

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>?	See page 1 of SBC	You must pay all of the costs up to the Health Reimbursement Arrangement (HRA) deductible amount of \$400.00 single/\$450.00 two-person & parent/child(ren)/\$5000.00 family before the HRA begins to pay for covered services you use.
What is the overall HRA deductible?	\$400/450/500	
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?	No, there is no annual limit on what the health plan pays.	Your employer also provides a Health Reimbursement Arrangement (HRA). The HRA pays up to \$2,100.00 single / \$4,550.00 two-person & parent/child(ren)/ \$4,500.00 family per year to help cover your eligible [Medical. All 213d] expenses. [The HRA covers 100% of prescription costs].
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</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.