HRA: What this Plan Covers

Frequently Asked Questions and Summary of Benefits and Coverage (SBC)

Andover Corporation HRA Ambulatory Surgical Copays Plan Design

Plan Year:
January 1 through December 31

Medical Insurance Carrier:
Anthem Blue Cross & Blue Shield NH

Medical Plan Name:
Anthem Blue Access PPO

Deductible:
$5,000/$10,000

HRA Plan Contribution:
Single Coverage Level: $300
2-Person/Family Coverage Level: $600
$300 Per Member Max Reimbursement

HRA Allowable Expenses:
Ambulatory Surgical Copays

Who Pays First?
HRA

Reimbursements Paid To:
Participant

Other Details:
Ambulatory Surgical Copays: $300 per occurrence.

How am I reimbursed for eligible expenses?

1. Online Reimbursement Request – You will receive unique login credentials to file claims through your online portal.

2. Mobile Application Request – You can file a claim by downloading our mobile application for iPhone and Android phones/tablet. More information on our mobile application is available through the online portal under Tools & Support.

3. Paper Reimbursement Request Form – Claim forms can be downloaded from our website or requested by calling our customer service contact center. You may submit a claim form and supporting documents via email (please do not send sensitive information via email unless it is secure), fax, or mail.

When can I expect reimbursement?

Properly filed claims will be processed for reimbursement in 2-7 business days and no later than 7-10 business days. You may opt for reimbursements to be made by check or direct deposit.

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Claim File Feed Process

Particpant	• You incur a cost towards your health insurance.
Provider	• Your provider submits a claim to the insurance carrier.
Insurance Carrier	• One Explanation of Benefits (EOB) is sent to your provider. One EOB is sent to you.
Provider	• Depending on the terms of your health plan, your provider will bill you for your portion of the services provided.
Particpant	• To request reimbursement, you submit the EOB received from the insurance carrier along with an HRA claim form to Voya.
Voya	• Voya will reimburse you for eligible expenses, according to your HRA plan.
Particpant	• You pay the provider using the HRA reimbursement received from Voya.

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-833-232-4673. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at http://cciio.cms.gov or www.dol.gov/ebsa/healthreform or call 1-833-232-4673 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$0 / individual or $0 / family	See the Common Medical Events chart below for your costs of services this HRA plan covers. This HRA plan is integrated with the Andover Corporation Health Plan, which has an overall annual deductible (see SBC for the Andover Corporation Health Plan).
Are there services covered before you meet your deductible?	Yes. The plan generally provides coverage for any substantiated out-of-pocket medical expenses, such as deductibles, coinsurance, and copayments for healthcare services and prescription drugs, up to the available account balance, without requiring you to pay a deductible.	This HRA plan covers some items and services even if you haven't yet met the deductible amount under the Andover Corporation Health Plan.
Are there other deductibles for specific services?	No.	You do have to meet deductibles for specific services. This HRA plan is integrated with the Andover Corporation Health Plan, which has deductibles on covered expenses.
What is the out-of-pocket limit for this plan?	Not applicable.	This HRA plan does not have an out-of-pocket limit on your expenses. This HRA plan is integrated with the Andover Corporation Health Plan, which has an out-of-pocket limit on covered expenses.
What is not included in the out-of-pocket limit?	Not applicable.	This HRA plan does not have an out-of-pocket limit on your expenses. This HRA plan is integrated with the Andover Corporation Health Plan, which has an out-of-pocket limit on covered expenses.
Will you pay less if you use a network provider?	Not applicable.	This HRA plan does not use a provider network. You can receive covered services from any provider.
Do you need a referral to see a specialist?	No.	Under this HRA plan you can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Specialist visit	No charge up to available account balance.	No charge up to available account balance.	
	Preventive care/screening/ Immunization	No charge up to available account balance.	No charge up to available account balance.	
If you have a test	Diagnostic test (x-ray, blood work)	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Imaging (CT/PET scans, MRIs)	No charge up to available account balance.	No charge up to available account balance.	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at anthem.com	Generic drugs	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Preferred brand drugs	No charge up to available account balance.	No charge up to available account balance.	
	Non-preferred brand drugs	No charge up to available account balance.	No charge up to available account balance.	
	Specialty drugs	No charge up to available account balance.	No charge up to available account balance.	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Physician/surgeon fees	No charge up to available account balance.	No charge up to available account balance.	
If you need immediate medical attention	Emergency room care	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Emergency medical transportation	No charge up to available account balance.	No charge up to available account balance.	
	Urgent care	No charge up to available account balance.	No charge up to available account balance.	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Physician/surgeon fees	No charge up to available account balance.	No charge up to available account balance.	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Inpatient services	No charge up to available account balance.	No charge up to available account balance.	
If you are pregnant	Office visits	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Childbirth/delivery professional services	No charge up to available account balance.	No charge up to available account balance.	
	Childbirth/delivery facility services	No charge up to available account balance.	No charge up to available account balance.	
If you need help recovering or have other special health needs	Home health care	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Rehabilitation services	No charge up to available account balance.	No charge up to available account balance.	
	Habilitation services	No charge up to available account balance.	No charge up to available account balance.	
	Skilled nursing care	No charge up to available account balance.	No charge up to available account balance.	
	Durable medical equipment	No charge up to available account balance.	No charge up to available account balance.	
	Hospice services	No charge up to available account balance.	No charge up to available account balance.	
If your child needs dental or eye care	Children's eye exam	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Children's glasses	No charge up to available account balance.	No charge up to available account balance.	
	Children's dental check-up	No charge up to available account balance.	No charge up to available account balance.	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic surgery
- Long-term care
- Weight loss programs (if merely to improve general health)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture (if for medical care)
- Bariatric surgery
- Chiropractic care
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Non-emergency care when traveling outside the U.S. (if for qualifying medical care)
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight-loss programs (if recommended by a physician to treat a specific medical condition)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: www.dol.gov/ebsa, www.cciio.cms.gov, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Voya Benefits Company, LLC at 1-833-232-4673.

Does this plan provide Minimum Essential Coverage? Yes.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-833-232-4673.]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-833-232-4673.]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-833-232-4673.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-833-232-4673.]

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible $5,000
- Specialist copayment $60
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$3,000**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$5,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$5,060**

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well- controlled condition)

- The plan's overall deductible $5,000
- Specialist copayment $60
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$3,000**
In this example, Joe would pay:	
Cost Sharing	
Deductibles*	$250
Copayments	$1,300
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,570**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible $5,000
- Specialist copayment $60
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$3,000**
In this example, Mia would pay:	
Cost Sharing	
Deductibles*	$1,200
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,700**

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

Health Reimbursement Arrangements offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). Administration services provided in part by WEX Health, Inc.

This highlights some of the benefits of a Health Reimbursement Arrangement. If there is a discrepancy between this material and the plan documents, the plan documents will govern. Subject to any applicable agreements, Voya and WEX Health, Inc. reserve the right to amend or modify the services at any time.

The amount saved in taxes will vary depending on the amount set aside in the account, annual earnings, whether or not Social Security taxes are paid, the number of exemptions and deductions claimed, tax bracket and state and local tax regulations. Check with a tax advisor for information on whether your participation will affect tax savings. None of the information provided should be considered tax or legal advice.

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