

Five Colleges, Incorporated

How the Deductible and HRA (Health Reimbursement Account) Work Together

Five Colleges funds an HRA that pays DEDUCTIBLE expenses only: the first \$1,000 for individual plans, and the first \$2,000 for family tiers. Employees (health plan members) must pay the deductible expenses themselves, and then request reimbursement through the HRA.

Below are examples of expenses that would be eligible or ineligible for reimbursement under the HRA. These are merely examples, and are not exhaustive lists. The Schedule of Benefits should be referenced for all cost-sharing information.

EXPENSES ELIGIBLE FOR REIMBURSEMENT

Here are examples of payments that require a deductible and would be eligible for reimbursement under the HRA.

Examples of payments that go toward the deductible (paid by member) and then cost \$0 after deductible is reached:

- Ambulance transport
- Chemo and radiation
- Dialysis
- Home health care
- Hospice outpatient
- Medical drugs that cannot be self-administered (some may fall under RX benefit)
- Outpatient psychological testing and neuropsychological assessment
- Allergy treatments

Examples of payments that go toward the deductible (paid by member) and then copay applies after deductible reached:

- Diagnostic tests - \$45 copay after deductible (except for laboratory from FLEX provider)
- Hospital inpatient- \$250 copay after deductible
- Advanced radiology (in hospital) - \$300 copay after deductible
- Rehabilitation and Habilitation services - \$25 copay after deductible. This includes cardiac rehab, speech therapy, PT and OT in a hospital or hospital-affiliated facility.

Examples of payments that go toward the deductible (paid by member) and then co-insurance (generally 20%) applies after deductible is reached:

- Durable medical equipment
- Hearing aids (up to age 22)
- Ostomy supplies
- Prosthetic devices

EXPENSES NOT ELIGIBLE FOR REIMBURSEMENT

Here are examples of payments that are not eligible for reimbursement under the HRA.

Payments that do not count toward the deductible and must be made every time:

- Emergency room visit - \$300 copay per visit
- Outpatient group therapy - \$10 copay per visit, after the first visit
- Speech-language, hearing, or rehabilitation services in a physician's office or non-hospital affiliated facility - \$25 copay per visit
- Routine eye exam - \$25 copay per visit

Payments for preventive care that is 100% covered by the plan

- Annual checkup with your primary care provider
- Preventive screenings and tests
- Immunizations, including flu shots
- Routine pre-natal and post-partum visits