




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 Omaha Track at 402-339-0332. 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 [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or [www.cciio.cms.gov](http://www.cciio.cms.gov).

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$2,500 individual \$5,000 family	Generally, you must pay all of the costs from providers up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Refer to the Summary of Benefits and Coverage (SBC) of the Integrated Group Health Plan	You will have to meet the <a href="#">deductible</a> before the plan pays for any services.
Are there other <a href="#">deductibles</a> for specific services?	Refer to the SBC of the Integrated Group Health Plan	You don't have to meet deductibles for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	\$2,500 individual \$5,000 family	This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , <a href="#">balance billing</a> charges, health care this <a href="#">plan</a> doesn't cover and penalties	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Refer to the SBC of the Integrated Group Health Plan	Refer to the SBC of the Integrated Group Health Plan
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No	Refer to the SBC of the Integrated Group Health Plan

 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
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office or clinic</a>	Primary care visit to treat an injury or illness	Refer to the SBC of the Integrated Group Health Plan		Only qualified medical expenses up to the available account balance in the HRA
	<a href="#">Specialist</a> visit	Refer to the SBC of the Integrated Group Health Plan		
	<a href="#">Preventive care/screening/immunization</a>	Refer to the SBC of the Integrated Group Health Plan		
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	Refer to the SBC of the Integrated Group Health Plan		Only qualified medical expenses up to the available account balance in the HRA
	Imaging (CT/PET scans, MRIs)	Refer to the SBC of the Integrated Group Health Plan		
If you need drugs to treat your illness or condition	Generic drugs	Refer to the SBC of the Integrated Group Health Plan		Only qualified medical expenses up to the available account balance in the HRA
	Preferred brand drugs	Refer to the SBC of the Integrated Group Health Plan		
	Non-preferred brand drugs	Refer to the SBC of the Integrated Group Health Plan		
	<a href="#">Specialty drugs</a>	Refer to the SBC of the Integrated Group Health Plan		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Refer to the SBC of the Integrated Group Health Plan		Only qualified medical expenses up to the available account balance in the HRA
	Physician/surgeon fees	Refer to the SBC of the Integrated Group Health Plan		
If you need immediate medical attention	<a href="#">Emergency room care</a>	Refer to the SBC of the Integrated Group Health Plan		Only qualified medical expenses up to the available account balance in the HRA
	<a href="#">Emergency medical transportation</a>	Refer to the SBC of the Integrated Group Health Plan		
	<a href="#">Urgent care</a>	Refer to the SBC of the Integrated Group Health Plan		
If you have a hospital stay	Facility fee (e.g., hospital room)	Refer to the SBC of the Integrated Group Health Plan		Only qualified medical expenses up to the available account balance in the HRA

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	Refer to the SBC of the Integrated Group Health Plan		
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Refer to the SBC of the Integrated Group Health Plan		Only qualified medical expenses up to the available account balance in the HRA
	Inpatient services	Refer to the SBC of the Integrated Group Health Plan		
<b>If you are pregnant</b>	Office visits	Refer to the SBC of the Integrated Group Health Plan		Only qualified medical expenses up to the available account balance in the HRA
	Childbirth/delivery professional services	Refer to the SBC of the Integrated Group Health Plan		
	Childbirth/delivery facility services	Refer to the SBC of the Integrated Group Health Plan		
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	Refer to the SBC of the Integrated Group Health Plan		Only qualified medical expenses up to the available account balance in the HRA
	<a href="#">Rehabilitation services</a>	Refer to the SBC of the Integrated Group Health Plan		
	<a href="#">Habilitation services</a>	Refer to the SBC of the Integrated Group Health Plan		
	<a href="#">Skilled nursing care</a>	Refer to the SBC of the Integrated Group Health Plan		
	<a href="#">Durable medical equipment</a>	Refer to the SBC of the Integrated Group Health Plan		
	<a href="#">Hospice services</a>	Refer to the SBC of the Integrated Group Health Plan		
<b>If your child needs dental or eye care</b>	Children's eye exam	Refer to the SBC of the Integrated Group Health Plan		Only qualified medical expenses up to the available account balance in the HRA
	Children's glasses	Refer to the SBC of the Integrated Group Health Plan		
	Children's dental check-up	Refer to the SBC of the Integrated Group Health Plan		

## 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](#).)

- Please check the terms of the Summary Plan Description of the Integrated Group Health Plan

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

- Please check the terms of the Summary Plan Description of the Integrated Group Health Plan

**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: [insert State, HHS, DOL, and/or other applicable agency contact information]. 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](http://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 on how 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: [insert applicable contact information from instructions].

### Does this plan provide Minimum Essential Coverage? No

[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 the Minimum Value Standards? No

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](#).

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 402-339-0332.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 402-339-0332.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码402-339-0332.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 402-339-0332.

*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)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$2,500
■ <a href="#">Specialist copayment</a>	N/A
■ Hospital (facility) <a href="#">coinsurance</a>	N/A
■ Other <a href="#">coinsurance</a>	N/A

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,500
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,560</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$2,500
■ <a href="#">Specialist copayment</a>	N/A
■ Hospital (facility) <a href="#">coinsurance</a>	N/A
■ Other <a href="#">coinsurance</a>	N/A

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,500
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$2,500</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$2,500
■ <a href="#">Specialist copayment</a>	N/A
■ Hospital (facility) <a href="#">coinsurance</a>	N/A
■ Other <a href="#">coinsurance</a>	N/A

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,500
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,500</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.