HOW TO SUBMIT AN HRA CLAIM

Health Reimbursement Arrangement (HRA) allowances may be used to reimburse eligible health expenses incurred by you or any currently enrolled family member and not covered by this Plan or any other health insurance.

How to fill out an HRA Reimbursement Request Form:

PART 1: Enter Name, DOB and contact Information <u>for Patient</u>

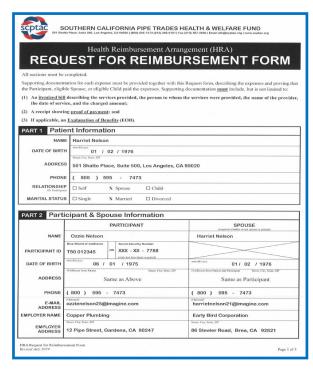**PART 2:** Enter Participant (Member) information and Spouse information, if applicable

PART 3: Review of Reimbursement Rules and Procedures

PART 4: List health care expenses to be reimbursed

PART 5: Participant (Member) signs along with Patient if 18 or over

What you need to know

Helpful Hints:

1. One HRA Form must be submitted per patient.

2. There is no minimum request amount.

3. HRA requests must be submitted within 60 months (5 years) from the date of service. <u>Requests submitted after 60 months from date of service will be denied.</u>

4. In order to maximize your HRA Allowance, the Fund Office will attempt to apply all other plan benefits (medical, dental, vision, etc.) before spending your Allowance.

5. An EOB or itemized bill and proof of payment must be submitted with each HRA Form.

Examples of Eligible Out-Of-Pocket Expenses:

- Breast Pumps
- COBRA
- Copayments for Other Insurances
- Deductibles
- Dental Expenses
- Laser eye surgery (Lasik)
- Prescriptions
- Vision Expenses

For more information regarding eligible expenses, download IRS Publication 502 at: tinyurl.com/scptac-p502