



# About Your HRA

A HEALTH REIMBURSEMENT ARRANGEMENT FOR MEDICAL EXPENSES

# WHAT IS AN HRA?

A Health Reimbursement Arrangement (HRA) allows your employer to set aside money to help you offset certain qualified medical expenses. And because this isn't income, these funds are tax-free.





## What You Need to Know About BlueCross BlueShield of Tennessee HRAs

### Qualified Health Expenses

The funds in your HRA can pay for things like deductibles, copays, coinsurance and prescriptions. Your employer decides which expenses qualify.

### Contributions

Only your employer can contribute to the HRA. The funds are for your use, but if you leave your job, you can't take any leftover HRA funds with you.

### Unused Funds

You may be able to carry over unused funds from one year to the next. Ask your employer or check your HRA plan design for more details.

### Funding Gaps

If you use all of your HRA funds before meeting your deductible or out-of-pocket maximum, you'll need to pay for any other health care expenses before meeting your deductible or out-of-pocket maximum.



# HOW DOES AN HRA WORK?

Mary's medical plan covers preventive care at 100 percent and has an in-network deductible of \$1,000. Mary's employer has funded an HRA that automatically reimburses Mary's medical claims with \$500 to help her pay her deductible.



Early in the year, Mary visits an in-network provider because her throat hurts. She hasn't met any of her deductible yet, and her HRA balance is \$500.

## After her visit:

- The doctor files a claim for \$120, which applies to Mary's deductible. BlueCross pays the provider \$120 from her HRA.
- Mary receives an explanation of benefits (EOB) and sees her HRA paid \$120.
- She doesn't owe anything to the provider.
- Mary's HRA balance is now \$380 (\$500 - \$120).
- Her deductible drops to \$880 (\$1,000 - \$120).



Later in the year, Mary needs an outpatient procedure. Her HRA balance is still \$380 and she still has to meet \$880 of her deductible.

## After her procedure:

- The hospital files a claim, and \$600 applies to Mary's deductible.
- BlueCross pays the \$380 remaining in her HRA to the hospital.
- Mary receives an EOB and sees her HRA paid \$380.
- Because she has not met her deductible, she owes the hospital \$220.
- For the year, \$720 of her deductible is met.
- Her remaining deductible is now \$280.

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination\_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-565-9140-1 رقم هاتف الصم والبكم: 1-800-848-0298.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-565-9140 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານ ກ່າວ ພາ ສາ ລາ ອຸ ການ ບຸ ລິ ດ ການ ລູ ວ ຍ ຕ ຫ ື ອ ດ ການ ພາ ສາ, ໂດຍ ບໍ ລ ື ດ ັ ນ ມ ມ ພ ອ ມ ໃ ຫ ທ ັ ນ. ໂທ 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚኒተለው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرد. 1-800-565-9140 (TTY:1-800-848-0298)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáńíłti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éi ná hólq, koji' hódíilnih 1-800-565-9140 (TTY: 1-800-848-0298).

## We're Here to Help

If you have specific questions about your BlueCross HRA, your Consumer Coach is ready to help. Just call:



**1-800-527-9206**



**[ConsumerCoach@bcbst.com](mailto:ConsumerCoach@bcbst.com)**