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 lifeworks.com/en or by calling 1-800-952-1245.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	N/A	**There is no deductible for services covered under your Employee Assistance Program ("EAP").**
Are there other deductibles for specific services?	N/A	**There are no deductibles for services covered under your EAP.**
Is there an out–of–pocket limit on my expenses?	N/A	**There are no out-of-pocket expenses for services covered under your EAP**
What is not included in the out–of–pocket limit?	N/A	**There are no out-of-pocket expenses for services covered under your EAP.**
Is there an overall annual limit on what the plan pays?	NO - N/A	**Your EAP covers up to 5 sessions per issue per year and 5 weeks of texting through BetterHelp*.**
Does this plan use a network of providers?	YES	**Only in-network providers are covered (at 100%).**
Do I need a referral to see a specialist?	N/A	**In order to receive EAP sessions, you must contact LifeWorks at 1-800-952-1245.**
Are there services this plan doesn't cover?	N/A	**Your EAP is a short term counseling program that only covers up to 5 sessions per issue per year and 5 weeks of texting through BetterHelp*.**

OMB Control Numbers 1545-2229,
1210-0147, and 0938-1146

- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** 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 **co-insurance** 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**.)
- This plan may encourage you to use __N/A__ **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an In-network Provider	Your cost if you use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	N/A		
	Specialist visit	N/A		
	Other practitioner office visit	N/A		
	Preventive care/screening/immunization	N/A		
If you have a test	Diagnostic test (x-ray, blood work)	N/A		
	Imaging (CT/PET scans, MRIs)	N/A		
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.[insert].	Generic drugs	N/A		
	Preferred brand drugs	N/A		
	Non-preferred brand drugs	N/A		
	Specialty drugs	N/A		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	N/A		
	Physician/surgeon fees	N/A		

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
If you need immediate medical attention	Emergency room services	N/A		
	Emergency medical transportation	N/A		
	Urgent care	N/A		
If you have a hospital stay	Facility fee (e.g., hospital room)	N/A		
	Physician/surgeon fee	N/A		
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	**$0 (covered at 100%)**	0	Up to 5 face to face outpatient sessions per issue per year for purposes of assessment and referral or short-term counseling AND 5 weeks of texting a counselor with BetterHelp*
	Mental/Behavioral health inpatient services	N/A		
	Substance use disorder outpatient services	**$0 (covered at 100%)**	0	Up to 5 face to face outpatient sessions per issue per year for purposes of assessment and referral or short-term counseling AND 5 weeks of texting a counselor with BetterHelp*
	Substance use disorder inpatient services	N/A		
If you are pregnant	Prenatal and postnatal care	N/A		
	Delivery and all inpatient services	N/A		

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	N/A		
	Rehabilitation services	N/A		
	Habilitation services	N/A		
	Skilled nursing care	N/A		
	Durable medical equipment	N/A		
	Hospice service	N/A		
If your child needs dental or eye care	Eye exam	N/A		
	Glasses	N/A		
	Dental check-up	N/A		

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.)

- Physicians/psychiatrists, psychological testing, chronic mental health issues or any inpatient services.

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.)

30 minutes of free legal and financial advice to employees and their household members

Work_Life services – assistance in finding resources and referrals for things such child care, adult care, pet care, vacation planning and other everyday needs.

LifeCoach – work with a professional life coach for assistance in setting and reaching personal goals

Geriatric Care – up to 4 hours of consultation with a Geriatric Care Manager for guidance and support of an elderly parent or family member

Questions: Call 1-800-952-1245 or visit us at lifeworks.com/en.
If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at lifeworks.com/en or call 1-800-952-1245 to request a copy.

Your Rights to Continue Coverage:

The plan does not include rights for continued coverage; if further treatment after the 1-5 sessions is needed, a referral to a specialist within the employee or household member's medical/behavioral health network will be provided.

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: **This is not applicable. In the event the employee or household member has a complaint, he/she can call 1-800-952-1245 and speak with an Intake consultant who will initiate a formal complaint process to resolve the matter.**