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 or call 1-800-318-2596 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$0	A deductible does not apply to the HRA
Are there services covered before you meet your deductible?	N/A	A deductible does not apply to the HRA
Are there other deductibles for specific services?	N/A	A deductible does not apply to the HRA
What is the out-of-pocket limit for this plan?	$400 Single/$800 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 out-of-pocket limit?	Expenses not applicable to the Deductible and Coinsurance under the Anthem PPO 1500 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 network provider?	No	The HRA treats providers the same in determining payment for services.
Do you need a referral to see a specialist?	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)	
If you visit a health care provider's office or clinic	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
	Specialist visit	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Preventive care/screening/ immunization	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
If you have a test	Diagnostic test (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	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.[insert].com	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	
	Specialty drugs (Tier 4)	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
If you have outpatient surgery	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
If you need immediate medical attention	Emergency room care	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Emergency medical transportation	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
	Urgent care	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
If you have a hospital stay	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)	
If you need mental health, behavioral health, or substance abuse services	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	
If you are pregnant	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	
If you need help recovering or have other special health needs	Home health care	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Rehabilitation services	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Habilitation services	Not applicable with respect to the HRA	Not applicable with respect to the HRA	
	Skilled nursing care	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Durable medical equipment	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
	Hospice services	Not applicable with respect to the HRA	Not applicable with respect to the HRA	Not applicable with respect to the HRA
If your child needs dental or eye care	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 and Coinsurance 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 and Coinsurance 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 (207)760-2718. 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 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 (207)760-2718.

Does this plan provide Minimum Essential Coverage?

In conjunction with the group health plan, this HRA provides 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 Minimum Value Standards?

Yes. 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:

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 人力資源
[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' Human Resources

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)*

Total Example Cost	**$12,800**

In this example, Peg would pay:

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

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)*

Total Example Cost	**$7,400**

In this example, Joe would pay:

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

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)*

Total Example Cost	**$1,900**

In this example, Mia would pay:

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

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.

The **plan** would be responsible for the other costs of these EXAMPLE covered services.