> ⚠️ 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 Kirby Nagelhout Construction Co at www.kirbynagalhout.com or by calling 541-389-7119. 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 https://www.healthcare.gov/sbc-glossary or call 1-800-422-7038 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	The deductible referred to in this document is your HRA deductible, also referred to as a threshold in the HRA plan documents. Employee + Family $3,000	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. See the Common Medical Events chart below for your costs for services this HRA plan covers after your deductible has been met, if a deductible applies.
Are there services covered before you meet your deductible?	No, not for the HRA plan.	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	No, not for the HRA plan.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Not Applicable to your HRA plan.	This HRA plan does not have an out-of-pocket limit on your expenses.
What is not included in the out-of-pocket limit?	Not Applicable to your HRA plan.	This HRA plan does not have an out-of-pocket limit on your expenses.
Will you pay less if you use a network provider?	Not Applicable to your HRA plan.	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, not for the HRA plan.	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	0% up to annual maximum	Limited to services applied to the medical insurance deductible, co-insurance and/or co-pays up to Employee + Family $2,500
	Specialist visit	0% up to annual maximum	
	Preventive care/screening/ immunization	0% up to annual maximum	
If you have a test	Diagnostic test (x-ray, blood work)	0% up to annual maximum	Limited to services applied to the medical insurance deductible, co-insurance and/or co-pays up to Employee + Family $2,500
	Imaging (CT/PET scans, MRIs)	0% up to annual maximum	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at 1-800-422-7038	Prescription drugs	0% up to annual maximum	Limited to prescriptions applied to the medical insurance deductible, co-insurance and/or co-pays up to Employee + Family $2,500
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% up to annual maximum	Limited to services applied to the medical insurance deductible, co-insurance and/or co-pays up to Employee + Family $2,500
	Physician/surgeon fees	0% up to annual maximum	
If you need immediate medical attention	Emergency room care	0% up to annual maximum	
	Emergency medical transportation	0% up to annual maximum	

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
	Urgent care	0% up to annual maximum	Limited to services applied to the medical insurance deductible, co-insurance and/or co-pays up to Employee + Family $2,500
If you have a hospital stay	Facility fee (e.g., hospital room)	0% up to annual maximum	Limited to services applied to the medical insurance deductible, co-insurance and/or co-pays up to Employee + Family $2,500
	Physician/surgeon fee	0% up to annual maximum	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% up to annual maximum	Limited to services applied to the medical insurance deductible, co-insurance and/or co-pays up to Employee + Family $2,500
	Inpatient services	0% up to annual maximum	
If you are pregnant	Office visits	0% up to annual maximum	Limited to services applied to the medical insurance deductible, co-insurance and/or co-pays up to Employee + Family $2,500
	Childbirth/delivery professional services	0% up to annual maximum	
	Childbirth/delivery facility services	0% up to annual maximum	
If you need help recovering or have other special health needs	Home health care	0% up to annual maximum	Limited to services applied to the medical insurance deductible, co-insurance and/or co-pays up to Employee + Family $2,500
	Rehabilitation services	0% up to annual maximum	
	Habilitation services	0% up to annual maximum	
	Skilled nursing care	0% up to annual maximum	
	Durable medical equipment	0% up to annual maximum	
	Hospice services	0% up to annual maximum	
	Children's eye exam	Not Covered	Not Covered

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If your child needs dental or eye care	Children's glasses	Not Covered	
	Children's dental check-up	Not Covered	

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.)

- Acupuncture
- Chiropractic care
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Infertility treatment
- Non-emergency care when traveling outside the U.S.
- Routine foot care

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 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: Kirby Nagelhout Construction Co at 541-389-7119, or PacificSource Administrators at (800) 422-7038. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/EBSA/healthreform.

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 Minimum Value Standards? Yes.

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. This HRA plan is integrated with your medical plan. Please also refer to your medical plans' SBC for information on your medical benefits and minimum value standards.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al (800) 422-7038

---

*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)	**Managing Joe's type 2 Diabetes** (a year of routine in-network care of a well-controlled condition)	**Mia's Simple Fracture** (in-network emergency room visit and follow up care)

■ The HRA plan's overall deductible	$3,000	■ The HRA plan's overall deductible	$3,000	■ The HRA plan's overall deductible	$3,000
■ Specialist copayment	$0	■ Specialist copayment	$0	■ Specialist copayment	$0
■ Hospital (facility) coinsurance	0%	■ Hospital (facility) coinsurance	0%	■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%	■ Other coinsurance	0%	■ Other coinsurance	0%

This EXAMPLE event includes services like:

Peg	Joe	Mia
Specialist office visits (*prenatal care*)	Primary care physician office visits (*including disease education*)	Emergency room care (*including medical supplies*)
Childbirth/Delivery Professional Services	Diagnostic tests (*blood work*)	Diagnostic test (*x-ray*)
Childbirth/Delivery Facility Services	Prescription drugs	Durable medical equipment (*crutches*)
Diagnostic tests (*ultrasounds and blood work*)	Durable medical equipment (*glucose meter*)	Rehabilitation services (*physical therapy*)
Specialist visit (*anesthesia*)		

Total Example Cost	**$12,700**	**Total Example Cost**	**$5,600**	**Total Example Cost**	**$2,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$3,000
Copayments	$0
Coinsurance	0%
What isn't covered	
Limits or exclusions	*
The total Peg would pay is	*

In this example, Joe would pay:

Cost Sharing	
Deductibles	$3,000
Copayments	$0
Coinsurance	0%
What isn't covered	
Limits or exclusions	*
The total Joe would pay is	*

In this example, Mia would pay:

Cost Sharing	
Deductibles	$3,000
Copayments	$0
Coinsurance	0%
What isn't covered	
Limits or exclusions	*
The total Mia would pay is	*

* Note: The amount paid by 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. Refer to the SBC for the group sponsored medical plan for additional information.