



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.vehi.org.

Important Questions	Answers	Why this Matters:
What is the overall HRA deductible?	\$0	See page 1 of the SBC for your BCBSVT/VEHI primary coverage for the overall deductible amount. The HRA will reimburse you for expenses applied to your annual BCBSVT/VEHI deductible and coinsurance payments up to the HRA annual maximum.
Are there other deductibles for specific services?	No. There are no other specific deductibles.	
Is there an <u>out-of-pocket limit</u> on my expenses?	No.	There is no limit on out-of-pocket expenses under the HRA portion of your coverage. See page 1 of the BCBSVT/VEHI SBC for the plan out-of-pocket limit.
What is not included in the <u>out-of-pocket limit</u> ?		See page 1 of the BCBSVT/VEHI SBC for expenses not included in the calculation of the plan out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No, there is no annual limit on what the BCBSVT/VEHI health plan pays.	Your employer provided Health Reimbursement Arrangement (HRA) pays up to \$2,200 single / \$4,400 family per year to help cover your eligible Medical and Pharmacy expenses.
Is there an overall annual limit on what the HRA pays?	Yes, see HRA amounts in next column.	
Does this plan use a <u>network of providers</u> ?	Yes.	The HRA plan providers are the same as the BCBSVT/VEHI providers when determining payment for the same services. See page 1 of the BCBSVT/VEHI SBC for more information.
Do I need a referral to see a <u>specialist</u> ?	See page 1 of SBC	See page 1 of your BCBSVT/VEHI SBC.
Are there services this plan doesn't cover?	See page 1 of SBC	See page 1 of your BCBSVT/VEHI SBC.

Questions: Call 1-800-247-2583 or visit us at www.vehi.org.

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.bcbsvt.com/glossary or call 1-800-247-2583 to request a copy.