

Herscher Community Unit School District No. 2

DR. RICHARD S. DECMAN, SUPERINTENDENT
JILL FULTON, SPECIAL SERVICES DIRECTOR
DR. PETE FALK, CURRICULUM DIRECTOR

Health Reimbursement Request Claim Sheet (HRA)

Employee Printed Name: _____

Home Address: _____

Email Address: _____ Phone Number: _____

This form must be filled out and the necessary documentation must be attached to be eligible for reimbursement. (Check which documentation you have submitted.)

[] **Explanation of Benefits.** (EOB) States what has been applied to your deductible. Bottom of EOB will state: **“Benefit Period: 01-01-(year) through 12-31-(year) To date this patient has met \$xx of her/his \$ Health Care Plan Deductible.”** We cannot accept an EOB which only mentions Out of Pocket amounts.

[] **BCBS printout.** States the amount applied to your deductible. (To access: 1. Log into your Blue Access for Members account; 2. Click on the Spending Tab at the top; 3. Choose the appropriate Plan Year; 4. Click on ‘Individual Deductible.’ It will expand to show the amount applied to the deductible for each covered dependent. ***If you have Employee Only coverage***, you will need to contact BCBS to obtain a letter from them that lists the amount applied to your deductible.

Reimbursements are available to those enrolled in the HRA-PPO *and* whose amounts applied to the deductible exceed \$500 or \$750. Reimbursements are based on participation in the annual biometric screening and level of coverage. (Max. Reimbursement: Emp Only = \$2,000; Emp+1 = \$4,000; Family = \$6,000)

If you have any questions, please contact Heather Crane, Payroll/HR Clerk.

Date of Expense*: _____

Name of individual whom expense was incurred: _____

Relationship to employee: _____

Employee Signature: _____

Date Submitted: _____

***Reimbursements MUST be received 90 days after the plan year (March 31) to be eligible for reimbursement. Keep a copy for your records.**

EOB or BCBS document stating amount applied to deductible

DISTRICT OFFICE USE ONLY

Received ___/___/___

Bio

Processed for _____ BOE mtg

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