

MEMBER PAYS FIRST

A health reimbursement arrangement can be designed to require that the member have payment responsibility prior to accessing HRA funds to cover eligible expenses. The member responsibility can be accrued on an individual or family basis. Once the member responsibility has been met, the HRA funds will pay for eligible expenses.

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	Modification option
HRA employer funding amount	HRA - Funded at 25-75% of the medical deductible	Fully funded deductible
Eligible expenses - Expenses eligible for payment under the plan	Deductible (pharmacy and/or medical), co-pay, co-insurance	Any of the following; dental, vision, full 213D, rx
HRA deductible—An amount of member responsibility that must be met prior to the HRA funds paying out	Individual HRA deductible, member pays first prior to the HRA funding	Family deductible - all members accrue collectively toward an amount the member pays prior to the HRA paying
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
Plan ordering - If a client has multiple accounts (i.e. HRA, HIA, FSA) the accounts must be ordered for payment purposes	If member is enrolled in HRA and FSA, HRA pays first. Members can choose HRA or FSA when submitting claims.	FSA pays first
Rollover - Unused funds from an HRA can be used in subsequent plan years	No rollover	Unused funds rollover to the subsequent plan year
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
Individual Payment Cap - the maximum amount of reimbursement from the HRA per participant	no payment cap	Add a payment cap

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.