

SBC Wrap Document for HRA

HRA pays first dollar

Please use this document as an addendum to the Summary of Benefits and Coverage (SBC) to explain how the Health Reimbursement Arrangement (HRA) works with your health plan.

- The following template should be attached to the SBC before the SBC is given to the employee to select coverage
- Please customize information in [brackets] and remove brackets from document
- This cover page should be removed before being provided to the employee

Please note this version is used when a member will not have a deductible to meet prior to Health Reimbursement Arrangement (HRA) dollars being used. In other words, the **HRA pays first**.

VEHI: Platinum Plan, Gold Plan, Gold CDHP, Silver CDHP HRA

Summary of Benefits and Coverage: HRA pays first dollar

Coverage Period: Begins 1/1/2022
Coverage for: VEHI | Plan Type: HRA



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 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, Pharmacy, all 213d 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.