

Benefit Plans

Plan Summary

Enrollment Information

Coverage Period

Funding Method

Verify Posting (PVR)

Posting Summary

Post Manually

Fund From Cash Account

Remove Employees

2022-2023 HRA – BCBSMA PPO (IN-N) – D

BENEFIT PLAN SUMMARY

 $\begin{array}{c} \text{Plan Start Date} & \text{Plan End Date} \\ 07/01/2022 & 06/30/2023 \end{array}$

Plan ID Election Schedule 1000257604 Annually

Employee Minimum Contribution Employee Maximum Contribution

An employer-funded, pre-tax ac count for qualifying out-of-pock

et Healthcare expenses.

Election Proration None

DEDUCTIBLE

Apply Deductible To	Each Person Group
Each Person Single Single +1 Single +2 Family	\$500.00 \$500.00 \$1,000.00 \$1,000.00 \$1,000.00

COVERAGE TIER

Apply payout to Both Person and Group

Payout tiers

Each Person

Total accumulated	\$1,000.00
Tier payout	\$1,000.00
Percentage payout	100%

Maximum Payout

Each Person	\$1,000.00
Single	\$1,000.00
Single +1	\$1,000.00
Single +2	\$2,000.00
Family	\$2,000.00

CLASSES ELIGIBLE

Class

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