


Plan: VantageLinks: (HRA)

Coverage Period: 05/01/2018 to 04/30/2019

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Coverage Levels | Plan Type: HRA

 **This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at info@beneflexhr.com or by calling 1-314-909-6979 or 1-800-631-3539. This is an addendum to your medical SBC.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$500 per person with a maximum of \$1,500 for family for HRA.	You must pay \$500 per person (\$1,500 for family coverage) of the HRA deductible amount applied to your group health plan deductible as reported on the Explanation of Benefits (EOB) before the HRA begins to pay.
Are there other <u>deductibles</u> for specific services?	NA	No other deductible applies to the HRA. Review the terms of your group health plan.
Is there an <u>out-of-pocket limit</u> on my expenses?	NA	No out-of-pocket limit applies to the HRA. Review the terms of your group health plan.
What is not included in the <u>out-of-pocket limit</u> ?	NA	No out-of-pocket limit applies to the HRA. Review the terms of your group health plan.
Is there an overall <u>annual limit</u> on what the plan pays?	\$1,000 per person with a maximum of \$3,000 for family for HRA.	Reimburses \$1,000 per person up to a maximum of \$3,000 (for family) on EOB. Only reimburses expense applied to deductible on EOB. HRA only pays out-of-network claims up to the in-network amount.
Does this plan use a <u>network</u> of providers?	NA	No network of providers applies to the HRA. Review the terms of your group health plan.
Do I need a referral to see a <u>specialist</u> ?	NA	No referrals apply to the HRA. Review the terms of your group health plan.
Are there services this plan doesn't cover?	Amounts not included in your deductible as reported on the group health plan EOB.	After you meet the HRA deductible, the HRA will Reimburse you up to \$1,000 per person (\$3,000 for family coverage) for expenses applied to your group health plan deductible as reported on the Explanation of Benefits ("EOB").

Questions: Call 1-314-909-6979 or 1-800-631-3539 or contact us at info@beneflexhr.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can contact us at info@beneflexhr.com or by calling 1-314-909-6979 or 1-800-631-3539 to request a copy of the Glossary.

OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

Released on April 23, 2013 (corrected)

Plan: VantageLinks: (HRA)

Coverage Period: 05/01/2018 to 04/30/2019

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Coverage Levels | Plan Type: HRA



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- The group health plan may encourage you to use **participating providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Specialist visit	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Other practitioner office visit	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Preventive care/screening/immunization	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
If you have a test	Diagnostic test (x-ray, blood work)	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Imaging (CT/PET scans, MRIs)	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.

Questions: Call 1-314-909-6979 or 1-800-631-3539 or contact us at info@beneflexhr.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can contact us at info@beneflexhr.com or by calling 1-314-909-6979 or 1-800-631-3539 to request a copy of the Glossary.

Plan: VantageLinks: (HRA)

Coverage Period: 05/01/2018 to 04/30/2019

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Coverage Levels | Plan Type: HRA

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.[insert] .	Generic drugs	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Preferred brand drugs	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Non-preferred brand drugs	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Specialty drugs	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Physician/surgeon fees	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
If you need immediate medical attention	Emergency room services	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Emergency medical transportation	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Urgent care	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.

Questions: Call 1-314-909-6979 or 1-800-631-3539 or contact us at info@beneflexhr.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can contact us at info@beneflexhr.com or by calling 1-314-909-6979 or 1-800-631-3539 to request a copy of the Glossary.

Plan: VantageLinks: (HRA)

Coverage Period: 05/01/2018 to 04/30/2019

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Coverage Levels | Plan Type: HRA

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you have a hospital stay	Facility fee (e.g., hospital room)	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Physician/surgeon fee	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Mental/Behavioral health inpatient services	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Substance use disorder outpatient services	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Substance use disorder inpatient services	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
If you are pregnant	Prenatal and postnatal care	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Delivery and all inpatient services	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.

Questions: Call 1-314-909-6979 or 1-800-631-3539 or contact us at info@beneflexhr.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can contact us at info@beneflexhr.com or by calling 1-314-909-6979 or 1-800-631-3539 to request a copy of the Glossary.

Plan: VantageLinks: (HRA)

Coverage Period: 05/01/2018 to 04/30/2019

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Coverage Levels | Plan Type: HRA

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Rehabilitation services	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Habilitation services	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Skilled nursing care	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Durable medical equipment	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Hospice service	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
If your child needs dental or eye care	Eye exam	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Glasses	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.
	Dental check-up	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.	See your group health plan. HRA only reimburses amounts applied to your deductible.

Questions: Call 1-314-909-6979 or 1-800-631-3539 or contact us at info@beneflexhr.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can contact us at info@beneflexhr.com or by calling 1-314-909-6979 or 1-800-631-3539 to request a copy of the Glossary.

Plan: VantageLinks: (HRA)

Coverage Period: 05/01/2018 to 04/30/2019

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Coverage Levels | Plan Type: HRA

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Services not applying to the deductible.
-
-

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- No other services are covered by the HRA.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in durations and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 314-909-6979 or 1-800-631-3539. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x 61565 or www.cciio.cms.gov or you may contact us at info@beneflexhr.com.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the plan at 314-909-6979 or 1-800-631-3539 or info@beneflexhr.com

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 314-909-6979 or 1-800-631-3539.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

Questions: Call 1-314-909-6979 or 1-800-631-3539 or contact us at info@beneflexhr.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can contact us at info@beneflexhr.com or by calling 1-314-909-6979 or 1-800-631-3539 to request a copy of the Glossary.

About these Coverage Examples:

These examples show how the HRA might cover a portion of your deductible in given situations. Refer to the summary for your group health plan to see, in general, how much financial protection a sample patient might get as a supplement to group health plan benefits if covered under different HRAs or similar plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under the group health plan. The actual care you receive will be different from these examples, and the cost of that care will also be different. See your group health plan summary and the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays** Up to \$1,000 per person (\$3,000 family) of the group health plan deductible as reported on the EOB after HRA deductible is met.
- **Patient pays** * See below

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	*
Copays	*
Coinsurance	*
Limits or exclusions	*
Total	*

* The amount the patient pays in this example is determined by the terms of the group health plan. This HRA only reimburses a portion of the deductible as reported on the EOB.

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays** Up to \$1,000 per person (\$3,000 family) of the group health plan deductible as reported on the EOB after HRA deductible is met.
- **Patient pays** * See below

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	*
Copays	*
Coinsurance	*
Limits or exclusions	*
Total	*

* The amount the patient pays in this example is determined by the terms of the group health plan. This HRA only reimburses a portion of the deductible as reported on the EOB.

Questions: Call 1-314-909-6979 or 1-800-631-3539 or contact us at info@beneflexhr.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can contact us at info@beneflexhr.com or by calling 1-314-909-6979 or 1-800-631-3539 to request a copy of the Glossary.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-314-909-6979 or 1-800-631-3539 or contact us at info@beneflexhr.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can contact us at info@beneflexhr.com or by calling 1-314-909-6979 or 1-800-631-3539 to request a copy of the Glossary.