The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.
This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to mydillardsbenefits.com or by calling 1-877-674-3047. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at mydillardsbenefits.com or call Quantum Health at 1-877-674-3047 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Per calendar year - **Network** - $5,000 Individual/$10,000 Family; **Non-Network** - $7,000 Individual/$14,000 Family;	Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes, Preventive care and Covid-19 testing are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specified services.
What is the out-of-pocket limit for this plan?	Per calendar year - **Network** - $5,000 Individual/$10,000 Family; **Non-Network** - $13,000 Individual/$26,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, pre-authorization penalties, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See www.qualchoice.com or call 1-888-795-6810 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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 (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	40% coinsurance	None
	Specialist visit	0% coinsurance	40% coinsurance	
	Preventive care/screening/ immunization	No charge	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	40% coinsurance	None
	Imaging (CT/PET scans, MRIs)	0% coinsurance	40% coinsurance	Contact Quantum Health for Preauthorization
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.maxcarerx.com	Generic drugs	0% coinsurance	0% coinsurance (retail only)	30 day supply – Retail 90 day supply – Mail
	Preferred brand drugs	0% coinsurance	0% coinsurance (retail only)	
	Non-preferred brand drugs	0% coinsurance	0% coinsurance (retail only)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	40% coinsurance	Preauthorization is required. If you don't get preauthorization for Out-of-Network Providers, you will be charged a $250 penalty
	Physician/surgeon fees	0% coinsurance	40% coinsurance	
If you need immediate medical attention	Emergency room care	0% coinsurance	0% coinsurance for care within first 48 hours; 20% coinsurance for care after first 48 hours	In-network deductible applies to out-of-network benefits for care within 48 hours
	Emergency medical transportation	0% coinsurance	0% coinsurance	In-network deductible applies to out-of-network benefits
	Urgent care	0% coinsurance	20% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	40% coinsurance	Preauthorization is required. If you don't get preauthorization for Out-of-Network

[* For more information about limitations and exceptions, see the plan or policy document at mydillardsbenefits.com.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				Providers, you will be charged a $250 penalty
	Physician/surgeon fees	0% coinsurance	40% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% coinsurance	40% coinsurance (facility); 40% coinsurance for other service	Preauthorization is required for facility services. If you don't get preauthorization for Out-of-Network Providers, you will be charged a $250 penalty
	Inpatient services	0% coinsurance	40% coinsurance	Preauthorization is required. If you don't get preauthorization for Out-of-Network Providers, you will be charged a $250 penalty
If you are pregnant	Office visits	0% coinsurance	40% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	0% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	40% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	40% coinsurance	60 visit limit (per calendar year). Preauthorization is required. If you don't get preauthorization for Out-of-Network Providers, you will be charged a $250 penalty
	Rehabilitation services	0% coinsurance	40% coinsurance	
	Habilitation services	0% coinsurance	40% coinsurance	
	Skilled nursing care	0% coinsurance	40% coinsurance	25 visit limit (per calendar year). Preauthorization is required. If you don't get preauthorization for Out-of-Network Providers, you will be charged a $250 penalty
	Durable medical equipment	0% coinsurance	40% coinsurance	Contact Quantum for Preauthorization of DME in excess of $1,500 for rentals and purchases
	Hospice services	0% coinsurance	40% coinsurance	Preauthorization is required. If you don't get preauthorization for Out-of-Network

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				Providers, you will be charged a $250 penalty
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

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
- Bariatric Surgery
- Cosmetic Surgery
- Dental Care
- Infertility Treatment
- Long-Term Care
- Service or Supplies outside U.S. if travel is for purpose of receiving medical services, supplies or drugs
- Routine Eye Care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic Care, limited to 16 visits per calendar year
- Hearing Aids, limited to $1,000 every 36 months
- Private Duty Nursing
- Some Routine Foot Care

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: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA(3272) or www.dol.gov/ebsa/healthreform. 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 to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Quantum Health at 1-877-674-3047 or Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA(3272) or www.dol.gov/ebsa/healthreform.

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.

[* For more information about limitations and exceptions, see the plan or policy document at mydillardsbenefits.com.]

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.

Health Savings Account:

Plan Option D is considered a High Deductible Health Plan which means that participants in Option D may be eligible to establish and contribute to a Health Savings Account ("HSA"). Participants in an HSA may make tax-free contributions to the HSA (up to $3,600 for individuals and $7,200 for families per calendar year) and the earnings in the HSA can grow tax-free. Additionally, distributions from the HSA to pay for Qualified Medical Expenses will be tax-free. If you establish and contribute to an HSA, Dillard's, Inc. will match your HSA contribution dollar for dollar up to a maximum of $1,800 per year subject to a maximum weekly contribution limit established by Dillard's, Inc.

Language Access Services:
[Spanish (Español): Para obtener asistencia en Español, llame al 1-877-674-3047.]

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

[* For more information about limitations and exceptions, see the plan or policy document at mydillardsbenefits.com.]

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$5000
Specialist cost sharing	0%
Hospital (facility) cost sharing	0%
Other cost sharing	0%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$5,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$5,060**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$5000
Specialist cost sharing	0%
Hospital (facility) cost sharing	0%
Other cost sharing	0%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$5,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Joe would pay is	**$5,000**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$5000
Specialist cost sharing	0%
Hospital (facility) cost sharing	0%
Other cost sharing	0%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$2,800
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,800**

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact Quantum Health at 1-877-674-3047.

The **plan** would be responsible for the other costs of these EXAMPLE covered services.