Roger Williams University-Faculty BlueChip Health Reimbursement Arrangement	ent
Summary of Benefits and Coverage: What this Plan Covers & What it Costs	

Coverage Period: 07/01/2018 - 06/30/2019 Coverage for: Individual | Plan Type: HRA

the plan's allowed amount

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Questions: Call 1-800-639-2227 or (401) 459-5000 or TDD 1-888-252-5051 or visit us at www.BCBSRI.com.

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Questions:

Roger Williams University-Faculty BlueChip Health Reimbursement Arrangement

Services You May Need

Physician/surgeon fee

Provider

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Your Cost If Your Cost If You Use a You Use a **Limitations & Exceptions** Non-**Participating Participating** Provider Not Applicable The HRA will pay for or reimburse Not Applicable you for certain, qualified medical expenses up to the available account balance in your HRA.

If you have mental health, behavioral

Common

Medical Event

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

Skilled nursing care

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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	Home health care	Not Applicable	Not Applicable	The HRA will pay for or reimburse you for certain, qualified medical expenses up to the available account balance in your HRA.
	Rehabilitation services	Not Applicable	Not Applicable	The HRA will pay for or reimburse youafde aectaimtqualified medical expenses up to the available account balance in your HRA.
	Habilitation services	Not Applicable	Not Applicable	The HRA will pay for or reimburse you for certain, qualified medical expenses up to the available account balance in your HRA.
other special health needs				

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Acupuncture (if prescribed for rehabilitation purposes)

Chiropractic care
Hearing aids

Bariatric surgery

Your Rights to Continue Coverage:

** Individual health insurance sample -

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your premium. There are exceptions, however, such as if:

You commit fraud

The insurer stops offering services in the State

You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at [contact number]. You may also contact your state insurance department at [insert applicable State Department of Insurance contact information].

** Group health coverage sample -

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be

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The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does not meet the minimum value standard

Roger Williams University-Faculty BlueChip Health Reimbursement Arrangement Coverage Period: 07/01/2018 – 06/30/2019 Coverage Examples