



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.aruplab.com/benefits or by calling 1-801-583-2787 x-2282.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$0	See the chart starting on page 2 for your costs for services this plan covers. This HRA supplements your medical coverage by paying up to a certain dollar amount to offset certain <u>deductibles</u> , <u>co-payments</u> , <u>co-insurance</u> obligations or <u>prescription drugs</u> of an Alternate Qualifying Group Health Plan. Additionally, this HRA reimburses you for a capped difference in <u>premium</u> cost of your Alternate Qualifying Group Health Plan and the ARUP Group Medical Plan if the premium cost difference is greater than zero.
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. This HRA supplements your medical coverage by paying up to a certain dollar amount to offset certain <u>deductibles</u> , <u>co-payments</u> , <u>co-insurance</u> obligations or <u>prescription drugs</u> of an Alternate Qualifying Group Health Plan. Additionally, this HRA reimburses you for a capped difference in <u>premium</u> cost of your Alternate Qualifying Group Health Plan and the ARUP Group Medical Plan if the premium cost difference is greater than zero.
Is there an <u>out-of-pocket limit</u> 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 under this HRA.
What is not included in the <u>out-of-pocket limit</u> ?	This plan has no <u>out-of-pocket limit</u> .	Not applicable because there's no out of pocket limit on your expenses under this HRA.
Is there an overall annual limit on what the plan pays?	Yes, \$7,900 – Individual \$15,800 – Family Premium Difference Reimbursement \$250/mo. – Individual \$500/mo. – Two party \$750/mo. –Family	The plan will pay only 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 cart starting on page 2 describes <i>specific</i> coverage limits, such as limits on the number of office visits.
Does this plan use a <u>network of providers</u> ?	No.	This HRA treats <u>providers</u> the same in determining payment for the same services.

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<p>Do I need a referral to see a <u>specialist</u>?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without permission from this plan. This HRA supplements your medical coverage by paying up to a certain dollar amount to offset certain <u>deductibles</u>, <u>co-payments</u>, <u>co-insurance</u> obligations or <u>prescription drugs</u> of an Alternate Qualifying Group Health Plan. Additionally, this HRA reimburses you for a capped difference in <u>premium</u> cost of your Alternate Qualifying Group Health Plan and the ARUP Group Medical Plan if the premium cost difference is greater than zero.</p>
<p>Are there services this plan doesn't cover?</p>	<p>Yes.</p>	<p>Some of the services this plan doesn't cover are listed on page 4. See your Alternate Qualifying Group Health policy or plan document for additional information about <u>excluded services</u>. This HRA supplements your medical coverage by paying up to a certain dollar amount to offset certain <u>deductibles</u>, <u>co-payments</u>, <u>co-insurance</u> obligations or <u>prescription drugs</u> of an Alternate Qualifying Group Health Plan. Additionally, this HRA reimburses you for a capped difference in <u>premium</u> cost of your Alternate Qualifying Group Health Plan and the ARUP Group Medical Plan if the premium cost difference is greater than zero.</p>



- **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	Your Cost	Limitations & Exceptions
<p>If you visit a health care <u>provider's</u> office or clinic</p>	<p>Primary care visit to treat an injury or illness</p>	<p>Not covered under this HRA</p>	<p>See next page.</p>
	<p>Specialist visit</p>	<p>Not covered under this HRA</p>	
	<p>Other practitioner office visit</p>	<p>Not covered under this HRA</p>	
	<p>Preventive care/screening/immunization</p>	<p>Not covered under this HRA</p>	

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Alternate Qualifying Health HRA : ARUP Laboratories

Coverage Period: 01/01/2019 – 12/31/2019

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

Coverage for: Individual + Family | Plan Type: HRA

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you have a test	Diagnostic test (x-ray, blood work)	Not covered under this HRA	<p>This HRA supplements your medical coverage by paying up to a certain dollar amount to offset certain deductibles, co-payments, co-insurance obligations or prescription drugs of an Alternate Qualifying Group Health Plan. Additionally, this HRA reimburses you for a capped difference in premium cost of your Alternate Qualifying Group Health Plan and the ARUP Group Medical Plan if the premium cost difference is greater than zero.</p> <p>However, because the coverage under your Alternate Qualifying Group Health Plan may exclude any or all of these services, please refer to the Summary of Benefits and Coverage of your Alternate Qualifying Group Health Plan for details of how these services are covered.</p>
	Imaging (CT/PET scans, MRIs)	Not covered under this HRA	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.aruplab.com/benefits .	Generic drugs	Varies depending on the details of your Alternate Qualifying Group Health Plan. Please refer to the Summary of Benefits and Coverage of your Alternate Qualifying Group Health Plan for details of how these services are covered.	
	Preferred brand drugs		
	Non-preferred brand drugs		
	Specialty drugs		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not covered under this HRA	
	Physician/surgeon fees	Not covered under this HRA	
If you need immediate medical attention	Emergency room services	Not covered under this HRA	
	Emergency medical transportation	Not covered under this HRA	
	Urgent care	Not covered under this HRA	
If you have a hospital stay	Facility fee (e.g., hospital room)	Not covered under this HRA	
	Physician/surgeon fee	Not covered under this HRA	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Not covered under this HRA	
	Mental/Behavioral health inpatient services	Not covered under this HRA	
	Substance use disorder outpatient services	Not covered under this HRA	
	Substance use disorder inpatient services	Not covered under this HRA	
If you are pregnant	Prenatal and postnatal care	Not covered under this HRA	
	Delivery and all inpatient services	Not covered under this HRA	

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Alternate Qualifying Health HRA : ARUP Laboratories

Coverage Period: 01/01/2019 – 12/31/2019

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

Coverage for: Individual + Family | Plan Type: HRA

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	Not covered under this HRA	See previous page.
	Rehabilitation services	Not covered under this HRA	
	Habilitation services	Not covered under this HRA	
	Skilled nursing care	Not covered under this HRA	
	Durable medical equipment	Not covered under this HRA	
	Hospice service	Not covered under this HRA	
If your child needs dental or eye care	Eye exam	Not covered under this HRA	
	Glasses	Not covered under this HRA	
	Dental check-up	Not covered under this HRA	

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.)

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Cosmetic Surgery
- Dental Care (Adult)
- Hearing Aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

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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.)

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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 1-801-538-2787 x2282. 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:

- The plan at 1-801-538-2787 x2282 or visit us at www.aruplab.com/benefits
- U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform

Questions: Call 801-538-2787 x2282 or visit us at www.aruplab.com/benefits.

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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 does provide minimum essential coverage.**

This HRA supplements your medical coverage by paying up to a certain dollar amount to offset certain **deductibles, co-payments, co-insurance** obligations or **prescription drugs** of an Alternate Qualifying Group Health Plan. Additionally, this HRA reimburses you for a capped difference in **premium** cost of your Alternate Qualifying Group Health Plan and the ARUP Group Medical Plan if the premium cost difference is greater than zero.

This HRA is designed to be integrated with a health plan that does provide minimum essential coverage. Please refer to the Summary of Benefits and Coverage of your Alternate Qualifying Group Health Plan for details of whether that plan qualifies as minimum essential coverage.

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.**

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This HRA is designed to be integrated with a health plan that does meet the minimum value standard for the benefits it provides. Please refer to the Summary of Benefits and Coverage of your Alternate Qualifying Group Health Plan for details of whether that plan meets the minimum value standard for the benefits it provides.

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al [insert telephone number].]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [insert telephone number].]

[Chinese (中文): 如果需要中文的帮助, ☎☎打☎个号☎ [insert telephone number].]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' [insert telephone number].]

—————*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 \$0
- Patient pays \$7,540*

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	\$0
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$7,540
Total	\$7,540*

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

- Amount owed to providers: \$5,400
- Plan pays \$0
- Patient pays \$5,400*

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	\$0
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$5,400*

* The amount available for payment under these examples depends on the coverage, if any, under your Alternate Qualifying Group Health Plan. The number used in these examples assume that the expenses are 100% covered after meeting your Alternate Qualifying Group Health Plan's deductible requirement, and that the full HRA benefit amount is available for you when the expenses are incurred. Please see the Summary of Benefits and Coverage prepared by your Alternate Qualifying Group Health Plan's provider or contact for information regarding how that plan will impact the costs in these examples. Additionally, please call 801-538-2787 x 2282 for questions regarding this HRA plan.

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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 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 **copayments**, **deductibles**, and **coinsurance**. 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.

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