




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, <https://ezICHRA.com/employees/CAP-2> or contact Frank Spinelli at fspinelli@oswaldcompanies.com or 330-662-0585. 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/sbc-glossary or call 1-800-318-2596 to request a copy.

Important Questions	Answers	Why This Matters:
What is an ICHRA plan?	An Individual Coverage Health Reimbursement Arrangement (ICHRA) plan is an Internal Revenue Service sanctioned program sponsored by your employer that allows them to set aside funds to reimburse certain medical expenses paid by participating employees.	Most individuals incur some medical expenses throughout the year that are not covered by insurance. An ICHRA plan is designed to reimburse employees for some of these expenses. The ICHRA plan is totally funded by your employer. Your employer decides a) the amount they contribute to the ICHRA plan and b) the type of expenses the ICHRA plan covers, based on a list of IRS-approved expenses, including premiums for individual health insurance coverage. The James B. Oswald Company assists your employer in offering the ICHRA plan through its <i>ezichra</i> platform. Eligibility for reimbursement under the ICHRA plan is limited to expenses incurred while you are covered under an approved individual health insurance plan.
What does the ICHRA plan cover?	Reimbursement of your <u>premiums</u> for individual health insurance coverage in an amount determined by your employer.	Employees who participate in the ICHRA plan are reimbursed by their employer for premiums for individual health insurance coverage out of their available ICHRA plan funds.
How does my ICHRA plan reimburse my individual insurance coverage <u>premiums</u>?	Under the ICHRA, your employer is offering to reimburse your individual health insurance premium up to a specified monthly dollar amount.	Because you are responsible for all medical expenses that you incur, knowing the details of what your employer's ICHRA plan will reimburse will help you reduce your out-of-pocket expenses. As a covered employee, your employer will reimburse specific amounts for each plan year through the ICHRA plan. This specific amount is documented in your ICHRA Summary Plan Description and set forth below.
What are my ICHRA plan year effective dates?	The ICHRA plan year begins on January 1 st and ends December 31 st of each calendar year.	Reimbursable expenses incurred during your ICHRA plan year are reimbursable at any time during the ICHRA plan year and up to 90 days after the end of the ICHRA plan year.
What do I need to do to qualify for reimbursement?	You must a) be in a class designated by your employer as eligible for the ICHRA b) be enrolled in a qualified	You (and your family members, if applicable) must be enrolled in individual health insurance coverage, Medicare Parts A and B, or Part C for each month you (or your family members) are covered by the ICHRA. Plans such as short-term

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	<p>plan funded through the ezICHRA payment system.</p>	<p>plans, indemnity plans and Minimum Essential Coverage plans do not meet this requirement. See the ICHRA Summary Plan Description for more information.</p>
<p>How do I get reimbursement from the ICHRA plan for reimbursable expenses?</p>	<p>If you don't already have individual health or Medicare insurance coverage and you enroll through the dedicated enrollment team using the ezICHRA payment system you don't need to take any action to be reimbursed. The ezICHRA platform will make the entire monthly premium payment on your behalf and if there is any amount over and above the monthly amount that your employer has allowed then your employer will make a pre-tax deduction through payroll for your balance.</p> <p>If you already have individual or Medicare health insurance coverage and would like to keep that coverage you will need to change the payment method for your policy using the ezICHRA platform by calling our dedicated enrollment team at 800-722-7331.</p>	<p>Eligibility for reimbursement under the ICHRA plan is limited to <u>premium reimbursement</u> while you are covered under an approved individual health or Medicare insurance <u>plan</u>.</p>
<p>What happens if I leave my employer?</p>	<p>ICHRA plans are subject to the same COBRA continuation of coverage rules as other employer sponsored group health plans. The ICHRA COBRA <u>premium</u> will be communicated at the time of the qualifying event.</p>	<p>Employees have the right to choose to continue their ICHRA benefit on COBRA when coverage is lost due to a qualifying event. Coverage is extended only to those individuals covered at the time of termination and may only continue the same level of coverage that was in effect prior to termination. Because the IRS considers an ICHRA plan an employer sponsored health plan, it is subject to COBRA.</p> <p>Eligibility for reimbursement under the ICHRA plan is limited to premium reimbursement while you are covered under an approved individual health insurance <u>plan</u>.</p> <p><u>Premiums</u> for ICHRA COBRA coverage are based on the employer's cost of providing coverage.</p>
<p>Can unused ICHRA plan funds</p>	<p>No, your ICHRA plan funds are only</p>	<p>Your ICHRA plan is not designed to permit unused funds to roll over into the next plan</p>

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roll over to the next plan year?	available within the current plan year.	year.

What is the overall deductible?	The plan has no <u>deductible</u> .	The ICHRA plan will reimburse you for individual health insurance <u>premiums</u> up to the balance available in your ICHRA.
Are there services covered before you meet your deductible?	The plan has no <u>deductible</u> .	The ICHRA plan will reimburse you for individual health insurance <u>premiums</u> up to the balance available in your ICHRA.
Are there other deductibles for specified services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 1 for other costs for services this plan covers.
Is there an Out-of-pocket limit for this plan?	No.	There's 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 out-of-pocket limit?	The plan has no <u>out-of-pocket limit</u> .	Not applicable because there's no <u>out-of-pocket limit</u> on your share of the cost of medical expenses.
Is there an overall monthly limit on what the plan pays?	Yes, see the ICHRA Maximum Benefits table on page 6.	The ICHRA will reimburse you for individual health insurance <u>premiums</u> up to the balance available in your ICHRA, even if your own need is greater. Any unused amount for a month will rollover and be available during the next month. You are responsible for all expenses in excess of the balance available in your ICHRA.
Will you pay less if you use a network provider?	No.	The ICHRA treats <u>providers</u> the same in determining payment for the same services.
Do I need a referral to see a specialist?	No.	You can see the <u>specialist</u> of your choice without permission from the ICHRA 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 provider's office or clinic	Primary care visit to treat an injury or illness	Not Applicable	Not Applicable	Not Applicable
	Specialist visit	Not Applicable	Not Applicable	Not Applicable
	Preventive care/screening/immunization	Not Applicable	Not Applicable	Not Applicable
If you have a test	Diagnostic test (x-ray, blood work)	Not Applicable	Not Applicable	Not Applicable
	Imaging (CT/PET scans, MRIs)	Not Applicable	Not Applicable	Not Applicable
If you need drugs to treat your illness or condition	Generic drugs	Not Applicable	Not Applicable	Not Applicable
	Preferred brand drugs	Not Applicable	Not Applicable	Not Applicable
	Non-preferred brand drugs	Not Applicable	Not Applicable	Not Applicable
	Specialty drugs	Not Applicable	Not Applicable	Not Applicable
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Applicable	Not Applicable	Not Applicable
	Physician/surgeon fees	Not Applicable	Not Applicable	Not Applicable
If you need immediate medical attention	Emergency room care	Not Applicable	Not Applicable	Not Applicable
	Emergency medical transportation	Not Applicable	Not Applicable	Not Applicable
	Urgent care	Not Applicable	Not Applicable	Not Applicable
If you have a hospital stay	Facility fee (e.g., hospital room)	Not Applicable	Not Applicable	Not Applicable
	Physician/surgeon fees	Not Applicable	Not Applicable	Not Applicable
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Not Applicable	Not Applicable	Not Applicable
	Inpatient services	Not Applicable	Not Applicable	Not Applicable

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 are pregnant	Office visits	Not Applicable	Not Applicable	Not Applicable
	Childbirth/delivery professional services	Not Applicable	Not Applicable	Not Applicable
	Childbirth/delivery facility services	Not Applicable	Not Applicable	Not Applicable
If you need help recovering or have other special health needs	Home health care	Not Applicable	Not Applicable	Not Applicable
	Rehabilitation services	Not Applicable	Not Applicable	Not Applicable
	Habilitation services	Not Applicable	Not Applicable	Not Applicable
	Skilled nursing care	Not Applicable	Not Applicable	Not Applicable
	Durable medical equipment	Not Applicable	Not Applicable	Not Applicable
	Hospice services	Not Applicable	Not Applicable	Not Applicable
If your child needs dental or eye care	Children's eye exam	Not Applicable	Not Applicable	Not Applicable
	Children's glasses	Not Applicable	Not Applicable	Not Applicable
	Children's dental check-up	Not Applicable	Not Applicable	Not Applicable

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 .)		
<ul style="list-style-type: none"> • Cosmetic surgery • Advance payment for services to be rendered next year 	<ul style="list-style-type: none"> • Ineligible Over-the-Counter Drugs • Expenses incurred after individual health coverage ceases 	<ul style="list-style-type: none"> • Illegal operations and treatment

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

Your Rights to Continue Coverage:

If you lose your coverage under the ICHRA, then, depending on 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 ICHRA. Other limitations or your rights to coverage may also apply.

For more information on your rights to continue coverage, contact the plan administrator Rich Rasmussen at 715-343-7505 or rrasmussen@capmail.org. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 877-267-2323 x61564 or www.cciio.cms.gov.

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 the plan administrator Rich Rasmussen at 715-343-7505 or rrasmussen@capmail.org.

Does this plan provide Minimum Essential Coverage? No

The ICHRA plan does not provide Minimum Essential Coverage, however, it is provided by your individual health insurance coverage.

Does this plan meet the Minimum Value Standards? Maybe

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](#).

An ICHRA provides Minimum Value if it is affordable for you. Affordability is based on your maximum benefit through the ICHRA Employee-Only (EE Only) tier, regardless of any family members you have. To check if your ICHRA is affordable to you, go to www.HealthCare.gov.

If your ICHRA is considered unaffordable and you opt out of the ICHRA, you may claim the premium tax credit for yourself and any family members enrolled in the Exchange coverage if you are otherwise eligible. If your ICHRA is considered affordable, you may not claim the premium tax credit for yourself or any family member.

You can opt out of your ICHRA by selecting the Waiver option at <https://ezICHRA.com/employees/CAP>. ICHRA Maximum Benefits, based on employee age as of effective date of your ICHRA policy:

CLASS 2								
	<29	30-34	35-39	40-44	45-49	50-54	55-59	60>
EE Only	\$313	\$313	\$313	\$356	\$469	\$624	\$794	\$938
EE + Spouse	\$657	\$657	\$657	\$749	\$984	\$1,311	\$1,667	\$1,970
EE + Child(ren)	\$563	\$563	\$563	\$642	\$843	\$1,124	\$1,429	\$1,688
Family	\$938	\$938	\$938	\$1,069	\$1,406	\$1,873	\$2,382	\$2,814

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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](#) N/A
- [Specialist](#) [[cost sharing](#)] N/A
- Hospital (facility) [[cost sharing](#)] N/A
- Other [[cost sharing](#)] 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*)

Total Example Cost	N/A
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In this example, Peg would pay:

Cost Sharing	
Deductibles	N/A
Copayments	N/A
Coinsurance	N/A
What isn't covered	
Limits or exclusions	N/A
The total Peg would pay is	N/A

Managing Joe's Type 2 Diabetes

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

- The [plan's](#) overall [deductible](#) N/A
- [Specialist](#) [[cost sharing](#)] N/A
- Hospital (facility) [[cost sharing](#)] N/A
- Other [[cost sharing](#)] 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*)

Total Example Cost	N/A
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In this example, Joe would pay:

Cost Sharing	
Deductibles	N/A
Copayments	N/A
Coinsurance	N/A
What isn't covered	
Limits or exclusions	N/A
The total Joe would pay is	N/A

Mia's Simple Fracture

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

- The [plan's](#) overall [deductible](#) N/A
- [Specialist](#) [[cost sharing](#)] N/A
- Hospital (facility) [[cost sharing](#)] N/A
- Other [[cost sharing](#)] 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*)

Total Example Cost	N/A
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In this example, Mia would pay:

Cost Sharing	
Deductibles	N/A
Copayments	N/A
Coinsurance	N/A
What isn't covered	
Limits or exclusions	N/A
The total Mia would pay is	N/A

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