

## SBC Wrap Document for HRA

### Member pays first (before HRA)

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. This template should be attached to the SBC before the SBC is given to the employee to select coverage.

Please customize information in [brackets].

Please note this version is used when a member will have a deductible to meet prior to Health Reimbursement Arrangement (HRA) dollars being used. In other words, the member pays first.

This cover page should be removed before being provided to the employee.

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

Coverage Period: Begins 1/1/19

Summary of Benefits and Coverage: HRA, member pays first

Coverage for: Admin/Non-Contracted/AFSCME | 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](http://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 / \$ 800.00 two Person or Parent/Child(ren) / \$1200.00 family before the HRA begins to pay for covered services you use.
What is the overall HRA deductible?	<b>\$400.00 single, \$800.00 Two Person or Parent Child(ren) \$1200.00 Family</b>	
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	SBC is located on the BSUvt.org website under the Health Tab in the 2018 Open Enrollment .
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 \$2100.00 single / \$4200.00 two Person or Parent/Child(ren) / \$3800.00 family per year to help cover your eligible Medical, 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</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](http://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](http://www.bcbsvt.com/glossary) or call 1-800-247-2583 to request a copy.

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