

I do: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2025-12/31/2025

Quest Employee Assistance Program: WellSpan Health


Coverage for: All Employees (except temporary employees) & Eligible Dependents| Plan Type: EAP



This is only a Summary of Benefits and Coverage (SBC). If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <https://hr.wellspaneap.org>, or by calling (717) 851-5959. You can also contact the Quest Employee Assistance Program (EAP) at (800) 364-6352.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	See page 2 for your costs for services.
Are there services covered before you meet your deductible ?	No	You do not have to meet deductibles for specific services but see page 2 for your costs for services.
Are there other deductibles for specific services?	No	This plan pays covered services at 100%.
What is the out-of-pocket limit for this plan?	\$0	Not Applicable as there is no out-of-pocket limit on this plan.
What is not included in the out-of-pocket limit ?	\$0	Not Applicable as there is no out-of-pocket limit on this plan.
Will you pay less if you use a network provider ?	Yes. For a list of participating providers, go to www.questbh.com or call (800) 364-6352	If you use a participating doctor or other health care provider , this plan will pay some or all the costs of covered services. Plans use the term in-network, preferred , or participating for providers in their network . See page 2 for how this plan pays different kinds of providers .
Do you need a referral to see a specialist ?	No	Some of the services this plan does not cover are listed on page 2. See your policy or plan document for additional information about excluded services.

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 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 Your Costs	Out-of-Network Provider Your costs	
If you have mental health, behavioral health, or substance abuse needs	Mental Health and Substance Use Disorder Outpatient services	No Charge; Services covered at 100%	Not covered	The EAP covers up to 6 in-person and/or telehealth counseling visits, per covered person, each calendar year
	Mental Health and Substance Use Disorder Inpatient services	Not covered	Not covered	None

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.)		
Acupuncture Fitness for duty evaluations Private Duty Nursing Bariatric Surgery Hearing aids Psychiatrist visits Cosmetic surgery Infertility treatment Routine eye care (Adult & Child)	Court-ordered evaluations Long-term care Routine foot care Dental care (Adult & Child) Medication check visits Mental Health & Substance Use Disorder inpatient treatment, partial hospitalization programs, & intensive outpatient programs.	Department of Transportation evaluations (additional fee) Non-emergency care when traveling outside the U.S. Weight loss programs

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: www.dol.gov.ebsa. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318- 2596.

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

[* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://hr.wellspan.org>.] For assistance, contact: (717) 851-3332.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes.

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](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al [insert telephone number].]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [insert telephone number].]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码[insert telephone number].]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' [insert telephone number].]

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

[* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://hr.wellspan.org>.]