

School District of Colby

Health Reimbursement Arrangement

EBC Plan Details

My EBC HRA Plan Dates

Plan Effective Date: January 1
Colby's Plan Year: January 1 – December 31

My EBC HRA Plan and Features

Type of Plan: **Single** (Employee Only)

Each type of expense detailed below is a stand-alone account and the amounts listed apply to that expense only.

Health Plan Deductible: \$3,000

HRA Benefit Payment Arrangement	Maximum Individual Benefit Payable*	Maximum Individual Out of Pocket*	Benefit Payable (Family)	Out of Pocket (Family)
You pay the first \$500	N/A	\$500	N/A	N/A
The EBC HRA pays the next \$2,500	\$2,500	N/A	N/A	N/A
	\$2,500	\$500	N/A	N/A

Type of Plan: **Family** (Employee, spouse and/or any dependents)

Each type of expense detailed below is a stand-alone account and the amounts listed apply to that expense only.

Health Plan Deductible: \$3,000 Individual/\$6,000 Family Maximum

HRA Benefit Payment Arrangement	Maximum Individual Benefit Payable*	Maximum Individual Out of Pocket*	Benefit Payable (Family)	Out of Pocket (Family)
You pay the first \$500	N/A	\$500	N/A	\$1,000
The EBC HRA pays the next \$2,500	\$2,500	N/A	\$5,000	N/A
	\$2,500	\$500	N/A	\$1,000

*Individual maximums represent that a single individual in a family is liable to receive from the HRA or pay out-of-pocket according to the HRA Benefit Payment Arrangement for the expense type. The Family Maximums may be reached before any one (1) person reaches their Individual Maximum.

