurance</u>	\$40 Copay first 6 visits then deductible and coinsurance
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	30 visits/calendar year
	<u>Durable medical equipment</u>	50% <u>coinsurance</u>	Not covered	Exclusions apply see SPD
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits could be reduced
	Children's eye exam	No Charge	Not covered	Subject to required preventive care benefits
If your child needs dental or eye care	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 .)			
<input type="checkbox"/> Cosmetic Surgery	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Routine eye care	
<input type="checkbox"/> Dental Care	<input type="checkbox"/> Non-emergency care when traveling outside the U.S.	<input type="checkbox"/> Routine Foot Care	
<input type="checkbox"/> Infertility Treatment	<input type="checkbox"/> Private Duty Nursing	<input type="checkbox"/> Weight Loss Programs	
		<input type="checkbox"/> Mental Health or Substance Abuse	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document .)			
<input type="checkbox"/> Telemedicine Visits – No Copay	<input type="checkbox"/> Chiropractic Care		
– www.Tladdoc.com			

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: you State, HHS, DOL, and/or other applicable agency. 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: ARM, Ltd PO Box 1938, Arlington Hts IL .

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 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:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-392-1770.

_____ 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)

- n **The plan's overall deductible** **\$3,000**
- n **Specialist copayment** **\$40**
- n **Hospital (facility) coinsurance** **20%**
- n **Other coinsurance** **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*)

Total Example Cost	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$3,000
Copayments	\$20
Coinsurance	\$1,942
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$4,962

Managing Joe's type 2 Diabetes

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

- n **The plan's overall deductible** **\$3,000**
- n **Specialist copayment** **\$40**
- n **Hospital (facility) coinsurance** **20%**
- n **Other coinsurance** **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*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles*	\$134
Copayments	\$180
Coinsurance	\$2694
<i>What isn't covered</i>	
Limits or exclusions	\$315
The total Joe would pay is	\$3,323

Mia's Simple Fracture

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

- n **The plan's overall deductible** **\$3,000**
- n **Specialist copayment** **\$40**
- n **Hospital (facility) coinsurance** **20%**
- n **Other coinsurance** **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*)

Total Example Cost	\$1,900
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles*	\$1,361
Copayments	\$450
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,811

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: ARM, Ltd at 1-800-392-1770.

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services Superior PPO

Coverage Period: 8/1/2018– 7/31/2019
Coverage for: Family | Plan Type: PHCS PPO



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, contact ARM Ltd at 1-800-392-1770. 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.HealthCare.gov or call 1-800-392-1770 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network Providers \$2,000/Individual or \$4,000/family Non-Network Providers \$4,000/individual or \$8,000/family	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> and primary care services are covered before you meet your <u>deductible</u> . Prescription Drugs are not subject to <u>deductible</u> .	This plan 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 plan 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-care-benefits/ .
Are there other deductibles for specific services?	No.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	For network providers \$6,000 individual / \$12,000 family; for out-of-network providers \$12,000 individual / \$24,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.PHCS.com or call 1-800-392-1770 for a list of network providers.	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your plan pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	



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 <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 copay Teladoc visits 100%	60% coinsurance. Teladoc visits 100%	Teladoc 100% no deductible or copay Family coverage.
	<u>Specialist</u> visit	\$40 copay Teladoc visits 100%	60% Coinsurance Teladoc visits 100%	Teladoc 100% no deductible or copay Family coverage.
	<u>Preventive care/screening/immunization</u>	No charge	60% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
	<u>Diagnostic test</u> (x-ray, blood work) Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u> 20% <u>coinsurance</u>	60% <u>coinsurance</u> 60% <u>coinsurance</u>	Facility charges subject to the Plan's Claim Review and Audit Program
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at 1-844-728-3479.	Generic drugs (Tier 1)	\$15 copay	Not Covered	Covers up to a 30-day supply (retail subscription); 31-90 day supply (mail order prescription).
	Preferred brand drugs (Tier 2)	\$30 copay	Not Covered	
	Non-preferred brand drugs (Tier 3)	\$40 copay	Not Covered	
	<u>Specialty drugs</u> (Tier 4)	\$100 copay	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	60% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits could be reduced by 50% of the total cost of the service.
	Physician/surgeon fees	20% coinsurance	60% <u>coinsurance</u>	50% <u>coinsurance</u> for anesthesia.
	<u>Emergency room care</u>	\$250 <u>copay</u>	60% <u>coinsurance</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 need immediate medical attention	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	60% <u>coinsurance</u>	Facility fees subject to the Plan's Claim Review and Audit program.
	<u>Urgent care</u>	\$35 <u>copay</u> , deductible does not apply	60% <u>coinsurance</u>	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	60% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits could be reduced by 50% of the total cost of the service.
	Physician/surgeon fees	20% <u>coinsurance</u>	60% <u>coinsurance</u>	None
	Outpatient services	Same as any other illness	Not covered	
If you need mental health, behavioral health, or substance abuse services	Inpatient services	Same as any other illness	Not covered	
	Office visits	Prenatal visits, plan pays 100%, postnatal visits; Deductible, then 20%	60% <u>coinsurance</u>	Cost sharing does not apply to certain <u>preventive services</u> . Depending on the type of services, <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Plan
	Childbirth/delivery professional services	20% <u>coinsurance</u>	Not covered	
If you are pregnant	Childbirth/delivery facility services	20% <u>coinsurance</u>	Not covered	
	Home health care	20% <u>coinsurance</u>	60% <u>coinsurance</u>	30 visits/calendar year
	<u>Rehabilitation services</u>	\$40 copay	60% <u>coinsurance</u>	
	<u>Habilitation services</u>	\$40 copay	60% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	60% <u>coinsurance</u>	30 visits/calendar year
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	60% <u>coinsurance</u>	Exclusions apply see SPD
If you need help recovering or have other special health needs	<u>Hospice services</u>	20% <u>coinsurance</u>	60% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits could be reduced
	Children's eye exam	No Charge	Not covered	Subject to required preventive care benefits
	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 <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other excluded services.)			
<input type="checkbox"/> Cosmetic Surgery	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Routine eye care	
<input type="checkbox"/> Dental Care	<input type="checkbox"/> Non-emergency care when traveling outside the U.S.	<input type="checkbox"/> Routine Foot Care	
<input type="checkbox"/> Infertility Treatment	<input type="checkbox"/> Private Duty Nursing	<input type="checkbox"/> Weight Loss Programs	
		<input type="checkbox"/> Mental Health or Substance Abuse	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)			
<input type="checkbox"/> Telemedicine Visits – No Copay	<input type="checkbox"/> Chiropractic Care		
– www.Teladoc.com			

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: you State, HHS, DOL, and/or other applicable agency. 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: ARM, Ltd PO Box 1938, Arlington Hts IL .

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 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:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-392-1770.
_____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)

- n The plan's overall deductible \$3,000
- n Specialist copayment \$40
- n Hospital (facility) coinsurance 20%
- n Other coinsurance 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)

Total Example Cost	\$12,800
In this example, Peg would pay:	
Cost Sharing	
Deductibles	\$3,000
Copayments	\$20
Coinsurance	\$1,942
What isn't covered	
Limits or exclusions	\$0
The total Peg would pay is	\$4,962

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

- n The plan's overall deductible \$3,000
- n Specialist copayment \$40
- n Hospital (facility) coinsurance 20%
- n Other coinsurance 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)

Total Example Cost	\$7,400
In this example, Joe would pay:	
Cost Sharing	
Deductibles*	\$134
Copayments	\$180
Coinsurance	\$2694
What isn't covered	
Limits or exclusions	\$315
The total Joe would pay is	\$3,323

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

- n The plan's overall deductible \$3,000
- n Specialist copayment \$40
- n Hospital (facility) coinsurance 20%
- n Other coinsurance 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)

Total Example Cost	\$1,900
In this example, Mia would pay:	
Cost Sharing	
Deductibles*	\$1,361
Copayments	\$450
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,811

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: ARM, Ltd at 1-800-392-1770.

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.