

Coverage Period: 07/01/2023 - 06/30/2024 Coverage for: Individual | Plan Type: HRA

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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non- Participating Provider	Limitations & Exceptions
If you need immediate medical attention				
If you have a hospital stay				

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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non- Participating Provider	Limitations & Exceptions

If you need help recovering or have other special health needs

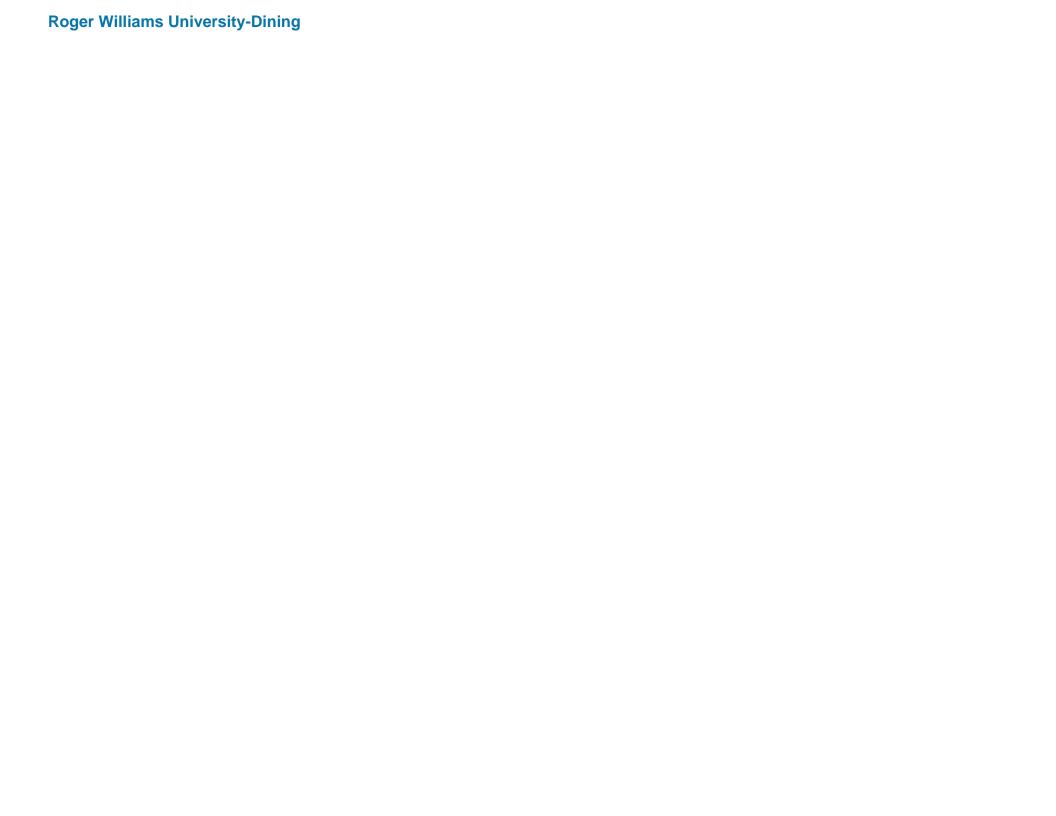
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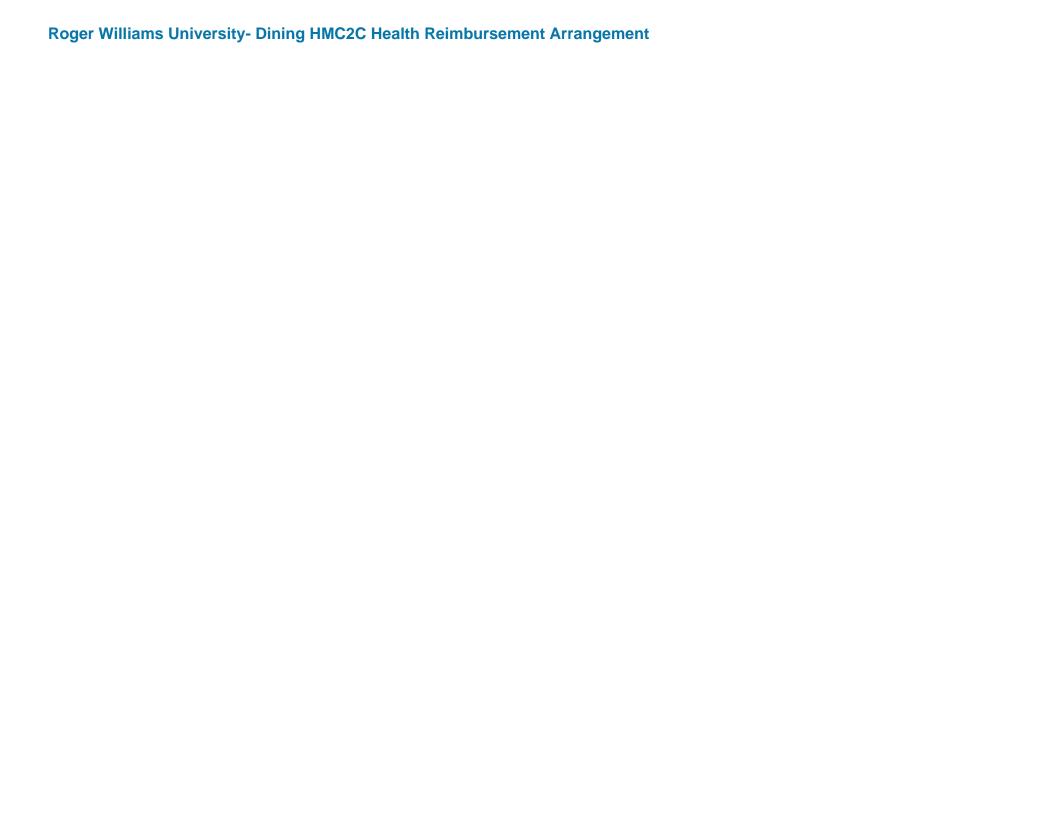
Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non- Participating Provider	Limitations & Exceptions

## **Excluded Services & Other Covered Services:**

<b>Other Covered Services</b> (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)





## **Questions and answers about the Coverage Examples:**

What are some of the assumptions behind the Coverage Examples?

What does a Coverage Example show?

<u>deductibles</u>

<u>premiums</u>

coinsurance

Does the Coverage Example predict my own care needs?

No.

copayments

providers

providers