



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.mymidamerica.com or by calling 1-800-430-7999. This summary describes the coverage provided by the Health Reimbursement Arrangement (HRA); which is intended to supplement your other major medical coverage. This summary only describes the coverage offered under the HRA and does not reflect any coverage that may be offered by your major medical coverage. See the summary for your major medical coverage for more information regarding your major medical coverage.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	N/A	See the chart starting on page 2 for your costs for services this plan covers. The HRA may be used to offset all or a portion of expenses not covered by your major medical plan once the applicable deductible has been met, along with eligible vision and dental expenses. See the summary for your major medical coverage for more details regarding expenses covered by your major medical coverage.
Are there other <u>deductibles</u> for specific services?	No – but minimum deductible amounts apply prior to medical expense reimbursement	You must meet applicable medical deductibles prior to reimbursement of specific services, but see the chart starting on page 2 for other costs for services this plan covers. The HRA may be used to offset all or a portion of expenses not covered by your major medical plan once the applicable deductible has been met, along with eligible vision and dental expenses. See the summary for your major medical coverage for more details regarding expenses covered by your major medical coverage.
Is there an <u>out-of-pocket limit</u> on my expenses?	No	There is 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 <u>out-of-pocket limit</u> ?	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 <u>annual limit</u> on what the plan pays?	Yes, based on vested account value as provided by the employer contribution to your account.	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 your account balance.

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HRA – Class B: City of Brooklyn Park

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 1/1/2020 – 12/31/2020

Coverage for: Single & Family | Plan Type: HRA

Does this plan use a <u>network of providers</u> ?	No	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 your account balance and the applicable deductible.
Do I need a referral to see a <u>specialist</u> ?	No	You can see the specialist you choose without permission from this plan. However, the HRA 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 your account balance.
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 policy or plan document for additional information about excluded services .



- This HRA generally covers expenses that (i) qualify as “medical care” by the Internal Revenue Code under Section 213(d), (ii) are not covered by other medical insurance, and (iii) satisfy any additional requirements imposed by the HRA plan document.
- Expenses not covered by health insurance may be submitted for reimbursement using the Health Reimbursement Arrangement Claim Form found at www.mymidamerica.com.

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you visit a health care <u>provider's office or clinic</u>	Primary care visit to treat an injury or illness	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Specialist visit	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Other practitioner office visit	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.

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	Preventive care/screening/immunization	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
If you have a test	Diagnostic test (x-ray, blood work)	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Imaging (CT/PET scans, MRIs)	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.mymidamerica.com	Generic drugs	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Preferred brand drugs	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Non-preferred brand drugs	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Specialty drugs	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.

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Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Physician/surgeon fees	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
If you need immediate medical attention	Emergency room services	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Emergency medical transportation	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Urgent care	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
If you have a hospital stay	Facility fee (e.g., hospital room)	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Physician/surgeon fee	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.

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Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Mental/Behavioral health inpatient services	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Substance use disorder outpatient services	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Substance use disorder inpatient services	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
If you are pregnant	Prenatal and postnatal care	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Delivery and all inpatient services	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.

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If you need help recovering or have other special health needs	Home health care	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Rehabilitation services	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Habilitation services	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Skilled nursing care	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Durable medical equipment	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
	Hospice service	Reimbursable after deductible is met	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance and the applicable portion of the deductible.
If your child needs dental or eye care	Eye exam	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Glasses	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Dental check-up	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.

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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
- Over-the counter medication without a prescription
- Services not considered "medical care" under IRS Code Section 213(d)

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. Note: Other expenses are only reimbursable after deductible is met, with the exception of dental and vision.)

- Acupuncture
- Bariatric Surgery
- Chiropractic care
- Dental care
- Hearing aids
- Infertility treatment
- Medical care outside the U.S.
- Private-duty nursing
- Routine eye care
- Routine foot care
- Weight loss programs
- Any other services considered "medical care" under IRS Code Section 213(d)

Your Rights to Continue Coverage:

COBRA coverage shall be available upon payment of the applicable COBRA premium and is limited in duration. As an alternative to COBRA continuation coverage, you may choose to continue to access the account via coverage in lieu of COBRA. No additional contributions will be made to the account during the coverage in lieu of COBRA period and no premium will be charged for the coverage.

For more information on your rights to continue coverage, contact your employer. 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: MidAmerica toll-free at 800-430-7999 or visit our website at www.mymidamerica.com.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 800-430-7999.

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

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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:** Eligible amounts not covered by major medical insurance, except applicable deductible amount, and eligible vision and dental expenses not to exceed HRA account value
- **Patient pays:** Applicable deductible and amounts not covered by major medical insurance that exceed HRA account value

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	Per major medical insurance
Copays	Per major medical insurance
Coinsurance	Per major medical insurance
Limits or exclusions	Expenses not covered by major medical insurance may be eligible for reimbursement except applicable deductible
Total	Dependent on HRA Account Value and Applicable Deductible

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

- **Amount owed to providers:** \$5,400
- **Plan pays:** Eligible amounts not covered by major medical insurance, except applicable deductible amount, and eligible vision and dental expenses not to exceed HRA account value
- **Patient pays:** Applicable deductible and amounts not covered by major medical insurance that exceed HRA account value

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	Per major medical insurance
Copays	Per major medical insurance
Coinsurance	Per major medical insurance
Limits or exclusions	Expenses not covered by major medical insurance may be eligible for reimbursement except applicable deductible
Total	Dependent on HRA Account Value and Applicable Deductible

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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**, **copayments**, and **coinsurance** 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 in this HRA Summary to compare plans?

✓ **No.** HRAs are designed to supplement other health insurance. Thus the coverage examples in this HRA summary can only help you understand how your costs under other plans may be impacted.

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