




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 batinfo@paylocity.com or call 1-800-631-3539. 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 1-800-631-3539 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	Not applicable.	No deductible applies to the HRA.
Are there services covered before you meet your deductible ?	Yes.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	Varies	This HRA plan is integrated with your company's Health Plan. The HRA plan allows you to be reimbursed \$2,000 for individual coverage and \$2,000 for family coverage for eligible Section 213 Expenses incurred from your group health, dental and vision plans.
What is not included in the out-of-pocket limit ?	Services not applied to out-of-pocket.	Even though you pay for these expenses, they don't count towards the HRA out-of-pocket limit.
Will you pay less if you use a network provider ?	Not applicable.	No network of provider applies to the HRA.
Do you need a referral to see a specialist ?	Not applicable.	No referrals apply to the 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
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Specialist visit	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
	Preventive care/screening/immunization	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
If you have a test	Diagnostic test (x-ray, blood work)	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Imaging (CT/PET scans, MRIs)	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
If you need drugs to treat your illness or condition	Generic drugs	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Preferred brand drugs	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
	Non-preferred brand drugs	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	

* For more information about limitations and exceptions, see the [plan](#) or policy document by contacting batinfo@paylocity.com, 800-631-35396

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
	Specialty drugs	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Physician/surgeon fees	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
If you need immediate medical attention	Emergency room care	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Emergency medical transportation	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
	Urgent care	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
If you have a hospital stay	Facility fee (e.g., hospital room)	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Physician/surgeon fees	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	

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Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you need mental health, behavioral health, or substance abuse services	Outpatient services	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Inpatient services	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
If you are pregnant	Office visits	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Childbirth/delivery professional services	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
	Childbirth/delivery facility services	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
If you need help recovering or have other special health needs	Home health care	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Rehabilitation services	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
	Habilitation services	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
	Skilled nursing care	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
	Durable medical equipment	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
	Hospice services	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
If your child needs dental or eye care	Children's eye exam	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Children's glasses	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	
	Children's dental check-up	This HRA plan is integrated with your company's Health Plan. HRA only reimburses out of pocket expenses that are not reimbursed by your plan and are eligible Section 213 expenses.	

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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](#).)

- Services not eligible under Section 213

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

- No other services are covered by the HRA.

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, 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. 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 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: 1-800-631-3539 or batinfo@paylocity.com. You may also contact Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? **Yes**

[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**

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 1-800-631-3539.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

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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 [plan's](#) overall [deductible](#) \$
- [Specialist \[cost sharing\]](#) \$
- 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 Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$
Copayments	\$
Coinsurance	\$
What isn't covered	
Limits or exclusions	\$ *
The total Peg would pay is	\$ *

Managing Joe's Type 2 Diabetes

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

- The [plan's](#) overall [deductible](#) \$
- [Specialist \[cost sharing\]](#) \$
- 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 Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$
Copayments	\$
Coinsurance	\$
What isn't covered	
Limits or exclusions	\$ *
The total Joe would pay is	\$ *

Mia's Simple Fracture

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

- The [plan's](#) overall [deductible](#) \$
- [Specialist \[cost sharing\]](#) \$
- 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 Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$
Copayments	\$
Coinsurance	\$
What isn't covered	
Limits or exclusions	\$ *
The total Mia would pay is	\$ *

* Note: The amount paid by the HRA plan will depend on the items submitted for reimbursement by the covered individual. No amounts are paid automatically. The amount paid by the HRA plan is limited to the available account balance. The covered individual may be responsible for amounts in excess of the available account balance. However, please refer to your company's SBC for additional information. **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.