




This Summary of Benefits and Coverage (SBC) document describes the coverage provided by the HRA; which is intended to supplement your other major medical coverage. This summary only describes the coverage offered under the HRA and does not describe your other major medical coverage. For more information about your coverage, or to get a copy of the complete terms of coverage, please contact Luzerne County Head Start.

Important Questions	Answers	Why This Matters:
What is the overall HRA deductible?	Employee Share: Individual / Family: \$1,500 / \$1,500 Plans Overall Deductible: Individual / Family: \$3,000 / \$3,000	The HRA is used to offset a portion of your deductibles and coinsurance under another major medical plan offered in connection with the HRA. You must pay a portion of the HRA deductible before the HRA begins to pay for covered services used by yourself or covered dependent.
Are there services covered before you meet your deductible?	No	The HRA is used to offset a portion of your deductibles and coinsurance under another major medical plan offered in connection with the HRA.
Are there other deductibles for specific services?	Not Applicable	The HRA may be used to offset a portion of your in-network deductibles under another major medical plan offered in connection with the HRA
What is the out-of-pocket limit for this plan?	Not applicable.	The HRA is intended to supplement the coverage under your major medical plan, which may have a limit on out-of-pocket expenses that you pay.
What is not included in the out-of-pocket limit?	Not applicable.	The HRA is intended to supplement the coverage under your major medical plan, which may have a limit on out-of-pocket expenses that you pay.
Will you pay less if you use a network provider?	No, but it is subject to the in-network providers of Major Medical Plan	The HRA is intended to supplement the coverage under your major medical plan, which may limit use of providers. Eligible expenses under this HRA are limited to in-network expenses covered by the major medical plan. Your choice of providers may impact the reimbursement under this HRA.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without permission from this HRA. The HRA is intended to supplement the coverage under your major medical plan, which may impose requirements on the use of providers. Your choice of providers may impact the reimbursement under 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	If Expense if Applied to Your Major Medical In-Network Deductible	
		You Pay	HRA Pays
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Specialist visit	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Preventive care/screening /immunization	Initial deductible prior to HRA funding	Deductible up to overall annual limit
If you have a test	Diagnostic test (x-ray, blood work)	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Imaging (CT/PET scans, MRIs)	Initial deductible prior to HRA funding	Deductible up to overall annual limit
If you need drugs to treat your illness or condition	Generic drugs (Tier 1)	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Preferred brand drugs (Tier 2)	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Non-preferred brand drugs (Tier 3)	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Specialty drugs (Tier 4)	Initial deductible prior to HRA funding	Deductible up to overall annual limit
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Physician/surgeon fees	Initial deductible prior to HRA funding	Deductible up to overall annual limit
If you need immediate medical attention	Emergency room care	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Emergency medical transportation	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Urgent care	Initial deductible prior to HRA funding	Deductible up to overall annual limit
If you have a hospital stay	Facility fee (e.g., hospital room)	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Physician/surgeon fees	Initial deductible prior to HRA funding	Deductible up to overall annual limit
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Inpatient services	Initial deductible prior to HRA funding	Deductible up to overall annual limit
If you are pregnant	Office visits	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Childbirth/delivery professional services	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Childbirth/delivery facility services	Initial deductible prior to HRA funding	Deductible up to overall annual limit
If you need help recovering or have other special health needs	Home health care	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Rehabilitation services	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Habilitation services	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Skilled nursing care	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Durable medical equipment	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Hospice services	Initial deductible prior to HRA funding	Deductible up to overall annual limit
If your child needs dental or eye care	Children's eye exam	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Children's glasses	Initial deductible prior to HRA funding	Deductible up to overall annual limit
	Children's dental check-up	Initial deductible prior to HRA funding	Deductible up to overall annual limit

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](#).)

- Cosmetic Surgery
- Dental Care
- Infertility Treatment
- Long Term Care
- Non-emergency care when traveling outside the U.S.
- Private Duty Nursing
- Routine eye care (Adult)
- Routine Foot Care

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

- Acupuncture (if prescribed for rehabilitation purposes)
- Bariatric Surgery
- Chiropractic Care
- Hearing Aids
- Weight Loss Programs

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: [insert State, HHS, DOL, and/or other applicable agency contact information]. 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: [insert applicable contact information from instructions].

Does this plan provide Minimum Essential Coverage? **No**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet 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 [insert telephone number].]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [insert telephone number].]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 [insert telephone number].]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' [insert telephone number].]

—————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](#) \$3,000
- [Specialist copayment](#) \$60
- Hospital (facility) [coinsurance](#) 100%
- Other [coinsurance](#) 100%

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
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In this example, Peg would pay:

<i>Cost Sharing</i>	
HRA Deductible	\$1,500
Copayments	\$60
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$1,560

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

- The [plan's](#) overall [deductible](#) \$3,000
- [Specialist copayment](#) \$60
- Hospital (facility) [coinsurance](#) 100%
- Other [coinsurance](#) 100%

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
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In this example, Joe would pay:

<i>Cost Sharing</i>	
HRA Deductible	\$1,500
Copayments	\$120
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$1,620

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

- The [plan's](#) overall [deductible](#) \$3,000
- [Specialist copayment](#) \$60
- Hospital (facility) [coinsurance](#) 100%
- Other [coinsurance](#) 100%

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
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In this example, Mia would pay:

<i>Cost Sharing</i>	
HRA Deductible	\$1,500
Copayments	\$180
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Mia would pay is	\$1,740