What is an HRA?

Understanding your Traditional Health Reimbursement Arrangement

Funded by your employer. Designed to help with healthcare costs.

A benefit paid for by your employer

A Health Reimbursement Arrangement (HRA) is an employer-funded benefit that reimburses eligible healthcare expenses. Your employer determines the benefit amount and which expenses the plan covers. You do not contribute to the HRA, and reimbursements for qualifying expenses are generally tax-free.

An integrated HRA works alongside group medical coverage. It supplements your health insurance by helping with certain out-of-pocket costs; it does not replace your medical plan.

Who can use the benefit

You must meet your employer's eligibility requirements and be enrolled in the group medical coverage required by the HRA. Expenses for a spouse, children, or other eligible dependents may also qualify when the plan's coverage requirements are met.

What expenses may be covered

Depending on your employer's plan, an HRA may reimburse some or all of the expense categories below. Not every HRA covers every category.

Expense	Examples if covered by your plan
Deductible expenses	Eligible costs you are responsible for before your medical plan begins paying.
Copays and coinsurance	Your share of eligible doctor visits, hospital services, and other medical care.
Prescription expenses	Eligible out-of-pocket prescription drug costs.
Other eligible expenses	Dental, vision, or other qualifying healthcare expenses specifically allowed by your HRA.

How reimbursement works

Receive eligible care during your HRA coverage period, then submit a claim with the required documentation. Approved expenses are reimbursed according to your plan's rules and available balance. Some plans require you to pay a specified amount first or reimburse only a portion of an expense.

The same expense cannot be reimbursed twice—for example, by both your HRA and insurance or a health FSA.

What happens to unused funds

Some HRAs allow unused funds to roll over to the next plan year; others do not. Rollover limits, continued eligibility, and the treatment of balances when coverage ends depend on your plan. Unused funds are not paid to you in cash.

How to submit and track claims

Use your MoneyWise online account or mobile app to submit claims, review your available balance, and check claim status. Include an Explanation of Benefits (EOB) or itemized documentation showing the patient, provider, service, date of service, and amount owed.

Submit claims by your plan's deadline. Additional time to submit a claim does not extend the period in which you can incur eligible expenses.

Where to find your plan details

Review your employer's HRA benefit summary and official plan documents for your plan year, benefit amount, covered expenses, reimbursement rules, rollover provisions, and claim deadlines. Contact MoneyWise if you need help understanding your benefit.

This flyer describes an HRA integrated with group medical coverage. It is a general overview, not a guarantee of coverage. Your official plan documents govern eligibility and benefits and control if there is a conflict.