



Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services.

Individual Coverage Health Reimbursement Arrangement: Paxton Keiser Enterprises

 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, [insert contact information]. For 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](http://www.healthcare.gov/sbc-glossary) or call 1-800-[insert] to request a copy.

Important Questions	Answers	Why This Matters
<b>What is the overall <a href="#">deductible</a>?</b>	\$0	This HRA <a href="#">plan</a> is integrated with individual medical insurance coverage or Medicare, which may have an overall annual <u>deductible</u> . (See the SBC for the integrated individual medical plan).
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. The <a href="#">plan</a> provides coverage for any substantiated out-of-pocket, individual medical or Medicare premium expense without requiring you to pay a <u>deductible</u> .	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only. This HRA <a href="#">plan</a> does not have a <u>deductible</u> . This HRA <a href="#">plan</a> is integrated with individual medical insurance coverage or Medicare, which may have a <u>deductible</u> on covered expenses.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	Not applicable	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only. This HRA <a href="#">plan</a> does not have an <u>out-of-pocket limit</u> on your expenses. This HRA <a href="#">plan</a> is integrated with individual medical insurance coverage or Medicare, which may have an <u>out-of-pocket limit</u> .
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Not applicable	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only. This HRA <a href="#">plan</a> is integrated with individual medical insurance coverage or Medicare, which may have an <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Not applicable	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only. The HRA <a href="#">plan</a> does not use a <u>provider network</u> .
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	Not applicable	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.

 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
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
	<a href="#">Specialist</a> visit	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
	<a href="#">Preventive care/screening/immunization</a>	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
	Imaging (CT/PET scans, MRIs)	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="#">www.[insert].com</a>	Generic drugs	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
	Preferred brand drugs	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
	Non-preferred brand drugs	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
	<a href="#">Specialty drugs</a>	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
	Physician/surgeon fees	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.

\* For more information about limitations and exceptions, see the plan or policy document at 1-800-501-2920

<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense
	<a href="#">Emergency medical transportation</a>	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense
	<a href="#">Urgent care</a>	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
	Physician/surgeon fees	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only. coverage and Medicare premiums only.
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
	Inpatient services	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.
<b>If you are pregnant</b>	Office visits	Not Covered	Not Covered	This HRA <a href="#">plan</a> reimburses individual medical insurance coverage and Medicare premium expense only.

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Common Medical Event	Services You May Need	What You Will Pay:		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you are pregnant</b>	Childbirth/delivery professional services	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	Childbirth/delivery facility services	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
<b>If you need help recovering or have other special needs</b>	<a href="#">Home health care</a>	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	<a href="#">Rehabilitation services</a>	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	<a href="#">Habilitation services</a>	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	<a href="#">Skilled nursing care</a>	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	<a href="#">Durable medical equipment</a>	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	<a href="#">Hospice services</a>	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
<b>If your child needs dental or eye care</b>	Children's eye exam	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	Children's glasses	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	Children's dental checkups	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.

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## Excluded Services & Other Covered Services

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"><li>○ Acupuncture</li><li>○ Bariatric surgery</li><li>○ Chiropractic care</li><li>○ Cosmetic surgery</li><li>○ Dental care (Adult)</li></ul>	<ul style="list-style-type: none"><li>○ Hearing aids</li><li>○ Infertility treatment</li><li>○ Long-term care</li><li>○ Non-emergency care when traveling outside the U.S.</li></ul>	<ul style="list-style-type: none"><li>○ Private-duty nursing</li><li>○ Routine eye care (Adult)</li><li>○ Routine foot care</li><li>○ Weight loss programs</li></ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)

**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 <http://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](http://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 on how 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? 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 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](#).

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### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al Gravia Administrative Services LLC at 1-800-501-2920

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa Gravia Administrative Services LLC at 1-800-501-2920

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 Gravia Administrative Services LLC at 1-800-501-2920

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' Gravia Administrative Services LLC at 1-800-501-2920

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

\* For more information about limitations and exceptions, see the plan or policy document at 1-800-501-2920