Roger Williams University- Facilities & Shuttle Drivers HMC2C Health Reimbursement Arrangement Coverage Period: 07/01/23 08/31/23 Coverage for: Individual | Plan Type: HRA

Summary of Benefits and Coverage: What this Plan Covers & What it Costs



This is only a summary.

| Important Questions | Answers | Why this Matters: |
|--|---------------|--|
| What is the overall deductible? | \$500 / \$750 | <u>deductible</u> <u>deductible</u> |
| | | <u>deductible</u> |
| Are there other deductibles for specific services? | | deductibles |

Is there an out-ofpocket limit on my expenses?

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<u>insurance</u>

deductible

allowed amount

allowed amount

provider

allowed amount allowed amount

balance billing

<u>deductibles</u> <u>copayments</u> providers coinsurance

| 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 visit a health care <u>provider's</u> office or clinic

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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 drugs to treat your illness or condition | | | | |
| prescription drug coverage | | | | |

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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