

BENEFITS OVERVIEW FOOVE FBT



* Paid through a Health Reimbursement Account (HRA). See the HR Website for HRA Plan Summary for details.

Out-of-Network Deductible and Coverage

See the HealthMate Benefit Summary and the HRA Plan Summary for details.

PLAN C: Blue Choice

Employee % Contribution	Individual Bi-Weekly Cost	Family Bi-Weekly Cost
21%	\$62.99	\$168.71

In-Network Deductible

\$6,000 Individual: Employee pays first \$750 per year; University pays remainder*

\$12,000 Family: Employee pays first \$1,500 per year; University pays remainder*

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Out-of-Network Deductible and Coverage

PLAN D: Blue Choice VALUE

Employee % Contribution	Individual Bi-Weekly Cost	Employee % Contribution	Family Bi-Weekly Cost
15%	\$42.87	17%	\$130.03

In-Network Deductible

\$7,000 Individual: Employee pays first \$1,7

