East Central College
Health Reimbursement Arrangement (HRA)
Summary Plan Information - Effective January 1, 2015

**Lumenos Plan:** Network medical deductible amounts including prescriptions and certain copayment amounts are eligible for HRA reimbursement.

**Single Coverage:** The Network Medical Deductible is $5,000. The Employee is responsible for first $2,600. The Health Reimbursement Arrangement will reimburse 100% of eligible deductible expenses, up to a maximum of $2,400 per Calendar Year.

Note: After the Medical Deductible is met, the Employee is responsible for the next $1,000 in copayment expenses. The HRA will then reimburse the remaining copayment amounts up to a maximum of $450 per Calendar Year.

**Family Coverage:** The Network Medical Deductible is $10,000. The Employee is responsible for first $5,200 ($2,600 per family member). The Health Reimbursement Arrangement will reimburse 100% of eligible deductible expenses, up to a maximum of $4,800 for family ($2,400 per individual), per Calendar Year. The maximum HRA reimbursement for an individual member in family coverage is $2,400.

Note: After the Medical Deductible is met, the Family is responsible for the next $2,000 in copayment expenses ($1,000 per family member). The HRA will then reimburse the remaining copayment amounts up to a maximum of $900 for the family ($450 per individual) per Calendar Year.

**PPO Plan:** Only Network medical deductible amounts are eligible for HRA reimbursement.

**Single Coverage:** The Network Medical Deductible is $2,500. The Employee is responsible for first $1,000. Then the Health Reimbursement Arrangement will reimburse 100% of eligible deductible expenses, up to a maximum of $1,500 per Calendar Year.

**Family Coverage:** The Network Medical Deductible is $5,000. The Employee is responsible for first $2,000 ($1,000 per family member). Then the Health Reimbursement Arrangement will reimburse 100% of eligible deductible expenses, up to a maximum of $3,000 ($1,500 per family member) per Calendar Year. The maximum HRA reimbursement for an individual member in family coverage is $1,500.

**Maximum HRA Contribution per Calendar Year:**

<table>
<thead>
<tr>
<th>Lumenos Plan Deductibles</th>
<th>Lumenos Plan Copayments</th>
<th>PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Coverage: $2,400</td>
<td>Single Coverage $450</td>
<td>Single Coverage: $1,500</td>
</tr>
<tr>
<td>Family Coverage: $4,800</td>
<td>Family Coverage: $900</td>
<td>Family Coverage: $3,000</td>
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</tbody>
</table>

**Example of Deductible Reimbursement: (PPO Plan):** The Network Provider submits a claim for eligible deductible expense totaling $2,500. The employee is responsible for $1,000 and the HRA reimburses the provider $1,500.

**Plan Year Carryover Provision:** Any unused Health Reimbursement Arrangement dollars will be forfeited. Unused Health Reimbursement Arrangement dollars cannot be carried forward to the next Plan Year.

**Employer Allocations to the Plan:** All Plan funds will be available each calendar year for services incurred any time during the Plan Year for reimbursement of qualified expenses.

**Claims for HRA Reimbursement:** During the course of the Coverage Period, Anthem automatically forwards HRA eligible claims for reimbursement of expenses incurred.

**Green Strategy EOB’s (Explanation of Benefits):** Each remittance to the provider (or member) includes service and charge amounts. Monthly, aggregate EOB’s are mailed to members or at any time members can view online.

**If you are asked to make a Payment:** The Provider can contact HRA Customer Service to verify the HRA Fund availability.

**Questions?** Contact Customer Service at 1-800-365-9036 or online at www.RCTPA.com

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