

HRA: What this Plan Covers

Frequently Asked Questions and Summary of Benefits and Coverage (SBC)

Integrated Statistics, Inc. HRA Plan Design

Plan Year:

April 1 through March 31

Medical Insurance Carrier:

Harvard Pilgrim Healthcare (HPHC)

Medical Plan Name:

Best Buy HMO

Best Buy PPO

Deductible:

\$2,000/\$4,000

Participant Responsibility:

Single Coverage Level: \$1,500

2-Person/Family Coverage Level: \$3,500

HRA Plan Contribution:

Single Coverage Level: \$500

2-Person/Family Coverage Level: \$500

HRA Allowable Expenses:

Medical Deductible

Who Pays First?

Participant

Reimbursements Paid To:

Participant

Other Details:

EE pays first: \$500/\$1,000

HRA pays second: \$500/\$500

EE pays last: \$1,000/\$2,500

How am I reimbursed for eligible expenses?

Once the incurred medical expense has been processed by your medical insurance carrier, it will be sent to Voya via a weekly file feed established between us and your medical insurance carrier. Due to the automated process, HRA reimbursements cannot be submitted manually.

When can I expect reimbursement?

Once your eligible expense has been received through the automatic file feed, and you are eligible for reimbursements through the HRA, the reimbursements are normally issued within 7-10 days.

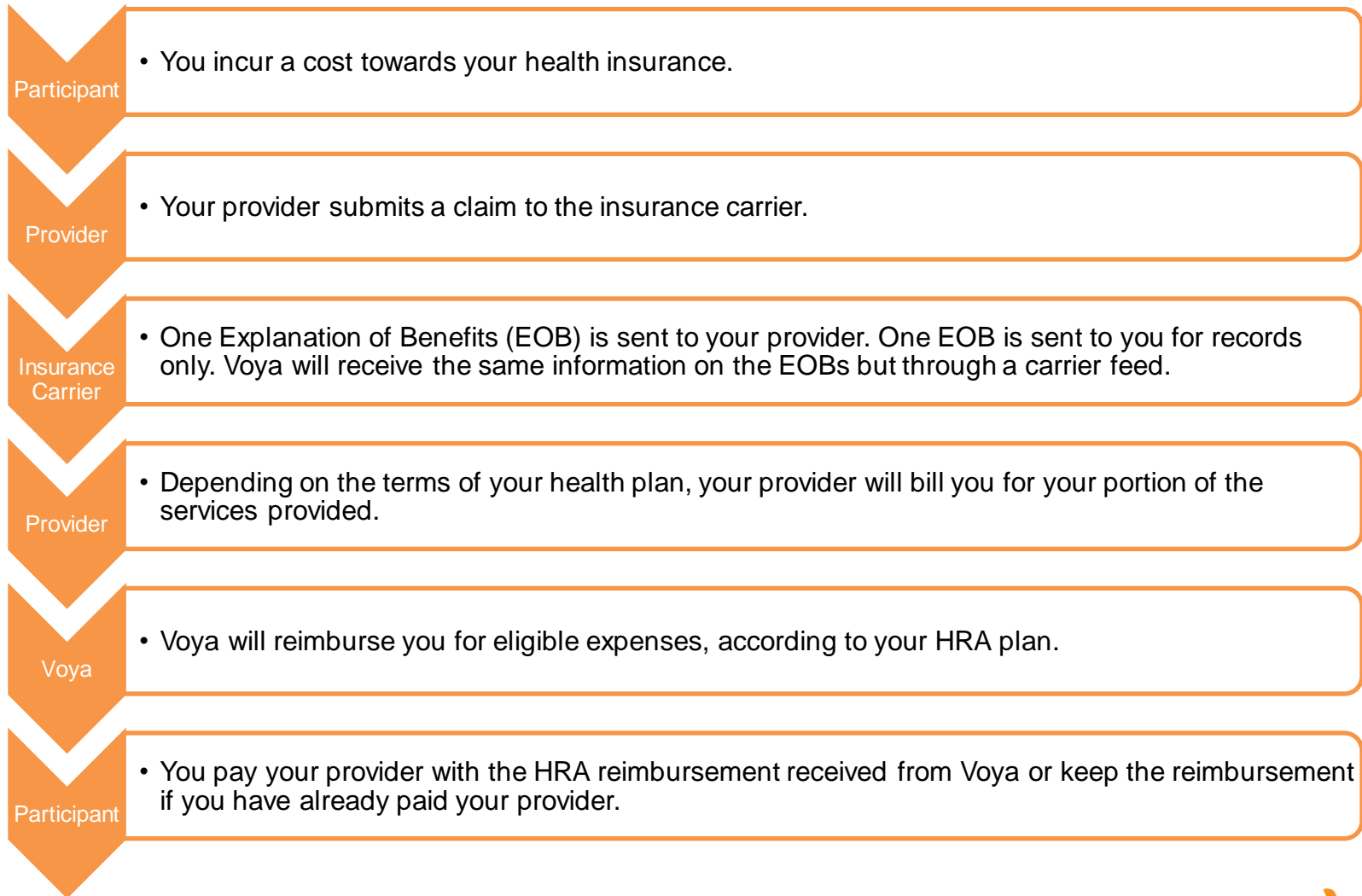
What happens if the medical carrier adjusts an expense after an HRA payment has been made?

On occasion, insurance carriers may adjust previously processed expenses. The carrier will communicate the adjustment to you, the provider, and Voya.

- If the carrier's adjustment results in you being underpaid, we will process an additional payment.
- If the carrier's adjustment results in you being overpaid, we will send you a Repayment Request so that you can repay the HRA for the overpayment.
- If you paid the provider directly for the initial expense, the carrier's adjustment may result in a credit to your patient account. Please contact your provider for a refund.




Claim File Feed Process





The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-888-401-3539. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <http://cciio.cms.gov> or www.dol.gov/ebsa/healthreform or call 1-888-401-3539 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$500 / individual or \$1,000 / family	See the Common Medical Events chart below for your costs of services this HRA plan covers. This HRA plan is integrated with the Integrated Statistics, Inc. Health Plan, which has an overall annual deductible (see SBC for the Integrated Statistics, Inc. Health Plan).
Are there services covered before you meet your deductible ?	Yes. The plan generally provides coverage for any substantiated out-of-pocket medical expenses, such as deductibles , coinsurance , and copayments for healthcare services and prescription drugs, up to the available account balance, without requiring you to pay a deductible .	This HRA plan covers some items and services even if you haven't yet met the deductible amount under the Integrated Statistics, Inc. Health Plan.
Are there other deductibles for specific services?	No.	You do have to meet deductibles for specific services. This HRA plan is integrated with the Integrated Statistics, Inc. Health Plan, which has deductibles on covered expenses.
What is the out-of-pocket limit for this plan ?	Not applicable.	This HRA plan does not have an out-of-pocket limit on your expenses. This HRA plan is integrated with the Integrated Statistics, Inc. Health Plan, which has an out-of-pocket limit on covered expenses.
What is not included in the out-of-pocket limit ?	Not applicable.	This HRA plan does not have an out-of-pocket limit on your expenses. This HRA plan is integrated with the Integrated Statistics, Inc. Health Plan, which has an out-of-pocket limit on covered expenses.
Will you pay less if you use a network provider ?	Not applicable.	This HRA plan does not use a provider network . You can receive covered services from any provider .
Do you need a referral to see a specialist ?	No.	Under this HRA plan you can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Specialist visit	No charge up to available account balance.	No charge up to available account balance.	
	Preventive care/screening/Immunization	No charge up to available account balance.	No charge up to available account balance.	
If you have a test	Diagnostic test (x-ray, blood work)	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Imaging (CT/PET scans, MRIs)	No charge up to available account balance.	No charge up to available account balance.	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://www.harvardpilgrim.org	Generic drugs	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Preferred brand drugs	No charge up to available account balance.	No charge up to available account balance.	
	Non-preferred brand drugs	No charge up to available account balance.	No charge up to available account balance.	
	Specialty drugs	No charge up to available account balance.	No charge up to available account balance.	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Physician/surgeon fees	No charge up to available account balance.	No charge up to available account balance.	
If you need immediate medical attention	Emergency room care	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Emergency medical transportation	No charge up to available account balance.	No charge up to available account balance.	
	Urgent care	No charge up to available account balance.	No charge up to available account balance.	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Physician/surgeon fees	No charge up to available account balance.	No charge up to available account balance.	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Inpatient services	No charge up to available account balance.	No charge up to available account balance.	
If you are pregnant	Office visits	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Childbirth/delivery professional services	No charge up to available account balance.	No charge up to available account balance.	
	Childbirth/delivery facility services	No charge up to available account balance.	No charge up to available account balance.	
If you need help recovering or have other special health needs	Home health care	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Rehabilitation services	No charge up to available account balance.	No charge up to available account balance.	
	Habilitation services	No charge up to available account balance.	No charge up to available account balance.	
	Skilled nursing care	No charge up to available account balance.	No charge up to available account balance.	
	Durable medical equipment	No charge up to available account balance.	No charge up to available account balance.	
	Hospice services	No charge up to available account balance.	No charge up to available account balance.	
If your child needs dental or eye care	Children's eye exam	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Children's glasses	No charge up to available account balance.	No charge up to available account balance.	
	Children's dental check-up	No charge up to available account balance.	No charge up to available account balance.	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
• Cosmetic surgery	• Long-term care	• Weight loss programs (if merely to improve general health)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Acupuncture (if for medical care)	• Hearing aids	• Private-duty nursing
• Bariatric surgery	• Infertility treatment	• Routine eye care (Adult)
• Chiropractic care	• Non-emergency care when traveling outside the U.S. (if for qualifying medical care)	• Routine foot care
• Dental care (Adult)		• Weight-loss programs (if recommended by a physician to treat a specific medical condition)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: www.dol.gov/ebsa, www.cciio.cms.gov, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact Voya Benefits Company, LLC at 1-888-401-3539.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-888-401-3539.]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-401-3539.]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-401-3539.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-888-401-3539.]

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$2,000
- [Specialist copayment](#) \$20
- Hospital (facility) \$0
- Other \$0

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles *	\$1,500
Copayments	\$70
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$1,570

Managing Joe's Type 2

Diabetes (a year of routine in-network care of a well- controlled condition)

- The [plan's](#) overall [deductible](#) \$2,000
- [Specialist copayment](#) \$20
- Hospital (facility) \$0
- Other \$0

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles *	\$100
Copayments	\$1,200
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$1,300

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$2,000
- [Specialist copayment](#) \$20
- Hospital (facility) \$0
- Other \$0

This EXAMPLE event includes services like:


[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles *	\$1,500
Copayments	\$50
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,550

Note: This [plan](#) has other [deductibles](#) for specific services included in this coverage example. See "Are there other [deductibles](#) for specific services?" row above.



Health Reimbursement Arrangements offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). Administration services provided in part by WEX Health, Inc.

This highlights some of the benefits of a Health Reimbursement Arrangement. If there is a discrepancy between this material and the plan documents, the plan documents will govern. Subject to any applicable agreements, Voya and WEX Health, Inc. reserve the right to amend or modify the services at any time.

The amount saved in taxes will vary depending on the amount set aside in the account, annual earnings, whether or not Social Security taxes are paid, the number of exemptions and deductions claimed, tax bracket and state and local tax regulations. Check with a tax advisor for information on whether your participation will affect tax savings. None of the information provided should be considered tax or legal advice.

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