

# VEHI:Gold CDHP-Union Support Staff

## Summary of Benefits and Coverage: HRA

Coverage Period: Begins 1/1/18

Coverage for: VEHI | 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 the SBC	
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	
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 \$2,500 single / \$5,000 family per year to help cover your eligible Medical and 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 of providers</u> ?	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.