

BETEAS Benefits Query now.

Plan: Health Reimbursement Arrangement (HRA)

... Administrator: London Health Administrators

HRA Benefits Effective: 09/01/2023 6/30/2024 (plan year ded)	You Pay	HRA Pays For You	BOBSRI Pays
In-Network Annual Deductible per Individual (Ind)	First \$750	Remaining \$5,250	100% After Deductible
In-Network Annual Deductible per Family (Fam)	First \$1,500	Remaining \$10,500	100% After Deductible
In-Network Coinsurance	0%	0%	0%
In-Network Inpatient Services			
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
In-Network Outpatient Services			
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% after Ded.	\$5,250 Ind/\$10,500 Fam of Deductible	80%After Deductible
Durable Medical Equipment	\$750 Ind/\$1,500 Fam of Ded + 20% after Ded.	\$5,250 Ind/\$10,500 Fam of Deductible	80%After Deductible
In-Network Outpatient Preventive and Diagnostic Services			
Primary Care Office Visits	\$25 Copay	\$0	100% after \$25 Copay
Preventative Office Visits, Routine GYN, Well Baby Visits	100%Coverage	\$0	100%Coverage
Preventive Diagnostic X-Rays, Lab Tests, & Imaging	100%Coverage	\$0	100%Coverage
Adult & Pediatric Preventive Care & Immunizations	100%Coverage	\$0	100%Coverage
High-end			

<sup>\*</sup> 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 expense. Your employer's HRA will pay the additional amounts applied toward your out-of-network and coinsurance benefit.