



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

Coverage Period: 1/1/2023 - 12/31/2023 Coverage for: Family Plan Type: HRA

Individual Coverage Health Reimbursement Arrangement: Innocent Technologies, LLC

 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 or call 1-800-[insert] to request a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible ?	\$0	This HRA plan 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).
Are there services covered before you meet your deductible ?	Yes. The plan 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 plan reimburses individual medical insurance coverage and Medicare premium expense only.
Are there other deductibles for specific services?	No	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only. This HRA plan does not have a <u>deductible</u> . This HRA plan is integrated with individual medical insurance coverage or Medicare, which may have a <u>deductible</u> on covered expenses.
What is the out-of-pocket limit for this plan ?	Not applicable	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only. This HRA plan does not have an <u>out-of-pocket limit</u> on your expenses. This HRA plan is integrated with individual medical insurance coverage or Medicare, which may have an <u>out-of-pocket limit</u> .
What is not included in the out-of-pocket limit ?	Not applicable	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only. This HRA plan is integrated with individual medical insurance coverage or Medicare, which may have an <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider ?	Not applicable	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only. The HRA plan does not use a <u>provider network</u> .
Do you need a referral to see a specialist ?	Not applicable	This HRA plan 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)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
	Specialist visit	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
	Preventive care/screening/immunization	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
If you have a test	Diagnostic test (x-ray, blood work)	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
	Imaging (CT/PET scans, MRIs)	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.[insert].com	Generic drugs	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
	Preferred brand drugs	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
	Non-preferred brand drugs	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
	Specialty drugs	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
	Physician/surgeon fees	Not Covered	Not Covered	This HRA plan 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

If you need immediate medical attention	Emergency room care	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense
	Emergency medical transportation	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense
	Urgent care	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense
If you have a hospital stay	Facility fee (e.g., hospital room)	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
	Physician/surgeon fees	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only. coverage and Medicare premiums only.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
	Inpatient services	Not Covered	Not Covered	This HRA plan reimburses individual medical insurance coverage and Medicare premium expense only.
If you are pregnant	Office visits	Not Covered	Not Covered	This HRA plan 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)	
If you are pregnant	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.
If you need help recovering or have other special needs	Home health care	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	Rehabilitation services	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	Habilitation services	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	Skilled nursing care	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	Durable medical equipment	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
	Hospice services	Not Covered	Not Covered	This HRA <u>plan</u> reimburses individual medical insurance coverage and Medicare premium expense only.
If your child needs dental or eye care	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 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○ Chiropractic care○ Cosmetic surgery○ Dental care (Adult)	<ul style="list-style-type: none">○ Hearing aids○ Infertility treatment○ Long-term care○ Non-emergency care when traveling outside the U.S.	<ul style="list-style-type: none">○ Private-duty nursing○ 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.)

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 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.

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