

# CoreHRA COM



## Health Reimbursement Arrangement Employer Guide

Core Documents Inc.



## **What Is A Health Reimbursement Arrangement, (HRA)?**

### **Health Reimbursement Arrangement**

HRAs have been referred to by many names over the last few years such as personal savings accounts, personal care accounts, defined contribution plans, or consumer-driven health care plans. The confusion ended in 2002, when the IRS finally issued guidelines for employer-provided medical reimbursement accounts and called them Health Reimbursement Arrangements, or an HRA.

HRA accounts can pay the same expenses as a Section 125 Health Flexible Spending Account (FSA), however, unlike an FSA only employers can contribute to the HRA.

### **How Employers Utilize an HRA**

Expenses not reimbursed by health insurance are one way employer groups are utilizing HRAs. With an HRA, the employer funds an account from which the employee is reimbursed for qualified medical expenses, such as co-pays, deductibles, vision care, prescriptions, long-term care, medical insurance, chiropractic care, ancillary indemnity insurance, and most dental expenses. Over-the-counter drugs that are medically necessary may also be reimbursed through an HRA if it's coupled with a group insurance plan. Most reimbursements are not taxed to the employee, and are deductible by the employer.

The most common use of an HRA is in combination with a High Deductible Health Coverage (HDHC) Plan. HRAs can enhance a company's benefit package while helping to contain costs and boost employee morale. For example, you can combine your HRA with a higher-deductible health insurance plan. The employer benefits from reduced insurance costs, but the effect to the employee is cushioned with an HRA.

### **Plan Design Flexibility**

HRAs provide employers with a lot of flexibility in Plan design. Limits can be set on types of services reimbursed by an HRA. Amounts contributed to an HRA can be in a lump sum or in increments throughout the year. This is in contrast to a Section 125 Health FSA where the employer can be liable for the full benefit amount on the first day of the plan. You can also choose to carry over unused funds to the next plan year, or have all or a portion of the unused funds forfeited at the end of the year.

In contrast to the "use-it-or-lose-it" rule of cafeteria plans, the employee gets to carry forward any unused HRA account funds. Depending on the design options elected by the employer, their employees may request reimbursement for medical expenses at the time services are rendered, accumulate them for reimbursement in the future, or save the funds in the HRA for retiree health benefits.

### **Who Can Establish an HRA Plan**

Sole Proprietors, partnerships, regular corporations, S corporations, limited liability companies (LLCs), professional corporations, and 501(c)3 not-for-profits can establish an HRA plan.

Individuals that can not personally participate in an HRA include sole proprietors, partners, members of an LLC (in most cases), or individuals owning more than 2% of an S corporation. Although these specific owners can not personally participate they can still sponsor an HRA and benefit from the write-off.



## Plan Design Options

There are numerous plan design issues employers may wish to consider as they design their HRA.

**The Comprehensive Plan** - The Comprehensive HRA is still a viable option January 1, 2014 under Health Care Reform if integrated with an employer sponsored group health plan (including employees participating in a spouse group health plan). It can be used to reimburse most 213(d) medically necessary out of pocket expenses, including excepted benefit insurance premium expenses. Through this HRA plan design employers may provide employees with a set amount of dollars every year, or every month, to spend on allowed expenses. Unused HRA Account balances can be rolled over from one Plan Year to the next. Employees who are not enrolled in an eligible employer sponsored group health plan can use the Comprehensive HRA Plan only for dental, vision, and excepted benefit insurance premium expenses.

**The Limited HRA** - A Limited HRA will cover only specified out-of-pocket medical expenses such as prescriptions, dental, vision etc. and can be restricted to cover just one medical expense.

**The Premium Reimbursement Arrangement (PRA) Plan** - The PRA Plan allows employers to reimburse insurance premiums including, dental insurance, vision insurance, ancillary insurance, such cancer and indemnity plans, or long-term care insurance – basically group policies and Excepted Benefits. See recent blog post linked below titled: [What is an Excepted Benefit Under PPACA \(aka ACA, Health Care Reform, ObamaCare\)](#)

**The Deductible Gap** - The Deductible Gap HRA is designed to be coupled with a High Deductible Health Coverage and will pay for only items covered by the insurance policy it compliments. The employer benefits from reduced insurance costs, but the effect to the employee is cushioned with the Deductible Gap HRA.

## Important HRA Facts

**HRA Carryover Provisions.** HRAs with a carryover feature can be offered on a tax-favored basis if the following conditions are satisfied:

- The HRAs must be funded solely with employer contributions;
- If high deductible health coverage is coupled with the HRA, the employee portion of the premium (i.e. family coverage premium) can be paid with pre-tax-salary deductions, however, in no event can the HRA itself be funded with pre-tax salary deductions or through a cafeteria plan;
- The HRA can only reimburse substantiated medical care expenses incurred by employees and their spouses and dependents; and
- Unused portions cannot be cashed out, though terminated employees can spend down their HRA balances after they terminate.

**HRAs are Health FSAs with subtle differences.** Many Health FSA rules do not apply to HRAs, for example, unlike an FSA, HRAs can reimburse some types of insurance premiums. Also, the HRA period of coverage is not required to be 12 months, like an FSA. And, the FSA rule limiting reimbursement to expenses incurred during the current period of coverage does not apply. This means expenses incurred during the current year can be reimbursed in the subsequent year so long as the individual was a participant when the expense was incurred.



**HRAs Can Be Designed To Pay Last, After The Health FSA.** Normally the health FSA must be the payer of last resort. Thus if an employee participates in both the HRA and a health FSA and they both cover the same expenses, the employee would first look to the HRA for payment increasing the likelihood the employee might have to forfeit unused health FSA funds. The good news is the IRS has authorized employers to design HRAs to require the health FSA to pay first, which will reduce health FSA forfeitures under the use-it-or-lose-it rule.

**COBRA and HRAs.** HRAs are generally subject to COBRA continuation coverage requirements unless the small employer exemption applies.

**Nondiscrimination Rules and HRAs.** HRAs can not discriminate in favor of highly compensated employees.

**Prohibition on mid-year changes does not apply.** The 12-month period of coverage and prohibition of mid year changes does not apply to an HRA.

**Is a Trust Account Required?** No, not by the Code, but possibly by ERISA (no trust is required if HRA reimbursements are made directly out of the general assets of the employer).

**Are Account Earnings Taxable?** This is not applicable if reimbursements are made directly out of the general assets of the employer. If the HRA is funded by a Voluntary Employee Beneficiary Association (VEBA) trust account, earnings are generally not taxable.

**Form 5500 Reporting Requirement.** Employer groups that cover more than 100 participants must file an IRS Form 5500 within seven months of the end of the plan year.

**Plan Document Required.** The Code requires that the plan be in writing and that every participant receives a Summary Plan Description, (SPD).

**See the Core Documents Blog for many current HRA topics of interest:**  
[www.CoreDocuments.com/blog.php](http://www.CoreDocuments.com/blog.php)



## Expenses That Do Qualify for HRA Reimbursement

abdominal supports  
abortion (legal)  
acupuncture  
air conditioner (when necessary for breathing)  
alcoholism treatment  
ambulance  
Anesthetist  
arch supports  
artificial limbs  
autoette (but not to/from work)  
back supports  
birth control pills and other contraceptive devices (by prescription)  
blood tests and transfusions  
braces  
Braille Books & Magazines (extra cost only)  
cardiographs  
chiropractor  
Christian Science Practitioner  
contact lenses  
cosmetic surgery (unless related to accident, birth defect or disease)  
convalescent home (medical)  
cost / maintenance of health-related home improvements  
crutches  
dental x-rays  
dentures  
dermatologist  
diagnostic fees  
diathermy  
drug addiction therapy  
drugs by prescription  
elastic hosiery (by prescription)  
exercise equipment (by prescription)  
eyeglasses  
fees paid to health institute prescribed by doctor  
FICA and FUTA tax paid for medical care service  
fluoridation unit  
guide dog  
gum treatment  
gynecologist  
healing services  
hearing aids and batteries  
heating devices (if therapeutic)  
hospital bills and meals  
hydrotherapy  
inclinator  
insulin treatments  
invalid chair  
lab tests and fees  
nonprescription medication  
obstetrician  
oculist  
operating room costs  
ophthalmologist  
optician  
optometrist  
oral surgery  
organ transplant (including donor's expenses)  
orthopedic shoes  
orthopedist  
osteopath  
oxygen and oxygen equipment  
pediatrician  
physician  
physiotherapist  
podiatrist  
postnatal treatments  
practical nurse for medical services  
premiums for group clinical care plan  
premiums for group hospital plan  
premiums for long-term care insurance  
premiums for voluntary federal Medicare insurance  
prenatal care  
prescription medicines  
prosthesis  
psychiatrist  
psychoanalyst  
psychologist  
psychotherapy  
radium therapy  
reclining chair (prescribed)  
registered nurses  
sickroom supplies  
special auto equipment for the handicapped  
special mattresses  
special school or home costs for the physically and mentally impaired  
spinal fluid tests  
splints  
sterilization  
surgeon and surgery  
telephone/TV for impaired  
therapy equipment  
transplants  
transportation expenses (relative to health care)  
tuition for child with learning disability  
ultra-violet ray treatment  
vaccines  
vasectomy  
vitamins (prescribed)  
wheelchair  
whirlpool bath (by prescription) and x-rays  
weight loss programs under physician supervision

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## **Expenses That Do Not Qualify for HRA Reimbursement**

Individual health insurance premium from a State or Federal Exchange  
Individual health insurance outside Exchange (all non-Exchange health insurance premium)  
advance payment for services rendered next year  
athletic club membership  
car insurance premium (medical portion)  
boarding school fees and child care  
bottled water  
commuting expenses of a disabled person  
cosmetic surgery and procedures  
cosmetics, hygiene products and similar items  
diaper service  
domestic help  
funeral, cremation or burial expense  
health programs offered by resort hotels, health clubs, and gyms  
illegal operations and treatments  
illegally procured drugs  
maternity clothes  
premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits  
Scientology counseling  
social activities  
special foods or beverages  
specially designed car for the handicapped other than an autoette or special equipment  
stop-smoking programs  
swimming pool  
travel for general health improvement  
tuition and travel expenses to send a problem child to a particular school



## HRA Group Insurance Premium Savings Calculator

Employers by the thousands are utilizing a new strategy that combines high deductible health insurance with a HRA plan to substantially reduced insurance costs. The effect to the employee is cushioned with an HRA. See how much money this new strategy could save your company.

The HRA concept is simple; the employer considers using a high deductible group health insurance plan to reduce premiums and save money. To cushion the effect of the new high deductible to employees the employer establishes an HRA plan to pay the difference between the old deductible and the new high deductible. The HRA only pays if an employee actually has deductible expenses during the year. How many employees will have a deductible? Actuaries say 15% to 20% of employees will have a deductible expense each year.

Example: The group's old health plan had a \$500 deductible. To save money the employer buys a \$5,000 deductible plan. The employer then establishes a HRA plan that will pay deductible expenses from \$501 to \$5,000. The employee continues to pay the first \$500 of deductible expenses so nothing changes for the employee.

Here is a simple HRA savings calculator to determine if this concept will benefit your group:

Current/Old Group Insurance Premium:	\$ _____	A
New High Deductible Group Premium:	\$ _____	B
Group Premium Savings w/HRA (A - B):	\$ _____	C
100% HRA claim liability for all employees:	\$ _____	D
Anticipated HRA Claims at 20% (D X .20):	\$ _____	E
Premium Savings after HRA claims (C - E):	\$ _____	F

A – Is the group's current health insurance premium without an HRA.

B - Is the quote for a new high deductible health plan, i.e. \$1,500, \$2,000, \$3,000 or \$5,000.

C- Is the difference between the old premium and the less expensive new premium.

D – Is the potential liability if every employee had a 100% claim against the HRA. Example: The HRA has a \$4,500 benefit per employee (\$501 to \$5,000). There are 12 employee in the HRA plan, 12 employees X \$4,500 maximum HRA benefit = \$54,000.

E - Is the HRA actuarial anticipated claims based on the average group. We're using 20% for first year calculations. After a group has one year of experience they can estimate potential claims using their actual experience which will most likely be less than 20%. Example: If your total HRA plan liability if every employee had a 100% claim is \$54,000 you would multiply that number by 20% to get the expected claims expense for your HRA plan. (\$54,000 X 20%)

F - Is the net HRA savings to the group. Take the total insurance premium savings in C and deduct the expected HRA claims number in E which gives you the expected annual savings.

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If you need help completing this application call 1-888-755-3373

## HRA Plan Document - Fax Order Form

Please print clearly



**Purchaser Information** (Person buying document for Employer listed below, i.e. Agent, CPA, payroll co., etc.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Ship Document to:  Purchaser  Employer

**Employer Information for Plan Documents – Exactly as it should appear in the plan document. Print clearly.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (owner/controller, document signer)  
**Company Name** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Form of Business:**  S Corporation  C Corporation  LLC  Partnership  Sole Proprietorship  
 Government  Non-Profit 501(c)(3)

**Employer Federal ID#:** \_\_\_\_\_ **State of Inc.:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_

**Legal Name(s) of Affiliated Company(ies)** that will be covered by the Plan (if any):

1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

**Name of Plan Administrator** (Employer unless otherwise listed):

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Protected Health Information (PHI) Designee:** \_\_\_\_\_

**Effective Date will be:**

a) a new plan effective date as of (date) \_\_\_\_\_  
 b) Amend and restate an existing HRA plan as of (new date for this updated plan): \_\_\_\_\_  
 If this is to be an amended and restated plan, state the (old) original effective date: \_\_\_\_\_

**Plan Year - The first plan year will be:**

a) a 12 consecutive month period beginning (date) \_\_\_\_\_ and ending (date) \_\_\_\_\_  
 b) a short plan year beginning (date) \_\_\_\_\_ and ending (date) \_\_\_\_\_

**Waiting Period:** Employees can participate the  1<sup>st</sup> day of employment, or  1<sup>st</sup> day following, or  1<sup>st</sup> day of month following \_\_\_\_\_ days of employment.

**Eligibility Requirements:** All employees who work \_\_\_\_\_ or more hours per week.

**Please tell us how you found Core Documents:**  Search Engine  Agent  Google Ad  Other \_\_\_\_\_





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Employer: \_\_\_\_\_ **HRA - Fax Order Form**

A Core Benefit Consultant will contact you regarding your custom plan design requests, issues, and design criteria. Please answer all of the following basic design questions that apply to the HRA benefit that you would like to provide. Attach additional design criteria or notes to this order form if necessary.

**Comprehensive Plan Questions:**

- Will your HRA plan have an annual benefit limit?  Yes **OR**  No If yes designate the annual limit: \$ \_\_\_\_\_
- Will your HRA make the funds available:  Monthly **OR**  Lump Sum
- Will your HRA Plan reimburse individual or Exchange insurance premium post-tax?  Yes **OR**  No
- Will your HRA carry over unused funds at the end of the plan year?  Yes **OR**  No

**Deductible Gap Questions:**

- Will your HRA Plan be coupled with your group health insurance plan?  Yes **OR**  No
  - Will your HRA Plan be designed primarily to pay a portion of the deductible?  Yes **OR**  No
  - Is your group health insurance Plan compatible with a Health Savings Account (HSA)?  Yes **OR**  No
  - Is the benefit for a calendar year Deductible?  Yes **OR**  No Or a Plan Year Deductible?  Yes **OR**  No
  - Is your HRA only reimbursing "in-network" provider expenses?  Yes **OR**  No
  - Is the Employee responsible for some portion of the Deductible and/or other expenses?  Yes **OR**  No
- Please describe the Employee responsibility in your notes. Or attach notes to this order.

**Premium Reimbursement Questions:**

- Will your HRA plan be primarily for secondary premium reimbursement (i.e. dental or vision)?  Yes **OR**  No
- Will your HRA Plan reimburse individual or Exchange insurance premium post-tax?  Yes **OR**  No

**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Choose either the HRA 'Deluxe Binder Option' or the 'Basic PDF Option':**



- Deluxe Binder – New Health Reimbursement Arrangement Plan Document** **\$349.00**   
 In email PDF version processed ASAP, AND Printed in 3-ring binder, with 5 Section tabbed index, shipped via Priority Mail.

**OR**



- Basic PDF Option - New Health Reimbursement Arrangement Plan Document** **\$299.00**   
 PDF Document Processed Quickly and Sent Via E-Mail

**Options that can be added to the HRA Deluxe Binder or the Basic PDF Option:**

- Plan Document CD Mailed - in addition to PDF email and/or mailed binder** **\$25.00**   
 Documents provided in PDF format only. Forms in MS Word format. Always have a safe backup copy of your plan document on CD.
- Rush Order - Your order automatically queued for immediate processing** **\$25.00**
- 2nd Year Update - discounted 23% when added to new document order** **\$99.00**   
 This option entitles you to one plan document amendment in the first 24 months. Save 23% off the normal \$129.00 update price.

**Update and Amend a HRA plan document originally produced by Core Documents:**

- Update/Amend Health Reimbursement Arrangement HRA Plan Document** **\$129.00**   
 All Updated/Amended documents delivered via email in PDF format.

**TOTAL**

<b>\$ TOTAL</b>
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Employer: \_\_\_\_\_ **HRA - Fax Order Form**

**If paying by check, please complete the following:**

Your order can be processed with a copy of the original check attached to the order made out to Core Documents with amount to be charged, **OR** simply provide the following information and authorization.

Name as it appears on check: \_\_\_\_\_

Bank Name: \_\_\_\_\_

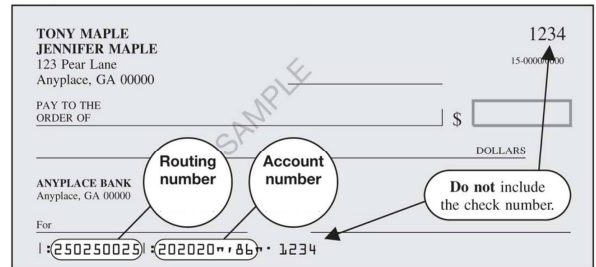
Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Total amount to be charged: \$ \_\_\_\_\_

**X** \_\_\_\_\_  
Signature

**Sample Check**



**CAUTION** The routing and account numbers may be in different places on your check.

Date: \_\_\_\_\_



**If paying by credit card, please complete the following:**

Card Type:  Discover  VISA  MasterCard  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

3 Digit Security Code on back: \_\_\_\_\_  
(4 digit on American Express front)

Total amount to be charged: \$ \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**Security Code**



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