Nationwide: Post Employment Health Plan for Public Employees

Coverage Period: 1/1/2015-12/31/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Participant + Dependents| **Plan Type:** HRA (Reimbursement only)

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.nrsforu.com or by calling 1-877-677-3678.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**None. The plan provides for reimbursements only.**	See the chart starting on page 2 for your costs for services that 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?	Yes	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as 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?	Not Applicable	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 5. See your plan document for additional information about excluded services.

- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** 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 **co-insurance** 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 ability to seek reimbursement from the plan does not depend on whether a provider is in a network.

Common Medical Event	Services You May Need	Your cost if you use an In-network Provider	Your cost if you use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	• Your ability to seek reimbursement from the plan does not depend on whether a provider is in a network.		• Coverage is limited to reimbursement for expenses that are Qualifying Medical Expenses or a Health Care Insurance Premium. • The benefit available to you is limited to the value of your respective account balance as of the Valuation Date immediately preceding the date of the claim for benefits.
	Specialist visit			
	Other practitioner office visit			
	Preventive care/screening/immunization			
If you have a test	Diagnostic test (x-ray, blood work)			
	Imaging (CT/PET scans, MRIs)			

If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at (Not Applicable).	Generic drugs	• Your ability to seek reimbursement from the plan does not depend on whether a provider is in a network.	• Coverage is limited to reimbursement for expenses that are Qualifying Medical Expenses or a Health Care Insurance Premium. • The benefit available to you is limited to the value of your respective account balance as of the Valuation Date immediately preceding the date of the claim for benefits.
	Preferred brand drugs		
	Non-preferred brand drugs		
	Specialty drugs		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	• Your ability to seek reimbursement from the plan does not depend on whether a provider is in a network	• Coverage is limited to reimbursement for expenses that are Qualifying Medical Expenses or a Health Care Insurance Premium. • The benefit available to you is limited to the value of your respective account balance as of the Valuation Date immediately preceding the date of the claim for benefits.
	Physician/surgeon fees		
If you need immediate medical attention	Emergency room services		
	Emergency medical transportation		
	Urgent care		
If you have a hospital stay	Facility fee (e.g., hospital room)		
	Physician/surgeon fee		

If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	• Your ability to seek reimbursement from the plan does not depend on whether a provider is in a network.	• Coverage is limited to reimbursement for expenses that are Qualifying Medical Expenses or a Health Care Insurance Premium. • The benefit available to you is limited to the value of your respective account balance as of the Valuation Date immediately preceding the date of the claim for benefits.
	Mental/Behavioral health inpatient services		
	Substance use disorder outpatient services		
	Substance use disorder inpatient services		
If you are pregnant	Prenatal and postnatal care		
	Delivery and all inpatient services		
If you need help recovering or have other special health needs	Home health care		
	Rehabilitation services		
	Habilitation services		
	Skilled nursing care		
	Durable medical equipment		
	Hospice service		
If your child needs dental or eye care	Eye exam		
	Glasses		
	Dental check-up		

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover **(This isn't a complete list. Any service that is not a Qualifying Medical Expense pursuant to IRS Publication 502 is excluded from reimbursement under the Plan. In addition, your account must not be limited to health insurance premium reimbursement only). You are eligible to submit claims for reimbursement once you are no longer working for the employer who provides this HRA.**

- Any expense that is not a Qualifying Medical Expense (pursuant to IRS Publication 502) or a Health Care Insurance Premium.
- Any amount in excess of your respective account balance as of the Valuation Date immediately preceding the date of the claim for benefits.

Other Covered Services **(This isn't a complete list. Any service that is not a Qualifying Medical Expense pursuant to IRS Publication 502 is excluded from reimbursement under the Plan. In addition, your account must not be limited to health insurance premium reimbursement only). You are eligible to submit claims for reimbursement once you are no longer working for the employer who provides this HRA.**

- Acupuncture
- Bariatric surgery (subject to limitations on cosmetic surgery described in IRS Publication 502)
- Chiropractic care
- Dental care (Adult)
- Hearing aids
- Infertility treatment (subject to limitations described in IRS Publication 502)
- Long-term care
- Non-emergency care when traveling outside the US (assuming the services received otherwise qualify for reimbursement)
- Private duty nursing
- Routine eye care (Adult),
- Routine foot care
- Weight loss programs (subject to limitations described in IRS Publication 502)

Your Rights to Continue Coverage:

Your coverage under the plan will continue until (a) your account balance is reduced to zero; (b) you are no longer an eligible dependent under the plan, or (c) your death, and the death of your covered dependents. The following language is required by federal law but is not applicable to your HRA coverage under the plan:

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 third-party administrator at www.nrsforu.com. 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 Nationwide Retirement Services at 1-877-677-3678.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." This plan or policy may satisfy the individual minimum essential coverage mandate. Participants should consult with their tax professional to determine the extent to which this offering may satisfy their Affordable Care Act compliance requirements.

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does not meet the minimum value standard for the benefits it provides.

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

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

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

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays up to** $ 7,540, depending on Participant's account balance.
- **Patient pays** $ Not applicable

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	
Co-pays	
Co-insurance	
Limits or exclusions	*Varies
Total	***Varies**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $4,100
- **Plan pays up to** $ 4,100, depending on Participant's account balance.
- **Patient pays** $ Not Applicable

Sample care costs:

Prescriptions	$1,500
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$730
Education	$290
Laboratory tests	$140
Vaccines, other preventive	$140
Total	**$4,100**

Patient pays:

Deductibles	
Co-pays	
Co-insurance	
Limits or exclusions	*Varies
Total	***Varies**

*Note: Any portion of the sample care costs that are not Qualifying Medical Expenses under IRS Publication 502 or that exceed the Participant's respective account balance as of the Valuation Date immediately preceding the date of the Claim for benefits.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.