

HRA WITH DEBIT CARD

A Health Reimbursement Arrangement (HRA) can provide first dollar coverage for eligible expenses. HealthEquity VISA® Reimbursement Account cards¹ are offered to provide a convenient payment option. With this plan design, the employer-funded portion of the medical, dental and vision, or prescription only expenses eligible under the HRA can be accessed with the card 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

Visit us at:
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Feature	Standard offering	Modification option
HRA employer funding amount	HRA - Funded at 25 to 75% of the medical deductible	Fully funded deductible
Eligible expenses - Expenses eligible for payment under the plan	Full 213D - eligible medical, dental, vision, OTC and prescription expenses	Prescription-only expenses on the card, copay, coinsurance, deductible expenses on integrated file
Auto-payment - For integrated claims, when payment is automatically made to the designated payee (member or provider)	Auto-pay is turned off (expense cannot be accessed on the debit card and auto-paid)	If prescription-only card, medical expenses have auto-pay to provider active.
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
Debit card	A card is issued for the subscriber and a spouse dependent	Additional cards are available for \$5 each (first 3 free)

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.