

HRA PAYS FIRST

A Health Reimbursement Arrangement (HRA) can provide first dollar coverage for eligible expenses. With this plan design, the employer funded portion of the medical deductible and other expenses eligible under the HRA can be used prior to the member spending out of pocket dollars. Once the HRA funds are depleted, members are responsible for medical expenses as described under the medical plan.

For questions about our plan offerings, contact our Client Services team at 866.382.3510, option 3 or RAClientServices@HealthEquity.com

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Feature	Standard offering	Option for modification
HRA employer funding amount	HRA - Funded at 25 - 75% of the medical deductible (actual funding amount, by tier)	Fully funded deductible
Eligible expenses - Expenses eligible for payment under the plan	Deductible (pharmacy and/or medical)	Any of the following; dental, vision, full 213D, copay, coinsurance, rx
Auto-payment - For integrated claims, when payment is automatically made to the designated payee (member or provider)	Auto-pay to provider	Auto-pay to member, auto-pay inactive
Individual Payment Cap - the maximum amount of reimbursement from the HRA per participant	No payment cap	A per participant payment cap
Rollover - Unused Funds from an HRA can be used in subsequent plan years	No rollover	Yes - rollover
Claims Funding - the method by which employers fund claims payments	A prefund amount is held based on a percent of annual plan liability	Pay as you go with auto-debit. Auto-debit is available for all funding.
Runout - The amount of time after the end of the plan year in which members can submit a claim incurred prior to the end of that plan year	90 days	30, 60 days
Proration - Mid-year hires receive a prorated funding amount	All funds available once eligible	Monthly or quarterly proration

Nothing in this communication is intended as legal, tax, financial, medical or marital advice. Always consult a professional when making life changing decisions. In addition to restrictions imposed by law, your employer may limit what expenses are eligible for reimbursements. It is the members' responsibility to ensure eligibility requirements as well as if they are eligible for the plan and expenses submitted. Blue Cross and Blue Shield of Vermont has chosen Health Equity, Inc. as the administrator of your health reimbursement account to provide seamless integration with your health and wellness benefits. HealthEquity, Inc. is the custodian of your Reimbursement Account and is independent from Blue Cross and Blue Shield of Vermont.