



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 deductible?	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. See the summary for your major medical coverage for more details regarding expenses covered by your major medical coverage.
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. The HRA may be used to offset all or a portion of expenses not covered by your major medical plan. 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 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.
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.

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HRA-Class A: Board of Trustees of the Nebraska State Colleges Coverage Period: 1/1/2024 – 12/31/2024
Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for: Single & Family | Plan Type: HRA**

Important Questions	Answers	Why this Matters:
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.mymidamericajourney.com.

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you visit a health care <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Specialist visit	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Other practitioner office visit	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Preventive care/screening/immunization	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
If you have a test	Diagnostic test (x-ray, blood work)	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Imaging (CT/PET scans, MRIs)	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.

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

Coverage for: Single & Family | Plan Type: HRA

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.MyMidAmerica.com	Generic drugs	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Preferred brand drugs	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Non-preferred brand drugs	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Specialty drugs	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Physician/surgeon fees	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
If you need immediate medical attention	Emergency room services	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Emergency medical transportation	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Urgent care	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
If you have a hospital stay	Facility fee (e.g., hospital room)	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Physician/surgeon fee	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.

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

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	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Mental/Behavioral health inpatient services	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Substance use disorder outpatient services	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Substance use disorder inpatient services	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
If you are pregnant	Prenatal and postnatal care	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Delivery and all inpatient services	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
If you need help recovering or have other special health needs	Home health care	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Rehabilitation services	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Habilitation services	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Skilled nursing care	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Durable medical equipment	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
	Hospice service	Reimbursable	Expenses not covered by medical insurance may be eligible for reimbursement subject to your account balance.
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.)

- 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, not to exceed HRA account value
- **Patient pays:** 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
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 amounts not covered by major medical insurance, not to exceed HRA account value
- **Patient pays:** 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
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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