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BENEFIT PLAN DESIGN

MEDICAL & RX CLAIM SUBMISSION

Please submit your Activity Summary or EOB to Med-A-Vision for reimbursement by mail, email, or fax.

Eff. Date	8/1/2023	Harvard Pilgrim Healthcare		
Plan Info	Single	Family	HRA Pays	Employee Pays*
Deductible	\$ 7,000.00	\$ 14,000.00	\$ 3,500.00	3,500.00
Coinsurance	\$ -	\$ -		-
Copay's	\$ -	\$ -	\$ -	-
Out of Pocket	\$ 7,000.00	\$ 14,000.00	\$ 3,500.00	3,500.00

HRA Benefit	Copay	HRA Deductible	Employee HRA Rate	Employee Pays	Dependent HRA Rate	Dependent Pays
Prescription (Rx)	No	\$500	50%	50%	n/a	n/a
Office Visit (OV)	No	\$500	50%	50%	n/a	n/a
Specialist	No	\$500	50%	50%	n/a	n/a
Urgent Care	No	\$500	50%	50%	n/a	n/a
Emergency Room (ER)	No	\$500	50%	50%	n/a	n/a
All Other Services **	No	\$500	50%	50%	n/a	n/a

* This amount is the remaining balance after the HRA benefit for a single employee.

**Eligible expenses applied to your group plan deductible.

This is an employee only benefit.