

What is an HRA?

An HRA is an arrangement (not an account) where employers reimburse medical expenses incurred by employees and their dependents. An HRA is treated as a standalone plan that is placed alongside a conventional health insurance plan to reimburse you for expenses not covered by insurance. Your HRA will reimburse you for some expenses that are applied to your deductible. A complete description of medical expenses eligible for reimbursement can be found in your HRA Summary Plan Description (SPD) or Summary of Benefits and Coverage (SBC). See your Benefits Administrator for a copy of either document.

Claims Process

After you have incurred an eligible in-network deductible expense and have an Explanation of Benefits (EOB) from your insurance carrier, you can request reimbursement from your HRA plan by following the steps detailed below.

- 1. Complete the CBIA HRA Reimbursement Form. Make sure the claim does not include services/items for more than one plan year. Use a different claim form for each year.
- 2. Attach the EOB and, if necessary, any other required supporting documentation.
- 3. Review the Reimbursement Form to make sure all fields are complete, including signature and date.
- 4. Send the completed form and supporting documentation to:

CBIA HRA Services 350 Church Street Hartford, CT 06103-1126

OR fax to: (860)278-0883

CBIA will process your claim request. In most cases, you will receive a reimbursement check within 21 business days. Claims under the plan need to be submitted within 90 days after the end of the plan year. When you no longer participate in the plan, all claims need to be submitted within (90) days after you cease to participate in the plan. Claims for a plan year submitted after 90 days of the end of the plan year or after you cease to participate in the plan will not be eligible for reimbursement.

Privacy

A copy of CBIA HRA Services' Privacy Notice is located in your SPD. If you don't have a copy of your SPD, contact your Benefits Administrator.