

HRA Plan Summary of Benefits and Coverage (SBC) - Hudson Valley Credit Union

HRA Plan Year Coverage Period: 1/1/2023 – 12/31/2023 | Effective Date: 1/1/2023

This is an Appendix to the SBC(s) of the Integrated Group Health Insurance Plan(s) for your organization and of any affiliated employers under the same HRA Plan: **Empire BCBS EPO with HRA Deductible and Coinsurance HD 2800**



This is only a summary. If you want more detail about your coverage and costs, please see the Plan Document and Summary Plan Description (SPD) of your Health Reimbursement Arrangement (HRA) or call American Benefits Group at 800-499-3539.

Health Reimbursement Arrangement (HRA)

Your Health Reimbursement Arrangement (HRA) Plan is integrated with your Group Health Insurance Plan and is designed to offset some of the out-of-pocket medical expenses associated with your Group Health Insurance Plan.

For details of what qualify as Group Health Insurance Plan out-of-pocket expenses, including **Group Health Insurance Plan Deductible** expenses and whether your Group Health Insurance Plan has associated coinsurance or copays, please refer to the separate Summary of Benefits and Coverage (SBC) for your Group Health Insurance Plan.

HRA Funds Available

The following funds are available in your HRA for you for the HRA Plan Year (and your dependents covered under your Group Health Insurance Plan):

Group Health Insurance Plan Coverage Tier	Current Plan Year HRA Funds Available *
Employee (often referred to as Single)	\$750
Employee + One (often referred to as Double)	\$1,500
Employee + Family (often referred to as Family)	\$1,500

* = Remember: You can only be reimbursed for covered HRA out-of-pocket medical expenses up to the amount credited for the Plan Year.

HRA Employee Upfront Responsibility

You must have incurred out-of-pocket medical expenses under your Group Health Insurance Plan (in the amounts indicated in the following table) for the HRA to start reimbursing out-of-pocket medical expenses under your Group Health Insurance Plan. This amount is called the **HRA Employee Upfront Responsibility**:

Group Health Insurance Plan Coverage Tier	Out of Pocket HRA Employee Upfront Responsibility
Employee (often referred to as Single)	N/A
Employee + One (often referred to as Double)	N/A
Employee + Family (often referred to as Family)	N/A

HRA Plan Summary of Benefits and Coverage (SBC) - Hudson Valley Credit Union

HRA Plan Year Coverage Period: 1/1/2023 – 12/31/2023 | Effective Date: 1/1/2023

This is an Appendix to the SBC(s) of the Integrated Group Health Insurance Plan(s) for your organization and of any affiliated employers under the same HRA Plan: Empire BCBS EPO with HRA Deductible and Coinsurance HD 2800

HRA Reimbursable Expenses

Your HRA is available to reimburse the following types of out-of-pocket Group Health Insurance Plan expenses:

Eligible Expenses
Deductible Expenses
Copayments
Coinsurance
Prescriptions (Rx)

HRA Expense Incurred on Date of Service

To qualify for HRA reimbursement, expenses must be incurred during the HRA Plan Year. *(If your Effective Date of participation in the Group Health Insurance Plan and therefore in the HRA is a date later than the start of the HRA Plan Year, then the expense must be incurred on or after your Effective Date but before the end of the HRA Plan Year.)*

An expense is incurred on the date when the service for the expense is provided, not on the date the expense was paid for by you or the date you received a bill for the expense from your service provider.

Claims for HRA expenses must be submitted no later than 90 days after the end of the HRA Plan Year for active employees.

HRA Reimbursement Methods

To be reimbursed for eligible HRA expenses, submit a claim or claim(s) for expenses incurred in the plan year, within the timeframe set-forth in the HRA Summary Plan Description (SPD), to American Benefits Group. This can be done through your WealthCare Portal account at www.amben.com/WealthCare, through the use of the ABG WealthCare Mobile App, or with a completed claim form, via fax to (877) 723-0147.

Depending on your HRA Plan design, there may be a debit card (the ABG Benefits Card) associated with your HRA account. Please see your HRA Plan's Summary Plan Description (SPD) for more details.

Explanation of Benefits (EOB)

Manual claims for reimbursement of HRA expenses must be accompanied by an Explanation of Benefits (EOB) from your Group Health Insurance Plan showing the qualifying out-of-pocket expenses incurred.

If allowed under your plan, for incurred expenses paid for with your *ABG Benefits Card*, you will be asked to submit an Explanation of Benefits (EOB) from your Group Health Insurance Plan to substantiate card transactions as qualifying HRA expenses.