

049 FNA N E Finch - CALENDAR YEAR BENEFITS
Effective 01/01/2019
HRA Plan

	IN NETWORK	
	Single	Family
Medical Deductible	\$3,000 (After first \$1,000, HRA Pays 100% of next \$2,000)	\$6,000 (After first \$2,000, HRA pays 100% of next \$4,000)
Coinsurance	\$3,250 (After first \$1,500, HRA pays 100% of next \$1,750)	\$6,500 (After first \$3,000, HRA pays 100% of next \$3,500)
Insured Total OOP	\$ 2,500	\$ 5,000
Maximum HRA Benefit	\$3,750	\$7,500

Generally, HRA reimbursements will be paid to the provider.

Benefits will be administered using the plan language in the Employer's Health Plan. Copays, Out-of-Network Deductible and Out-of-Network Coinsurance are not Eligible Medical Expenses under the HRA Plan.

Timely filing limit is 12 months. All plan provisions, exclusions, and limitations will apply. Eligibility and claim status is available online at www.groupplansolutions.com.

For claim questions, call 888-301-0747.