



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.mymidamericajourney.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. Please refer to the Plan Highlights which contain plan specific information.

| 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 the eligible deductible portion of expenses not covered by your major medical plan and other out-of-pocket medical 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 | See the chart starting on page 2 for your costs for services this plan covers. The HRA may be used to offset the eligible deductible portion of expenses not covered by your major medical plan and other out-of-pocket medical 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 annual limit on what the plan pays ? | Yes, based on vested account value as provided by the employer contribution to your account. | This plan will pay the eligible deductible portion for covered services and other out-of-pocket medical expenses 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 A: School District of Greenfield

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

Coverage Period: 1/1/2025 – 12/31/2025

Coverage for: Single & Family | Plan Type: HRA

| | | |
|--|-----|---|
| Does this plan use a <u>network of providers</u> ? | No | This plan will only pay for the eligible deductible portion of covered services and other out-of-pocket medical expenses, even if your own need is greater. You're responsible for all expenses above your account balance and those not eligible for reimbursement. |
| 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 only pay for the eligible deductible portion of covered services and other out-of-pocket medical expenses, even if your own need is greater. You're responsible for all expenses above your account balance and those not eligible for reimbursement. |
| 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.mymidamericajourney.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 | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Specialist visit | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Other practitioner office visit | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Preventive care/screening/immunization | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| If you have a test | Diagnostic test (x-ray, blood work) | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Imaging (CT/PET scans, MRIs) | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |

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| Common Medical Event | Services You May Need | Your Cost | Limitations & Exceptions |
|--|--|---------------------|---|
| 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 | May be reimbursable | Medical deductibles, medical co-insurance, medical co-pays, and prescription co-pays may be eligible for reimbursement subject to your account balance. |
| | Preferred brand drugs | May be reimbursable | Medical deductibles, medical co-insurance, medical co-pays, and prescription co-pays may be eligible for reimbursement subject to your account balance. |
| | Non-preferred brand drugs | May be reimbursable | Medical deductibles, medical co-insurance, medical co-pays, and prescription co-pays may be eligible for reimbursement subject to your account balance. |
| | Specialty drugs | May be reimbursable | Medical deductibles, medical co-insurance, medical co-pays, and prescription co-pays may be eligible for reimbursement subject to your account balance. |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Physician/surgeon fees | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| If you need immediate medical attention | Emergency room services | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Emergency medical transportation | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Urgent care | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| If you have a hospital stay | Facility fee (e.g., hospital room) | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Physician/surgeon fee | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |

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Coverage for: Single & Family | Plan Type: HRA

| 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 | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Mental/Behavioral health inpatient services | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Substance use disorder outpatient services | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Substance use disorder inpatient services | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| If you are pregnant | Prenatal and postnatal care | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Delivery and all inpatient services | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| If you need help recovering or have other special health needs | Home health care | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Rehabilitation services | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Habilitation services | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Skilled nursing care | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Durable medical equipment | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Hospice service | May be reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| If your child needs dental or eye care | Eye exam | Not reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Glasses | Not reimbursable | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| | Dental check-up | Not reimbursable | Medical deductibles, medical co-insurance, and medical co-pays 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.)

- Medical expenses other than Medical deductibles, medical co-insurance, and medical co-pays

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.)

- Medical deductibles, medical co-insurance, and medical co-pays

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 out-of-pocket medical expenses and deductible amounts not covered by major medical insurance, not to exceed HRA account value
- **Patient pays:** Amounts not covered by major medical insurance and expenses not reimbursed by the HRA

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 | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| Total | Dependent on HRA Account Value |

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

- **Amount owed to providers:** \$5,400
- **Plan pays:** Eligible out-of-pocket medical expenses and deductible amounts not covered by major medical insurance, not to exceed HRA account value
- **Patient pays:** Amounts not covered by major medical insurance and expenses not reimbursed by the HRA

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 | Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance. |
| Total | Dependent on HRA Account Value |

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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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