

# Herscher Community Unit School District No. 2

## HRA-PPO Handout 2026-2027

A **Health Reimbursement Arrangement (HRA)** is an account set up by your employer. It covers eligible medical expenses and works in conjunction with your PPO health plan.

### HRA-PPO Details

Funded by employer contributions.

Reimbursements are based on substantiated medical expenses incurred by employees and their eligible dependents as defined in Code § 152

Coverage must be in effect at the time the expense is incurred

The HRA cannot reimburse expenses for qualified long-term care services

Unused amounts cannot be cashed out

### Plan 1. HRA-PPO Deductible *with* the completion of a Biometric Screening

As the participant, once you have met the initial deductible threshold amount:

- Employee Only: \$500
- Employee +1: \$500 max per member (\$1000 max total threshold)
- Family: \$500 max per member (up to 3) (\$1500 max total threshold)

The district will reimburse the following towards eligible HRA deductible expenses:

- Employee Only: \$2000 (max reimbursement for employee only)
- Employee +1: \$4000 (max reimbursement \$2000 for up to 2 individuals)
- Family: \$6000 (max reimbursement \$2000 for up to 3 individuals)

Eligible expenses include: items subject to your medical deductible.

### Plan 2. HRA-PPO Deductible *without* the completion of a Biometric Screening

As the participant, once you have met the initial deductible threshold amount:

- Employee Only: \$750
- Employee +1: \$750 max per member (\$1500 max total threshold)
- Family: \$750 max per member (up to 3) (\$2250 max total threshold)

The district will reimburse the following towards eligible HRA deductible expenses:

- Employee Only: \$1750 (max reimbursement for employee only)
- Employee +1: \$3500 (max reimbursement \$1750 for up to 2 individuals)
- Family: \$5250 (max reimbursement \$1750 for up to 3 individuals)

Eligible expenses include: items subject to your medical deductible.

### How to Request a Reimbursement:

Complete a Health Reimbursement Request Claim Form (available on the Staff Forms page of the district's website). Submit this form along with either the Explanation of Benefits (EOB) or BCBS printout that states the amount applied to your deductible.

To access the BCBS printout: 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 must be received 90 days after the plan year (March 31<sup>st</sup>) to be eligible for reimbursement. Reimbursement claim forms submitted after this date will not be eligible for reimbursement. Reimbursements are available to those enrolled in the HRA-PPO only and are paid as part of the bills presented at the monthly Board of Education meetings. The district does not reimburse for Out-of-Pocket expenses.