



**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 receive instructions on how to access a plan document at [www.benstrat.com](http://www.benstrat.com) or by calling Benefit Strategies, LLC at 1-888-401-3539. This summary describes the coverage provided by the HRA; which is intended to supplement your other major medical coverage. This summary only describes the coverage offered under the HRA and does not reflect any coverage that may be offered in connection with the HRA. See the summary for your major medical coverage for more information regarding your major medical coverage.

Important Questions	Answers	Why this Matters:
<p><b>What is the overall <u>deductible</u>?</b></p>	<p><b>\$250/\$750</b></p>	<p>If the amount at the left is zero, then the HRA does not have a deductible or an amount you must meet first before the plan will reimburse for eligible expenses.</p> <p>If the amount at the left is not zero, then you are responsible to meet the deductible amount and pay all of the costs up to the deductible amount before this HRA will begin to pay for covered services you use.</p> <p>The HRA may be used to offset all or a portion of your expenses (Medical Deductible) under another major medical plan offered in connection with the HRA. See the Summary for your major medical coverage for more details regarding your major medical coverage.</p>
<p><b>Are there other <u>deductibles</u> for specific services?</b></p>	<p><b>\$0</b></p>	<p>You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this HRA covers.</p> <p>The HRA may be used to offset all or a portion of your expenses (Medical Deductible) under another major medical plan offered in connection with the HRA. See the Summary for your major medical coverage for more details regarding your major medical coverage.</p>
<p><b>Is there an <u>out-of-pocket limit</u> on my expenses?</b></p>	<p><b>\$</b> This HRA has no out of pocket limit.</p>	<p>There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.</p> <p>However, the HRA is intended to supplement the coverage under your major medical plan, which may have a limit on out pocket expenses that you pay. See the Summary for your major medical coverage for more details regarding your major medical coverage.</p>


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<p><b>Is there an overall annual limit on what the plan pays?</b></p>	<p>Yes, \$750/\$2250</p>	<p>This HRA will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit.</p> <p>However, the HRA is intended to supplement the coverage under your major medical plan. See the Summary for your major medical coverage for more details regarding your major medical coverage.</p>
<p><b>Does this plan use a <u>network of providers</u>?</b></p>	<p>No</p>	<p>This HRA treats providers the same in determining payment for the same services.</p> <p>However, the HRA is intended to supplement the coverage under your major medical plan, which may limit use of providers. If eligible expenses under this HRA are limited to expenses covered by the major medical plan, your choice of providers may impact the reimbursement under this HRA. See your HRA plan document for more details. Also, see the Summary for your major medical coverage for more details regarding your major medical coverage.</p>
<p><b>Do I need a referral to see a <u>specialist</u>?</b></p>	<p>No</p>	<p>However, the HRA is intended to supplement the coverage under your major medical plan, which may impose requirements on the use of providers/specialists. If eligible expenses under this HRA are limited to expenses covered by the major medical plan, your choice of providers/specialists may impact the reimbursement under this HRA. Also, see the Summary for your major medical coverage for more details regarding your major medical coverage.</p>
<p><b>Are there services this plan doesn't cover?</b></p>	<p>Yes</p>	<p>Some of the services this HRA doesn't cover are listed on page 3. See your summary plan description for additional information.</p>

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Covered Services under this HRA	Your cost for Covered Services under the HRA	Limitations & Exceptions
<p>This HRA generally covers expenses that (i) qualify as “medical care” by the Internal Revenue Code and (ii) satisfy any additional requirements imposed by the HRA plan document. See the HRA plan document for additional details regarding Covered Services under this HRA.</p>	<p>\$0 (subject to applicable deductible and annual limit requirements of this HRA)</p> <p>However, the HRA is intended to supplement the coverage under your major medical plan which may require cost sharing. See your HRA plan document for more details. Also, see the Summary for your major medical coverage for more details regarding your major medical coverage.</p>	<p>The HRA is intended to supplement the coverage under your major medical plan which may impose limitations and exceptions on cost sharing. See your HRA plan document for more details. Also, see the Summary for your major medical coverage for more details regarding your major medical coverage.</p>

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## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending on the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue may also apply.

For more information on your rights to continue coverage, contact the plan at 1-888-401-3539. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

- Benefit Strategies, LLC at 1-888-401-3539 or [www.benstrat.com](http://www.benstrat.com)
- Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)
- Additionally, a consumer assistance program can help you file your appeal in your state. Please see <http://dol.gov/ebsa/capupdatelist.doc> to find out who to contact in your state.

## Language Access Services:

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

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

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## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



### This is not a cost estimator.

Don't use this example to estimate your actual costs under this HRA. The actual care you receive will be different from this example, and the cost of that care will also be different. Moreover, the maximum amount available to you for reimbursement may be more or less depending on the terms of the HRA.

See the next page for important information about this example.

## Having a baby

(normal delivery)

- Amount owed to providers: \$7,540
- HRA pays \$750/\$2250
- Patient pays\* \$250/\$750

\*Does not take into consideration any amounts payable by your major medical coverage. See the Summary for your major medical coverage for more details.

### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

<b>Maximum HRA annual reimbursement</b>	<b>\$750/\$2250</b>
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### Patient pays:

Deductibles	\$250/\$750
Copays (if applicable)	\$
Coinsurance (if applicable)	\$
<b>Total</b>	<b>\$1000/\$3000</b>

**Any additional amounts may be payable by your major medical coverage.**

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## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- 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 period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The HRA only reimburses amounts incurred toward the deductible.
- The timing and availability of funds is dictated by your summary plan description.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples in this HRA Summary to compare plans?

- ✘ **No.** HRAs are designed to supplement other health insurance. Thus the coverage examples in this HRA summary can only help you understand how your costs under other plans may be impacted.

### Are there other costs I should consider when comparing plans?

- ✘ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductible, and coinsurance. You should also consider contributions to accounts such as health savings accounts (**HSA's**), flexible spending accounts (**FSA's**) or other health reimbursements accounts (**HRA's**) that help you pay out-of-pocket expenses.

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## HRA Claims Process and Frequently Asked Questions for Contoocook Valley, NH School District 2017 HRA

### Who is eligible for this benefit?

Employees enrolled in:	Anthem Blue Cross Blue Shield NH - ABSOS
With deductibles of:	
Individual	\$1000
Family	\$3000
Your HRA plan year runs from:	July 1 through June 30
The final filing date for receipt of eligible claims is 90 days from the plan year end.	

### What is considered eligible for reimbursement?

The HRA will reimburse for eligible Medical Deductible expenses.

### Plan Rules:

After the participant has met their responsibility, the HRA Plan will reimburse for eligible expenses until the plan year maximum.

### Claim Examples:

The following are examples of how claims will process for you (depending on your level of coverage):

Individual	Any medical deductible expenses that John incurs will first be applied to his responsibility of \$250 before the HRA Plan will start reimbursements up to the plan year maximum.
Family	Any medical deductible expenses that John and his covered spouse/dependent(s) incur will first be applied to their responsibility of \$750 per member before the HRA Plan will start reimbursements up to the plan year maximum.

### How am I reimbursed for eligible expenses?

Manual Claims Submission: You must submit for reimbursement by using a health reimbursement arrangement request form via mail or fax. You will need to attach your Explanation of Benefits (EOB) from your Medical Carrier that outlines your responsibility.

**HRA reimbursements are made to the Participant directly.**

### What happens if my claims are adjusted?

Occasionally, your paid claims may be adjusted by either the insurance carrier and/or the provider. You should receive an updated Explanation of Benefits or Claims Summary if this occurs. Benefit Strategies will issue a repayment request to you, the employee, in the event this happens.

- 1) You should receive a reimbursement from the provider directly, provided the claim/bill in question has already been paid.
- 2) In some cases, you may need to contact your provider to arrange for a reimbursement to be released to you.
- 3) Due to privacy laws and sensitive information, Benefit Strategies asks that you assist with obtaining the repayment from your provider so your HRA may be properly adjusted and credited in our offices.

### When can I expect reimbursement?

Benefit Strategies will typically expedite payment in as little as 7–10 days. Alert emails are sent notifying you of claim activity on your account.

### How do I view my HRA and plan details online?

- 1) Log in at [www.benstrat.com](http://www.benstrat.com), click on the “Employees/Participants” tab on the right, click on the HRA option, and then select “Participant Login” in the yellow box on the right side of the page.
- 2) **First time users:** Under “New user?” click the link below to create your new username and password.

### What can I expect from Benefit Strategies?

- Claims will be paid in a timely manner.
- Benefit Strategies representatives will be able to provide information regarding your HRA. We can explain how the plan works and how the design is coordinated with your medical insurance plan. However, for any questions regarding your medical insurance plan and what constitutes covered expenses, we would kindly refer you to your HR department and/or your Medical Insurance Carrier for an explanation of your medical plans.
- Our Service Representatives are available Monday through Thursday from the hours of 8:00 am to 6:00pm, and on Friday from 8:00 am to 5:00 pm EST

**✂ cut for your wallet & give a copy to your provider! ✂**



**Employees of: Contoocook Valley, NH School District**

**Enrolled in: 2017 HRA**  
**Your HRA pays: Medical Deductible**  
**Major Medical Plan Deductibles:**  
**Single: \$1000 / Family: \$3000**  
**HRA Pays: Second**  
**Single: \$750 / Family: \$2250**  
**Employee Responsibility:**  
**Single: \$250 / Family: \$750 per member**

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