

# Health Benefit Summary Plan Description

**Revised 01-01-2022**

## **BENEFITS**

Healthcare Policy Plan

Vision: To provide high quality, affordable healthcare for all citizens.

Mission: To implement policy reforms and programs that expand access to healthcare, reduce costs, and improve health outcomes.

Goals:

1. Achieve universal healthcare coverage. Provide health insurance for all citizens regardless of income or health status.
2. Reduce healthcare costs for individuals and government. Implement policies and programs to lower premiums, out-of-pocket costs, and overall healthcare spending.
3. Improve population health. Invest in public health programs and prevention to promote healthy lifestyles, reduce health risks, and improve health outcomes.
4. Support healthcare innovation. Invest in research and new technologies to improve treatments, cures, and the healthcare system.

Policy Reforms:

1. Establish a public healthcare option. Provide a government-run health plan to compete with private insurers and drive down costs.
2. Expand Medicaid coverage. Increase income eligibility limits for Medicaid to extend coverage to more low-income individuals.
3. Require insurance companies to cover pre-existing conditions. Prohibit denial of coverage or higher premiums due to health status.
4. Increase healthcare subsidies and tax credits. Make health insurance more affordable for middle-income individuals and families.
5. Invest in preventive care and public health. Increase

The purpose of this document is to provide You and Your covered Dependents, if any, with summary information in English on benefits available under this Plan as well as with information on a Covered Person's rights and obligations under the ANYCOMPANY, INC. Group Health Benefit Plan (the "Plan"). You are a valued Employee of ANYCOMPANY, INC., and Your employer is pleased to sponsor this Plan to provide benefits that can help meet Your health care needs. Please read this document carefully and contact Your Human Resources or Personnel office if You have questions or if You have difficulty translating this document.

ANYCOMPANY, INC. is named the Plan Administrator for this Plan. The Plan Administrator has retained the services of independent Third Party Administrators to process claims and handle other duties for this self-funded Plan. The Third Party Administrators for this Plan are UMR, Inc. (hereinafter "UMR") for medical claims, and Express Scripts for pharmacy claims. The Third Party Administrators do not assume liability for benefits payable under this Plan, since they are solely claims-paying agents for the Plan Administrator.

The employer assumes the sole responsibility for funding the Plan benefits out of general assets; however, Employees help cover some of the costs of covered benefits through contributions, Deductibles, out-of-pocket amounts, and Plan Participation amounts as described in the Schedule of Benefits. All claim payments and reimbursements are paid out of the general assets of the employer and there is no separate fund that is used to pay promised benefits. The Plan is intended to comply with and be governed by the Employee Retirement Income Security Act of 1974 (ERISA) and its amendments.

Some of the terms used in this document begin with capital letters, even though such terms normally would not be capitalized. These terms have special meaning under the Plan. Most capitalized terms are listed in the Glossary of Terms, but some are defined within the provisions in which they are used. Becoming familiar with the terms defined in the Glossary of Terms will help You to better understand the provisions of this Plan.

Each individual covered under this Plan will be receiving an identification card that he or she may present to providers whenever he or she receives services. On the back of this card are phone numbers to call in case of questions or problems.

This document contains information on the benefits and limitations of the Plan and will serve as both the Summary Plan Description (SPD) and Plan document. Therefore it will be referred to as both the SPD and the Plan document. It is being furnished to You in accordance with ABC.

This document became effective on January 1, 2019.

<b>PLAN INFORMATION Plan Name</b>	ANYCOMPANY INC
<b>Name And Address Of Employer</b>	ANYCOMPANY, INC. 4701 W 2100 S SALT LAKE CITY UT 84120
<b>Name, Address, And Phone Number Of Plan Administrator</b>	ANYCOMPANY, INC. 4701 W 2100 S SALT LAKE CITY UT 84120
866-648-0044	
<b>Named Fiduciary</b>	ANYCOMPANY, INC.
<b>Claims Appeal Fiduciary For Medical Claims</b>	UMR
<b>Employer Identification Number Assigned By The IRS</b>	82-02571111
<b>Plan Number Assigned By The Plan</b>	511
<b>Type Of Benefit Plan Provided</b>	Self-funded Health and Welfare Plan providing group health benefits.

<b>Type Of Administration</b>	The administration of the Plan is under the supervision of the Plan Administrator. The Plan is not financed by an insurance company and benefits are not guaranteed by a contract of insurance.
<b>Name And Address Of Agent For Service Of Legal Process</b>	ANYCOMPANY, INC. 4701 W 2100 S SALT LAKE CITY UT 84120
<b>Funding Of The Plan</b>	Employer and Employee Contributions Benefits are provided by a benefit Plan maintained on a self-insured basis by Your employer.
<b>Benefit Plan Year</b>	Benefits begin on January 1 and end on the following December 31. For new Employees and Dependents, a Benefit Plan Year begins on the individual's Effective Date and runs through December 31 of the same Benefit Plan Year.
<b>Plan Year</b>	January 1 through December 31
<b>And Other Federal Compliance</b>	It is intended that this Plan comply with all applicable requirements of ABC and other federal regulations. In the event of any conflict between this Plan and ABC or other federal regulations, the provisions of ABC and the federal regulations will be deemed controlling, and any conflicting part of this Plan will be deemed superseded to the extent of the conflict.

#### **Benefit Plan(s) 001**

All health benefits shown on this Schedule of Benefits are subject to the following: Deductibles, Co-pays, Plan Participation rates, and out-of-pocket maximums, if any. Refer to the Out-of-Pocket Expenses and Maximums section of this SPD for more details.

**Benefits listed in this Schedule of Benefits are subject to all provisions of the Plan**, including any benefit determination based on an evaluation of medical facts and covered benefits. Refer to the Covered Medical Benefits and General Exclusions sections of this SPD for more details.

Important: Prior authorization may be required before benefits will be considered for payment. Failure to obtain prior authorization may result in a penalty or increased out-of-pocket costs. Refer to the Care Coordination Process section of this SPD for a description of these services and prior authorization procedures.

Note: Refer to the Provider Network section for clarifications and possible exceptions to the in-network or out-of-network classifications.

If a benefit maximum is listed in the middle of a column on the Schedule of Benefits, it is a combined Maximum Benefit for services that the Covered Person receives from all in-network and out-of-network providers and facilities. **IN-NETWORK**

Annual deductible per calendar year per person is \$5000 and per family deductible per calendar year is \$10,000, and individual embedded deductible is \$5000.

***Note: Embedded Deductible Means That If You Have Family Coverage, Any Combination Of Covered Family Members May Help Meet The Maximum Family Deductible; However, No One Person Will Pay More Than His Or Her Embedded Individual Deductible Amount.***

**Annual Total Out-Of-Pocket Maximum:**

***Note: Medical And Pharmacy Expenses Are Subject To The Same Out-Of-Pocket Maximum.***

Pharmacy out of pocket maximum per person is \$6000 and for family out of pocket maximum is \$12000

***Note: Embedded Out-Of-Pocket Maximum Means That If You Have Family Coverage, Any Combination Of Covered Family Members May Help Meet The Family Out-Of-Pocket Maximum; However, No One Person Will Pay More Than His Or Her Embedded Individual Out-Of-Pocket Maximum Amount.***

## **OUT-OF-POCKET EXPENSES AND MAXIMUMS**

**Benefit Plan(s) 001, 002, 005**

### **CO-PAYS**

A Co-pay is the amount that the Covered Person pays each time certain services are received. The Co-pay is typically a flat dollar amount and is paid at the time of service or when billed by the provider. Co-pays do not apply toward satisfaction of Deductibles. Co-pays apply toward satisfaction of in-network and out-of-network out-of-pocket maximums. The Co-pay and out-of-pocket maximum are shown on the Schedule of Benefits.

### **DEDUCTIBLES**

A Deductible is an amount of money paid once per Plan Year by the Covered Person before any Covered Expenses are paid by this Plan. A Deductible applies to each Covered Person up to a family Deductible limit. When a new Plan Year begins, a new Deductible must be satisfied.

Deductible amounts are shown on the Schedule of Benefits.

Pharmacy expenses do not count toward meeting the Deductible of this Plan. The Deductible amounts that the Covered Person Incurs for Covered Expenses will be used to satisfy the Deductible(s) shown on the Schedule of Benefits.

The Deductible amounts that the Covered Person Incurs at an in-network provider will apply to the in-network total individual and family Deductible. The Deductible amounts that the Covered Person Incurs at an out-of-network provider will apply to the out-of-network total individual and family Deductible.

### **PLAN PARTICIPATION**

Plan Participation is the percentage of Covered Expenses that the Covered Person is responsible for paying after the Deductible is met. The Covered Person pays this percentage until the Covered Person's (or family's, if applicable) annual out-of-pocket maximum is reached. The Plan Participation rate is shown on the Schedule of Benefits.

Any payment for an expense that is not covered under this Plan will be the Covered Person's responsibility.

### **ANNUAL OUT-OF-POCKET MAXIMUMS**

The annual out-of-pocket maximum is the most the Covered Person pays each year for Covered Expenses. There are separate in-network and out-of-network out-of-pocket maximums for this Plan.

Annual out-of-pocket maximums are shown on the Schedule of Benefits. Amounts the Covered Person Incurs for Covered Expenses will be used to satisfy the Covered Person's (or family's, if applicable) annual out-of-pocket maximum(s). If the Covered Person's out-of-pocket expenses in a Plan Year exceed the annual out-of-pocket maximum, the Plan pays 100% of the Covered Expenses through the end of the Plan Year.

The following will not be used to meet the out-of-pocket maximums:

- \_Penalties, legal fees and interest charged by a provider.
- \_Any amounts over the Recognized Amount, Usual and Customary amount, Negotiated Rate or established fee schedule that this Plan pays.

## **NO FORGIVENESS OF OUT-OF-POCKET EXPENSES**

The Covered Person is required to pay the out-of-pocket expenses (including Deductibles, Co-pays or required Plan Participation) under the terms of this Plan. The requirement that You and Your Dependent(s) pay the applicable out-of-pocket expenses cannot be waived by a provider under any "fee forgiveness", "not out-of-pocket" or similar arrangement. If a provider waives the required out-of-pocket expenses, the Covered Person's claim may be denied and the Covered Person will be responsible for payment of the entire claim. The claim(s) may be reconsidered if the Covered Person provides satisfactory proof that he or she paid the out-of-pocket expenses under the terms of this Plan.

## **OUT-OF-POCKET EXPENSES AND MAXIMUMS**

**Benefit Plan(s) 003, 004**

### **DEDUCTIBLES**

A Deductible is an amount of money paid once per Plan Year by the Covered Person before any Covered Expenses are paid by this Plan. A Deductible applies to each Covered Person up to a family Deductible limit. When a new Plan Year begins, a new Deductible must be satisfied.

Deductible amounts are shown on the Schedule of Benefits. Generally, the applicable Deductible must be met before any benefits will be paid under this Plan. However, certain covered benefits may be considered Preventive / Routine Care and paid first dollar.

The Deductible amounts that the Covered Person Incurs for Covered Expenses, including covered Pharmacy expenses, will be used to satisfy the Deductible(s) shown on the Schedule of Benefits.

The Deductible amounts that the Covered Person Incurs at an in-network provider will apply to the in-network total individual and family Deductible. The Deductible amounts that the Covered Person Incurs at an out-of-network provider will apply to the out-of-network total individual and family Deductible.