

A health reimbursement account (HRA) is an account that is owned and funded by your employer to help you pay for covered health care services

## The HRA will pay for services after you pay first

With a split deductible HRA, you need to reach a set deductible (Access Point) before the HRA begins automatically paying out.

### How an HRA plan is different

An HRA plan focuses on managing your health by encouraging you to:

- Take a more active role in your health care buying decisions
- Make healthier choices and seek quality care

With this plan, you may have lower premiums with a higher deductible. This means that less money is taken out of your paychecks and you only pay for the services that you use.



# Paying for care with an HRA in 3 steps

1

### Your deductible<sup>1</sup>

Before you can use the money in the HRA, you will need to pay for covered services until you reach the Access Point. Then, your HRA automatically pays for covered services until the deductible has been met.

2

#### Your coinsurance

After you reach the deductible, you pay for a set portion of each service (your coinsurance). 3

### Your out-of-pocket limit<sup>1</sup>

When you reach your out-of-pocket limit you are done paying. The plan pays 100% of covered services for the rest of the coverage year.

## Paying with your HRA is easy

Network providers are paid directly from your available HRA funds and you are automatically reimbursed for qualifying HRA purchases.

#### If you're asked to pay at the doctor's office

Most health care providers will send your bill (claim) to UnitedHealthcare before you are asked to pay anything. However, some providers may ask you to pay some of the cost during your visit. If you make any payment, it will apply to your deductible and out-of-pocket limit.

Preventive care is covered

**100**%

when you visit a network doctor

Learn more

Visit myuhc.com® to manage your HRA today

United Healthcare

<sup>&</sup>lt;sup>1</sup> These costs don't apply for preventive care services that are received in the network. You may be required to receive approval for some services before they can be covered. For all of the coverage details, see your official health plan documents.