



A **Health Reimbursement Arrangement (HRA)** is an account set up by your employer. It covers eligible medical expenses and works in conjunction with your PPO health plan.

PPO HRA Details:

- Funded by employer contributions
- Reimbursements are based on substantiated medical expenses incurred by employees and their spouses and tax dependents as defined in Code § 152
- Coverage must be in effect at the time the expense is incurred
- The HRA cannot reimburse expenses for qualified long-term care services
- Unused amounts cannot be cashed out

Employer Plan Design

PLAN 1 – HRA WITH the completion of a Biometric Screening

As the participant, once you have met your initial deductible threshold amount (*the amount below*):

Employee Only = \$500.00

Employee + One = \$500.00 per member

Family = \$500.00 per member (max = \$1,500.00) (for 3 family members)

Your employer will reimburse the following towards eligible HRA deductible expenses:

Employee Only = up to \$2,000.00

Employee + One = up to \$4,000.00

Family = up to \$6,000.00 (max = 3 family members)

PLAN 2 – HRA WITHOUT the completion of a Biometric Screening

As the participant, once you have met your initial deductible threshold amount (the amount below):

Employee Only = \$750.00

Employee + One = \$750.00 per member

Family = \$750.00 per member (max = \$2,250.00) (for 3 family members)

Your employer will reimburse the following towards eligible HRA deductible expenses:

Employee Only = up to \$1,750.00

Employee + One = up to \$3,500.00

Family = up to \$5,250.00 (max = 3 family members)

How to Request Reimbursement

Upon meeting the deductible that corresponds to your election/situation, simply submit a copy of the Explanation of Benefits (EOB) you received from BlueCrossBlueShield along with a [Reimbursement Request](#) Form to the Payroll/HR Department in the Unit Office:

Via Mail: 501 N Main Street, PO Box 504, Herscher IL 60941

Via E-mail: mullinm@hcsd2.org

Via Fax: 815-426-2872