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, call 800-328-2968 ext. 57047. 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/sbc-glossary or call 800-328-2968 ext. 57047 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Single: $1,000 Family: $2,000	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay.
Are there services covered before you meet your deductible?	See your medical plan SBC.	This HRA plan only covers expenses applied to your medical plan deductible.
Are there other deductibles for specific services?	No. See your medical plan SBC.	You don't have to meet deductibles for specific services. The HRA plan will reimburse medical expenses up to $1,000 per individual and $2,000 per family after satisfaction of the HRA plan deductible noted above.
What is the out-of-pocket limit for this plan?	Not applicable	This plan does not have an out-of-pocket limit on your expenses.
What is not included in the out-of-pocket limit?	Not applicable	This plan does not have an out-of-pocket limit on your expenses.
Will you pay less if you use a network provider?	Not applicable	This plan does not use a provider network. You can receive services from any provider.
Do you need a referral to see a specialist?	No. See your medical plan SBC.	You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not eligible for HRA reimbursement	May be eligible for HRA reimbursement	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.
	Specialist visit	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.
	Preventive care/screening/ immunization	Not eligible for HRA reimbursement	May be eligible for HRA reimbursement	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.
If you have a test	Diagnostic test (x-ray, blood work)	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.
	Imaging (CT/PET scans, MRIs)	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.
If you need drugs to treat your illness or condition	Generic drugs	Not eligible for HRA reimbursement	Not eligible for HRA reimbursement	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC for more information about prescription drug coverage.
	Preferred brand drugs	Not eligible for HRA reimbursement	Not eligible for HRA reimbursement	
	Non-preferred brand drugs	Not eligible for HRA reimbursement	Not eligible for HRA reimbursement	
	Specialty drugs	Not eligible for HRA reimbursement	Not eligible for HRA reimbursement	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.
	Physician/surgeon fees	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.
	Emergency medical transportation	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	
	Urgent care	Not eligible for HRA reimbursement	May be eligible for HRA reimbursement	
If you have a hospital stay	Facility fee (e.g., hospital room)	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.
	Physician/surgeon fees	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.
	Inpatient services	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	
If you are pregnant	Office visits	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.
	Childbirth/delivery professional services	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	
	Childbirth/delivery facility services	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	
If you need help recovering or have other special health needs	Home health care	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.
	Rehabilitation services	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	
	Habilitation services	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	
	Skilled nursing care	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	
	Durable medical equipment	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	
	Hospice services	May be eligible for HRA reimbursement	May be eligible for HRA reimbursement	

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 your child needs dental or eye care	Children's eye exam	Not covered	Not covered	This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	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.)

- Any service not eligible for reimbursement by the group medical plan.
- Any expense not applied to the deductible by the group medical plan.
- See the group medical plan SBC.

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

- This HRA plan only covers expenses applied to your medical plan deductible. See your medical plan SBC.

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 the plan is 800-328-2968 ext. 57047. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information 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 the plan at 800-328-2968 ext. 57047. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. A list of consumer assistance program offices in each state is available at https://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/.

Does this plan provide Minimum Essential Coverage? No. This plan or policy by itself does not satisfy the "essential health benefits coverage requirement" but the requirements are satisfied in the coordination with the major medical plan of which the HRA is a component piece.
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? No. This plan or policy by itself does not satisfy the "essential health benefits coverage requirement" but the requirements are satisfied in the coordination with the major medical plan of which the HRA is a component piece.
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: Contact 800-328-2968 ext. 57047

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.

The HRA plan will reimburse medical expenses up to $1,000 per individual and $2,000 per family after satisfaction of the HRA plan deductible noted on page 1. This HRA plan only covers expenses applied to your medical plan deductible.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall HRA deductible** **$1,000**
- **Specialist copayment** *
- **Hospital (facility) coinsurance** *
- **Other coinsurance** *

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$1,000
Copayments	*
Coinsurance	*
What isn't covered	
Limits or exclusions	*
The total Peg would pay is	**$1,000**

* See your medical plan SBC.

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

- **The plan's overall HRA deductible** **$1,000**
- **Specialist copayment** *
- **Hospital (facility) coinsurance** *
- **Other coinsurance** *

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$1,000
Copayments	*
Coinsurance	*
What isn't covered	
Limits or exclusions	*
The total Joe would pay is	**$1,000**

* See your medical plan SBC.

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

- **The plan's overall HRA deductible** **$1,000**
- **Specialist copayment** *
- **Hospital (facility) coinsurance** *
- **Other coinsurance** *

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	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$1,000
Copayments	*
Coinsurance	*
What isn't covered	
Limits or exclusions	*
The total Mia would pay is	**$1,000**

* See your medical plan SBC.

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