



## HRA Overview

When you enroll in a medical plan with Aptia365\* you are eligible for a Health Reimbursement Arrangement (HRA). The HRA is funded by your former employer and may be used for reimbursement of your eligible expenses. The eligible expenses are described on the next page.

After your medical enrollment is complete, you will receive the **Reimbursement Instructional Guide** which explains the reimbursement process and includes other helpful tips to get the most from your reimbursement account.

In the meantime, here is some important information to keep in mind:

- **You are eligible for the HRA** if you meet your former employer's enrollment requirements (see the box at the top of the back page for additional information).
- **You pay your premium** directly to your insurance carrier – You make arrangements to pay for your insurance premiums. This may be a new process for you, so it is important to be aware that this is your responsibility.
- **You request reimbursement from Aptia365 for eligible expenses** – Your options for requesting reimbursement will depend on a few factors: the type of expense and the insurance carrier you select.

### **Automatic Premium Reimbursement**

For reimbursement of eligible medical and prescription drug premiums, you may be able to utilize **Automatic Premium Reimbursement**. During your consultation, ask your benefits counselor if the insurance carrier(s) you selected allows Aptia365 to provide Automatic Premium Reimbursement. You can opt in over the phone and will receive your reimbursement after you pay your premium to your insurance carrier. There are no forms to complete and you will continue to receive your reimbursements on an ongoing basis as long as you continue to pay your premium(s) and have a reimbursement account balance available.

### **Other Reimbursement Options**

If the insurance company you choose does not enable Automatic Premium Reimbursement, you have the option of setting up a Recurring Reimbursement for your premiums.

For out-of-pocket expenses, such as office visit copays, you can use the Benefits Card which you will receive shortly before the plan effective date. The Benefits Card functions like a debit card and is a convenient option to pay for expenses without the need to submit a claim. Review the back page carefully to understand the expenses eligible for reimbursement based on your plan rules. The Reimbursement Instructional Guide will explain the reimbursement options available for all expenses.

Save the premium documentation from your insurance company, as well as any receipts for other eligible expenses, so you can provide this proof of your claim with your reimbursement request, as applicable. If you pay with the Benefits Card, you must still retain your receipts.

**When you receive your Reimbursement Instructional Guide, you will be able to start the reimbursement process.**

**IMPORTANT:** Receipt of this document does not confirm your eligibility for the HRA; you must enroll in a medical plan through Aptia365 and maintain the enrollment to continue to be HRA-eligible. If you have not yet obtained an individual medical insurance plan through Aptia365, you must take action now to ensure your new medical coverage is in effect prior to the end of your current coverage. Please note that healthcare coverage cannot be obtained retroactively. Additionally, if you are Medicare-eligible, and you do not enroll in individual health insurance (medical and prescription drug coverage), you will only have Medicare Parts A and B.

ELIGIBLE EXPENSE	REIMBURSEMENT TYPE
Health insurance premium	<ul style="list-style-type: none"> <li>✓ Automatic Premium Reimbursement</li> <li>✓ Recurring Premium Reimbursement</li> </ul>
Prescription drug premium, including income-related monthly adjustment (IRMAA)	<ul style="list-style-type: none"> <li>✓ Automatic Premium Reimbursement</li> <li>✓ Recurring Premium Reimbursement</li> </ul>
Dental premium	<ul style="list-style-type: none"> <li>✓ Recurring Premium Reimbursement</li> </ul>
Vision premium	<ul style="list-style-type: none"> <li>✓ Recurring Premium Reimbursement</li> </ul>
Medicare Part B premium, including income-related monthly adjustment (IRMAA)	<ul style="list-style-type: none"> <li>✓ Recurring Premium Reimbursement</li> </ul>
Prescription Drug Copays/Coinsurance	<ul style="list-style-type: none"> <li>✓ One-Time Reimbursement</li> <li>✓ Benefits Card</li> </ul>
Out-of-pocket expenses for deductibles, copays, coinsurance and other health care related expenses allowable under Internal Revenue Code*	<ul style="list-style-type: none"> <li>✓ One-Time Reimbursement</li> <li>✓ Benefits Card</li> </ul>
Other employer group plan premiums, post-tax	<ul style="list-style-type: none"> <li>✓ Recurring Premium Reimbursement</li> </ul>
Expenses associated with other coverage (e.g. Medicaid, Tricare, CHAMPVA)	<ul style="list-style-type: none"> <li>✓ Recurring Premium Reimbursement</li> </ul>
Do unused funds roll over to next calendar year?	Yes. The balance will be capped not to exceed \$12,000 including the new subsidy on 3/31 for the current plan year after any claims paid from the prior year.
Claim submission deadline	Claims can be submitted through March 31 <sup>st</sup> (post-marked) of the next calendar year

\* As allowed by IRS Code Section 213(d); see IRS Publication 502 ([www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf))