

Health Reimbursement Account

Your HRA is a reimbursement account offered by your employer as part of your benefits package. Your employer sets up and funds the account to reimburse you for your eligible out-of-pocket health care expenses. You can use your HRA funds throughout the coverage period to pay for eligible HRA expenses.

Each plan year your employer contributes a specified amount to your HRA — you cannot make an additional contribution. You are not taxed on the value of your HRA or the reimbursements you receive from the account. Note: Expenses reimbursed under your HRA may not be used to claim any federal income tax deduction or credit.

Reimbursement Requests

Important: All claims must be submitted for processing within 12 months of the date of service. The maximum reimbursement amount that you can receive is equal to your account balance at the time your reimbursement request is processed. Any portion of a reimbursement request that is over the maximum reimbursement amount will pend until your account balance can cover the expense.

Example: Your HRA plan year begins in January and your employer contributes \$100 each month. In February, you have \$200 in your account, but you incur an expense for \$300. If you submit a reimbursement request that same month, you will be reimbursed for \$200 of the expense, and you will receive the additional \$100 when your employer puts the \$100 March contribution into your account.

After you complete the Request for Reimbursement Form, submit the form along with appropriate supporting documentation.

Supporting Documentation

- **For office visits and other services** — Your health plan's Explanation of Benefits (EOB) statement or an itemized receipt or bill from the provider that includes the patient's name, a description of the service, the original date of service and your portion of the charge.

- **For prescription drugs** — A pharmacy statement or receipt from your pharmacy including the patient's name, the Rx number, the name of the drug, the date the prescription was filled, and the amount.
- **For over-the-counter medicines** — A written or electronic OTC prescription along with an itemized cash register receipt that includes the merchant name, name of the OTC medicine or drug, purchase date, and amount, OR a printed pharmacy statement or receipt from a pharmacy that includes the patient's name, the Rx number, the date the prescription was filled, and the amount.
- **For over-the-counter health care-related products** — An itemized cash register receipt with the merchant name, the name of the item/product, date, and amount.

Credit card receipts, canceled checks, and balance forward statements do not meet the requirements for acceptable documentation.

For some expenses, a Medical Determination Form from a doctor may be required.

Questions?

For answers to your questions about your HRA, please contact Lynda Rodarte at United Administrative Services, 408-288-4433.

To find out your HRA balance or if you have questions regarding your HRA card, please contact Navia Benefits at 1-866-897-1996 or 105@naviabenefits.com