This Supplement to your Summary of Benefits and Coverage (SBC) document will help understand how your health plan costs are reduced by a Health Reimbursement Arrangement (HRA). You received an SBC from your insurer that shows how you and the plan would share the cost for covered health care services. This Supplement shows how your deductible and out of pocket costs under the plan are reduced by the HRA.
This is only a supplement to your summary. For more information about your coverage, or to get a copy of the complete terms of coverage, contact your employer. For general definitions of common terms, please see the SBC provided by your insurer.

Important Questions	Answers	Why This Matters:
What is the overall HRA deductible?	$1,500 /Employee Only or $3,000 Employee + Dependents	Generally, you must pay all of the costs from providers up to the deductible amount before this HRA component of the plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there other deductibles for specific services?	No	You must pay all of the costs for these services up to the specific deductible amount before this HRA component of the plan begins to pay for these services.
What is the out-of-pocket limit for the HRA?	For network providers $1,500 for Employee Only / $3,000 Employee + Dependents	Your out-of-pocket limit is reduced by the benefits paid from the HRA. The out-of-pocket limit is the most you could pay in a year 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?	Premiums, balance-billing charges, health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the HRA pays?	Yes. $4,700 Employee Only or $5,550 Employee + Dependents	The maximum annual HRA benefit is $4,700 for Employee Only and $5,550 for Employee + Dependents subject to the insurance deductible. You are responsible for all other expenses above the HRA benefit, subject to the terms of your health plan.

Your Rights to Continue Coverage: If you want to continue your HRA coverage after it ends, contact your employer or the U.S. Department of Labor, 200 Constitution Ave. NW, Washington DC 20210 1-866-444-EBSA. Other coverage that may be available as described in the plan SBC will not include HRA benefits.

Your Grievance and Appeals Rights: For more information about your rights, refer to the plan SBC.

Does this plan provide Minimum Essential Coverage? Yes, in combination with the insured portion of your plan.

Does this plan meet Minimum Value Standards? Yes, in combination with the insured portion of your plan.

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 with the HRA. 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 with the HRA. 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 overall HRA deductible	$1,500
Specialist copayment	10%
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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	$1,500
HRA reimburses	$4,700
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Peg would pay is	**$1,500**

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

The overall HRA deductible	$1,500
Specialist copayment	10%
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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*	$1,500
HRA reimburses	$4,700
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Joe would pay is	**$1,500**

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

The overall HRA deductible	$1,500
Specialist copayment	10%
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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*	$1,500
HRA reimburses	$900
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,500**

Note: The HRA does not include a wellness program. Please refer to the SBC for the plan for any wellness program information that may apply.

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

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 a summary. For more information about your coverage, or to get a copy of the complete terms of coverage visit www.secure.healthx.com/ssh.aspx. 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.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UniformGlossary-01-2020.pdf or call 1-855-522-1917 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: $6,000 / individual or $8,350 / family Out of Network: $12,000 / individual or $16,700 / family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive Care is covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-benefits/.
Are there other deductibles for specific services?	No	There are no other deductibles.
What is the out-of-pocket limit for this plan?	For network providers: $6,200 / individual or $8,550 / family; for out-of-network: Unlimited	The out-of-pocket limit is the most you could pay in a year 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?	premiums, balance-billing charges, and health care this plan doesn't cover. Preauthorization penalties, and charges that exceed eligible expenses	out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.secure.healthx.com/ssh.aspx or call 1-855-522-1917 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the network. You will pay the most if you use a out-of-network provider, and you might receive a bill from a provider for the difference between the charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You may see any specialist without a referral.