




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. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, refer to the policy or plan document at <https://inside.travelers.com/sites/hr> or by calling 1-800-441-4378. 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.healthcare.gov](http://www.healthcare.gov) or call 1-800-441-4378 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	Spring Health is pre-paid for in full by your employer, and not subject to <a href="#">Copayments</a> or <a href="#">deductibles</a> . The service is “free” to employees and eligible family members, but members must directly access Spring Health in order to receive the free service.
Are there services covered before you meet your <a href="#">deductible</a> ?	Not Applicable.	Eight counseling sessions and eight coaching sessions at no cost per year.
Are there other <a href="#">deductibles</a> for specific services?	Not Applicable.	For sessions beyond the eight coaching and counseling sessions covered by Spring Health, you may elect to utilize your medical plan coverage. Although the cost of Spring Health is paid for by the Company, <a href="#">deductibles</a> for services received beyond Spring Health may apply.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	This plan has no <a href="#">out-of-pocket limit</a> .	<a href="#">Out-of-pocket expenses</a> only apply if you or an eligible family member are referred outside of Spring Health for ongoing services with a <a href="#">specialist</a> .
What is not included in the <a href="#">out-of-pocket limit</a> ?	Not Applicable.	Not Applicable.
Will you pay less if you use a <a href="#">network provider</a> ?	Yes.	Spring Health <a href="#">providers</a> are considered “mental health” generalists with training in assessment and counseling techniques. When appropriate, members may be referred outside of Spring Health to a <a href="#">specialist</a> , and should verify if the <a href="#">specialist</a> is covered in your particular medical plan.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 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
If you visit a health care <a href="#">provider's</a> office or clinic	<a href="#">Primary care</a> visit to treat an injury or illness	N/A	
	<a href="#">Specialist</a> visit	N/A	
	<a href="#">Preventive care/screening/</a> immunization	N/A	
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	N/A	
	Imaging (CT/PET scans, MRIs)	N/A	
If you need drugs to treat your illness or condition	Generic drugs	N/A	
	Preferred brand drugs	N/A	
	Non-preferred brand drugs	N/A	
	<a href="#">Specialty drugs</a>	N/A	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	N/A	
	Physician/surgeon fees	N/A	
If you need immediate medical attention	<a href="#">Emergency room care</a>	N/A	
	<a href="#">Emergency medical transportation</a>	N/A	
	<a href="#">Urgent care</a>	N/A	
If you have a hospital stay	Facility fee (e.g., hospital room)	N/A	
	Physician/surgeon fees	N/A	
If you need mental health, behavioral health, or substance abuse services	<a href="#">Outpatient</a> services	N/A	
	<a href="#">Inpatient</a> services	N/A	
If you are pregnant	Office visits	N/A	
	Childbirth/delivery professional services	N/A	
	Childbirth/delivery facility services	N/A	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	N/A	
	<a href="#">Rehabilitation services</a>	N/A	
	<a href="#">Habilitation services</a>	N/A	
	<a href="#">Skilled nursing care</a>	N/A	
	<a href="#">Durable medical equipment</a>	N/A	
If your child needs dental or eye care	<a href="#">Hospice services</a>	N/A	
	Children's eye exam	N/A	
	Children's glasses	N/A	
	Children's dental check-up	N/A	

## Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric Surgery</li><li>• Chiropractic care</li><li>• Cosmetic surgery</li><li>• Dental care (Adult)</li></ul>	<ul style="list-style-type: none"><li>• Hearing aids</li><li>• Infertility treatment</li><li>• Long-term care</li><li>• Non-emergency care when travelling outside the U.S.</li></ul>	<ul style="list-style-type: none"><li>• Private-duty nursing</li><li>• Routine eye care (Adult)</li><li>• Routine foot care</li><li>• Weight loss programs</li></ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
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**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: Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). 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: 1-866-225-9932 or visit [the-travelers-indemnity-company.lifeworks.com](http://the-travelers-indemnity-company.lifeworks.com) (user name "Travelers" and password "Balance") or the Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

### Does this plan provide Minimum Essential Coverage? Yes

[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? Yes

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 1-866-679-0947.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-679-0947.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-679-0947.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-679-0947.

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*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 [plan's](#) overall [deductible](#) \$0
- [Specialist coinsurance](#) 100%
- Hospital (facility) [coinsurance](#) 100%
- Other [coinsurance](#) 100%

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>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$12,700
<b>The total Peg would pay is</b>	<b>\$12,700</b>

### Managing Joe's Type 2 Diabetes

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist coinsurance](#) 100%
- Hospital (facility) [coinsurance](#) 100%
- Other [coinsurance](#) 100%

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>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$5,600
<b>The total Joe would pay is</b>	<b>\$5,600</b>

### Mia's Simple Fracture

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist coinsurance](#) 100%
- Hospital (facility) [coinsurance](#) 100%
- Other [coinsurance](#) 100%

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>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$2,800
<b>The total Mia would pay is</b>	<b>\$2,800</b>

