



Deductible/Split Dollar Summary

Under this plan design, the first \$250.00 (\$250.00 x3 Family) of annual expenses will be the employee's responsibility. All claims above that amount 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%.

Envision Healthcare Medical Reimbursement Account

Summary of Benefits for National University of Health Sciences Effective 10-1-25

Underwritten By: Blue Cross	Insurance Guidelines (In-Network)	HRA Pays
Individual Deductible The amount you would pay each calendar year before payments begin for covered services	\$2,750.00	HRA Allotment Employee pays \$250.00 Employer pays last \$2,500.00
Family Deductible The amount your family would pay each calendar year before payments begin for covered services	\$2,750.00 (x3)	HRA Allotment Employee pays \$250.00 (x3) Employer pays last \$2,500.00 (x3)
Employee Out of Pocket Total amount the employee would pay if they exhaust their deductible, HRA, and coinsurance. (does not include copays)	\$3,500.00	Not Covered by HRA
Family Out of Pocket Total amount the employee would pay if they exhaust their deductible, HRA, and coinsurance. (does not include copays)	\$7,000.00 EE+1 \$4,500.00 Family	Not Covered by HRA
Coinsurance Percentage paid by the insurance carrier after the appropriate deductible is met	80%	Covered, after deductible and allowance is spent, Employee pays remainder
Physician Office Visit Includes consultation in addition to all lab, x-ray, mammogram, pap smears, maternity and PSA services if preformed in the physicians office	\$35 PCP \$60 Specialist \$150 ER	Not Covered by HRA
Well Care Covers annual adult/child physical and OB/GYN exam including routine diagnostic tests received on the same day as part of the physical exam	Paid at 100%, not subject 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	Per your above HRA allotment, paid directly to provider.
Prescriptions Rx Co-pay.	Paid at 100% after various copays	Not Covered by HRA

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

Employer Signature

Date

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