Benefits Overview - HRA

Plan: Health Reimbursement Arrangement (HRA) - BlueChip

Roger Williams University has implemented a health provision that works in conjunction with Blue Cross & Blue Shield of Rhode Island. This provision is a u is  $=k^{\circ}$ 

Your primary insurance plan with BCBSRI includes an in & out of network deductible of \$6,000 for individual plans and \$12,000 for family plans. Your =k<sup>\*</sup> a majority of your deductible expenses after you pay a small first portion of the deductible amount. Below describes the services applied toward your deductible, the amounts you owe, the amounts your HRA pays, and the amount BCBSRI pays after your deductible is satisfied.

Facility Services	\$750 Ind/\$1,500 Fam of Deductible	\$5,250 Ind/\$10,500 Fam of Deductible	100% After Deductible
In Patient Hospital & Physician Services	\$750 Ind/\$1,500 Fam of Deductible	\$5,250 Ind/\$10,500 Fam of Deductible	100% After Deductible
Maternity-Pre & Post Natal Care	\$750 Ind/\$1,500 Fam of Deductible	\$5,250 Ind/\$10,500 Fam of Deductible	100% After Deductible
Inpatient Mental Health & Substance Abuse	\$750 Ind/\$1,500 Fam of Deductible	\$5,250 Ind/\$10,500 Fam of Deductible	100% After Deductible
Facility Services	\$750 Ind/\$1,500 Fam of Deductible	\$5,250 Ind/\$10,500 Fam of Deductible	100% After Deductible
Physician/Surgeon Services	\$750 Ind/\$1,500 Fam of Deductible	\$5,250 Ind/\$10,500 Fam of Deductible	100% After Deductible
Skilled Nursing, Home Health Care, Including Hospice Care	\$750 Ind/\$1,500 Fam of Deductible	\$5,250 Ind/\$10,500 Fam of Deductible	100% After Deductible
Infertility Services & Infertility Oral & Injectable Drugs	\$750 Ind/\$1,500 Fam of Deductible	\$5,250 Ind/\$10,500 Fam of Deductible	100% After Deductible
Short-term Rehabilitation Therapy (Physical, Occupational, & Speech)	\$750 Ind/\$1,500 Fam of Ded + 20% a BDC q0.0	03(ap)7(y )-11( )o6f6S.0 1 315.41 242.3 Tm0 g0	G <b>(</b> /\$1,)-2(500)27(F)6(am o

\* For out-of-network services, members will have to pay the first \$200 of the out-of-network deductible and then 20% coinsurance for the remaining medical -of-network and coinsurance benefit.

\*\* For questions regarding your health plan and HRA please call BCBSRI at 401-459-5000.

This benefit description is not a contract or a complete listing of benefits. For more detailed information, please refer to your subscriber agreement and summary of benefit coverage on your secure member home page on BCBSRI.com or call BCBSRI Customer Service.