



Benefit Plans

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2022-2023 HRA – BCBSMA HMO BLUE SELECT - D

BENEFIT PLAN SUMMARY

| | |
|---|-------------------------------|
| Plan Start Date 07/01/2022 | Plan End Date 06/30/2023 |
| Plan ID 1000257602 | Election Schedule Annually |
| Employee Minimum Contribution | Employee Maximum Contribution |
| Plan Description An employer-funded, pre-tax account for qualifying out-of-pocket Healthcare expenses. | Election Proration None |

DEDUCTIBLE

| | |
|---------------------|-------------------|
| Plan Deductible | Yes |
| Apply Deductible To | Each Person Group |
| Each Person | \$250.00 |
| Single | \$250.00 |
| Single +1 | \$500.00 |
| Single +2 | \$500.00 |
| Family | \$500.00 |

COVERAGE TIER

Apply payout to **Both Person and Group**

Payout tiers

Each Person

| | |
|-------------------|------------|
| Total accumulated | \$1,250.00 |
| Tier payout | \$1,250.00 |

Percentage payout

100%

Maximum Payout

Each Person

\$1,250.00

Single

\$1,250.00

Single +1

\$1,250.00

Single +2

\$2,500.00

Family

\$2,500.00

CLASSES ELIGIBLE

Class

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