

Common Questions

Who can contribute to an HRA?

HRAs are funded solely through employer contributions. These contributions are not included as part of your salary. You do not pay federal income taxes or employment taxes on amounts your employer contributes to the HRA.

Do I have to validate eligible expenses?

Yes, the Internal Revenue Service (IRS) requires that all HRA transactions be validated, just as you would with a Flexible Spending Account. Therefore, it is very important that you save the insurance EOBs and receipts for all of your transactions.

What happens to my HRA balance at the end of the year?

Unused funds in the HRA account may roll-over to the following year, depending upon your employer's HRA plan design.

What happens to my account if I leave my current employment?

HRA accounts are *not* portable. If your employment ends, you cannot take the balance of the HRA with you.

How do I track my HRA balance?

Your HRA balance can be tracked online. Since a personal password is required for you to access the site, you can review your HRA information in a private and secure manner. To determine your available HRA balance, please access your account balance at bcbsde.com.

HRA Advantages:

- Fully-integrated products — BCBSD administers both your health plan and your HRA
- You control your health care dollars and spending decisions
- Convenient online account management, including tracking HRA funds, health plan deductibles and claims submissions
- BCBSD network provider savings — access to health care services at a reduced cost when you stay in-network

**For more information,
please call BCBSD toll-free at
800.572.4400.**

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**BlueCross BlueShield
of Delaware**

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**BlueCross BlueShield
of Delaware**

Blue Advantage®



Your HRA Guide

Blue Cross Blue Shield of Delaware (BCBSD) understands the challenges created by rising health care costs. **BlueAdvantage®** consumer-directed health benefits plans are designed to help you become more aware of the cost of health care services and your health care spending decisions.

With this **BlueAdvantage** product, you have a high-deductible health plan (HDHP) and a Health Reimbursement Arrangement (HRA). The HRA, funded by your employer, covers a portion of your medical expenses and you decide when and how you spend your health care dollars.

Managing your health care dollars is easy with an HRA. As a registered user of **bcbsside.com**, you'll have access to a personalized coverage webpage where you can check your HRA balance, view claims information, or link to a variety of health, education and benefits tools.

BlueAdvantage is a convenient — and cost effective — health coverage option, which allows your employer to manage rising health care costs.

What is an HRA?

An HRA is an employer-paid reimbursement plan that provides employees with reimbursement funds for medical expenses, such as deductibles and coinsurance, not covered by insurance for qualified individuals.

How does it work?

Your employer sets aside a fixed dollar amount into the HRA for each employee. Then, each employee can access his/her HRA funds with a debit card or by submitting a claim for reimbursement of a qualified medical expense. Unused HRA funds may be carried forward to the next plan year, depending upon your employer's health benefits plan design.



How to Use Your HRA

Step 1: When you receive health care services, you or your provider submits a claim to BCBSD for processing under your health insurance plan.

Step 2: BCBSD processes the claim and then determines the provider's allowable charges.

Step 3: If your in-network deductible has not been met, BCBSD makes no payment to the provider.

Step 4: An Explanation of Benefits (EOB) from BCBSD will provide you with claims information for your records. Use it as reference for identifying the in-network deductible amount to pay your provider and also verify your remaining in-network deductible balance.

Step 5: The provider may bill you for the amount of the expense that has been applied to your deductible. You may pay the provider with your prepaid debit card or with another method of payment and request reimbursement by submitting a claim.

Step 6: After your in-network deductible is satisfied, your plan will pay a percentage (based on the plan you have selected) of the cost of covered medical services until you have reached the in-network, coinsurance maximum. Your plan will then pay 100 percent of in-network services for the remainder of the plan year. There is a separate out-of-network deductible, coinsurance and out-of-pocket maximum for out-of-network services.

Step 7: Any account balance remaining in your HRA may roll-over from year-to-year, depending upon your employer's health benefits plan design.