



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, log into [www.ebcflex.com](http://www.ebcflex.com) or call 1-800-346-2126. 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.healthcare.gov/SBC-GLOSSARY](http://www.healthcare.gov/SBC-GLOSSARY) or call 1-800-346-2126 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers. This plan is a Health Reimbursement Arrangement (HRA) that reimburses individual billed insurance premium expenses.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes, all Internal Revenue Code Section 213(d) medical expenses are eligible.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply.
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services for this plan. Check your major medical plan's SBC for other <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> ?	No.	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
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	<a href="#">Specialist</a> visit	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	<a href="#">Preventive care/screening/immunization</a>	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	Imaging (CT/PET scans, MRIs)	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.ebcflex.com">www.ebcflex.com</a>	Generic drugs	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	Preferred brand drugs	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	Non-preferred brand drugs	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	<a href="#">Specialty drugs</a>	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	Physician/surgeon fees	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	<a href="#">Emergency medical transportation</a>	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	<a href="#">Urgent care</a>	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	Physician/surgeon fees	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense

[\* For more information about limitations and exceptions, see the plan or policy document at [www.ebcflex.com](http://www.ebcflex.com).]

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	Inpatient services	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
<b>If you are pregnant</b>	Office visits	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	Childbirth/delivery professional services	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	Childbirth/delivery facility services	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	<a href="#">Rehabilitation services</a>	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	<a href="#">Habilitation services</a>	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	<a href="#">Skilled nursing care</a>	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	<a href="#">Durable medical equipment</a>	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	<a href="#">Hospice services</a>	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
<b>If your child needs dental or eye care</b>	Children's eye exam	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	Children's glasses	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense
	Children's dental check-up	\$0 until account balance is exhausted.	Must be an eligible IRC Section 213(d) expense

**Excluded Services & Other Covered Services:**

<b>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>.)</b>		
• Cosmetic surgery	• Long-term care	• Weight loss programs

[\* For more information about limitations and exceptions, see the plan or policy document at [www.ebcflex.com](http://www.ebcflex.com).]

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

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• Chiropractic care</li><li>• Dental care (Adult)</li></ul> | <ul style="list-style-type: none"><li>• Hearing aids</li><li>• Infertility treatment</li><li>• Non-emergency care when traveling outside the U.S.</li></ul> | <ul style="list-style-type: none"><li>• Private-duty nursing</li><li>• Routine eye care (Adult)</li><li>• Routine foot care</li><li>• Any § 213(d) eligible expense</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: 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 x61565 or [www.cco.cms.gov](http://www.cco.cms.gov). 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: ,Employee Benefits Corporation at 1-800-346-2126,

**Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the premium tax credit.

**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:**

None

—————*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.

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist](#) \$0
- Hospital (facility) 0%
- Other 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>\$12,700</b>
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$
<a href="#">Copayments</a>	\$
<a href="#">Coinsurance</a>	\$
What isn't covered	
Limits or exclusions	None
<b>The total Peg would pay is</b>	<b>Costs exceeding HRA balance</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](#) \$0
- Hospital (facility) 0%
- Other 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>\$5,600</b>
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$
<a href="#">Copayments</a>	\$
<a href="#">Coinsurance</a>	\$
What isn't covered	
Limits or exclusions	None
<b>The total Joe would pay is</b>	<b>Costs exceeding HRA balance</b>

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist](#) \$0
- Hospital (facility) 0%
- Other 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>\$2,800</b>
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$
<a href="#">Copayments</a>	\$
<a href="#">Coinsurance</a>	\$
What isn't covered	
Limits or exclusions	None
<b>The total Mia would pay is</b>	<b>Costs exceeding HRA balance</b>