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 [www.livetheorangelife.com](http://www.livetheorangelife.com) or by calling 1-800-555-4954.

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why this Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$1,500 individual/$4,500 family in-network; $3,500 individual/$10,500 family out-of-network</td>
<td>You must pay all costs up to the <strong>deductible</strong> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1&lt;sup&gt;st&lt;/sup&gt;). See the chart starting on page 2 for how much you pay for covered services before you meet the deductible.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>There are no other specific deductibles.</td>
<td>You don’t have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</td>
</tr>
<tr>
<td>Is there an out-of-pocket limit on my expenses?</td>
<td>Yes. $4,000 individual/$8,000 family in-network; $12,500 individual/$25,000 family out-of-network</td>
<td>The <strong>out-of-pocket limit</strong> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered service. This limit helps you plan for health care expenses.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, balance-billed charges, penalties for failure to obtain pre-authorization for services and health care this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don’t count toward the <strong>out-of-pocket limit</strong>.</td>
</tr>
<tr>
<td>Is there an overall annual limit on what the plan pays?</td>
<td>No.</td>
<td>The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.</td>
</tr>
<tr>
<td>Does this plan use a network of providers?</td>
<td>Yes. See <a href="http://www.livetheorangelife.com">www.livetheorangelife.com</a> (Health Care &gt; Medical and Prescription Drug) or call 1-877-434-2734 for a list of in-network providers.</td>
<td>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. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred or participating providers in their network. See the chart on page 2 for how this plan pays different kinds of providers.</td>
</tr>
<tr>
<td>Do I need a referral to see a specialist?</td>
<td>No.</td>
<td>You can see the specialist you choose without permission from this plan.</td>
</tr>
<tr>
<td>Are there services this plan doesn’t cover?</td>
<td>Yes.</td>
<td>Some of the services this plan doesn’t cover are listed on page 6. See your policy or plan document for additional information about excluded services.</td>
</tr>
</tbody>
</table>

Questions: Call 1-800-555-4954 or visit us at [www.livetheorangelife.com](http://www.livetheorangelife.com).
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The Home Depot Medical Plan

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

Coverage Period: 01/01/2017-12/31/2017
Coverage for: Associate only | Plan Type: PPO

- **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 in-network providers by charging you lower deductibles, co-payments and co-insurance amounts.

### Common Medical Event

<table>
<thead>
<tr>
<th>Services You May Need</th>
<th>Your cost if you use an</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network Provider</td>
<td>Out-of-network Provider</td>
</tr>
<tr>
<td>If you visit a health care provider’s office or clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visit to treat an injury or illness</td>
<td>No charge</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>30% co-insurance</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td>Other practitioner office visit</td>
<td>30% co-insurance for acupuncture and spinal manipulation</td>
<td>50% co-insurance after deductible for acupuncture and spinal manipulation</td>
</tr>
<tr>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
<td>50% co-insurance</td>
</tr>
<tr>
<td>If you have a test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic test (blood work)—performed at doctor’s office as part of office visit</td>
<td>Applicable primary care or specialist co-pay</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td>Diagnostic test (blood work)—performed in independent lab</td>
<td>No charge</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td>Diagnostic test (blood work)—performed in outpatient hospital</td>
<td>30% co-insurance</td>
<td>50% co-insurance after deductible</td>
</tr>
</tbody>
</table>

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# The Home Depot Medical Plan

**Coverage Period:** 01/01/2017-12/31/2017

**Coverage for:** Associate only | **Plan Type:** PPO

## Summary of Benefits and Coverage: What this Plan Covers & What it Costs

### Summary of Benefits and Coverage:

- **What this Plan Covers & What it Costs**

### Coverage for:

- **Associate only**

### Plan Type:

- **PPO**

### Questions:

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### Common Medical Event

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<tr>
<th>Services You May Need</th>
<th>Your cost if you use an</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic test (x-ray)—performed as part of physician office visit</td>
<td>Applicable primary care or specialist co-pay</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td>Diagnostic test (x-ray)—performed in free-standing facility</td>
<td>No charge</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td>Diagnostic test (x-ray)—performed in an outpatient hospital</td>
<td>30% co-insurance</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)—performed at doctor’s office as part of office visit</td>
<td>Applicable primary care or specialist co-pay</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)—free-standing facility</td>
<td>30% co-insurance</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)—outpatient hospital</td>
<td>40% co-insurance</td>
<td>50% co-insurance after deductible</td>
</tr>
</tbody>
</table>

### If you need drugs to treat your illness or condition

More information about prescription drug coverage is available at [www.livetheorangelife.com](http://www.livetheorangelife.com) (Health Care > Medical and Prescription Drug).

- **Generic drugs—30-day supply**
  - 20% co-insurance, $20 maximum
  - 50% co-insurance

- **Generic drugs—90-day supply**
  - 20% co-insurance, $20 maximum
  - Not covered

- **Preferred brand drugs—30-day supply**
  - 20% co-insurance, $100 maximum
  - 50% co-insurance

- **Preferred brand drugs—90-day supply**
  - 20% co-insurance, $100 maximum
  - Not covered

- **Non-preferred brand drugs—30-day supply**
  - 60% co-insurance, $300 maximum
  - 75% co-insurance

- **Non-preferred brand drugs—90-day supply**
  - 60% co-insurance, $300 maximum
  - Not covered

- **Specialty drugs—generic**
  - $7 co-pay
  - Not covered

- **Specialty drugs—non-generics**
  - $75 co-pay
  - Not covered

If you get a brand drug when a generic is available, you will pay the generic co-pay or co-insurance plus the difference between the discounted cost of the generic and the brand drug.

Specialty drugs—generic $7 co-pay Not covered

30-day supply through the Caremark Specialty Pharmacy only.

Specialty drugs—non-generics $75 co-pay Not covered

30-day supply through the Caremark Specialty Pharmacy only.
## The Home Depot Medical Plan

### Summary of Benefits and Coverage: What this Plan Covers & What it Costs

**Coverage Period:** 01/01/2017-12/31/2017

**Coverage for:** Associate only | Plan Type: PPO

<table>
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<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your cost if you use an</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In-network Provider</td>
<td>Out-of-network Provider</td>
</tr>
<tr>
<td><strong>If you have outpatient surgery</strong></td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>30% co-insurance after deductible</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees—performed in office setting</td>
<td>Applicable primary care or specialist co-pay</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees—performed in other setting</td>
<td>30% co-insurance after deductible</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td><strong>If you need immediate medical attention</strong></td>
<td>Emergency room services</td>
<td>$200 co-pay (if not admitted) and 30% co-insurance</td>
<td>Non-emergency use of emergency room is not covered.</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>30% co-insurance after deductible</td>
<td>Emergencies only.</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>30% co-insurance</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td><strong>If you have a hospital stay</strong></td>
<td>Facility fee (e.g., hospital room)</td>
<td>$0 co-pay per admission and 30% co-insurance after deductible</td>
<td>$600 co-pay per admission and 50% co-insurance after deductible</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fee</td>
<td>30% co-insurance after deductible</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td><strong>If you have mental health, behavioral health, or substance abuse needs</strong></td>
<td>Mental/Behavioral health outpatient services</td>
<td>No charge</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td></td>
<td>Mental/Behavioral health inpatient services</td>
<td>$0 co-pay per admission and 30% co-insurance after deductible</td>
<td>$600 co-pay per admission and 50% co-insurance after deductible</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder outpatient services</td>
<td>$ No charge</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder inpatient services</td>
<td>$0 co-pay per admission and 30% co-insurance after deductible</td>
<td>$600 co-pay per admission and 50% co-insurance after deductible</td>
</tr>
<tr>
<td><strong>If you are pregnant</strong></td>
<td>Prenatal and postnatal care</td>
<td>No charge</td>
<td>50% co-insurance</td>
</tr>
<tr>
<td></td>
<td>Delivery and all inpatient services</td>
<td>$0 co-pay per admission and 30% co-insurance after deductible</td>
<td>$600 co-pay per admission and 50% co-insurance after deductible</td>
</tr>
</tbody>
</table>

**Questions:** Call 1-800-555-4954 or visit us at [www.livetheorangelife.com](http://www.livetheorangelife.com).

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## The Home Depot Medical Plan

**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs

**Coverage Period:** 01/01/2017 - 12/31/2017

**Coverage for:** Associate only | **Plan Type:** PPO

### Common Medical Event

<table>
<thead>
<tr>
<th>Services You May Need</th>
<th>Your cost if you use an In-network Provider</th>
<th>Out-of-network Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you need help recovering or have other special health needs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home health care</td>
<td>30% co-insurance after deductible</td>
<td>50% co-insurance after deductible</td>
<td>Coverage is limited to 150 visits per calendar year, in and out of network combined. Precertification required.</td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td>30% co-insurance after deductible</td>
<td>50% co-insurance after deductible</td>
<td>Applies to physical, occupational and speech therapy.</td>
</tr>
<tr>
<td>Habilitation services</td>
<td>30% co-insurance after deductible</td>
<td>50% co-insurance after deductible</td>
<td>Applies to physical, occupational and speech therapy.</td>
</tr>
<tr>
<td>Skilled nursing care</td>
<td>$0 co-pay per admission and 30% co-insurance after deductible</td>
<td>$600 co-pay per admission and 50% co-insurance after deductible</td>
<td>Coverage is limited to 90 days per calendar year. Precertification required.</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>30% co-insurance after deductible</td>
<td>50% co-insurance after deductible</td>
<td></td>
</tr>
<tr>
<td>Hospice service—inpatient</td>
<td>$0 co-pay per admission and 30% co-insurance after deductible</td>
<td>$600 co-pay per admission and 50% co-insurance after deductible</td>
<td>Precertification required.</td>
</tr>
<tr>
<td>Hospice service—outpatient</td>
<td>30% co-insurance after deductible</td>
<td>50% co-insurance after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>If your child needs dental or eye care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye exam</td>
<td>Eye exam not covered</td>
<td>Eye exam not covered</td>
<td>none</td>
</tr>
<tr>
<td>Glasses</td>
<td>Glasses not covered</td>
<td>Glasses not covered</td>
<td>none</td>
</tr>
<tr>
<td>Dental check-up</td>
<td>Dental check-up not covered</td>
<td>Dental check-up not covered</td>
<td>none</td>
</tr>
</tbody>
</table>

### Questions:

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### Excluded Services & Other Covered Services:

<table>
<thead>
<tr>
<th>Services Your Plan Does NOT Cover</th>
<th></th>
<th>Services Your Plan Does NOT Cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cosmetic surgery,</td>
<td>• Long-term care,</td>
<td>• Routine eye care,</td>
</tr>
<tr>
<td>• Dental care,</td>
<td>• Non-emergency care when traveling outside the U.S.,</td>
<td>• Routine foot care, and</td>
</tr>
<tr>
<td>• Infertility treatment,</td>
<td>• Routine foot care, and</td>
<td>• Weight loss programs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Covered Services</th>
<th>Other Covered Services</th>
<th>Other Covered Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acupuncture, in lieu of anesthesia</td>
<td>• Chiropractic care, limited to 25 visits per year</td>
<td>• Private-duty nursing, limited to 70 visits per year</td>
</tr>
<tr>
<td>• Bariatric surgery, subject to pre-approval,</td>
<td>• Hearing aids, and</td>
<td></td>
</tr>
</tbody>
</table>
Your Rights to Continue Coverage:
If you lose coverage under the plan, then, depending upon 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 plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-555-4954. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

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: 1-877-434-2734. You may also contact the Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA(3272) or www.dol.gov/ebsa/healthreform.

Does this Coverage Provide Minimum Essential Coverage?
The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” This plan or policy does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?
The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-555-4954
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-555-4954
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-555-4954
Navajo (Dine): Dinekehgo shika a’ohwol ninisingo, kwiijigo holne' 1-800-555-4954

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The Home Depot Medical Plan

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

Coverage Period: 01/01/2017-12/31/2017
Coverage for: Associate only | Plan Type: PPO

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans. These coverage examples are based on the following assumptions:

- Associate-only coverage
- Use of in-network providers
- Use of in-network Prescription Drug providers

---

**Having a baby**
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays:** $4,570
- **Patient pays:** $2,970

**Sample care costs:**
- Hospital charges (mother) $2,700
- Routine obstetric care $2,100
- Hospital charges (baby) $900
- Anesthesia $900
- Laboratory tests $500
- Prescriptions $200
- Radiology $200
- Vaccines, other preventive $40

**Total** $7,540

**Patient pays:**
- Deductibles $1,500
- Co-pays $0
- Co-insurance $1,320
- Limits or exclusions $150

**Total** $2,970

---

**Managing type 2 diabetes**
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays:** $4,640
- **Patient pays:** $760

**Sample care costs:**
- Prescriptions $2,900
- Medical Equipment and Supplies $1,300
- Office Visits and Procedures $700
- Education $300
- Laboratory tests $100
- Vaccines, other preventive $100

**Total** $5,400

**Patient pays:**
- Deductibles $0
- Co-pays $0
- Co-insurance $680
- Limits or exclusions $80

**Total** $760

---

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 will also be different.

See the next page for important information about these examples.

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The Home Depot Medical Plan
Coverage Examples

Questions and answers about the 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 by the U.S. Department of Health and Human Services, and aren’t specific to a particular geographic area or health plan.
- The patient’s condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage 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 this condition 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 Summary of Benefits and Coverage for other plans, you’ll find the same Coverage Examples. When you compare plans, check the “Patient Pays” box in 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 should also 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.

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