



**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 [www.uswbenefitfunds.com](http://www.uswbenefitfunds.com) or by calling 1-800-251-4107.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	No.	There's no limit on how much you could pay during a coverage period (usually one year) for your share of the cost of covered services.
What is not included in the <u>out-of-pocket limit</u> ?	This plan has no <b>out-of-pocket limit</b> .	Not applicable because there's no <b>out-of-pocket limit</b> on your expenses.
Is there an overall annual limit on what the plan pays?	No. However, reimbursements are limited to the available balance in your HRA.	This plan will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit. The chart starting on page 2 describes <i>specific</i> coverage limits, such as limits on the number of office visits.
Does this plan use a <u>network of providers</u> ?	No.	This plan treats <b>providers</b> the same in determining payment for the same services.
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <b>specialist</b> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .

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- **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**.)
- Your cost sharing does not depend on whether a provider is in a network.

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat an injury or illness	100% - However, qualified Medical Expenses that are not paid by any other health care coverage may be reimbursed by your HRA.	Must be Internal Revenue Code Section 213(d) expense; only reimbursed up to the amount available in your HRA at the time of reimbursement.
	Specialist visit	Same as above.	Same as above.
	Other practitioner office visit	Same as above.	Same as above.
	Preventive care/screening/immunization	Same as above.	Same as above.
If you have a test	Diagnostic test (x-ray, blood work)	Same as above.	Same as above.
	Imaging (CT/PET scans, MRIs)	Same as above.	Same as above.
If you need drugs to treat your illness or condition	Generic drugs	Same as above.	Same as above.
	Preferred brand drugs	Same as above.	Same as above.
	Non-preferred brand drugs	Same as above.	Same as above.
More information about <b>prescription drug coverage</b> , please call 1-800-251-4107.	Specialty drugs	Same as above.	Same as above.

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# Board of Trustees of the USW HRA Fund: Program B

Coverage Period: 01/01/2017 – 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Participants and Dependents | Plan Type: HRA

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Same as above.	Same as above.
	Physician/surgeon fees	Same as above.	Same as above.
If you need immediate medical attention	Emergency room services	Same as above.	Same as above.
	Emergency medical transportation	Same as above.	Same as above.
	Urgent care	Same as above.	Same as above.
If you have a hospital stay	Facility fee (e.g., hospital room)	Same as above.	Same as above.
	Physician/surgeon fee	Same as above.	Same as above.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Same as above.	Same as above.
	Mental/Behavioral health inpatient services	Same as above.	Same as above.
	Substance use disorder outpatient services	Same as above.	Same as above.
	Substance use disorder inpatient services	Same as above.	Same as above.
If you are pregnant	Prenatal and postnatal care	Same as above.	Same as above.
	Delivery and all inpatient services	Same as above.	Same as above.
If you need help recovering or have other special health needs	Home health care	Same as above.	Same as above.
	Rehabilitation services	Same as above.	Same as above.
	Habilitation services	Same as above.	Same as above.
	Skilled nursing care	Same as above.	Same as above.
	Durable medical equipment	Same as above.	Same as above.
	Hospice service	Same as above.	Same as above.
If your child needs dental or eye care	Eye exam	Same as above.	Same as above.
	Glasses	Same as above.	Same as above.
	Dental check-up	Same as above.	Same as above.

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## 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.)

- Acupuncture that is not medically necessary
- Hot tubs, home spas, swimming pools and any expenses incurred for the maintenance of such items
- Weight loss programs, unless prescribed to treat a medical illness
- Cosmetic surgery, unless necessary to improve a deformity arising from, or directly related to, a congenital abnormality, personal injury, or disfiguring disease
- Over the counter drugs, unless prescribed to treat a medical illness

### 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.)

- Bariatric surgery
- Infertility treatment
- Private-duty nursing
- Chiropractic care
- Long-term care
- Routine eye care (Adult)
- Dental care (Adult)
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Hearing aids

## 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 duration 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 1-800-251-4107. You may also contact the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

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## 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 1-800-251-4107 or [jlee@uswbenefitfunds.com](mailto:jlee@uswbenefitfunds.com). You may also contact the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/health\\_reform](http://www.dol.gov/ebsa/health_reform).

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage, by itself, does not meet the minimum value standard for the benefits it provides. However, since the USW HRA Fund is intended to be integrated with your primary health coverage under an employer-sponsored medical plan, please refer to the Summary of Benefits and Coverage for that plan.**

## Language Access Services:

Para obtener asistencia en Español, llame al 1-855-450-1874.

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

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## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays** eligible medical expenses up to account limit in your HRA
- **Patient pays** amount above the limit in your HRA and amounts that are not eligible medical expenses

#### 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
<b>Total</b>	<b>\$7,540</b>

#### Patient pays: Amount above the account limit in your HRA and amounts that are not eligible medical expenses

Deductibles	
Copays	
Coinsurance	
Limits or exclusions	
<b>Total</b>	

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

- **Amount owed to providers:** \$5,400
- **Plan pays** eligible medical expenses up to account limit in your HRA
- **Patient pays** amount above the limit in your HRA and amounts that are not eligible medical expenses

#### 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
<b>Total</b>	<b>\$5,400</b>

#### Patient pays: Amount above the account limit in your HRA and amounts that are not eligible medical expenses

Deductibles	
Copays	
Coinsurance	
Limits or exclusions	
<b>Total</b>	

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## 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.

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