

**HRA Summary of Benefits and Coverage (SBC)**  
**Five Colleges Inc. Health Reimbursement Arrangement (HRA)**  
**Coverage Period (HRA Plan Year): 12/1-11/30**  
**This is an Appendix to the SBC(s) of the Linked Group Health Plan(s): Tufts Health Plan**



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.myflexresource.com](http://www.myflexresource.com) or by calling (800)-499-3539.

**Health Reimbursement Arrangement (HRA)**

Your Health Reimbursement Arrangement (HRA) Plan is linked to your Group Health Plan and is designed to offset some of the out-of-pocket medical expenses associated with your Group Health Plan.

For details of what qualify as Group Health Plan out-of-pocket expenses, including **Group Health Plan Deductible** expenses and whether your Group Health Plan has associated coinsurance or copays, please refer to the separate Summary of Benefits and Coverage (SBC) for your Group Health Plan.

**HRA Funds Available**

The following funds are available in your HRA for you for the HRA Plan Year (and your dependents covered under your Group Health Plan):

Group Health Plan Coverage Tier	HRA Funds Available *
Employee (often referred to as Single)	\$700.00
Employee + One (often referred to as Double)	\$1,050.00
Employee + Family (often referred to as Family)	\$1,050.00

\* = Remember: You can only be reimbursed for covered HRA out-of-pocket medical expenses up to the amount credited for the Plan Year (including any Carry-Over funds if your HRA has them).

**HRA Deductible**

You must have incurred out-of-pocket medical expenses under your Group Health Plan (in the amounts indicated in the following table) for the HRA to start reimbursing out-of-pocket medical expenses under your Group Health Plan. This amount is called the **HRA Deductible**:

Group Health Plan Coverage Tier	Employee Out-of-Pocket HRA Deductible Responsibility
Employee (often referred to as Single)	\$250.00 for each inpatient/outpatient \$600 Copay Expense (total of 2 Copays)
Employee + One (often referred to as Double)	\$250.00 for each inpatient/outpatient \$600 Copay Expense (total of 3 Copays)
Employee + Family (often referred to as Family)	\$250.00 for each inpatient/outpatient \$600 Copay Expense (total of 3 Copays)

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**HRA Reimbursable Expenses**

Your HRA is available to reimburse the following types of out-of-pocket Group Health Plan expenses:

	Deductible (Group Health Plan)	Coinsurance	Copayments (Copays) Inpatient/Outpatient Hospitalization Copay	Prescriptions (Rx)
<b>In-Network</b>	✗No	✗No	✓ Up to two for employees with single coverage and up to three for employees with 2 Person or Family coverage.	✗No

\* = For expenses labeled *Partial* in the table above, please see your HRA’s Summary Plan Description for details.

**HRA Expense Incurred on Date of Service**

To qualify for HRA reimbursement, expenses must be incurred during the HRA Plan Year. *(If your Effective Date of participation in the Group Health Plan and therefore in the HRA is a date later than the start of the HRA Plan Year, then the expense must be incurred on or after your Effective Date but before the end of the HRA Plan Year.)*

An expense is incurred on the date when the service for the expense is provided, not on the date the expense was paid for by you or the date you received a bill for the expense from your service provider.

Claims for HRA expenses for active employees must be submitted no later than 90 Days after the end of the HRA Plan Year. Terminated employees must submit claims (incurred while they were active employees) within 90 days of the date of their termination, unless they elect HRA COBRA.

**HRA Reimbursement Methods**

The following methods are available for reimbursement of eligible HRA expenses:

Submit a Manual Claim Benefits Group	to American	myFlexResource Debit Card Eligible Expenses	for HRA
✓		✗No	

**Explanation of Benefits (EOB)**

Manual claims for reimbursement of HRA expenses must be accompanied by an Explanation of Benefits (EOB) from your Group Health Plan showing the qualifying out-of-pocket expenses incurred.

For incurred expenses paid for with your myFlexResource debit card, you will be asked to submit an Explanation of Benefits (EOB) from your Group Health Plan to substantiate the expenses as qualifying under your HRA Plan.