

# Pipeline Industry Benefit Fund: Plan 1, Active & COBRA

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services


Coverage Period: 01/01/2022-12/31/2022

Coverage for: Individual + Family | Plan Type: 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, [www.pibf.org](http://www.pibf.org) or by calling 1-918-280-4800. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [co-insurance](#), [co-payment](#), [deductible](#), [provider](#), or other [underlined](#) terms, see the Glossary. You can view the Glossary at [www.pibf.org](http://www.pibf.org) or call 1-918-280-4800 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$500 person/\$1,000 family	You must pay all the costs up to the <a href="#">deductible</a> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <a href="#">deductible</a> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. Stand-Alone medical benefits are covered before you meet your <a href="#">deductible</a> .	This plan covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount, but a co-insurance may apply. For example, this plan covers certain Stand-Alone benefits without cost-sharing, and before you meet your <a href="#">deductible</a> , such as Chiropractic, Non-Surgical Physical Therapy, and Sterilization Benefit (member or dependent spouse only). See a list of covered Stand Alone Benefits at <a href="https://pibf.org/wp-content/uploads/SPD2019.pdf">https://pibf.org/wp-content/uploads/SPD2019.pdf</a>
Are there other <a href="#">deductibles</a> for specific services?	Yes. \$100 person/\$200 family for prescription drug coverage. \$100 person dental. There are no other specific <a href="#">deductibles</a> .	You must pay all of the costs for these services up to the specific <a href="#">deductible</a> amount before this plan begins to pay for these services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	For participating providers \$5,000 per person For non-participating providers \$7,500 per person	The <a href="#">out-of-pocket limit</a> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.pibf.org">www.pibf.org</a> or call 1-918-280-4800 for a list of participating providers.	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No. You don't need a referral to see a specialist.	You can see the <a href="#">specialist</a> you choose without permission from this plan.

 All [co-payment](#) and [co-insurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office</a> or clinic	Primary care visit to treat an injury or illness	No co-pay 20% co-insurance	30% co-insurance	—————none—————
	<a href="#">Specialist</a> visit	No co-pay 20% co-insurance	30% co-insurance	—————none—————
	<a href="#">Preventive care/screening/immunization</a>	No co-pay 20% co-insurance	30% co-insurance	—————none—————
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No co-pay 20% co-insurance	30% co-insurance	—————none—————
	Imaging (CT/PET scans, MRIs)	No co-pay 20% co-insurance	30% co-insurance	—————none—————
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.pibf.org">www.pibf.org</a>	Generic drugs	\$5 minimum co-pay; or 30% co-insurance at retail. 20% co-insurance for mail order	30% co-insurance	31-90 day supply (retail and mail). If generic is available and you choose a preferred brand, a penalty may apply resulting in additional cost to you.
	Preferred brand drugs	\$5 minimum co-pay; or 30% co-insurance at retail. 20% co-insurance for mail order	30% co-insurance	31-90 day supply (retail and mail). If generic is available and you choose a preferred brand, a penalty may apply resulting in additional cost to you.
	Non-preferred brand drugs	\$5 minimum co-pay; or 30% co-insurance at retail. 20% co-insurance for mail order	30% co-insurance	31-90 day supply (retail and mail). If generic is available and you choose a preferred brand, a penalty may apply resulting in additional cost to you.
	<a href="#">Specialty drugs</a>	\$5 minimum co-pay; or 30% co-insurance at retail. 20% co-insurance for mail order	30% co-insurance	30 day supply (retail and mail). If generic is available and you choose a preferred brand, a penalty may apply resulting in additional cost to you.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% co-insurance	30% co-insurance	—————none—————
	Physician/surgeon fees	20% co-insurance	30% co-insurance	—————none—————

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

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	<a href="#">Emergency room care</a>	20% co-insurance	20% co-insurance	—————none—————
	<a href="#">Emergency medical transportation</a>	20% co-insurance	20% co-insurance	—————none—————
	<a href="#">Urgent care</a>	20% co-insurance	30% co-insurance	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	20% co-insurance	30% co-insurance	You may incur additional cost if pre-certification for an in-patient hospital stay is not obtained.
	Physician/surgeon fees	20% co-insurance	30% co-insurance	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% co-insurance	30% co-insurance	Substance abuse - Not covered
	Inpatient services	20% co-insurance	30% co-insurance	You may incur additional cost if pre-certification for an in-patient hospital stay is not obtained. Substance abuse - Not covered
If you are pregnant	Office visits	20% co-insurance	30% co-insurance	Coverage limited to member or spouse.
	Childbirth/delivery professional services	20% co-insurance	30% co-insurance	Coverage limited to member or spouse.
	Childbirth/delivery facility services	20% co-insurance	30% co-insurance	Coverage limited to member or spouse.
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	20% co-insurance	30% co-insurance	—————none—————
	<a href="#">Rehabilitation services</a>	20% co-insurance	30% co-insurance	—————none—————
	<a href="#">Habilitation services</a>	Not covered	Not covered	Limited coverage for treatment of developmental delay.
	<a href="#">Skilled nursing care</a>	20% co-insurance	30% co-insurance	—————none—————
	<a href="#">Durable medical equipment</a>	20% co-insurance	30% co-insurance	—————none—————
	<a href="#">Hospice services</a>	20% co-insurance	30% co-insurance	—————none—————
If your child needs dental or eye care	Children's eye exam	20% co-insurance after first \$200	Not applicable	Limited to dependent children under the age of 19 and based on reasonable and necessary services.
	Children's glasses	20% co-insurance after first \$200	Not applicable	Limited to dependent children under the age of 19 and based on reasonable and necessary services.
	Children's dental check-up	No charge	No charge	Limited to 1 visit every 6 months

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

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Cosmetic surgery
- Habilitation services
- Infertility treatment
- Long-term care
- Private-duty nursing
- Substance use disorder
- Weight loss programs

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

- Bariatric surgery
- Chiropractic care
- Dental care (Adult)
- Hearing aids (Active member only)
- Most coverage provided outside the United States. See [www.pibf.org](http://www.pibf.org) or call 1-918-280- 4800
- Routine eye care (Adult)
- Routine immunizations
- Non-emergency care when traveling outside the U.S.

**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: [Oklahoma, HHS, DOL, and/or other applicable agency contact information]. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318- 2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: [www.pibf.org](http://www.pibf.org) or by calling 1-918-280-4800.

### Does this plan provide Minimum Essential Coverage? [Yes]

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

### Does this plan meet the Minimum Value Standards? [Yes]

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

## Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-918-280-4890

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-918-280-4890

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-918-280-4890

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-918-280-4890

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

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

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](#), [co-payments](#) and [co-insurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$600
- [Specialist \[cost sharing\]](#) 20%
- Hospital (facility) [\[cost sharing\]](#) 20%
- Other [\[cost sharing\]](#) 20%

This EXAMPLE event includes services like:

- [Specialist](#) office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- [Prescription drugs](#)
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$600
<a href="#">Co-payments</a>	\$0
<a href="#">Co-insurance</a>	\$2420
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$3020</b>

### Managing Joe's Type 2 Diabetes

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

- The [plan's](#) overall [deductible](#) \$600
- [Specialist \[cost sharing\]](#) 20%
- Hospital (facility) [\[cost sharing\]](#) 20%
- Other [\[cost sharing\]](#) 20%

This EXAMPLE event includes services like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$600
<a href="#">Co-payments</a>	\$0
<a href="#">Co-insurance</a>	\$1000
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$1600</b>

### Mia's Simple Fracture

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

- The [plan's](#) overall [deductible](#) \$600
- [Specialist \[cost sharing\]](#) 20%
- Hospital (facility) [\[cost sharing\]](#) 20%
- Other [\[cost sharing\]](#) 20%

This EXAMPLE event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$600
<a href="#">Co-payments</a>	\$0
<a href="#">Co-insurance</a>	\$440
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1040</b>

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