**East Central College**

Health Reimbursement Arrangement (HRA)

Summary Plan Information – Effective January 1, 2019

**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 the 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 the 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 the 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:**

Lumenos Plan Deductibles: Lumenos Plan Copayments: PPO Plan:

Single Coverage: $2,400 Single Coverage: $450 Single Coverage: $1,500

Family Coverage: $4,800 Family Coverage: $900 Family Coverage: $3,000

**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.

**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](http://www.RCTPA.com)

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