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.BCBSRI.com or by calling 1-800-639-2227 or (401) 459-5000.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$500 person / \$1,000 family towards in-network deductible.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	Y ou don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-</u> <u>pocket limit</u> on my expenses?	No.	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
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Roger Williams University-Faculty HMC2C

Coverage Period: 07/01/2018 – 06/30/2019 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
lf you have a test	Diagnostic test (x-ray, blood work)	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.
	Imaging (CT/PET scans, MRIs)	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.
	Generic drugs	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.
If you need drugs to treat your illness or condition More information about <u>prescription</u> <u>drug coverage</u> is available at <u>www.</u> [insert].	Preferred brand drugs	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.
	Non-preferred brand drugs	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.
	Specialty drugs	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.

Coverage Period: 07/01/2018 – 06/30/2019 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
	Delivery and all inpatient services			

Questions: Call 1-800-639-2227 or (401) 459-5000 or TDD 1-888-252-5051 or visit us at www.BCBSRI.com. If you aren't clear about any of the bolded terms

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 for the benefits it pW.^o²)ide

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

Costs don't include <u>premiums</u>. Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan. The patient's condition was not an excluded or preexisting condition. All services and treatments started and ended in the same coverage