

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

Summary of Benefits and Coverage: HRA pays first dollar

Coverage Period: Begins **1/1/2020**
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 \$2,375.00 single / \$4,750.00 family per year to help cover your eligible Medical & Prescription 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.