



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 livewell.springhealth.com or by calling 1-855-629-0554.

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 10 therapy and 10 coaching sessions each year. If needed, two of the covered EAP sessions may be used for medication management.
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 Spring Health at 1-855-629-0554 or visit livewell.springhealth.com to create an account.
Are there services this plan doesn’t cover?	N/A	Your EAP is a short-term counseling program that only covers up to 10 therapy and 10 coaching sessions per year. If needed, two of the covered EAP sessions may be used for medication management.

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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 care.
- **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		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
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	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		

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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 10 outpatient sessions per year for purposes of assessment and referral or short-term counseling
	Mental/Behavioral health inpatient services	N/A		
	Substance use disorder outpatient services	\$0 (covered at 100%)	0	Up to 10 outpatient sessions per year for purposes of assessment and referral or short-term counseling
	Substance use disorder inpatient services	N/A		
If you are pregnant	Prenatal and postnatal care	N/A		
	Delivery and all inpatient services	N/A		
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		

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Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
	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.)

- 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.)

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| <ul style="list-style-type: none"> • Family Care – Parents and caregivers can use work-life services to find prenatal care, child care, back-up care, play groups, schools, volunteer opportunities, or support for children with special needs. • Legal Assistance – Legal consultations are available for matters involving divorce, custody, criminal charges, personal injury/malpractice/debtor/creditor, estate planning, real estate, adoptions, probate, landlord/tenant, or bankruptcy | <ul style="list-style-type: none"> • Elder Care – Range of resources for seniors, caregivers, adults with disabilities, or anyone planning for the future • Financial Assistance – Qualified financial consultants and counselors are available to help you navigate bankruptcy, foreclosure prevention, buying a home for the first time, major life-event planning, college-fund planning, retirement planning, credit card debt, identity theft prevention, and budgeting. | <ul style="list-style-type: none"> • Daily Living – Work-life services can help manage day-to-day responsibilities, including assistance with finding apartments, house cleaners, consumer comparisons, emergency services, entertainment services, event planning, volunteer opportunities, moving/relocation services, fitness centers, wellness programs, home repair services, and travel/transportation services. |
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Your Rights to Continue Coverage:

The plan does not include rights for continued coverage; if further treatment after the 1-10 sessions is needed, additional sessions are available at an in-network rate for those enrolled in the Citi Health Plan (Anthem & Aetna).

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 1-855-629-0554 and speak with an Intake consultant who will initiate a formal complaint process to resolve the matter.**

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