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.zanebenefits.com or by calling (310) 846-5631

Important Questions	Answers	Why this Matters:
What is the overall deductible?	$0	See the chart starting on page 2 for your costs and services this plan covers.
Are there other deductibles for specific services?	No	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers
Is there an out–of–pocket limit on my expenses?	No	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out–of–pocket limit?	This plan has no **out-of-pocket limit.**	Not applicable because there's no **out-of-pocket limit** on your expenses.
Is there an overall annual limit on what the plan pays?	$6780 for Single Person, $6780 for Married Person, $6780 for Single Person w/ Children, $6780 for Married Person w/ Children.This amount may be higher pending unused balanced rolled from previous plan periods if applicable.	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 specific coverage limits, such as limits on the number of office visits.
Does this plan use a network of providers?	No	This plan treats **providers** the same in determining payment for the same services.
Do I need a referral to see a specialist?	No	You can see the **specialist** 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 6. See your policy or plan document for additional information about **excluded services**.

Questions: Call (310) 846-5631 or visit us at www.zanebenefits.com
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call (310) 846-5631 to request a copy.

OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

- **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	Reimbursement Rate	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Specialist visit	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Other practitioner office visit	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Preventive care/ screening/ immunization	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
If you have a test	Diagnostic test (x-ray, blood work)	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Imaging (CT/PET scans, MRIs)	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————

Common Medical Event	Services You May Need	Reimbursement Rate	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.zanebenefits.com	Prescribed Drugs	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Physician/surgeon fees	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
If you need immediate medical attention	Emergency room services	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Emergency medical transportation	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Urgent care	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
If you have a hospital stay	Facility fee (e.g., hospital room)	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Physician/surgeon fee	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————

Common Medical Event	Services You May Need	Reimbursement Rate	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Mental/Behavioral health inpatient services	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Substance use disorder outpatient services	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Substance use disorder inpatient services	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
If you are pregnant	Prenatal and postnatal care	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Delivery and all inpatient services	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————

Common Medical Event	Services You May Need	Reimbursement Rate	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Rehabilitation services	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Habilitation services	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Skilled nursing care	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Durable medical equipment	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
	Hospice service	90% for Single Person, 90% for Married Person, 90% for Single Person w/ Children, 90% for Married Person w/ Children.	——————none——————
If your child needs dental or eye care	Eye exam	Not covered	——————none——————
	Glasses	Not covered	——————none——————
	Dental check-up	Not covered	——————none——————

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.)**

• Cosmetic Surgery • Dental Care (Adult) • Dental check-up • Eye exam • Glasses • Long-term Care • Routine eye care (Adult)

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.)**

• Accupuncture: Coinsurance depending upon Family Status • Bariatric Surgery: Coinsurance depending upon Family Status • Chiropractic Care: Coinsurance depending upon Family Status • Hearing Aids: Coinsurance depending upon Family Status • Infertility Treatment: Coinsurance depending upon Family Status • Non-emergency care when traveling outside the U.S.: Coinsurance depending upon Family Status • Private-duty nursing: Coinsurance depending upon Family Status • Weight loss programs: Coinsurance depending upon Family Status • routine foot care: Coinsurance depending upon Family Status

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 (310) 846-5631
You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or 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.

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:
or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (2727) or www.dol.gov/ebsa/healthreform.

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

About these Coverage Examples:

Your plan may vary from these examples.

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial reimbursement after insurance a sample participant might get. Actual health insurance coverage is based on an individual or group insurance plan. Reimbursement is based on current account balance and allowance.

Assumptions

These examples assume the participant has health insurance that covers all billed medical expenses with a $2500 annual deductible and 20% coinsurance. These examples also assume the HRA balances are enough to cover eligible amounts. Consult your health insurance plan documentation and HRA eligible expenses to understand what your health insurance and actually HRA cover.

Hospital Bill Example

- **Amount owed to providers:** $7,550
- **Insurance paid:** $4,040
- **Participant paid:** $ 3,510
- **Eligible reimbursement:** $3,510

Sample care costs:

Hospital charges	$7,540

Patient paid:

Deductibles	$2,500
Coinsurance	$1,010
Eligible reimbursement	**$3,510**

Pharmacy Receipt Example

- **Total receipt:** $45
- **Eligible medical costs:** $35
- **Participant paid:** $45
- **Eligible reimbursement :** $35

Sample receipt:

Prescription drug	$30
Aspirin (non-prescription)	~~$7~~
Bandages	$5
Candy	~~$3~~
Total bill at pharmacy	**$45**
Eligible reimbursement	**$35**

This is not a cost estimator.

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

Language Access Services

Spanish (Español): Para obtener asistencia en Español, llame al (310) 846-5631

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa (310) 846-5631

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 (310) 846-5631

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' (310) 846-5631