

Health Reimbursement Account (HRA)

Administered by Envision Healthcare

Fox River Water Reclamation District self-funds a portion of your In-Network Deductibles. Under this plan design, the first \$250.00 (\$750.00 Family) dollars of annual expenses will be the employee's responsibility. All claims above that will be reimbursed at the percentage specified until the plan deductible is met. Once the deductible is met, the health plan will pay all in-network expenses at 80% and all out of network expenses at 60%.

Effective 6/1/2023



Deductible/Split Coverage Summary of Benefits

	Insurance Guidelines (In-Network)	Insurance Guidelines (Out of Network)	HRA Guidelines In-Network
Individual Deductible The amount you would pay each calendar year before payments begin for covered services	\$3,500.00	\$7,000.00	HRA Allotment Employee pays 1st \$250 Employer pays remainder \$3,250 Deductible at 90%
Employee + 1 Deductible The amount an employee +1 would pay each calendar year before payments begin for covered services	\$7,000.00	\$14,000.00	HRA Allotment Employee pays 1st \$500 Employer pays remainder \$6,500 Deductible at 90%
Family Deductible The amount you would pay each calendar year before payments begin for covered services	\$10,500.00	\$21,000.00	HRA Allotment Employee pays 1st \$750 Employer pays remainder \$9,750 Deductible at 90%
Employee Out of Pocket Total amount your family would pay each calendar year before payments begin for covered services	\$1,250.00	\$2,500.00	Covered by HRA
Family Out of Pocket Total amount your family would pay each calendar year before payments begin for covered services	\$3,750.00	\$7,500.00	Covered by HRA
Coinsurance Percentage paid by Insurance Carrier after the appropriate deductible is met	80%	60%	Plan pays 50% of co-insurance up to \$675 (x3) & 100% of remaining co-insurance
Physician Office Visit Includes consultation in addition to all lab, x-ray, mammogram, pap smears, maternity and PSA services if performed in the physicians office	\$20/\$40	Applied to Deductible	Not Covered by HRA
Well Care Covers annual adult/child physical and OB/GYN exam including routine diagnostic tests	Paid by insurance @100%, no co-pay	Applied to Deductible	Not Covered by HRA
Inpatient/Outpatient Hospital Services Room allowance based on the hospital's most common semi-private room rate. Includes pre-admission testing and all ancillary services	Applied to Deductible	Applied to Deductible	Per your above HRA allotment
Prescriptions Rx Co-pay	Applied to Deductible	Applied to Deductible	Not Covered by HRA

This provides only a general summary of the benefit plan. Consult your Certificate of Coverage for specific guidelines and limitations.