




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, contact your Human Resources Department. 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](http://www.dol.gov) or call 1-800-318-2596 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	A deductible does not apply to the HRA
Are there services covered before you meet your <a href="#">deductible</a> ?	N/A	A deductible does not apply to the HRA
Are there other <a href="#">deductibles</a> for specific services?	N/A	A deductible does not apply to the HRA
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	\$1990 Single/\$3980 Family	The out-of-pocket limit is the most you could pay in a year before the HRA pays for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Expenses not applicable to the Deductible under the Harvard Pilgrim Health Care Maine's Choice HMO HSA Plan.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a <a href="#">network provider</a> ?	No	The HRA treats providers the same in determining payment for services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No	You can see the specialist you choose without permission from this HRA.

 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
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<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	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	<a href="#">Specialist</a> visit	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	<a href="#">Preventive care/screening/immunization</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Imaging (CT/PET scans, MRIs)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
<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="#">www.[insert].com</a>	Generic drugs (Tier 1)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Preferred brand drugs (Tier 2)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
	Non-preferred brand drugs (Tier 3)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
	<a href="#">Specialty drugs</a> (Tier 4)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Physician/surgeon fees	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	<a href="#">Emergency medical transportation</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
	<a href="#">Urgent care</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Physician/surgeon fees	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Inpatient services	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
<b>If you are pregnant</b>	Office visits	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Childbirth/delivery professional services	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
	Childbirth/delivery facility services	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	<a href="#">Rehabilitation services</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	<a href="#">Habilitation services</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	<a href="#">Skilled nursing care</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	<a href="#">Durable medical equipment</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	<a href="#">Hospice services</a>	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
<b>If your child needs dental or eye care</b>	Children's eye exam	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Children's glasses	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Children's dental check-up	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA

## 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.)

These expenses are not eligible under the terms of the plan unless they are applicable to the Deductible under the applicable health plan.

- Acupuncture
- Bariatric Surgery
- Chiropractic Care
- Cosmetic Surgery
- Dental Care
- Hearing Aids
- Infertility Treatment
- Long Term Care
- Non-emergency care when traveling outside the U.S.
- Private Duty Nursing
- Routine eye care (Adult)
- Routine Foot Care
- Weight Loss Programs

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

- Expenses attributable to the Deductible under the applicable health plan

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. For more information on your rights to continue coverage, contact the plan at (800)626-3539. 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 (800)626-3539.

### Does this plan provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **In conjunction with the group health plan, this HRA provides minimum essential coverage.**

### Does this plan meet Minimum Value Standards?

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

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al Recursos Humanos.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa Human Resources

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 人力资源

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' Human Resources

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*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](#) \$500
- [Specialist copayment](#) \$50
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

**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>\$12,800</b>
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**In this example, Peg would pay:**

Cost Sharing	
Deductibles	\$500
Copayments	\$300
Coinsurance	\$2,300
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,160</b>

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist copayment](#) \$50
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

**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>\$7,400</b>
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**In this example, Joe would pay:**

Cost Sharing	
Deductibles*	\$800
Copayments	\$1,200
Coinsurance	\$300
What isn't covered	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$2,360</b>

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

- The [plan's](#) overall [deductible](#) \$500
- [Specialist copayment](#) \$50
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

**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>\$1,900</b>
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**In this example, Mia would pay:**

Cost Sharing	
Deductibles*	\$700
Copayments	\$50
Coinsurance	\$300
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,050</b>

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact your Human Resources Department.

\*Note: This plan has other [deductibles](#) for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.