Roger Williams University has implemented a health provision that works in conjunction with Blue Cross & Blue Shield of Rhode Island. This provision is a “plan” within your medical insurance plan that pays a portion of your in & out of network deductible medical claim. The plan is called a “deductible health reimbursement arrangement” (HRA).

Your primary insurance plan with BCBSRI includes an in & out of network deductible of $6,000 for individual plans and $12,000 for family plans. Your employer’s HRA is put in place to pay a majority of your deductible expenses after you pay a small first portion of the deductible amount. Below describes the services applied toward your deductible, the amounts you owe, the amounts your HRA pays, and the amount BCBSRI pays after your deductible is satisfied.

<table>
<thead>
<tr>
<th>HRA Benefits Effective: 07/01/2017 (Plan Year Deductible)</th>
<th>You Pay</th>
<th>HRA Pays For You</th>
<th>BCBSRI Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>n-Network Annual Deductible per Individual (Ind)</td>
<td>First $250</td>
<td>Remaining $5,750</td>
<td>100% After Deductible</td>
</tr>
<tr>
<td>n-Network Annual Deductible per Family (Fam)</td>
<td>First $500</td>
<td>Remaining $11,500</td>
<td>100% After Deductible</td>
</tr>
<tr>
<td>n-Network Coinsurance</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>n-Network Inpatient Services</td>
<td>Facility Services</td>
<td>$250 Ind/$500 Fam of Deductible</td>
<td>$5,750 Ind/$11,500 Fam of Deductible</td>
</tr>
<tr>
<td>n-Patient Hospital &amp; Physician Services</td>
<td>$250 Ind/$500 Fam of Deductible</td>
<td>$5,750 Ind/$11,500 Fam of Deductible</td>
<td>100% After Deductible</td>
</tr>
<tr>
<td>Maternity-Pre &amp; Post Natal Care</td>
<td>$250 Ind/$500 Fam of Deductible</td>
<td>$5,750 Ind/$11,500 Fam of Deductible</td>
<td>100% After Deductible</td>
</tr>
<tr>
<td>Inpatient Mental Health &amp; Substance Abuse</td>
<td>$250 Ind/$500 Fam of Deductible</td>
<td>$5,750 Ind/$11,500 Fam of Deductible</td>
<td>100% After Deductible</td>
</tr>
<tr>
<td>n-Network Outpatient Services</td>
<td>Facility Services</td>
<td>$250 Ind/$500 Fam of Deductible</td>
<td>$5,750 Ind/$11,500 Fam of Deductible</td>
</tr>
<tr>
<td>Physician/Surgeon Services</td>
<td>$250 Ind/$500 Fam of Deductible</td>
<td>$5,750 Ind/$11,500 Fam of Deductible</td>
<td>100% After Deductible</td>
</tr>
<tr>
<td>Skilled Nursing, Home Health Care, Including Hospice Care</td>
<td>$250 Ind/$500 Fam of Deductible</td>
<td>$5,750 Ind/$11,500 Fam of Deductible</td>
<td>100% After Deductible</td>
</tr>
<tr>
<td>Infertility Services &amp; Infertility Oral &amp; Injectable Drugs</td>
<td>$250 Ind/$500 Fam of Deductible</td>
<td>$5,750 Ind/$11,500 Fam of Deductible</td>
<td>100% After Deductible</td>
</tr>
<tr>
<td>Short-term Rehabilitation Therapy (Physical, Occupational, &amp; Speech)</td>
<td>$250 Ind/$500 Fam of Ded + 20% after Ded.</td>
<td>$5,750 Ind/$11,500 Fam of Deductible</td>
<td>80% After Deductible</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>$250 Ind/$500 Fam of Ded + 20% after Ded.</td>
<td>$5,750 Ind/$11,500 Fam of Deductible</td>
<td>80% After Deductible</td>
</tr>
<tr>
<td>Out-of-Network Services</td>
<td>Annual Deductible per Individual</td>
<td>First $200</td>
<td>Remaining Deductible Amounts</td>
</tr>
<tr>
<td>Annual Deductible per Family</td>
<td>First $400</td>
<td>Remaining Deductible Amounts</td>
<td>80% After Deductible</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20%</td>
<td>Remaining Coinsurance Amounts</td>
<td>80%</td>
</tr>
<tr>
<td>Out-of-pocket maximum per Individual</td>
<td>$1,200</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Out-of-pocket maximum per Family</td>
<td>$2,400</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**IMPORTANT:**

* For out-of-network services, members will have to pay the first $200 of the out-of-network deductible and then 20% coinsurance for the remaining medical expense. Your employer’s HRA will pay the additional amounts applied toward your out-of-network and coinsurance benefit.

** For questions regarding your health plan and HRA please call BCBSRI at 401-459-5000.

This benefit description is not a contract or a complete listing of benefits. For more detailed information, please refer to your subscriber agreement and summary of benefit coverage on your secure member home page on BCBSRI.com or call BCBSRI Customer Service.
Employer: Roger Williams University – Faculty Union
Administrator: London Health Administrators

HRA Benefits Overview
Plan: Health Reimbursement Arrangement (HRA) - BlueChip

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>You Pay</th>
<th>HRA Pays For You</th>
<th>BCBSRI Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Annual Deductible per Individual (Ind)</strong></td>
<td>First $250</td>
<td>Remaining $5,750</td>
<td>100% After Deductible</td>
</tr>
<tr>
<td><strong>In-Network Annual Deductible per Family (Fam)</strong></td>
<td>First $500</td>
<td>Remaining $11,500</td>
<td>100% After Deductible</td>
</tr>
<tr>
<td><strong>In-Network Coinsurance</strong></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**In-Network Inpatient Services**
- Facility Services: $250 Ind/$500 Fam of Deductible
  - HRA Pays For You: $5,750 Ind/$11,500 Fam of Deductible
  - BCBSRI Pays: 100% After Deductible
- In Patient Hospital & Physician Services: $250 Ind/$500 Fam of Deductible
  - HRA Pays For You: $5,750 Ind/$11,500 Fam of Deductible
  - BCBSRI Pays: 100% After Deductible
- Maternity-Pre & Post Natal Care: $250 Ind/$500 Fam of Deductible
  - HRA Pays For You: $5,750 Ind/$11,500 Fam of Deductible
  - BCBSRI Pays: 100% After Deductible
- Inpatient Mental Health & Substance Abuse: $250 Ind/$500 Fam of Deductible
  - HRA Pays For You: $5,750 Ind/$11,500 Fam of Deductible
  - BCBSRI Pays: 100% After Deductible

**In-Network Outpatient Services**
- Facility Services: $250 Ind/$500 Fam of Deductible
  - HRA Pays For You: $5,750 Ind/$11,500 Fam of Deductible
  - BCBSRI Pays: 100% After Deductible
- Physician/Surgeon Services: $250 Ind/$500 Fam of Deductible
  - HRA Pays For You: $5,750 Ind/$11,500 Fam of Deductible
  - BCBSRI Pays: 100% After Deductible
- Skilled Nursing, Home Health Care, Including Hospice Care: $250 Ind/$500 Fam of Deductible
  - HRA Pays For You: $5,750 Ind/$11,500 Fam of Deductible
  - BCBSRI Pays: 100% After Deductible
- Infertility Services & Infertility Oral & Injectable Drugs: $250 Ind/$500 Fam of Deductible
  - HRA Pays For You: $5,750 Ind/$11,500 Fam of Deductible
  - BCBSRI Pays: 100% After Deductible
- Short-term Rehabilitation Therapy (Physical, Occupational, & Speech): $250 Ind/$500 Fam of Deductible + 20% after Ded.
  - HRA Pays For You: $5,750 Ind/$11,500 Fam of Deductible
  - BCBSRI Pays: 80% After Deductible
- Durable Medical Equipment: $250 Ind/$500 Fam of Deductible + 20% after Ded.
  - HRA Pays For You: $5,750 Ind/$11,500 Fam of Deductible
  - BCBSRI Pays: 80% After Deductible

**In-Network Outpatient Preventive and Diagnostic Services**
- Primary Care Office Visits: $0 PCMH / $30 nonPCMH Copay
  - HRA Pays For You: $0
  - BCBSRI Pays: 100% after $0 PCMH / $30 nonPCMH Copay
- Preventative Office Visits, Routine GYN, Well Baby Visits: 100% Coverage
- Preventive Diagnostic X-Rays, Lab Tests, & Imaging: 100% Coverage
- Adult & Pediatric Preventive Care & Immunizations: 100% Coverage
- High-end Radiology Services, Major Diagnostics, and Nuclear Medicine: 100% Coverage
- Specialty Care Office Visits: $50 Copay
  - HRA Pays For You: $0
  - BCBSRI Pays: 100% after $50 Copay
- Chiropractic Office Visits (Max 12 visits per year): $50 Copay
  - HRA Pays For You: $0
  - BCBSRI Pays: 100% after $50 Copay
- Eye Exams (limit 1 visit per year): $50 Copay
  - HRA Pays For You: $0
  - BCBSRI Pays: 100% after $50 Copay
- Outpatient Mental Health & Substance Abuse treatment: $50 Copay
  - HRA Pays For You: $0
  - BCBSRI Pays: 100% after $50 Copay
- Urgent Care (i.e. Walk-in treatment centers): $50 Copay
  - HRA Pays For You: $0
  - BCBSRI Pays: 100% after $50 Copay
- Ambulance Services: $50 Copay
  - HRA Pays For You: $0
  - BCBSRI Pays: 100% after $50 Copay
- Emergency Room (Waived if admitted): $200 Copay
  - HRA Pays For You: $0
  - BCBSRI Pays: 100% after $200 Copay

**Out-of-Network Services**
- Retail Prescription Drugs: $7 / $25 / $40 / $65 Copay
  - HRA Pays For You: $0
  - BCBSRI Pays: 100% after $7 / $25 / $40 / $65 Copay

**Annual Deductible per Individual**
- First $200
  - Remaining: 80% After Deductible
**Annual Deductible per Family**
- First $400
  - Remaining: 80% After Deductible
**Coinsurance**
- 20%
  - Remaining: 80% After Deductible
**Out-of-pocket maximum per Individual**
- $1,200
  - N/A
**Out-of-pocket maximum per Family**
- $2,400
  - N/A

* For out-of-network services, members will have to pay the first $200 of the out-of-network deductible and then 20% coinsurance for the remaining medical expense. Your employer’s HRA will pay the additional amounts applied toward your out-of-network and coinsurance benefit.