



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, please call 877-900-6979. 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.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$1,350 person/\$2,700 2-person or family	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	No.	This <a href="#">plan</a> does not cover items and services even if you haven't yet met the <a href="#">deductible</a> amount.
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	Not applicable.	This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Not applicable.	This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
Will you pay less if you use a <a href="#">network provider</a> ?	Not applicable.	This <a href="#">plan</a> does not use a <a href="#">provider network</a> . You can receive covered services from any <a href="#">provider</a> .
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



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
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	<a href="#">Specialist</a> visit	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	<a href="#">Preventive care/screening/Immunization</a>	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	Imaging (CT/PET scans, MRIs)	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
If you need drugs to treat your illness or condition	Generic drugs	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	Preferred brand drugs	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	Non-preferred brand drugs	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	<a href="#">Specialty drugs</a>	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	Physician/surgeon fees	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
If you need immediate medical attention	<a href="#">Emergency room care</a>	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	<a href="#">Emergency medical transportation</a>	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	<a href="#">Urgent care</a>	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	Physician/surgeon fees	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	Inpatient services	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
If you are pregnant	Office visits	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	Childbirth/delivery professional services	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	Childbirth/delivery facility services	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	<a href="#">Rehabilitation services</a>	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	<a href="#">Habilitation services</a>	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	<a href="#">Skilled nursing care</a>	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	<a href="#">Durable medical equipment</a>	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	<a href="#">Hospice services</a>	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
If your child needs dental or eye care	Children's eye exam	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	Children's glasses	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.
	Children's dental check-up	No charge up to the amount of your HRA account balance.	Coverage limited to the HRA account balance.

#### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <a href="#">excluded services</a> .)	
<ul style="list-style-type: none"> <li>Cosmetic surgery</li> </ul>	<ul style="list-style-type: none"> <li>Weight loss programs</li> </ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)	
<ul style="list-style-type: none"> <li>Medical Deductible</li> </ul>	<ul style="list-style-type: none"> <li>Prescription Deductible</li> </ul>

**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: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) 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 plan phone number] or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

**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 the Minimum Value Standards? No**

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:**

-----*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.

\*Note: The [plan](#) is a health reimbursement arrangement (HRA). Limits and the amount paid by the HRA vary depending on the amount in the individual's HRA and the amount submitted by the individual as a claim for reimbursement from the available HRA funds. See your health [plan's](#) SBC for more information on coverage.

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$0
- Hospital (facility) [coinsurance](#) %0
- Other [coinsurance](#) %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>\$12,800</b>
<b>In this example, Peg would pay:</b>	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$varies*
<b>The total Peg would pay is</b>	<b>\$varies*</b>

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$0
- Hospital (facility) [coinsurance](#) %0
- Other [coinsurance](#) %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>
<b>In this example, Joe would pay:</b>	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$varies*
<b>The total Joe would pay is</b>	<b>\$varies*</b>

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$0
- Hospital (facility) [coinsurance](#) %0
- Other [coinsurance](#) %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>
<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$varies*
<b>The total Mia would pay is</b>	<b>\$varies*</b>