



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 of covered health care services. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.wageworks.com or by calling 1-877-924-3967. 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 or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	Not applicable	This <u>plan</u> does not have an overall <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No	You don't have to meet <u>deductibles</u> before the for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Not applicable	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Not applicable	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
Will you pay less if you use a <u>network provider</u> ?	Not applicable	This <u>plan</u> does not use a <u>provider network</u> . You can receive covered services from any <u>provider</u> .
Do you need a referral to see a <u>specialist</u> ?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions & Other Important Information
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	100% up to the available HRA balance for Qualified Medical Expense as determined by Internal Revenue Code Section 213(d)	Cannot reimburse any part of expense that is payable from another source, such as health insurance or Medicare.
	<u>Specialist</u> visit		
	<u>Preventive care/ screening/ immunization</u>		
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	100% up to the available HRA balance for Qualified Medical Expense as determined by Internal Revenue Code Section 213(d)	Cannot reimburse any part of expense that is payable from another source, such as health insurance or Medicare.
	Imaging (CT/PET scans, MRIs)		
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.caremark.com .	Generic drugs	100% up to the available HRA balance for Qualified Medical Expense as determined by Internal Revenue Code Section 213(d)	Cannot reimburse any part of expense that is payable from another source, such as health insurance or Medicare.
	Preferred brand drugs		
	Non-preferred brand drugs		
	<u>Specialty drugs</u>		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	100% up to the available HRA balance for Qualified Medical Expense as determined by Internal Revenue Code Section 213(d)	Cannot reimburse any part of expense that is payable from another source, such as health insurance or Medicare.
	Physician/surgeon fees		
If you need immediate medical attention	<u>Emergency room care</u>	100% up to the available HRA balance for Qualified Medical Expense as determined by Internal Revenue Code Section 213(d)	Cannot reimburse any part of expense that is payable from another source, such as health insurance or Medicare.
	<u>Emergency medical transportation</u>		
	<u>Urgent care</u>		

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
If you have a hospital stay	Facility fee (e.g., hospital room)	100% up to the available HRA balance for Qualified Medical Expense as determined by Internal Revenue Code Section 213(d)		Cannot reimburse any part of expense that is payable from another source, such as health insurance or Medicare.
	Physician/surgeon fee			
If you need mental health, behavioral health, or substance abuse services	Outpatient services	100% up to the available HRA balance for Qualified Medical Expense as determined by Internal Revenue Code Section 213(d)		Cannot reimburse any part of expense that is payable from another source, such as health insurance or Medicare.
	Inpatient services			
If you are pregnant	Office Visits	100% up to the available HRA balance for Qualified Medical Expense as determined by Internal Revenue Code Section 213(d)		Cannot reimburse any part of expense that is payable from another source, such as health insurance or Medicare.
	Childbirth/delivery professional services			
	Childbirth/delivery facility services			
If you need help recovering or have other special health needs	<u>Home health care</u>	100% up to the available HRA balance for Qualified Medical Expense as determined by Internal Revenue Code Section 213(d)		Cannot reimburse any part of expense that is payable from another source, such as health insurance or Medicare.
	<u>Rehabilitation services</u>			
	<u>Habilitation services</u>			
	<u>Skilled nursing care</u>			
	<u>Durable medical equipment</u>			
	<u>Hospice services</u>			
If your child needs dental or eye care	Children's eye exam	100% up to the available HRA balance for Qualified Medical Expense as determined by Internal Revenue Code Section 213(d)		Cannot reimburse any part of expense that is payable from another source, such as health insurance or Medicare.
	Children's glasses			
	Children's dental check-up			

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.)

- Bariatric surgery (except in cases of morbid obesity)
- Cosmetic surgery (unless necessary to improve a deformity arising from, or directly related to a congenital abnormality, a personal injury, resulting from an accident or trauma, or disfiguring disease)
- Expenses not defined by Internal Revenue Code Section 213(d)

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

- Acupuncture
- Chiropractic care
- Dental Care (Adult and Child)
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the United States
- Private-duty nursing
- Routine eye care (Adult and Child)
- Routine foot care
- Weight loss programs (limited to treatment for a specific disease diagnosed by a physician, such as obesity, hypertension, or heart disease)

Your Rights to Continue Coverage: Your HRA will be available for reimbursement until you no longer have a balance and may be used by your eligible dependents upon your death. There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other options to continue coverage are 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 you 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 information about your rights, this notice, or assistance, contact the Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform.

Does this Coverage 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 Coverage Meet the Minimum Value Standard? 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 1-800-862-3386.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-862-3386.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-862-3386.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-862-3386.

—————*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 the 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	\$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*)

Total Example Cost	\$12,800*
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copays	\$300
Coinsurance	\$2,300
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,160

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*)

Total Example Cost	\$7,400*
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copays	\$1,200
Coinsurance	\$300
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$2,360

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 tests (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services

Total Example Cost	\$2,500*
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copays	\$200
Coinsurance	\$400
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,300

*Amounts paid by the individual for Qualified Expenses as determined under Internal Revenue Code Section 213(d) may be reimbursed from the individual's HRA by the Plan up to the available HRA balance.