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 Amanda Burton. 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 or call **(207) 680-2065**. This Summary describes the coverage provided by the HRA which is intended to supplement your other major medical coverage.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$500/person	See the Common Medical Events chart below for services this HRA plan covers. This HRA plan is integrated with the Cornerstone Behavioral Health, LLC, which has an overall annual deductible (see SBC for the Cornerstone Behavioral Health, LLC).
Are there services covered before you meet your deductible?	Yes	This HRA plan covers some items and services even if you haven't yet met the deductible amount under the Cornerstone Behavioral Health, LLC.
Are there other deductibles for specific services?	No	You do not have to meet deductibles for specific services. This HRA plan is integrated with the Cornerstone Behavioral Health, LLC, which has deductibles on covered expenses.
What is the out-of-pocket limit for this plan?	$3,500/person	There is a limit on how much you could pay during a coverage period for your share of the cost of covered services. This HRA plan is intended to supplement the coverage under your major medical plan, which has a limit on out of pocket expenses that you pay. See the Summary for your major medical coverage for more details.
What is not included in the out-of-pocket limit?	This HRA has an out-of-pocket limit.	See the Summary for your major medical coverage for more details on what is not included in the out-of-pocket limit on your expenses.

Will you pay less if you use a network provider?	Yes	
Do you need a referral to see a specialist?	No	Under this HRA plan you can see the specialist you choose without a referral. This HRA plan is intended to supplement the coverage under your major medical plan, which may impose requirements on the use of providers. See the Summary for your major medical coverage for more details.

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	1st $500;20% Next $4375;100% Last $2125	
	Specialist visit	1st $500;20% Next $4375;100% Last $2125	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Preventive care/screening/ immunization	1st $500;20% Next $4375;100% Last $2125	
If you have a test	Diagnostic test (x-ray, blood work)	1st $500;20% Next $4375;100% Last $2125	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Imaging (CT/PET scans, MRIs)	1st $500;20% Next $4375;100% Last $2125	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at .	Generic drugs	1st $500;20% Next $4375;100% Last $2125	
	Preferred brand drugs	1st $500;20% Next $4375;100% Last $2125	
	Non-preferred brand drugs	1st $500;20% Next $4375;100% Last $2125	Only expenses for medical care up to available account balance covered
	Specialty drugs	1st $500;20% Next $4375;100% Last $2125	

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	1st $500;20% Next $4375;100% Last $2125	Only expenses for medical care up to available account balance covered
	Physician/surgeon fees	1st $500;20% Next $4375;100% Last $2125	
If you need immediate medical attention	Emergency room care	1st $500;20% Next $4375;100% Last $2125	
	Emergency medical transportation	1st $500;20% Next $4375;100% Last $2125	Only expenses for medical care up to available account balance covered
	Urgent care	1st $500;20% Next $4375;100% Last $2125	
If you have a hospital stay	Facility fee (e.g., hospital room)	1st $500;20% Next $4375;100% Last $2125	Only expenses for medical care up to available account balance covered
	Physician/surgeon fee	1st $500;20% Next $4375;100% Last $2125	
Mental/Behavioral health inpatient services			
	Outpatient services	1st $500;20% Next $4375;100% Last $2125	Only expenses for medical care up to available account balance covered
	Inpatient Services	1st $500;20% Next $4375;100% Last $2125	
If you are pregnant	Office visits	1st $500;20% Next $4375;100% Last $2125	Only expenses for medical care up to available account balance covered
	Childbirth/delivery professional services	1st $500;20% Next $4375;100% Last $2125	
	Childbirth/delivery facility services	1st $500;20% Next $4375;100% Last $2125	

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	1st $500;20% Next $4375;100% Last $2125	
	Rehabilitation services	1st $500;20% Next $4375;100% Last $2125	
	Habilitation services	1st $500;20% Next $4375;100% Last $2125	
	Skilled nursing care	1st $500;20% Next $4375;100% Last $2125	Only expenses for medical care up to available account balance covered
	Durable medical equipment	1st $500;20% Next $4375;100% Last $2125	
	Hospice services		
If your child needs dental or eye care	Children's eye exam	100% (Not Covered Under The HRA)	
	Children's glasses	100% (Not Covered Under The HRA)	Only expenses for medical care up to available account balance covered
	Children's dental check-up	100% (Not Covered Under The HRA)	

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
- Long term care
- Weight-loss programs (if merely to improve general health)
- Funeral and burial expenses

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

- ☒ Acupuncture (if rendered in connection with the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body)
- ☒ Bariatric Surgery
- ☒ Hearing Aids
- ☒ Chiropractic care
- ☒ Infertility Treatment
- ☒ Dental care (Adult)
- ☒ Non-emergency care when traveling outside the U.S. (if for qualifying medical care)
- ☒ Routine eye care (Adult)
- ☒ Routine foot care
- ☒ Weight Loss Programs (if recommended by a physician to treat a specific medical condition)
- ☒ Private-duty nursing

Your Rights to Continue Coverage:

For more information on your rights to continue coverage, contact the plan at (207) 680-2065.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, 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: Amanda Burton. 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 Coverage Provide Minimum Essential Coverage?

Yes, 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 Coverage Meet the Minimum Value Standard?

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. However, please also refer to the SBC for the Cornerstone Behavioral Health, LLC.

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al (207) 680-2065.]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa (207) 680-2065.]

[Chinese (中文): 如果需要中文的帮助，请拨打这个号码 (207) 680-2065.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' (207) 680-2065.]

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

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** **$0**
- **Specialist deductible** **$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	**$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 plan's overall deductible** **$0**
- **Specialist deductible** **$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	**$7,400**

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 plan's overall deductible** **$0**
- **Specialist deductible** **$0**
- **Hospital (facility) coinsurance** **0%**
- **Other coinsurance** **0%**

This EXAMPLE event includes services like
Emergency room care *(including medical supplies)*
Diagnostic tests *(x-ray)*
Durable medical equipment (*crutches)*
Rehabilitation services *(physical therapy)*

Total	**$1,900**

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. However, please refer to the SBC for the Cornerstone Behavioral Health, LLC for additional information.