Best Buy Employee Assistance Plan

Coverage Period: 01/01/24-12/31/24

Summary of Benefits and Coverage: What this Plan Covers & What it Costs**Coverage for:** Employee + Dependents | **Plan Type:** EAP

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.mybbyrewards.com or by calling 1-800-692-2947.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$0**	See the chart starting on page 2 for your costs for services this plan covers. You do not pay for these services.
Are there other deductibles for specific services?	**No**	You do not have to meet deductibles for specific services.
Is there an out–of–pocket limit on my expenses?	**No**	You do not have to pay any costs for services this plan covers.
What is not included in the out–of–pocket limit?	This plan has no out-of-pocket limit	Not applicable because there is not out-of-pocket limit on expenses.
Is there an overall annual limit on what the plan pays?	No	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. To contact a participating counselor, call 1-800-807-1530 or www.guidanceresources.com.	This plan only provides services if you use an in-network or participating provider. Be aware, your in-network doctor or hospital may refer you to an out-of-network provider for which there is no coverage. If you use an in-network doctor, this plan will pay for all of these costs of covered services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	Not applicable	The EAP does not cover specialists. If the EAP provider determines that you need treatment from a specialist, the EAP provider will refer you to your group health plan or treatment resources in your community, but this plan will not cover any specialist services.
Are there services this plan doesn't cover?	Yes	The EAP only provides limited and insignificant medical services. Some of the services this plan does not cover are listed on page 4. See your plan document for information about excluded services.

Questions: Call 1-800-692-2947 or visit us at connect.bestbuy.com
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-800-692-2947 to request a copy.

OMB Control Numbers

Released on January 1, 2019

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** 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 **coinsurance** 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 **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not covered	Not covered	None
	Specialist visit	Not covered	Not covered	None
	Other practitioner office visit	Not covered	Not covered	None
	Preventive care/screening/immunization	Not covered	Not covered	None
If you have a test	Diagnostic test (x-ray, blood work)	Not covered	Not covered	None
	Imaging (CT/PET scans, MRIs)	Not covered	Not covered	None
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.mybbyrewards.com.	Generic drugs	Not covered	Not covered	None
	Preferred brand drugs	Not covered	Not covered	None
	Non-preferred brand drugs	Not covered	Not covered	None
	Specialty drugs	Not covered	Not covered	None
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not covered	Not covered	None
	Physician/surgeon fees	Not covered	Not covered	None

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need immediate medical attention	Emergency room services	Not covered	Not covered	None
	Emergency medical transportation	Not covered	Not covered	None
	Urgent care	Not covered	Not covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	Not covered	Not covered	None
	Physician/surgeon fee	Not covered	Not covered	None
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$0	Not covered	Coverage is limited to 8 face-to-face, confidential counseling sessions per problem per year
	Mental/Behavioral health inpatient services	Not covered	Not covered	None
	Substance use disorder outpatient services	$0	Not covered	Coverage is limited to 8 face-to-face, confidential counseling sessions per problem per year
	Substance use disorder inpatient services	Not covered	Not covered	None
If you are pregnant	Prenatal and postnatal care	Not covered	Not covered	None
	Delivery and all inpatient services	Not covered	Not covered	None
If you need help recovering or have other special health needs	Home health care	Not covered	Not covered	None
	Rehabilitation services	Not covered	Not covered	None
	Habilitation services	Not covered	Not covered	None
	Skilled nursing care	Not covered	Not covered	None
	Durable medical equipment	Not covered	Not covered	None
	Hospice service	Not covered	Not covered	None
If your child needs dental or eye care	Eye exam	Not covered	Not covered	None
	Glasses	Not covered	Not covered	None
	Dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Cosmetic surgery
- Dental care (adult)
- Emergency care when traveling outside of US
- Habilitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside of US
- Private-duty nursing
- Prescription drugs
- Routine eye care (adult)
- Routine foot care
- Weight loss programs

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

- None

Your Rights to Continue Coverage:

If you lose coverage under the plan, 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 continued coverage may also apply.

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: Best Buy at Best Buy Co., Inc., Attn: HR Support Center, 7601 Penn Avenue South, Richfield, MN 55423 or by calling 1-866-692-2947, or the Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 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 not 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 not meet the minimum value standard for the benefits it provides.**

[Insert heading and applicable tagline(s):

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-866-692-2947.]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-692-2947.]

[Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-866-692-2947.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-866-692-2947.]

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

Coverage Examples: Best Buy has intentionally deleted the coverage examples regarding having a baby and managing Type 2 diabetes since there is no coverage for these conditions under the EAP.