

Summary of Benefits and Coverage: What this Plan Covers & What it Costs  
Coverage for: Single / Employee + Spouse/ Employee + Child(ren) / Family

Plan Type: PPO HRA Plan



**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 plan document at [www.esgcorp.biz](http://www.esgcorp.biz) or by calling 1-877-668-8522.

| Important Questions                 | Answers | Why this Matters:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is the overall HRA deductible? | \$1,000 | <p>The HRA plan is intended to supplement the coverage under your major medical plan.</p> <p>If you do not have an HRA Deductible, see the chart starting on page 3 for your costs for services this HRA plan covers. If you have an HRA deductible, you must pay all of the costs up to the HRA deductible amount before this HRA begins to pay for covered services you use.</p> <p>The Employee is responsible for 100% of the first \$1,000 of the in-network deductible. The Employer is responsible for 90% of the next \$4,000. Deductible plan year is run on a calendar basis.</p> <p>The HRA may be used to offset all or a portion of your 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> |

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|                                                           |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are there other <u>deductibles</u> for specific services? | No                                                                                                                                                | <p>If you do not have an HRA deductible, you don't have to meet deductibles for specific services, but see the chart starting on page 3 for other costs for services this HRA plan covers.</p> <p>If you have HRA deductible, you must pay all of the costs up to the HRA deductible amount before this HRA begins to pay for these services</p> <p>The HRA may be used to offset all or a portion of your 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> |
| Is there an <u>out-of-pocket limit</u> on my expenses?    | Yes                                                                                                                                               | 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.                                                                                                                                                                                                                                                                                                                                                   |
| Is there an overall annual limit on what the plan pays?   | (In Network Only)<br>Single \$3,600<br>Employee + Spouse \$7,200<br>Employee + Child (1) \$7,200<br>Employee + Children \$7,200<br>Family \$7,200 | <p>This HRA plan will pay for covered services only up to this limit during each coverage period, even if your need is greater. You are responsible for all expenses above this limit.</p> <p>The HRA plan 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</u> of providers?         | No                                                                                                                                                | <p>This HRA plan treats providers as in network and out of network the same as the insurance contract in determining payment for services relating to the HRA.</p> <p>However, the HRA plan 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 plan. See your HRA plan document for more details.</p>                                                                         |

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|                                                   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                   |     | Also, see the Summary for your major medical coverage for more details regarding your major medical coverage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Do I need a referral to see a <u>specialist</u> ? | No  | <p>You can see the specialist you choose without permission from this HRA.</p> <p>However, the HRA plan is intended to supplement the coverage under your major medical plan, which may impose requirements on the 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 plan. 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> |
| Are there services this plan doesn't cover?       | Yes | Some of the services this plan doesn't cover are listed on page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| Covered Services under this HRA                                                                                                                                                                                                                                                                                                                                | Your cost for Covered Services under the HRA                                                                                                                                                                                                                                                     | Your Cost If You Use an In-Network or Out-of-Network Provider                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 Summary Plan Description (SPD). See the HRA Summary Plan Description (SPD) for additional details regarding Covered Services under this HRA. HRA plan is subject to a 90 day runout period. | The HRA is intended to supplement the coverage under your major medical plan for which you may require cost sharing. See your HRA Summary Plan Description (SPD) for more details. Also, see the Summary for your major medical coverage for more details regarding your major medical coverage. | The HRA is intended to supplement the coverage under your major medical plan for which you may require cost sharing. See your HRA Summary Plan Description (SPD) for more details. Also, see the Summary for your major medical coverage for more details regarding your major medical coverage. |

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## Excluded Services & Other Covered Services:

**Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Cosmetic Procedures
- Non-213 (d) eligible expenses

## Other Covered Services:

**Other Covered Services** (This isn't a complete list. Check your policy or Summary Plan Description (SPD) for other covered services.)

## Your Rights to Continue Coverage:

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

For more information on your rights to continue coverage, contact the plan at 1-877-668-8522. 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](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x 61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

## 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 provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

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 meet the minimum value standard for the benefits it provides.**

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**Summary of Benefits and Coverage:** What this Plan Covers & What it CostsCoverage for: Single / Employee + Spouse/ Employee + Child(ren) / FamilyPlan Type: PPO HRA Plan**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 these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

**Having a baby**  
(normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays\***
- **Patient pays\*\***

**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           |
| <b>Total</b>               | <b>\$7,540</b> |

**Patient pays:**

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

\* Please note that this amount does not take into consideration how the claims were adjudicated by your major medical coverage. Some of these amounts may be paid in full or applied to copayment charges which may not be reimbursable under your HRA plan.

**Managing type 2 diabetes**  
(routine maintenance of a well-controlled condition)

Amount owed to providers: \$5,400

- **Plan pays \***
- **Patient pays \*\***

**Sample care costs:**

|                                |                |
|--------------------------------|----------------|
| Prescriptions                  | \$2,900        |
| Medical Equipment and Supplies | \$1,300        |
| Office Visits and Procedures   | \$700          |
| Education                      | \$300          |
| Laboratory tests               | \$100          |
| Vaccines, other preventive     | \$100          |
| <b>Total</b>                   | <b>\$5,400</b> |

**Patient pays:**

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

\*\*Please note that this amount does not take into consideration any amounts payable by your major medical coverage (if applicable). See the Summary for your major medical coverage for more details.

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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.

### **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 to compare plans?**

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

## **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: Customer Care Department at 877-668-8522 or online at [www.esgcorp.biz](http://www.esgcorp.biz)

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