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

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

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

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

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

Your	<b>Rights</b>	to	Continue	Coverage:
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** Individual health insurance sample –	** Group health coverage sample –	
premium		
promisin		premium

Roger Williams University- PSSA BlueChip Health Reimbursement Arrangement Coverage Period: 07/01/2023 – 06/30/2024

Coverage Examples

Coverage for: Individual + Spouse | Plan Type: PPO