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 City of Springfield at www.ci.springfield.or.us or by calling 541-726-3788. 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 1-800-422-7038 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	The deductible referred to in this document is your HRA deductible, also referred to as a threshold in the HRA plan documents. Tier 1 $0 Tier 2 $0	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. See the Common Medical Events chart below for your costs for services this HRA plan covers after your deductible has been met, if a deductible applies.
Are there services covered before you meet your deductible?	No, not for the HRA plan.	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	No, not for the HRA plan.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Not Applicable to your HRA plan.	This HRA plan does not have an out-of-pocket limit on your expenses.
What is not included in the out-of-pocket limit?	Not Applicable to your HRA plan.	This HRA plan does not have an out-of-pocket limit on your expenses.
Will you pay less if you use a network provider?	Not Applicable to your HRA plan.	This HRA plan does not use a provider network. You can receive covered services from any provider.
Do you need a referral to see a specialist?	No, not for the HRA plan.	Under this HRA plan you can see the specialist you choose without a referral.

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	0% up to annual maximum	Limited to IRS Code 213 eligible expenses up to Tier 1 $1,200 plus any balance carried forward from preceding plan year Tier 2 $2,400plus any balance carried forward from preceding plan year
	Specialist visit	0% up to annual maximum	
	Preventive care/screening/ immunization	0% up to annual maximum	
If you have a test	Diagnostic test (x-ray, blood work)	0% up to annual maximum	Limited to IRS Code 213 eligible expenses up to Tier 1 $1,200 plus any balance carried forward from preceding plan year Tier 2 $2,400plus any balance carried forward from preceding plan year
	Imaging (CT/PET scans, MRIs)	0% up to annual maximum	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at 1-800-422-7038	Prescription drugs	0% up to annual maximum	Limited to IRS Code 213 eligible expenses up to Tier 1 $1,200 plus any balance carried forward from preceding plan year Tier 2 $2,400plus any balance carried forward from preceding plan year
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% up to annual maximum	Limited to IRS Code 213 eligible expenses up to Tier 1 $1,200 plus any balance carried forward from preceding plan year Tier 2 $2,400plus any balance carried forward from preceding plan year
	Physician/surgeon fees	0% up to annual maximum	

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you need immediate medical attention	Emergency room care	0% up to annual maximum	Limited to IRS Code 213 eligible expenses up to Tier 1 $1,200 plus any balance carried forward from preceding plan year Tier 2 $2,400plus any balance carried forward from preceding plan year
	Emergency medical transportation	0% up to annual maximum	
	Urgent care	0% up to annual maximum	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% up to annual maximum	Limited to IRS Code 213 eligible expenses up to Tier 1 $1,200 plus any balance carried forward from preceding plan year Tier 2 $2,400plus any balance carried forward from preceding plan year
	Physician/surgeon fee	0% up to annual maximum	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% up to annual maximum	Limited to IRS Code 213 eligible expenses up to Tier 1 $1,200 plus any balance carried forward from preceding plan year Tier 2 $2,400plus any balance carried forward from preceding plan year
	Inpatient services	0% up to annual maximum	
If you are pregnant	Office visits	0% up to annual maximum	Limited to IRS Code 213 eligible expenses up to Tier 1 $1,200 plus any balance carried forward from preceding plan year Tier 2 $2,400plus any balance carried forward from preceding plan year
	Childbirth/delivery professional services	0% up to annual maximum	
	Childbirth/delivery facility services	0% up to annual maximum	

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you need help recovering or have other special health needs	Home health care	0% up to annual maximum	Limited to IRS Code 213 eligible expenses up to Tier 1 $1,200 plus any balance carried forward from preceding plan year Tier 2 $2,400plus any balance carried forward from preceding plan year
	Rehabilitation services	0% up to annual maximum	
	Habilitation services	0% up to annual maximum	
	Skilled nursing care	0% up to annual maximum	
	Durable medical equipment	0% up to annual maximum	
	Hospice services	0% up to annual maximum	
If your child needs dental or eye care	Children's eye exam	0% up to annual maximum	Limited to IRS Code 213 eligible expenses up to Tier 1 $1,200 plus any balance carried forward from preceding plan year Tier 2 $2,400plus any balance carried forward from preceding plan year
	Children's glasses	0% up to annual maximum	
	Children's dental check-up	0% up to annual maximum	

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.)

- Any item that does not constitute "medical care" as defined under Code 213(d)
- Cosmetic surgery

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Acupuncture	• Hearing aids	• Private-duty nursing if medically necessary
• Bariatric surgery if medically necessary	• Infertility treatment	• Routine eye care (Adult)
• Chiropractic care	• Long-term care	• Routine foot care
• Dental care (Adult)	• Non-emergency care when traveling outside the U.S.	• Weight loss programs if medically necessary

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's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.DOL.gov/EBSA/healthreform. 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: City of Springfield at 541-726-3788, or PacificSource Administrators at (800) 422-7038. You may also contact the 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 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. This HRA plan is integrated with your medical plan. Please also refer to your medical plans' SBC for information on your medical benefits and minimum value standards.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al (800) 422-7038

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 HRA plan's overall deductible	$0
Specialist copayment	$0
Hospital (facility) coinsurance	0%
Other coinsurance	0%

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**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	0%
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 HRA plan's overall deductible	$0
Specialist copayment	$0
Hospital (facility) coinsurance	0%
Other coinsurance	0%

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**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	0%
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 HRA plan's overall deductible	$0
Specialist copayment	$0
Hospital (facility) coinsurance	0%
Other coinsurance	0%

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**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	0%
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. Refer to the SBC for the group sponsored medical plan for additional information.