



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 the third party administrator at www.surency.com. 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 www.healthcare.gov/sbc-glossary or call 1-800-264-9462 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this HRA plan covers. This HRA plan is integrated with the Lee's Summit R-7 School District High Deductible Health Plan, which has an overall annual deductible (see SBC for the Lee's Summit R-7 School District High Deductible Health Plan).
Are there services covered before you meet your deductible?	Yes. The plan generally provides coverage for any substantiated out-of-pocket medical expenses, such as deductibles , coinsurance , and copayments for healthcare services and prescription drugs, up to the available account balance, without requiring you to pay a deductible .	This HRA plan covers some items and services even if you haven't met the deductible amount under the Lee's Summit R-7 School District High Deductible Health Plan.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services. This HRA plan is integrated with the Lee's Summit R-7 School District High Deductible Health Plan, which does not have deductibles on covered expenses.
What is the out-of-pocket limit for this plan?	Not applicable.	This HRA plan does not have an out-of-pocket limit on your expenses. This HRA plan is integrated with the Lee's Summit R-7 School District High Deductible Health Plan, which has an out-of-pocket limit on covered expenses.
What is not included in the out-of-pocket limit?	Not applicable.	This HRA plan does not have an out-of-pocket limit on your expenses. This HRA plan is integrated with the Lee's Summit R-7 School District High Deductible Health Plan, which has an out-of-pocket limit on covered expenses.
Will you pay less if you use a network provider?	Not applicable.	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.	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	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Specialist visit	No charge up to available account balance.	
	Preventive care/screening/immunization	No charge up to available account balance.	
If you have a test	Diagnostic test (x-ray, blood work)	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Imaging (CT/PET scans, MRIs)	No charge up to available account balance.	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available in the Lee's Summit R-7 School District High Deductible Health Plan	Generic drugs	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Preferred brand drugs	No charge up to available account balance.	
	Non-preferred brand drugs	No charge up to available account balance.	
	Specialty drugs	No charge up to available account balance.	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Physician/surgeon fees	No charge up to available account balance.	
If you need immediate medical attention	Emergency room care	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Emergency medical transportation	No charge up to available account balance.	
	Urgent care	No charge up to available account balance.	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Physician/surgeon fees	No charge up to available account balance.	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Inpatient services	No charge up to available account balance.	
If you are pregnant	Office visits	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Childbirth/delivery professional services	No charge up to available account balance.	

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
	Childbirth/delivery facility services	No charge up to available account balance.	
If you need help recovering or have other special health needs	Home health care	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Rehabilitation services	No charge up to available account balance.	
	Habilitation services	No charge up to available account balance.	
	Skilled nursing care	No charge up to available account balance.	
	Durable medical equipment	No charge up to available account balance.	
	Hospice services	No charge up to available account balance.	
If your child needs dental or eye care	Children's eye exam	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Children's glasses	No charge up to available account balance.	
	Children's dental check-up	No charge up to available account balance.	

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 .)		
<ul style="list-style-type: none"> Acupuncture Bariatric surgery Cosmetic surgery Dental care (Adult) 	<ul style="list-style-type: none"> Expenses not covered under the Lee's Summit R-7 School District High Deductible Health Plan Hearing aids (Age 1 and over) Infertility treatment 	<ul style="list-style-type: none"> Insurance premiums Long term care Routine eye care (Adult) Routine foot care Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> Chiropractic care 	<ul style="list-style-type: none"> Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> Private-duty nursing

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, 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: Claims Administrator, 1-800-264-9462. You may also contact the Department of Labor Employee Benefits Security Administration, 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Missouri Department of Insurance, www.insurance.mo.gov or 1-800-726-7390.

Does this plan 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 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](#). However, this HRA [plan](#) is integrated with the Lee's Summit R-7 School District High Deductible Health Plan, which does meet the [Minimum Value Standards](#).

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](#) \$
- [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	\$12,800*
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
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	\$7,400*
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
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	\$1,900*
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$*
The total Mia would pay is	\$*

*Note: 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 Lee's Summit R-7 School District High Deductible Health Plan for more information.