



## Herscher Community Unit School District #2 2020 – 2021 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.