

VEHI:[Platinum Plan, Gold Plan, Gold CDHP, Silver CDHP]

Summary of Benefits and Coverage: HRA, member pays first

Coverage Period: Begins 1/1/18

Coverage for: VEHI | Plan Type: EPO



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 or by calling 1-800-247-2583.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>? What is the overall HRA deductible?	See page 1 of SBC \$250.00	You must pay all of the costs up to the Health Reimbursement Arrangement (HRA) deductible amount of \$250.00 single/\$250.00 family before the HRA begins to pay for covered services you use.
Are there other <u>deductibles</u> for specific services?	No. There are no other specific deductibles.	
Is there an <u>out-of-pocket limit</u> on my expenses?	See page 1 of SBC	
What is not included in the <u>out-of-pocket limit</u>?	See page 1 of SBC	
Is there an overall annual limit on what the plan pays? Is there an overall annual limit on what the HRA pays?	No, there is no annual limit on what the health plan pays. Yes, see HRA amounts in next column.	Your employer also provides a Health Reimbursement Arrangement (HRA). The HRA pays up to \$2,250.00 single / \$4,750.00 family per year to help cover your eligible [Medical. All 213d] expenses. [The HRA covers 100% of prescription costs].
Does this plan use a <u>network</u> of providers?	See page 1 of SBC	
Do I need a referral to see a <u>specialist</u>?	See page 1 of SBC	
Are there services this plan doesn't cover?	See page 1 of 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.