



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 employer or call Garner Health at 1-866-761-9586. 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 <https://www.healthcare.gov/sbc-glossary> or call 1-866-761-9586 to request a copy.

| Important Questions   | Answers  | Why This Matters:   |
|---|--|---|
| What is the overall <a href="#">deductible</a> ?                                | Employee Only: \$1,700<br>Employee & Spouse: \$3,400<br>Employee & Children: \$3,400<br>Employee & Family: \$3,400 | This HRA Plan is subject to a deductible, potentially because it is integrated with an employer-sponsored major medical group health plan that is paired with a Health Savings Account (HSA). Note that the major medical group health plan which may also have an overall deductible. To learn more, we recommend reviewing the SBC for the major medical group health plan. Ask your employer for a copy.   |
| Are there services covered before you meet your <a href="#">deductible</a> ?    | No.  | This HRA Plan is subject to a deductible, potentially because it is integrated with an employer-sponsored major medical group health plan that is paired with a Health Savings Account (HSA). Once you meet the deductible, the HRA Plan reimburses medical expenses you incur for medical care by providers that are recommended or approved through Garner Health's website, smart phone application, or concierge service, up to the balance of your HRA amount. The HRA Plan does not reimburse medical expenses you incur for medical care by providers that are not recommended or approved by Garner. You will have to meet the HRA Plan deductible before the plan reimburses you for any medical expenses. |
| Are there other <a href="#">deductibles</a> for specific services?              | No.  | The HRA Plan is integrated with an employer-sponsored group health plan which may have a deductible, including other deductibles for specific services.   |
| What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ? | Not applicable.  | The HRA Plan can only reimburse you up to the amount in your HRA account.   |
| What is not included in the <a href="#">out-of-pocket limit</a> ?               | Not applicable.  | The HRA Plan can only reimburse you up to the amount in your HRA account.   |
| Will you pay less if you use a <a href="#">network provider</a> ?               | It depends.  | The HRA Plan will only reimburse medical expenses you incur from a network provider that is recommended or approved through Garner Health's website, smart phone application or concierge service, up to the balance of your HRA account. Out-of-network providers are not recommended or approved by Garner Health and no reimbursement will be available from your HRA account.   |
| Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?    | It depends.  | This HRA Plan is integrated with an employer-sponsored group health plan. If the employer-sponsored group health plan requires a referral to see a specialist, then in order to be reimbursed up to the balance of your HRA account, you will need to (1) obtain a referral, and (2) select a specialist that is recommended or approved through Garner Health's website, smart phone application, or concierge service.  |

\* For more information about limitations and exceptions, see the [plan](#) document, which is accessible via the Garner Health website, concierge, or smartphone app.

 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<br>(You will pay the least) | Out-of-Network Provider<br>(You will pay the most) |   |
| If you visit a health care <a href="#">provider's office or clinic</a> | Primary care visit to treat an injury or illness       | 0-100%                                       | N/A  | This HRA Plan is integrated with an employer-sponsored group health plan. If this service is covered by the group health plan, you may be reimbursed up to the balance of your HRA account for eligible out-of-pocket deductible, copay, and coinsurance expenses. To be eligible for reimbursement for this type of medical expense, you must use Garner Health's website, smart-phone application, or concierge service to receive an in-network doctor recommendation or approval before you incur the out-of-pocket expenses with that doctor.  |
|  | <a href="#">Specialist</a> visit                       | Same as above.                               | Same as above.                                     |   |
|  | <a href="#">Preventive care/screening/immunization</a> | Same as above.                               | Same as above.                                     |   |
| If you have a test   | <a href="#">Diagnostic test</a> (x-ray, blood work)    | Same as above.                               | Same as above.                                     | This HRA Plan is integrated with an employer-sponsored group health plan. If this service is covered by the group health plan, you may be reimbursed up to the balance of your HRA account for eligible out-of-pocket deductible, copay, and coinsurance expenses. To be eligible for reimbursement for this type of medical expense, you must use Garner Health's website, smart-phone application, or concierge service to receive an in-network doctor recommendation or approval before you incur the out-of-pocket expenses with that doctor. If a diagnostic test or imaging is non-invasive, then the eligible out-of-pocket expenses will qualify for reimbursement by the HRA if the test or imaging was ordered by a Garner-recommended |

\* For more information about limitations and exceptions, see the [plan](#) document, which is accessible via your employer.

| Common Medical Event  | Services You May Need                          | What You Will Pay   |   | Limitations, Exceptions, & Other Important Information*  |
|---|--|---|---|--|
|   |  | Network Provider<br>(You will pay the least)                      | Out-of-Network Provider<br>(You will pay the most)                |  |
|   |  |   |   | or Garner-approved provider. If the test or imaging is invasive, then any out-of-pocket expenses will only qualify for reimbursement if the provider of the test is recommended to you by Garner, or approved by Garner, prior to the date of service. If you have questions about what types of tests qualify as invasive or non-invasive, please contact the Garner Health concierge service via online chat using the Garner Health website or smartphone app, or by phone at (866) 761-9586. |
|   | Imaging (CT/PET scans, MRIs)                   | Same as above.  | Same as above.  | Same as above.   |
| <b>If you need drugs to treat your illness or condition</b> | Generic drugs                                  | Same as above.  | Same as above.  | Must be prescribed by a Garner-recommended or Garner-approved doctor.  |
|   | Preferred brand drugs                          | Same as above.  | Same as above.  | Same as above.   |
|   | Non-preferred brand drugs                      | Same as above.  | Same as above.  | Same as above.   |
|   | <a href="#">Specialty drugs</a>                | Same as above.  | Same as above.  | Same as above.   |
| <b>If you have outpatient surgery</b>                       | Facility fee (e.g., ambulatory surgery center) | (Same as if you visit a health care provider's office or clinic.) | (Same as if you visit a health care provider's office or clinic.) | This HRA Plan is integrated with an employer-sponsored group health plan. If this service is covered by the group health plan, you may be reimbursed up to the balance of your HRA account for eligible out-of-pocket deductible, copay, and coinsurance expenses. To be eligible for reimbursement for this type of medical expense, you must use Garner Health's website, smart-phone  |

\* For more information about limitations and exceptions, see the [plan](#) document, which is accessible via your employer.

| Common Medical Event  | Services You May Need                            | What You Will Pay   |   | Limitations, Exceptions, & Other Important Information*  |
|---|--|---|---|--|
|   |  | Network Provider<br>(You will pay the least)                      | Out-of-Network Provider<br>(You will pay the most)                |  |
|   |  |   |   | application, or concierge service to receive an in-network doctor recommendation or approval before you incur the out-of-pocket expenses with that doctor.   |
|   | Physician/surgeon fees                           | Same as above.  | Same as above.  | Same as above.   |
| If you need immediate medical attention                                   | <a href="#">Emergency room care</a>              | N/A   | N/A   | This HRA Plan is integrated with an employer-sponsored group health plan, which may cover some of the out-of-pocket expenses related to immediate medical attention. However, no coverage is available from your HRA account for this type of medical event.   |
|   | <a href="#">Emergency medical transportation</a> | Same as above.  | Same as above.  | Same as above.   |
|   | <a href="#">Urgent care</a>                      | Same as above.  | Same as above.  | Same as above.   |
| If you have a hospital stay   | Facility fee (e.g., hospital room)               | (Same as if you visit a health care provider's office or clinic.) | (Same as if you visit a health care provider's office or clinic.) | This HRA Plan is integrated with an employer-sponsored group health plan. If this service is covered by the group health plan, you may be reimbursed up to the balance of your HRA account for eligible out-of-pocket deductible, copay, and coinsurance expenses. To be eligible for reimbursement for this type of medical expense, you must use Garner Health's website, smart-phone application, or concierge service to receive an in-network doctor recommendation or approval before you incur the out-of-pocket expenses with that doctor. |
|   | Physician/surgeon fees                           | Same as above.  | Same as above.  | Same as above.   |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services                              | Same as above.  | Same as above.  | Same as above.   |
|   | Inpatient services                               | Same as above.  | Same as above.  | Same as above.   |
|   | Office visits                                    | Same as above.  | Same as above.  | Same as above.   |

\* For more information about limitations and exceptions, see the [plan](#) document, which is accessible via your employer.

| Common Medical Event   | Services You May Need                     | What You Will Pay   |   | Limitations, Exceptions, & Other Important Information*  |
|--|---|---|---|--|
|  |   | Network Provider<br>(You will pay the least)  | Out-of-Network Provider<br>(You will pay the most)                                  |  |
| If you are pregnant  | Childbirth/delivery professional services | Same as above.  | Same as above.  | Same as above.   |
|  | Childbirth/delivery facility services     | Same as above.  | Same as above.  | Same as above.   |
| If you need help recovering or have other special health needs | <a href="#">Home health care</a>          | Same as above.  | Same as above.  | Same as above.   |
|  | <a href="#">Rehabilitation services</a>   | Same as above.  | Same as above.  | Same as above.   |
|  | <a href="#">Habilitation services</a>     | Same as above.  | Same as above.  | Same as above.   |
|  | <a href="#">Skilled nursing care</a>      | Same as above.  | Same as above.  | Same as above.   |
|  | <a href="#">Durable medical equipment</a> | Same as above.  | Same as above.  | Same as above.   |
|  | <a href="#">Hospice services</a>          | Same as above.  | Same as above.  | Same as above.   |
| If your child needs dental or eye care                         | Children's eye exam                       | N/A. No coverage is available from your HRA account for this type of medical event. | N/A. No coverage is available from your HRA account for this type of medical event. | This HRA Plan is integrated with an employer-sponsored group health plan, which may cover some of the out-of-pocket costs related to this type of medical event. However, no coverage is available from your HRA account for this type of medical event. |
|  | Children's glasses                        | Same as above.  | Same as above.  | Same as above.   |
|  | Children's dental check-up                | Same as above.  | Same as above.  | Same as above.   |

**Excluded Services & Other Covered Services:**

|   |   |   |
|---|---|---|
| <b>Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a>.)</b> |   |   |
| <ul style="list-style-type: none"> <li>Any expense payable through another source (such as your employer's group medical plan plan).</li> </ul>   | <ul style="list-style-type: none"> <li>Any service or procedure your employer's group medical plan does NOT cover.</li> </ul> | <ul style="list-style-type: none"> <li>Any services or supplies beyond the amount in the HRA Account or services or supplies that are not reimbursable (even if they meet the definition of medical care) under the Internal Revenue Code Section 213.</li> </ul> |

|   |
|---|
| <b>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)</b> |
| <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>  |

\* For more information about limitations and exceptions, see the [plan](#) document, which is accessible via your employer.

**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: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). 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 on how 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: [insert applicable contact information from instructions].

**Does this plan provide Minimum Essential Coverage?** **No**, however, this plan is integrated with a group health plan that may provide minimum essential coverage.

[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**, however, this plan is integrated with a group health plan that may meet the minimum value standards. 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](#).

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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 \$1,700

[plan's](#)  
overall  
[deductible](#)

■ N/A

Specialist [\[cost sharing\]](#)

■ N/A

Hospital (facility) [\[cost sharing\]](#)

■ Other [\[cost sharing\]](#)

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*)

|               |          |
|---------------|----------|
| Total Example | \$12,700 |
|---------------|----------|

**Managing Joe's Type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

■ The \$1,700

[plan's](#)  
overall  
[deductible](#)

■ N/A

Specialist [\[cost sharing\]](#)

■ N/A

Hospital (facility) [\[cost sharing\]](#)

■ Other [\[cost sharing\]](#)

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*)

|               |         |
|---------------|---------|
| Total Example | \$5,600 |
|---------------|---------|

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

■ The \$1,700

[plan's](#)  
overall  
[deductible](#)

■ N/A

Specialist [\[cost sharing\]](#)

■ N/A

Hospital (facility) [\[cost sharing\]](#)

■ Other [\[cost sharing\]](#)

This EXAMPLE event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

|               |         |
|---------------|---------|
| Total Example | \$2,800 |
|---------------|---------|

\* For more information about limitations and exceptions, see the [plan](#) document, which is accessible via your employer.

| Cost                                   |            |
|--|------------|
| <b>In this example, Peg would pay:</b> |            |
| <i>Cost Sharing</i>                    |            |
| <u>Deductibles</u>                     | \$1,700    |
| <u>Copayments</u>                      | N/A        |
| <u>Coinsurance</u>                     | N/A        |
| <i>What isn't covered</i>              |            |
| Limits or exclusions                   | N/A        |
| <b>The total Peg would pay is</b>      | <b>N/A</b> |

| Cost                                   |            |
|--|------------|
| <b>In this example, Joe would pay:</b> |            |
| <i>Cost Sharing</i>                    |            |
| <u>Deductibles</u>                     | \$1,700    |
| <u>Copayments</u>                      | N/A        |
| <u>Coinsurance</u>                     | N/A        |
| <i>What isn't covered</i>              |            |
| Limits or exclusions                   | N/A        |
| <b>The total Joe would pay is</b>      | <b>N/A</b> |

| Cost                                   |            |
|--|------------|
| <b>In this example, Mia would pay:</b> |            |
| <i>Cost Sharing</i>                    |            |
| <u>Deductibles</u>                     | \$1,700    |
| <u>Copayments</u>                      | N/A        |
| <u>Coinsurance</u>                     | N/A        |
| <i>What isn't covered</i>              |            |
| Limits or exclusions                   | N/A        |
| <b>The total Mia would pay is</b>      | <b>N/A</b> |

**\*\* This HRA plan does not cover specific services the way a major medical health plan does. Instead, it reimburses eligible out-of-pocket deductible, copay, and coinsurance expenses that are incurred pursuant to your employer-sponsored major medical group health plan, and that are considered eligible for reimbursement under Section 213 of the Internal Revenue Code, up to the amount available in the HRA, and pursuant to the requirements described in the plan document. The employer's group health plan (integrated with the HRA plan) would be responsible for the other costs of these EXAMPLE covered services.**

\* For more information about limitations and exceptions, see the [plan](#) document, which is accessible via your employer.