### Important Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
<th>Why this Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$0</td>
<td>See the chart starting on page 2 for your costs for services the plan covers.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No</td>
<td>You don’t have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</td>
</tr>
<tr>
<td>Is there an out-of-pocket limit on my expenses?</td>
<td>No</td>
<td>There is no limit on how much you could pay during a coverage period for your share of the cost of covered services.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>This plan has no out-of-pocket limit.</td>
<td>Not applicable because there’s no out-of-pocket limit on your expenses.</td>
</tr>
<tr>
<td>Is there an overall annual limit on what the plan pays?</td>
<td>No</td>
<td>The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.</td>
</tr>
<tr>
<td>Does this plan use a network of providers?</td>
<td>Yes. For a list of participating providers, see <a href="http://www.ashcompanies.com">www.ashcompanies.com</a></td>
<td>If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays for different kinds of providers.</td>
</tr>
<tr>
<td>Do I need a referral to see a specialist?</td>
<td>No</td>
<td>You can see the specialist you choose without permission from this plan.</td>
</tr>
<tr>
<td>Are there services this plan doesn’t cover?</td>
<td>Yes</td>
<td>Some of the services this plan doesn’t cover are listed on page 4. See your policy or plan document for additional information about excluded services.</td>
</tr>
</tbody>
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**Questions:** Call 1-877-430-8092 or visit us at www.ashcompanies.com

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American Specialty Health: Chiropractic, Acupuncture, and Massage Therapy  
Coverage Period: 01/01/2013-12/31/2013  
Coverage for: Covered Employees and Dependents | Plan Type: PPO

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

**What this Plan Covers & What it Costs**

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your Cost If You Use an In-network Provider</th>
<th>Your Cost If You Use an Out-of-network Provider</th>
<th>Limitations &amp; Exceptions</th>
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<tbody>
<tr>
<td></td>
<td>Chiropractic and Manual Manipulation Services for Neuromusculoskeletal Disorders</td>
<td>$20 co-pay per insured, per visit</td>
<td>50% of billed charges</td>
<td>12 visits total (12 visits max out-of-network) per insured, per calendar year. (This limit is a combined, aggregate limit for all providers.); For out of network, up to a maximum of $30 per insured, per visit</td>
</tr>
<tr>
<td></td>
<td>Initial new patient exam</td>
<td>$20 co-pay per insured, per visit</td>
<td>50% of billed charges</td>
<td>One every three years per provider; for out of network, up to a maximum of $30 per insured, per visit</td>
</tr>
<tr>
<td></td>
<td>Adjunctive physiotherapy modalities and procedures</td>
<td>$20 co-pay per insured, per visit</td>
<td>50% of billed charges</td>
<td>If provided to the same insured during the same visit as an exam, follow-up visit, or other adjunctive services, then only one copayment applies to the visit.; for out of network, up to a maximum of $30 per insured, per visit</td>
</tr>
<tr>
<td></td>
<td>Supports and Appliances</td>
<td>No co-pay</td>
<td>50% coinsurance</td>
<td>For in-network provider, $50 per insured, per calendar year combined with related out-of-network benefits</td>
</tr>
<tr>
<td></td>
<td>Diagnostic test (x-ray, radiological consultations, and clinical lab studies)</td>
<td>No co-pay</td>
<td>50% coinsurance</td>
<td>For out-of-network provider: $20 per insured, per item; $50 per insured, per calendar year, combined with related in-network benefits.</td>
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### Summary of Benefits and Coverage: What this Plan Covers & What it Costs

**American Specialty Health:** Chiropractic, Acupuncture, and Massage Therapy  
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#### Common Medical Event

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<tr>
<td>Acupuncture Services for Neuromusculoskeletal Disorders, Nausea, Or Pain</td>
<td>$20 co-pay per insured, per visit</td>
<td>50% of billed charges</td>
<td>12 visits total (12 visits max out-of-network) per insured, per calendar year. (This limit is a combined, aggregate limit for all Provider disciplines.) For out of network, up to a maximum of $30 per insured, per visit</td>
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<tr>
<td>Initial new patient exam</td>
<td>$20 co-pay per insured, per visit</td>
<td>50% of billed charges</td>
<td>One every three years per provider For out of network, up to a maximum of $30 per insured, per visit</td>
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<tr>
<td>Established patient exams</td>
<td>$20 co-pay per insured, per visit</td>
<td>50% of billed charges</td>
<td>12 visits total (12 visits max out-of-network) per insured, per calendar year. (This limit is a combined, aggregate limit for all Provider disciplines.) For out of network, up to a maximum of $30 per insured, per visit</td>
</tr>
<tr>
<td>Follow-up office visits</td>
<td>$20 co-pay per insured, per visit</td>
<td>50% of billed charges</td>
<td>12 visits total (12 visits max out-of-network) per insured, per calendar year. (This limit is a combined, aggregate limit for all Provider disciplines.) For out of network, up to a maximum of $30 per insured, per visit</td>
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<tr>
<td>Adjunctive Therapy</td>
<td>$20 co-pay per insured, per visit</td>
<td>50% of billed charges</td>
<td>If provided to the same insured during the same visit as an exam, follow-up visit, or other adjunctive services, then only one copayment applies to the visit. For out of network, up to a maximum of $30 per insured, per visit</td>
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**What this Plan Covers & What it Costs**

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| Massage Therapy      | Services for Treatment of Myofascial/Musculoskeletal Disorders, Musculoskeletal Functional Disorders, or Pain Syndromes | $20 co-pay per insured, per visit | 50% of billed charges | 12 visits total (12 visits max out-of-network) per insured, per calendar year (This limit is a combined, aggregate limit for all Provider disciplines.)  
For out of network, up to a maximum of $30 per insured, per visit |
| Individual Therapy Assessment | $20 co-pay per insured, per visit | 50% of billed charges | 12 visits total (12 visits max out-of-network) per insured, per calendar year (This limit is a combined, aggregate limit for all Provider disciplines.)  
One every three years per provider;  
For out of network, up to a maximum of $30 per insured, per visit |
| Established patient therapy assessments | $20 co-pay per insured, per visit | 50% of billed charges | 12 visits total (12 visits max out-of-network) per insured, per calendar year (This limit is a combined, aggregate limit for all Provider disciplines.)  
For out of network, up to a maximum of $30 per insured, per visit |

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### American Specialty Health: Chiropractic, Acupuncture, and Massage Therapy

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<td>Massage therapy sessions</td>
<td>$20 co-pay per insured, per visit</td>
<td>50% of billed charges</td>
<td>12 visits total (12 visits max out-of-network) per insured, per calendar year (This limit is a combined, aggregate limit for all Provider disciplines.) For out of network, up to a maximum of $30 per insured, per visit</td>
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### Excluded Services & Other Covered Services:

#### Services Your Plan Does NOT Cover (This isn’t a complete list. Check your policy or plan document for other excluded services.)

- Bariatric Surgery
- Cosmetic Surgery
- Dental Care (Adults)
- Hearing Aids
- Infertility Treatment
- Long Term Care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine Eye Care (Adult)
- Routine Foot Care
- Services determined as clinically/medically unnecessary
- Weight loss programs

#### Other Covered Services (This isn’t a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture
- Chiropractic care
- Massage Therapy

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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at contact number. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: 1-877-430-8092.

If an Insured or the Insured’s authorized representative (collectively referred to below within this section as the “Insured”) contacts ASHIC, We are ready to assist the Insured with filing a grievance or appeal. This includes helping the Insured in writing the grievance or appeal. ASHIC will work with the Insured to resolve the grievance or appeal. ASHIC will follow its grievance and appeal procedures in this regard.

To present inquiries or obtain information about coverage and to receive assistance in resolving grievances or appeals, You may contact ASHIC at 1-877 430-8092. You may also contact the Hawaii Division of Insurance by calling 1-808-586-2790 or the Department of Labor Employee Benefits Security Administration at 1-866-444 EBSA (3272) or www.dol.gov/ebsa/healthreform.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.
About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don’t use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

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**Sample care costs:**

- Hospital charges (mother): $2,700
- Routine obstetric care: $2,100
- Hospital charges (baby): $900
- Anesthesia: $900
- Laboratory tests: $500
- Prescriptions: $200
- Radiology: $200
- Vaccines, other preventive: $40

**Total:** $7,540

**Patient pays:** This condition is not covered, so patient pays 100%

- Deductibles: $
- Copays: $
- Coinsurance: $
- Limits or exclusions: $

**Total:** $

---

**Sample care costs:**

- Prescriptions: $2,900
- Medical Equipment and Supplies: $1,300
- Office Visits and Procedures: $700
- Education: $300
- Laboratory tests: $100
- Vaccines, other preventive: $100

**Total:** $5,400

**Patient pays:** This condition is not covered, so patient pays 100%

- Deductibles: $
- Copays: $
- Coinsurance: $
- Limits or exclusions: $

**Total:** $
Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don’t include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren’t specific to a particular geographic area or health plan.
- The patient’s condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn’t covered or payment is limited.

Does the Coverage Example predict my own care needs?

**No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor’s advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

**No.** Coverage Examples are **not** cost estimators. You can’t use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

**Yes.** When you look at the Summary of Benefits and Coverage for other plans, you’ll find the same Coverage Examples. When you compare plans, check the “Patient Pays” box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

**Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you’ll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.