

HEALTH REIMBURSEMENT ACCOUNT (HRA)



Oldham County Fiscal Court will include a Health Reimbursement Arrangement to assist employees and dependents to cover the cost of the deductible and out of pocket costs for the 2020 Humana Health plan.

For Single Coverage – the plan has an upfront deductible of \$4,000, 20% coinsurance after the deductible, and total maximum out of pocket of \$5,000. The HRA will reimburse you after you reach \$1,800 in total cost. The remaining \$3,200 is covered through reimbursements of the HRA. The Humana plan will pay at 100% thereafter for normal covered claims.

For Family Coverage – the plan has an upfront deductible of \$8,000, 20% coinsurance after the deductible, and total maximum out of pocket of \$10,000. The HRA will reimburse the first family member who incurs claims after \$2,800 in total cost. If a second family members incurs claims they will be responsible for \$1,200 in total cost. Once a family reaches a total of \$4,000 in total cost, they will be covered at 100%. The HRA covers the remaining \$6,000. The Humana plan will pay at 100% thereafter for normal covered claims.

Employee Only Coverage				
Expenses	Employee %	Employee Pays	HRA %	HRA Pays
\$1,800	100%	\$1,800	0%	\$ 0.00
\$3,200	0%	\$ 0.00	100%	\$3,200
\$5,000		\$1,800		\$3,200
ALL REIMBURSEMENTS WILL BE PROCESSED BY DIRECT DEPOSIT TO THE MAIN PAYROLL ACCOUNT ON FILE				

Employee & Dependent Coverage				
Family Member #1				
Expenses	Employee %	Employee Pays	HRA %	HRA Pays
\$2,800	100%	\$2,800	0%	\$ 0.00
\$2,200	0%	\$ 0.00	100%	\$2,200
\$5,000		\$2,800		\$2,200
Family Member #2 (or combination of all other family members)				
Expenses	Employee %	Employee Pays	HRA %	HRA Pays
\$1,200	100%	\$1,200	0%	\$ 0.00
\$3,800	0%	\$ 0.00	100%	\$3,800
\$5,000		\$1,200		\$3,800
ALL REIMBURSEMENTS WILL BE PROCESSED BY DIRECT DEPOSIT TO THE MAIN PAYROLL ACCOUNT ON FILE				

Employees are responsible for filing a claim form and an EOB with McGregor for HRA.

Please see Human Resources Department for the claim form.

This summary is intended only to highlight some of the most commonly used benefits. Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.