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

### This is only a summary.

Important Questions	Answers		Why this Matters:
What is the overall <u>deductible</u> ?	\$500 / \$1,000		deductible deductible
			deductible
Are there other <u>deductibles</u> for specific services?			deductibles
Is there an <u>out-of-</u> <u>pocket limit</u> on my expenses?			

# Roger Williams University- Faculty, Adjunct Faculty, Non-Aligned and School of Law BlueChip Health Reimbursement Arrangement Summary of Benefits and Coverage: What this Plan Covers & What it Costs

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
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Roger Williams University- Faculty, Adjunct Faculty, Non-Aligned and School of Law BlueChip Health Reimbursement Arrangement Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2023 – 06/30/2024 Coverage for: Individual

## Roger Williams University- Faculty, Adjunct Faculty, Non-Aligned and School of Law BlueChip Health Reimbursement Arrangement

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

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
If you need help recovering or have other special health needs				
			-	
If your child needs dental or eye care				

Questions:

### Roger Williams University- Faculty, Adjunct Faculty, Non-Aligned and School of Law BlueChip Health Reimbursement Arrangement

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

#### 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

### **Excluded Services & Other Covered Services:**

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

Other Covered Services (This isn't a complete list. Check your policy or plan document

Having a baby

Questions: