

Benefit Plans

Plan Summary

Enrollment Information

Coverage Period

Funding Method

<u>Verify Posting</u> (<u>PVR)</u>

Posting Summary

Post Manually

Fund From Cash Account

Remove Employees

2022-2023 HRA – BCBSMA PPO (OON) - 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 1000257606 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

Plan Deductible Yes

Apply Deductible To	Each Person
	Group
F	φ ₁ 000 00
Each Person	\$1,000.00
Single	\$1,000.00
Single +1	\$2,000.00
Single +2	\$2,000.00
Family	\$2,000.00

COVERAGE TIER

Apply payout to Both Person and Group

Payout tiers

Each Person

Total accumulated \$2,000.00

Tier payout \$2,000.00

Percentage payout 100%

Maximum Payout

Each Person	\$2,000.00
Single	\$2,000.00
Single +1	\$4,000.00
Single +2	\$4,000.00
Family	\$4,000.00

CLASSES ELIGIBLE

Class

Back

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