

LifeX Research Corporation: HSA Plan

Summary of Coverage: What this Plan Covers & What it Costs

Policy Period: 1/1/2025 – 12/31/2025

Coverage for: Individual + Family | Plan Type: HSA



This is not a policy. You can get the policy at www.lifexresearch.com or by calling Benefit Health Plan, Inc. at 1-844-580-2474.

A Summary Plan Description has more detail about how to use the plan and what you and your employer must do. It also has more detail about your coverage and costs.

Important Questions	Answers	Why this Matters:
What is the premium ?	See page #7	The premium is the amount paid for health insurance. This is only an estimate based on information you've provided. After the insurer reviews your application, your actual premium may be higher, or your application may be denied.
What is the overall deductible ?	Individual \$2,500-\$5,000 Family \$5,000-\$10,000 for In-Network Individual \$5,000-\$10,000 Family \$10,000-\$20,000 for Out-of-Network	Please see plan coverage for applicable deductible level chosen.
Are there other deductibles for specific services?	No.	
Is there an out-of-pocket limit on my expenses?	\$8,300 person for In-Network \$16,600 family for In-Network \$16,600 person Out-of-Network \$33,200 family Out-of-Network	The out-of-pocket limit is the most you could pay during a policy period for member accumulated deductible and copays/your share of the cost of covered services. Maximum out of pocket for services beyond the plan visit limits = unlimited.
What is not included in the out-of-pocket limit ?	Premium, balance-billed charges, precertification penalties and other healthcare this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the insurer pays?	No.	The chart starting on page 2 describes any limits on what the insurer will pay for specific covered services.
Does this plan use a network of providers?	Yes. See your plan guideline for a list of participating doctors and hospitals based on your chosen network.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Plans use the term in-network , preferred , or participating for providers in their network.

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Do I need a referral to see a specialist ?	No. You don't need a referral to see a specialist	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed in the "Excluded Services & Other Covered Services" section.



- **Co-payments** are fixed dollar amounts (for example, \$25 (after deductible) for labs and \$100 (after deductible) for X-rays) 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.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% After Deductible	OON Deductible & Coinsurance	Suggested Collection at time of visit \$40
	Specialist visit	20% After Deductible	OON Deductible & Coinsurance	Suggested Collection at time of visit \$75
	Other practitioner office visit/Chiropractor	20% After Deductible	OON Deductible & Coinsurance	Suggested Collection at time of visit \$40 24 visits per plan year
	Preventive care/screening/immunization	\$0	OON Deductible & Coinsurance	
If you have a test	Diagnostic test - X-ray Diagnostic test - Lab	\$100 co-pay after deductible \$25 co-pay after deductible	OON Deductible & Coinsurance	
	Imaging (CT/PET scans, MRIs)	20% After Deductible	OON Deductible & Coinsurance	Precertification required

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Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you need drugs to treat your illness or condition	Generic drugs	\$10 co-pay after deductible (retail) \$10 co-pay after deductible (mail order)	OON Deductible & Coinsurance	Covers up to a 30-day supply (retail prescription); Mail order required for maintenance medication after initial 30 day-supply.
	Preferred brand drugs	\$90 co-pay after deductible (retail) \$90 co-pay after deductible (mail order)	OON Deductible & Coinsurance	Covers up to a 30-day supply (retail prescription); Mail order required for maintenance medication after initial 30 day-supply.
	Non-preferred brand drugs	\$110 co-pay after deductible (retail) \$110 co-pay after deductible (mail order)	OON Deductible & Coinsurance	Covers up to a 30-day supply (retail prescription); Mail order required for maintenance medication after initial 30 day-supply.
	Specialty drugs (e.g., chemotherapy)	Not Covered	Not Covered	Patient Assistance Available (PAP)
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% After Deductible	OON Deductible & Coinsurance	Precertification required.
	Physician/surgeon fees	20% After Deductible	OON Deductible & Coinsurance	
If you need immediate medical	Emergency room services	20% After Deductible	OON Deductible & Coinsurance	Suggested Collection at time of visit \$1000 For a true medical emergency, any provider may be used.
	Emergency medical transportation	20% After Deductible	OON Deductible & Coinsurance	Suggested Collection at time of visit \$1000
	Urgent care	20% After Deductible	OON Deductible & Coinsurance	Suggested Collection at time of visit \$90

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Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% After Deductible	OON Deductible & Coinsurance	
	Physician/surgeon fee	20% After Deductible	OON Deductible & Coinsurance	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% After Deductible	OON Deductible & Coinsurance	Suggested Collection at time of visit \$75
	Mental/Behavioral health inpatient services	20% After Deductible	OON Deductible & Coinsurance	
	Substance use disorder outpatient services	20% After Deductible	OON Deductible & Coinsurance	Suggested Collection at time of visit \$75
	Substance use inpatient detoxification	20% After Deductible	OON Deductible & Coinsurance	
	Substance use disorder inpatient treatment	20% After Deductible	OON Deductible & Coinsurance	
If you become pregnant	Prenatal and postnatal care	20% After Deductible	OON Deductible & Coinsurance	
	Delivery and all inpatient services Routine/Vaginal delivery	20% After Deductible	OON Deductible & Coinsurance	
	C-sectional delivery	20% After Deductible		

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Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you have a recovery or other special health need	Home health care	20% After Deductible	OON Deductible & Coinsurance	Precertification required 60 visits per plan year
	Rehabilitation services	20% After Deductible	OON Deductible & Coinsurance	Precertification required 30 visits per plan year
	Habilitation services	20% After Deductible	OON Deductible & Coinsurance	Precertification required 30 visits per plan year
	Skilled nursing care	20% After Deductible	OON Deductible & Coinsurance	Precertification required 30 visits per plan year
	Durable medical equipment	20% After Deductible	OON Deductible & Coinsurance	Precertification required Limited to 12-month rental or purchase price, whichever is less.
	Hospice service	20% After Deductible	OON Deductible & Coinsurance	Precertification required 30 visits per plan year
If your child needs dental or eye care	Eye exam	\$0	OON Deductible & Coinsurance	Preventative Vision Screening Only
	Glasses	Not Covered	Not Covered	
	Dental check-up	Not Covered	Not Covered	

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy for others.)

- Bariatric surgery
- Non-emergency care when traveling outside the U.S.
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy for other covered services and your costs for these services.)

- Chiropractic care

Your Rights to Continue Coverage:

You can keep this insurance as long as you pay your premium unless one or more of the following happens:

- you commit fraud
- the insurer stops offering services in the state
- you move outside the coverage area

Your Grievance and Appeals Rights:

- A grievance is a complaint you have about your plan. You have the right to file a written complaint to express your dissatisfaction or denial of coverage for claims under this health plan. Call 844-580-2474 or visit www.lifexresearch.com
- An **appeal** is a request for your health insurer or plan to review a decision or a grievance again. For more information on the appeals process, call your state office of health insurance customer assistance at: 844-580-2474 or visit www.lifexresearch.com

—————To see examples of how this plan might cover costs for a sample medical situation, see the next page.—————

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About these Coverage Examples:

These examples show how this plan might cover medical care in three situations. Use these examples to see, in general, how much insurance protection you might get from different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby

(normal delivery, in-network)

- Amount owed to providers: \$10,000
- Plan pays \$10,000
- You pay \$30* (co-pays)

Sample care costs:

First office visit	\$100
Radiology	\$300
Laboratory tests	\$200
Routine obstetric care	\$2,000
Hospital charges (mother)	\$4,100
Hospital charges (baby)	\$1,900
Anesthesia	\$1,000
Circumcision	\$200
Vaccines, other preventive	\$200
Total	\$10,000

You pay:

Deductibles	\$0
Co-pays*	\$30
Co-insurance	\$0
Limits or exclusions	\$0
Total	\$30

Responsible for all co-pays

Treating breast cancer

(lumpectomy, chemotherapy, radiation, in-network)

- Amount owed to providers: \$98,000
- Plan pays \$97,970
- You pay \$30* (co-pays)

Sample care costs:

Office visits & procedures	\$4,000
Radiology	\$4,000
Laboratory tests	\$2,400
Hospital charges	\$3,300
Inpatient medical care	\$200
Outpatient surgery	\$3,400
Chemotherapy	\$64,000
Radiation therapy	\$13,000
Prostheses (wig)	\$500
Pharmacy	\$2,000
Mental health	\$1,200
Total	\$98,000

You pay:

Deductibles	\$0
Co-pays	\$30
Co-insurance	\$0
Limits or exclusions	\$0
Total	\$30

Responsible for all co-pays

Managing diabetes

(routine maintenance of existing condition, In-network)

- Amount owed to providers: \$7,800
- Plan pays \$7,540
- You pay \$260* (co-pays)

Sample care costs:

Office visits & procedures	\$960
Laboratory tests	\$300
Medical equipment & supplies	\$40
Pharmacy	\$6,500
Total	\$7,800

You pay:

Deductibles	\$0
Co-pays	\$260
Co-insurance	\$0
Limits or exclusions	\$0
Total	\$260

Responsible for all co-pays

Insurance Company 1: HSA Plan

Coverage Examples

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About these Coverage Examples:

These examples show how this plan might cover medical care in three situations. Use these examples to see, in general, how much insurance protection you might get from different plans.



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See the next page for important information about these examples.

Having a baby

(normal delivery, out of network)

- Amount owed to providers: \$10,000
- Plan pays \$6,700
- You pay \$3,300

Sample care costs:

First office visit	\$100
Radiology	\$300
Laboratory tests	\$200
Routine obstetric care	\$2,000
Hospital charges (mother)	\$4,100
Hospital charges (baby)	\$1,900
Anesthesia	\$1,000
Circumcision	\$200
Vaccines, other preventive	\$200
Total	\$10,000

You pay:

Deductibles	\$300
Co-pays	\$0
Co-insurance	\$3,000
Limits or exclusions	\$0
Total	\$3,300

Treating breast cancer

(lumpectomy, chemotherapy, radiation, out of network)

- Amount owed to providers: \$98,000
- Plan pays \$94,700
- You pay \$3,300

Sample care costs:

Office visits & procedures	\$4,000
Radiology	\$4,000
Laboratory tests	\$2,400
Hospital charges	\$3,300
Inpatient medical care	\$200
Outpatient surgery	\$3,400
Chemotherapy	\$64,000
Radiation therapy	\$13,000
Prostheses (wig)	\$500
Pharmacy	\$2,000
Mental health	\$1,200
Total	\$98,000

You pay:

Deductibles	\$300
Co-pays	\$0
Co-insurance	\$3,000
Limits or exclusions	\$0
Total	\$3,300

Managing diabetes

(routine maintenance of existing condition, out of network)

- Amount owed to providers: \$7,800
- Plan pays \$4,500
- You pay \$3,300

Sample care costs:

Office visits & procedures	\$960
Laboratory tests	\$300
Medical equipment & supplies	\$40
Pharmacy	\$6,500
Total	\$7,800

You pay:

Deductibles	\$300
Co-pays	\$0
Co-insurance	\$3,000
Limits or exclusions	\$0
Total	\$3,300

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Questions and answers about Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied to the U.S. Department of Health and Human Services (HHS), and aren't specific to a particular geographic area or health plan.
- Patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same policy period.
- There are no other medical expenses for any member covered under this plan. Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for these conditions could be different, based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summaries of Coverage for other plans, you'll find the same coverage examples. When you compare plans, check the "You Pay" box for each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You also should consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.