



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or receive instructions on how to access a plan document at www.benstrat.com or by calling Benefit Strategies, LLC at **1-888-401-3539**. This summary describes the coverage provided by the HRA, which is intended to supplement your other major medical coverage. This summary only describes the coverage offered under the HRA and does not reflect any coverage that may be offered in connection with the HRA. See the summary for your major medical coverage for more information regarding your major medical coverage.

Important Questions	Answers	Why this Matters:
<p>What is the overall <u>deductible</u>?</p>	<p>\$250/\$500/\$750</p>	<p>If the amount at the left is zero, then the HRA does not have a deductible or an amount you must meet first before the plan will reimburse for eligible expenses.</p> <p>If the amount at the left is not zero, then you are responsible to meet the deductible amount and pay all of the costs up to the deductible amount before this HRA will begin to pay for covered services you use.</p> <p>The HRA may be used to offset all or a portion of your expenses (Medical Deductible) under another major medical plan offered in connection with the HRA. See the Summary for your major medical coverage for more details regarding your major medical coverage.</p>
<p>Are there other <u>deductibles</u> for specific services?</p>	<p>\$0</p>	<p>You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this HRA covers.</p> <p>The HRA may be used to offset all or a portion of your expenses (Medical Deductible) under another major medical plan offered in connection with the HRA. See the Summary for your major medical coverage for more details regarding your major medical coverage.</p>
<p>Is there an <u>out-of-pocket limit</u> on my expenses?</p>	<p>\$ This HRA has no out of pocket limit.</p>	<p>There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.</p> <p>However, the HRA is intended to supplement the coverage under your major medical plan, which may have a limit on out of pocket expenses that you pay. See the Summary for your major medical coverage for more details regarding your major medical coverage.</p>

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Is there an overall annual limit on what the plan pays?	Yes, \$750/\$1,500/\$2,250	<p>This HRA will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit.</p> <p>However, the HRA is intended to supplement the coverage under your major medical plan. See the Summary for your major medical coverage for more details regarding your major medical coverage.</p>
Does this plan use a <u>network of providers</u>?	No	<p>This HRA treats providers the same in determining payment for the same services.</p> <p>However, the HRA is intended to supplement the coverage under your major medical plan, which may limit use of providers. If eligible expenses under this HRA are limited to expenses covered by the major medical plan, your choice of providers may impact the reimbursement under this HRA. See your HRA plan document for more details. Also, see the Summary for your major medical coverage for more details regarding your major medical coverage.</p>
Do I need a referral to see a <u>specialist</u>?	No	<p>This HRA treats providers the same in determining payment for the same services.</p> <p>However, the HRA is intended to supplement the coverage under your major medical plan, which may impose requirements on the use of providers/specialists. If eligible expenses under this HRA are limited to expenses covered by the major medical plan, your choice of providers/specialists may impact the reimbursement under this HRA. Also, see the Summary for your major medical coverage for more details regarding your major medical coverage.</p>
Are there services this plan doesn't cover?	Yes	<p>Some of the services this HRA doesn't cover are listed on page 3. See your summary plan description for additional information.</p>

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Covered Services under this HRA	Your cost for Covered Services under the HRA	Limitations & Exceptions
<p>This HRA generally covers expenses that (i) qualify as “medical care” by the Internal Revenue Code and (ii) satisfy any additional requirements imposed by the HRA plan document. See the HRA plan document for additional details regarding Covered Services under this HRA.</p>	<p>\$0 (subject to applicable deductible and annual limit requirements of this HRA)</p> <p>However, the HRA is intended to supplement the coverage under your major medical plan which may require cost sharing. See your HRA plan document for more details. Also, see the Summary for your major medical coverage for more details regarding your major medical coverage.</p>	<p>The HRA is intended to supplement the coverage under your major medical plan which may impose limitations and exceptions on cost sharing. See your HRA plan document for more details. Also, see the Summary for your major medical coverage for more details regarding your major medical coverage.</p>

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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending on 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 may also apply.

For more information on your rights to continue coverage, contact the plan at 1-888-401-3539. 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:

- Benefit Strategies, LLC at 1-888-401-3539 or www.benstrat.com
- Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform
- Additionally, a consumer assistance program can help you file your appeal in your state. Please see <http://dol.gov/ebsa/capupdatelist.doc> to find out who to contact in your state.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-401-3539.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does not provide minimum essential coverage.** *Please see your major medical plan for additional information.*

Does this Coverage Meet Minimum Essential Coverage?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does not meet the minimum standard for the benefits it provides.** *Please see your major medical plan for additional information.*

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

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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 this example to estimate your actual costs under this HRA. The actual care you receive will be different from this example, and the cost of that care will also be different. Moreover, the maximum amount available to you for reimbursement may be more or less depending on the terms of the HRA.

See the next page for important information about this example.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- HRA pays \$750/\$1,500/\$2,250
- Patient pays* \$250/\$500/\$750

*Does not take into consideration any amounts payable by your major medical coverage. See the Summary for your major medical coverage for more details.

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

Maximum HRA annual reimbursement	\$750/\$1,500/\$2,250
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Patient pays:

Deductibles	\$250/\$500/\$750
Copays (if applicable)	\$
Coinsurance (if applicable)	\$
Total	\$1,000/\$2,000/\$3,000

Any additional amounts may be payable by your major medical coverage.

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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 HRA only reimburses amounts incurred toward the deductible.
- The timing and availability of funds is dictated by your summary plan description.

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 in this HRA Summary to compare plans?

- ✘ **No.** HRAs are designed to supplement other health insurance. Thus the coverage examples in this HRA summary can only help you understand how your costs under other plans may be impacted.

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**, **deductible**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (**HSA's**), flexible spending accounts (**FSA's**) or other health reimbursements accounts (**HRA's**) that help you pay out-of-pocket expenses.

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