

Health Reimbursement Arrangement Premium Only Listing of Eligible Expenses

The following is a partial listing of eligible reimbursable expenses. A Health Reimbursement Arrangement participant may request a reimbursement by properly completing, signing, and returning a Consolidated Claim Form along with proof of their claim. Qualified premiums are outlined in Internal Revenue Code Section 213(d).

Insurance premiums paid by an employer or through a pre-tax section 125 cafeteria plan are not eligible for reimbursement. If you are a current participant in a Section 125 Healthcare Flexible Spending Account (FSA), you must exhaust the FSA benefits before you may file an eligible HRA claim.

Common Qualified Claims

- Premiums paid by the former employee to a subsequent employer's group health plan.
- Premiums on an individual health insurance policy purchased by the former employee, including those purchased from the healthcare exchange.*
- Premiums on a Medicare supplemental health insurance policy purchased by the former employee.
- Reimbursement for Medicare Part B premiums paid by the former employee.
- Once Medicare Part D is implemented, Medicare Part D premiums paid by the former employee.
- Additional contributions the former employee's spouse pays to enroll the former employee as a dependent in the spouse's employer's group health plan (as long as these additional premiums were not paid by the spouse with pre-tax payroll deductions).
- Premiums for separate dental, vision, or prescription drug insurance policies.
- Premiums paid by the former employee for long-term care coverage. Long-term care premium reimbursements are subject to the following IRS limitations for the year 2018. Any premium amounts for the year above these limits are not considered to be an eligible medical expense.

Attained age before the close of the taxable year

Maximum Deduction for 2018

40 or less	\$420
More than 40 but not more than 50	\$780
More than 50 but not more than 60	\$1,560
More than 60 but not more than 70	\$4,160
More than 70	\$5,200

**If you are otherwise eligible for a Premium Tax Credit (subsidy), you may suspend your HRA balance to qualify. Your suspension will be in effect for the entire plan year and is irrevocable. To obtain a suspension form, please contact us at (855) 329-0095.*

Questions?

If you have questions on eligible premium expenses, please call us at (855) 329-0095 or email us at healthaccountservices@MyMidAmerica.com.

