CITY OF TOMBSTONE PPO Premiere HRA Plan

Coverage Period: 7/1/2024-6/30/2025

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 or by calling 1-877-668-8522.

Important Questions	Answers	Why this Matters:
What is the overall HRA deductible?	$750	The HRA plan is intended to supplement the coverage under your major medical plan. 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. Employee is responsible for the first $750 of in network deductible. Employer is responsible for the next $2,250 of the in network deductible plus up to $1,000 of in-network coinsurance. Deductible plan year is run on a calendar basis. 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.

Are there other deductibles for specific services?	No	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. 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 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.
Is there an out–of–pocket limit 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) Single $3,250 Employee + Spouse $6,500 Employee + Child (1) $6,500 Employee + Children $6,500 Family $6,500	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. 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.
Does this plan use a network of providers?	No	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. 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.

		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 specialist?	No	You can see the specialist you choose without permission from this HRA. 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.
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.

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, or the U.S. Department of Health and Human Services at 1-877-267-2323 x 61565 or 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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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
Total	**$7,540**

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
Total	**$5,400**

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.

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