

Benefit Plans

Plan Summary

Enrollment Information

Coverage Period

Funding Method

Verify Posting (PVR)

Posting Summary

Post Manually

Remove Employees

2021-2022 HRA - BCBSMA PPO (IN-N) - D

BENEFIT PLAN SUMMARY

 $\begin{array}{c} \text{Plan Start Date} \\ 07/01/2021 \end{array} \qquad \begin{array}{c} \text{Plan End Date} \\ 06/30/2022 \end{array}$

Plan ID Election Schedule 1000183377 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

 Each Person
 \$500.00

 Single
 \$500.00

 Single +1
 \$1,000.00

 Single +2
 \$1,000.00

 Family
 \$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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