



Herscher Community Unit School District #2

2023-2024 School Year

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 PPO Deductible with the completion of a Biometric Screening

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

- **Employee:** \$500
- **Employee Plus One:** \$500 max per member (\$1000 max total threshold)
- **Family:** \$500 max per member (\$1500 max total threshold)

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

- **Employee:** \$2000
- **Employee Plus One:** \$4000 (\$2000 max reimbursement per member)
- **Family:** \$6000 (\$2000 max reimbursement per member)

Eligible expenses include: items subject to your medical deductible.

Plan 2: HRA PPO without the completion of a Biometric Screening

As the participant, once you have met the initial deductible threshold amount:

- **Employee:** \$750
- **Employee Plus One:** \$750 max per member (\$1500 max total threshold)
- **Family:** \$750 max per member (\$2250 max total threshold)

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

- **Employee:** \$1750
- **Employee Plus One:** \$3500 (\$1750 max reimbursement per member)
- **Family:** \$5250 (\$1750.00 max reimbursement per member)

Eligible expenses include: items subject to your medical deductible.

Request Reimbursement

Upon meeting the designated deductible and/or coinsurance threshold, simply submit a copy of the Explanation of Benefits (EOBs) from BlueCross BlueShield with a **Reimbursement Request Form** to Herscher Community Unit School District unit office via US mail, email, or fax to access your HRA reimbursement. All reimbursement requests must be received 90 days after the plan year end to be eligible for reimbursement.