



Save Tax. Keep More.

Health reimbursement arrangements for public employees in the Northwest

Presented by



Gallagher

Insurance | Risk Management | Consulting



What is an
HRA?

HRA

Health Reimbursement Arrangement

- “Account-based” group health plan
- Funded by employer
- Tax-free money for future medical care costs
- Often called “VEBA”
 - Assets held in a voluntary employees’ beneficiary association (VEBA) trust

Tax Advantage

“Win-win” for employees and employers



Pay No Tax

Key Benefits

You...

...pay no tax *(federal income or FICA)*

...can use your account anytime
(after becoming claims eligible)

...choose your investments

...do not have to be covered under a
high-deductible health plan *(HDHP)*



Key Benefits



Your...

...unused balance carries over
*(no annual "use-it-or-lose-it" or
carryover limitations)*

**...account can transfer to your spouse,
children, beneficiaries, or other
eligible survivors if you pass away**

Getting Money In (contributions)



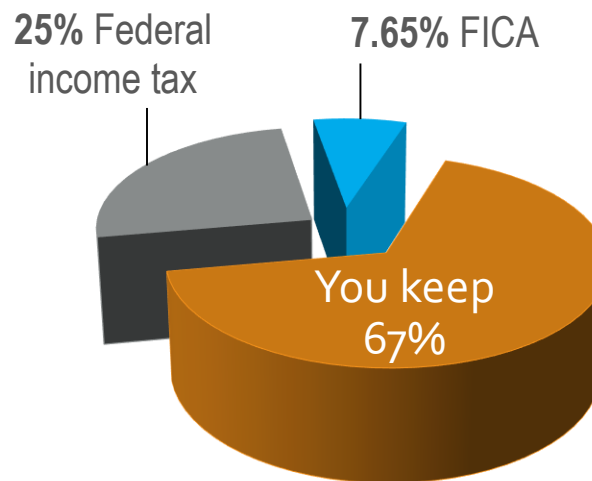
Common funding sources

- Leave cash outs
(*sick leave, vacation, personal, other*)
- Mandatory employee contributions
- Future COLAs; pay increases
- Unused benefit dollars
- Wellness incentives

No individual choice; all employee group members defined as eligible must participate per IRS rules.

Save Tax.
Keep More.

WITHOUT HRA VEBA:



WITH HRA VEBA:

Tax-free – *better than tax-deferred.*



Investment Options

Which option is right for you?



Are you comfortable making your own investment decisions?

NO

Option A:
Choose a pre-mix

- Pre-mixed portfolios
- Professionally managed

YES

Option B:
Do-it-yourself

- Individual asset classes
- Build your own portfolio

Getting Money Out (claims)



Who's covered?

- You
- Spouse
- Qualified dependent(s)



Expenses

- Deductibles
- Copays
- Prescriptions



Premiums

- Medical, dental, vision
- Long-term care
- Medicare plans

NOTE: Premiums deducted pre-tax by an employer through a Section 125 cafeteria plan are not eligible for reimbursement.

Submitting Claims

Claim Form
Use this form to reimburse your qualified out-of-pocket medical expenses

Skip this form! Log in at hraveba.org to submit your claims and supporting documentation online.

Submit paper forms to: claims@hraveba.org | HRA VEBA Plan, PO Box 80587, Seattle, WA 98108 | 206-577-3020 fax

1 PARTICIPANT ACCOUNT AND CONTACT INFORMATION
If you have more than one claims-eligible account, enter the participant account number of the account from which you want to be reimbursed. Otherwise, your claim will be reimbursed from the account with the earliest claims-eligibility date.

ACCOUNT NUMBER or SSN _____ DATE OF BIRTH (mm/dd/yyyy) _____ MI _____
LAST NAME _____ FIRST NAME _____
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
AREA CODE and PHONE NUMBER _____ EMAIL ADDRESS (use home or personal email address) _____

GO GREEN! Sign up for e-communication and avoid the paper clutter. Make your election online. Log in at hraveba.org and click **My Profile** to update your Account Preferences.

IMPORTANT: Have you previously separated or retired from the employer that made or is making contributions to this account?

YES
 NO DATE OF SEPARATION or RETIREMENT (mm/dd/yyyy) _____ EMPLOYER NAME _____

2 CERTIFICATIONS: READ BEFORE SUBMITTING
By completing and submitting this form, you certify all of the following is true:
• You agree to the **Terms and Conditions**, as amended from time to time, which can be found in the **Plan Summary**. To get a copy, log in at hraveba.org and click **Resources** on the menu bar, or contact our Customer Care Center at customercare@hraveba.org or 1-888-659-8828.
The certifications below apply to major medical claims only. They do not apply to dental, vision, and tax-qualified long-term care claims.
• For **Standard HRA plan participants who are still employed**: Any major medical expense for your spouse or dependent was incurred while he or she was covered by an employer-sponsored group health plan. Also, any premium expense listed in Section 3 of this form is for group coverage (purchased through an employer) and not for an individual plan or private market medical coverage.
• For **Post-separation HRA plan participants**: Any major medical expense to be reimbursed from a post-separation HRA was incurred while you were separated or retired (not employed or re-employed) from the employer that made or is making contributions to your HRA.

3 EXPENSE INFORMATION
Submitting expenses for your spouse or a dependent? Please enter his or her name, Social Security number, and date of birth in the Covered Individual column.

Covered Individual	Date of Service	Expense Amount
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Spouse/Dependent Name: _____ SSN: _____ DOB: _____		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Spouse/Dependent Name: _____ SSN: _____ DOB: _____		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Spouse/Dependent Name: _____ SSN: _____ DOB: _____		

Have more expenses? Use another form or include an itemized list on a separate sheet of paper.
QUESTIONS? 1-888-659-8828 | customercare@hraveba.org | hraveba.org
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Submission:

- Online
- HRAgo® mobile app
- Paper form
(mail, fax, or email)

Read **How to File a Claim** available online after logging in at hraveba.org

Direct deposit available and recommended

Five to seven business days to process

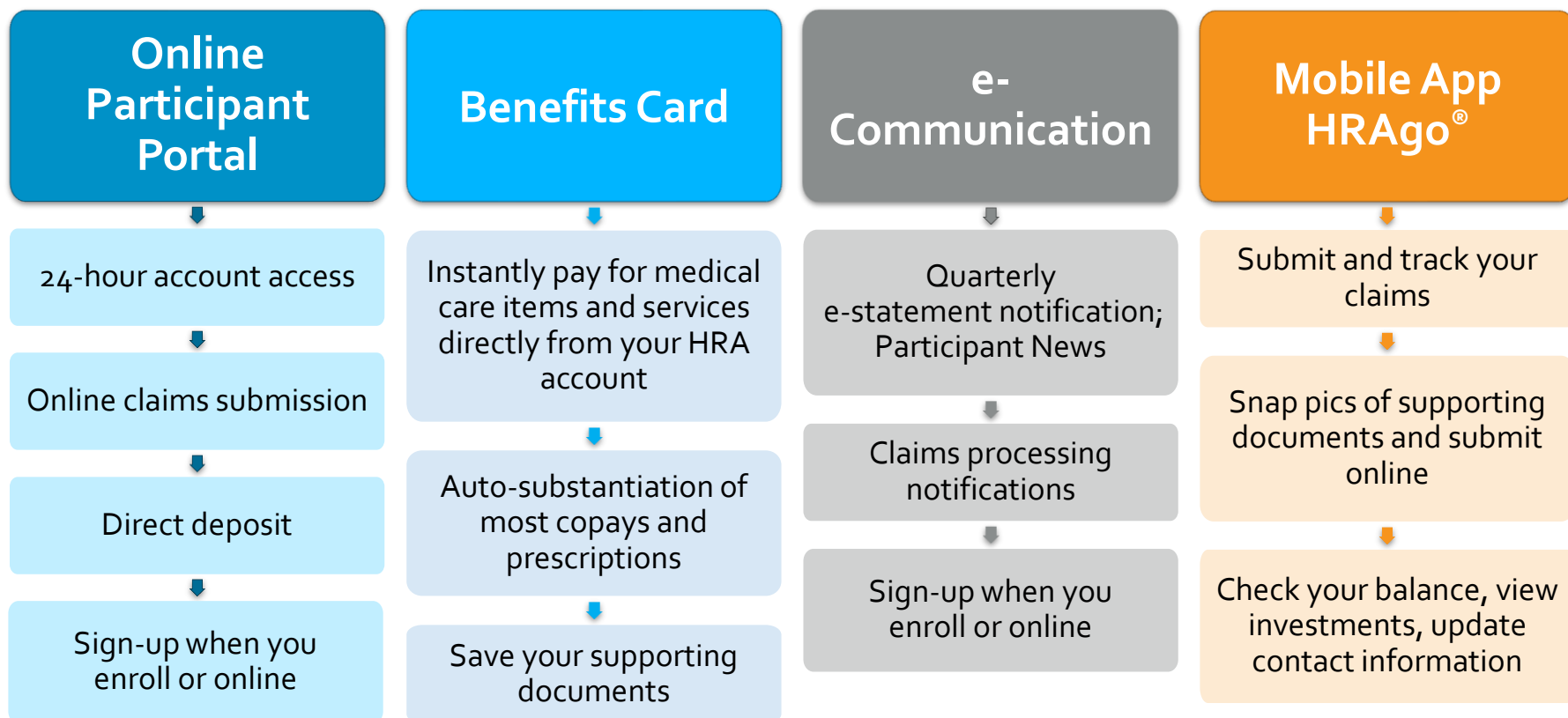
Automatic Premium Reimbursements



Provides reimbursement to participants for qualified premiums

- Set up automatic premium reimbursement online after logging in at hraveba.org, or submit an **Automatic Premium Reimbursement** form
- No direct payments to insurance companies or providers

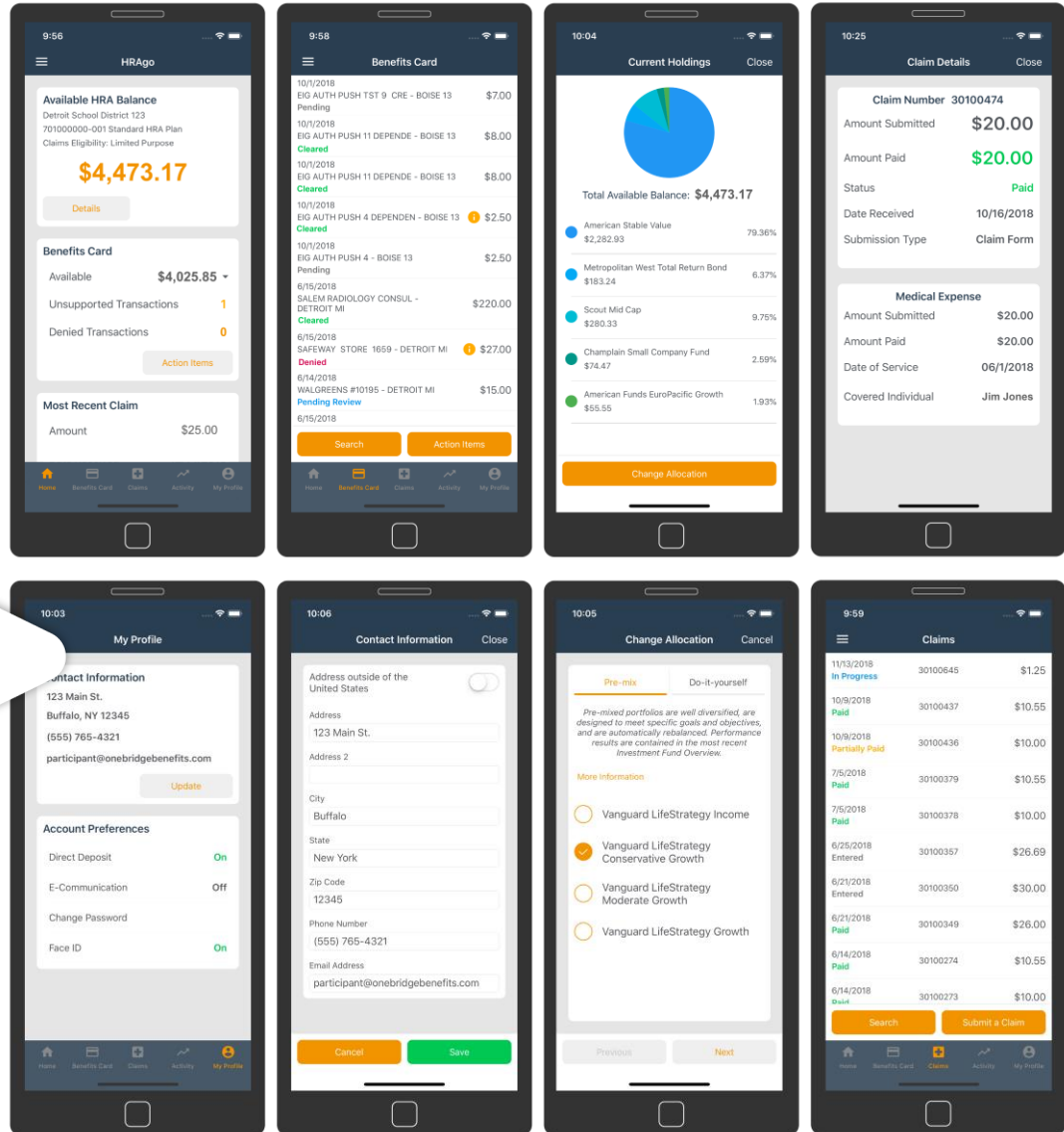
e-Services



hraveba.org

Mobile App

HRAgo



Customer Care Center



1-888-659-8828

- Located in Spokane
- Participant questions
 - Claims
 - Automatic premium reimbursements
 - Account activity
 - Address changes
 - And more

Summary

Use HRA VEBA to help cover your out-of-pocket medical care costs

- You **pay no tax** on contributions, earnings, or reimbursements (claims)
- You choose your **investment options**
- You can **use your account anytime** (after becoming claims eligible)
- Your **spouse and qualified dependents are covered**
- Your unused **account balance carries over**

Questions?

