



HRA

The **Health Reimbursement Arrangement** (HRA) is an employer-funded account for bills that do not meet the CHM Guidelines Incident requirements, such as routine prescriptions, dental, or vision bills, or medical incidents or expenses that total less than the CHM Qualifying Amount (QA) of \$1,000 per incident.

CHM funds an employee's HRA amount in accordance with the employee's number of CHM Gold membership units (1 unit receives \$3,000 per year; 2 units receive \$4,200 per year; 3 units receive \$5,400 per year). This amount is prorated in your year of hire.

Unused funds do not roll over into the following year.

Medical FSA

Employees who anticipate incurring medical costs that will *exceed* the provided HRA should carefully consider funding a **Flexible Savings Account** (FSA) to pay for the additional expenses. Employees may contribute up to \$3,200 per year from their income tax-free to fund eligible medical expenses.

Unused FSA funds are forfeited, so be careful in estimating your annual out of pocket expenses.

Dependent Care FSA

A Dependent Care FSA enables employees to contribute up to \$5,000 per year from their income tax-free to fund eligible dependent care expenses.

PR

Your Personal Responsibility amount for incidents that meet the CHM Guidelines Qualifying Amount (QA) and have been processed through Gift Manager may be submitted through the PR bucket on the HRA website. The PR bucket is separate from your HRA amount and holds \$1,000 for each Gold Unit of your CHM membership.

Important notes:

Medical bills incurred before or on December 31 may be considered for reimbursement up to the balance remaining for that year through March 31 of the following year.

Eligible expense types for the HRA and FSA are determined by government regulations. See page titled "Eligible HRA/FSA Expenses" for a list of eligible and ineligible expenses.

You may submit your expenses either as they are incurred or on a monthly basis. Please keep copies of all submissions and receipts for your personal records.

HRA/FSA funds may not be used to prepay for procedures or medical purchases. If a situation arises that is not covered within this guide, please direct questions to hr@chministries.org.

If medical expenses accumulate to a total that is greater than \$1,000, submit the forms and itemized medical bills to be shared via the CHM Gold and CHM Plus program. Submit bills to employeebills@chministries.org.

If reimbursement was already received from HRA funds for the same incident, employees must reimburse their HRA once the medical need is shared through CHM Member Escrow, then submit their Explanation of Sharing (EOS) to the PR bucket.



HRA/FSA/PR web address: hra.chministries.org

Employees receive an email with an invitation to confirm your account and set up the password.

Your username is your CHM email address. Your password must be at least 6 characters long and include a number, a capital letter, and a lowercase letter.

If you forgot your password, click "Log In", "Forgot Password", and then follow the prompts.

To submit an HRA or FSA request:

- Select "Manage my claims"
- Select "Create New"
- Select the family member, program, and type of service
- Enter the service date. For most bills, it's the day that the medical incident occurred. For prescriptions, it's the date on the payment receipt.
- Enter the amount
- Enter the provider name
- Upload a copy of the itemized* bill and proof of payment. Do this by selecting the document field or the folder icon next or the document field.

To submit a PR request:

- Select "Manage my claims"
- Select "Create New"
- Select the family member
- Select Personal Responsibility as the program
- Enter the service date. For PR, use the Explanation of Sharing check issue date
- Enter the amount
- Upload a copy of your Explanation of Sharing (the document received along with your sharing check from CHM). Do this by selecting the document field or the folder icon next or the document field.

- *An itemized bill includes the CPT code or description of service, date of service, patient name, provider name, and total amount including any discounts.
- For prescriptions, please include the bag tag and a payment receipt.
- Bills in a ledger format with multiple dates of service should be submitted using the most recent date of service. Multiple years must be separate submissions.
- Once completed, the funds will be deposited in your bank account according to the HRA/FSA schedule. You can review previously submitted claims by selecting "Manage my claims".
- Any HRA submission that does not meet the above requirements is subject to delayed reimbursement and will not be reimbursed until corrected. Note: submissions with incomplete requirements need to be deleted from the HRA system until document requirements are met, then resubmitted for approval.



Eligible Expenses

Medical Services	<ul style="list-style-type: none"> • Acupuncture • Alcohol/drug treatment • Ambulance • Chiropractic adjustments • Deductibles and co-pays • Emergency room co-pays • Fertility treatment/drugs (please see exclusions below) • Flu shots 	<ul style="list-style-type: none"> • Hearing exams • Hospitals services • Injections and vaccinations • Office visit co-pays • Pediatric services • Podiatry services • Physical therapy • Psychological counseling 	<ul style="list-style-type: none"> • Routine physicals • Smoking cessation program • Speech therapy • Sterilization • Weight loss programs that are pre-approved and medically supervised • Well baby care
Medication	<ul style="list-style-type: none"> • Insulin/supplies 	<ul style="list-style-type: none"> • Prescription drugs 	<ul style="list-style-type: none"> • Over-the-counter drugs, if prescribed by a doctor
Medical supplies & other services	<ul style="list-style-type: none"> • Blood pressure monitors • Brace/splint • Crutches 	<ul style="list-style-type: none"> • Guide dog/service animals & their care • Hearing aids/batteries 	<ul style="list-style-type: none"> • Medical alert bracelet/necklace • Walker/wheelchair
Dental services	<ul style="list-style-type: none"> • Crowns/bridges (cosmetic veneers not covered) • Dentures • Dental implants • Dental x-rays • Exams • Extractions 	<ul style="list-style-type: none"> • Fillings • Root canals • Gum treatment/periodontal maintenance • Teeth cleaning • Oral surgery • Occlusal/bite guards & retainers 	<ul style="list-style-type: none"> • Orthodontia/Braces <ul style="list-style-type: none"> » Up to \$1,000 per month eligible for reimbursement (including down payment/ agreement costs). » Submit the terms of agreement and proof of payment each month until paid in full.
Vision	<ul style="list-style-type: none"> • Eye exams • Frames (up to \$300 per person, per year) 	<ul style="list-style-type: none"> • Glasses/contacts (not contact lens solution) 	<ul style="list-style-type: none"> • Lasik eye surgery • Prescription sunglasses
Lab & diagnostic fees	<ul style="list-style-type: none"> • Blood tests • Body scans 	<ul style="list-style-type: none"> • Laboratory fees • Stool analysis 	<ul style="list-style-type: none"> • Urine analysis • X-rays



Ineligible Expenses

<p>The following expenses cannot be reimbursed under the HRA or FSA</p>	<ul style="list-style-type: none"> • Alternative (integrative, complementary, functional, etc.) treatment, including diagnostic testing & supporting treatment • Chiropractic massage, supplements and medical equipment prescribed by a chiropractor • Cosmetic procedures • Hair transplants • Health club/fitness dues • Household help • Illegal treatments/operations • Prescriptions imported from outside the U.S. • Insurance premiums 	<ul style="list-style-type: none"> • Items & services merely beneficial to general health (i.e. multivitamins, hand sanitizers, facial tissue) • Medical concierge/estimates/prepayments • Missed appointment/late fees • Peditasure • Personal care items (i.e. soap, toothbrush or paste, floss, shampoo, conditioner, deodorant, creams, lotions) • Rogaine/Minoxidil/Propecia • Teeth whitening/bleaching • Treatment for varicose veins for cosmetic purposes 	<ul style="list-style-type: none"> • Various fertility treatment types including: <ul style="list-style-type: none"> » invitro » reversal of sterilization » implantation of embryos or any procedure related in any way to the manipulation of embryos » uterine transplantation » abortions or procedures related to abortions, abortive-related services or abortive prescriptions • Veneers • Vitamins/nutritional supplements/nutritionists
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Eligible Expenses (must be paid to entity or person with a Tax ID)

Dependent Care	<ul style="list-style-type: none">• Expense for care of children under the age of 13• Expense to care for any dependent of any age if physically or mentally incapable of self-care• Before & after school programs• Preschool tuition• Sick child care• Summer day camp
Adult Care	<ul style="list-style-type: none">• Adult daycare centers• Elder care

Ineligible Expenses

The following expenses cannot be reimbursed under the Dependent Care FSA	<ul style="list-style-type: none">• Overnight camp• Activity expenses/clothing fees (when billed separately)• Food expenses (when billed separately)• Late payment fees• Transportation expenses (when billed separately)
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Below are estimated reimbursement dates for requests submitted throughout 2024.

IF SUBMITTED BY**REIMBURSED BY**

January 3, 2024	January 5, 2024
January 16, 2024	January 19, 2024
February 5, 2024	February 9, 2024
February 20, 2024	February 23, 2024
March 4, 2024	March 8, 2024
March 18, 2024	March 22, 2024
April 1, 2024	April 5, 2024
April 15, 2024	April 19, 2024
May 6, 2024	May 10, 2024
May 20, 2024	May 24, 2024
June 3, 2024	June 7, 2024
June 17, 2024	June 21, 2024
July 1, 2024	July 5, 2024
July 15, 2024	July 19, 2024
August 5, 2024	August 9, 2024
August 19, 2024	August 23, 2024
September 3, 2024	September 6, 2024
September 16, 2024	September 20, 2024
October 7, 2024	October 11, 2024
October 21, 2024	October 25, 2024
November 4, 2024	November 8, 2024
November 18, 2024	November 22, 2024
December 2, 2024	December 6, 2024
December 16, 2024	December 20, 2024

**If the HRA request date falls on a holiday, the deadline is changed to the end-of-day Tuesday.*

***Please note: CHM reserves the right to change or adjust this information as needed for the benefit of the organization and its members.**