

 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 Human Resources. 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](http://www.healthcare.gov) or call 1-800-318.2596 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$ 0	A deductible does not apply to the HRA. The individual plan you select may have a deductible.
Are there services covered before you meet your <a href="#">deductible</a> ?	N/A	A deductible does not apply to the HRA
Are there other <a href="#">deductibles</a> for specific services?	N/A	A deductible does not apply to the HRA. The individual plan you select may have a deductible for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	N/A	There is no out of pocket limitation in this HRA. The individual plan you select may have an out-of-pocket limitation.
What is not included in the <a href="#">out-of-pocket limit</a> ?	N/A	There is no out of pocket limitation in this HRA
Will you pay less if you use a <a href="#">network provider</a> ?	No	The HRA treats providers the same in determining payment for services. The individual plan you select may treat providers differently.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No	You can see the specialist you choose without permission from this HRA. The individual plan you select may require 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 <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	<a href="#">Specialist</a> visit	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	<a href="#">Preventive care/screening/immunization</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	Imaging (CT/PET scans, MRIs)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.

[\* For more information about limitations and exceptions, see the plan or policy document at [www.insert.com].]

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)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="#">www.[insert].com</a>	Generic drugs	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	Preferred brand drugs	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	Non-preferred brand drugs	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	<a href="#">Specialty drugs</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	Physician/surgeon fees	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
<b>If you need immediate</b>	<a href="#">Emergency room care</a>	Not applicable with	Not applicable with respect	Only expenses for unreimbursed qualified

[\* For more information about limitations and exceptions, see the plan or policy document at [\[www.insert.com\]](#).]

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)	
<b>medical attention</b>		respect to the HRA	to the HRA	medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	<a href="#">Emergency medical transportation</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	<a href="#">Urgent care</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	Physician/surgeon fees	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.

[\* For more information about limitations and exceptions, see the plan or policy document at [www.insert.com].]

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)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	Inpatient services	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
<b>If you are pregnant</b>	Office visits	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	Childbirth/delivery professional services	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	Childbirth/delivery facility services	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	<a href="#">Rehabilitation services</a>	Not applicable with	Not applicable with respect	Only expenses for unreimbursed qualified

[\* For more information about limitations and exceptions, see the plan or policy document at [www.insert.com].]

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)	
		respect to the HRA	to the HRA	medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	<a href="#">Habilitation services</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	<a href="#">Skilled nursing care</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	<a href="#">Durable medical equipment</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	<a href="#">Hospice services</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
<b>If your child needs dental or eye care</b>	Children's eye exam	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	Children's glasses	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account

[\* For more information about limitations and exceptions, see the plan or policy document at [www.insert.com].]

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)	
				balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.
	Children's dental check-up	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Only expenses for unreimbursed qualified medical care up to the HRA available account balance are covered, and only if the available funds in the HRA exceeded the cost of the individual health insurance plan you have selected.

### 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](#).)

- Medical expenses when an individual health insurance plan has not been purchased
- Cosmetic Surgery
- Short Term, Limited Duration Insurance Plans
- Health Sharing Ministry plans

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

- Individual health insurance premiums
- If any HRA funding remains after paying individual health insurance premiums, other medical expenses

**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 may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA or [www.dol.gov/ebsa/healthreform](http://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](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 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: [insert applicable contact information from instructions].

**Does this plan provide Minimum Essential Coverage?** The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." This HRA alone does not qualify as Minimum Essential Coverage. You must purchase an individual health plan to receive Minimum Essential Coverage. Refer to the SBC of that plan to determine if it provides Minimum Essential Coverage. If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**

[\* For more information about limitations and exceptions, see the plan or policy document at [www.insert.com].]

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 Human Resources

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa Human Resources

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码[Human Resources

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' Human Resources

—————*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)

- The [plan's](#) overall [deductible](#) \$5,000
- [Specialist](#) [*cost sharing*] N/A
- Hospital (facility) [*cost sharing*] 0%
- Other [*cost sharing*] 0%

**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*)

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

<i>Cost Sharing</i>	
Deductibles	\$5000
Copayments	\$
Coinsurance	\$
<i>What isn't covered</i>	
Limits or exclusions	\$
<b>The total Peg would pay is</b>	<b>\$5000*</b>

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

- The [plan's](#) overall [deductible](#) \$7,900
- [Specialist](#) [*cost sharing*] N/A
- Hospital (facility) [*cost sharing*] 0%
- Other [*cost sharing*] 0%

**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>\$7,400</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$7,400
Copayments	\$
Coinsurance	\$
<i>What isn't covered</i>	
Limits or exclusions	\$
<b>The total Joe would pay is</b>	<b>\$7,400*</b>

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

- The [plan's](#) overall [deductible](#) \$8,150
- [Specialist](#) [*cost sharing*] N/A
- Hospital (facility) [*cost sharing*] 0%
- Other [*cost sharing*] 0%

**This EXAMPLE event includes services like:**  
Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,900
Copayments	\$
Coinsurance	\$
<i>What isn't covered</i>	
Limits or exclusions	\$
<b>The total Mia would pay is</b>	<b>\$1,900*</b>

\*The amount paid by the HRA will depend on the individual plan selected by the covered individual as well as any remaining amount available in the HRA. No amounts are paid automatically. Refer to the Individual health plan SBC for additional information