

## WHAT IS A HEALTH REIMBURSEMENT ARRANGEMENT (HRA)?

An HRA is an employer-funded benefit that provides funds to pay for eligible out-of-pocket medical, dental and vision expenses. Over-the-counter medications are also eligible with this plan. HRA contributions are put into an account that is set up in your name and you can begin accessing your account on January 1, 2023.

## ELIGIBILITY

This HRA is for City of Dearborn employees who retired prior to January 1, 2023 and are enrolled in one of the following plans:

- Blue Cross Blue Shield of Michigan Community Blue PPO \$500 (pre-65 retirees)
- Health Alliance Plan HMO \$500 (pre-65 retirees)
- Blue Cross Blue Shield of Michigan Medicare Advantage \$250 (Medicare retirees)
- Health Alliance Plan Medicare Advantage \$250 (Medicare retirees)

## HRA CONTRIBUTION AMOUNT

Your HRA contribution amount will be two times the effective combined deductible for each eligible retiree and dependent(s), if applicable. Please note: this is a one-time contribution. See page two to view your contribution amount.

## PLAN DETAILS

**Plan Year:** January 1, 2023 - December 31, 2023

**Plan Run Out-Date:** March 31, 2024. You have 90 days after the plan year ends to submit requests for reimbursement of eligible expenses incurred during the plan year.

**Balances:** Unused balances will be rolled over from year-to-year.

## YOUR BENEFITS CARD

A Benefits Card will be mailed to your mailing address. Your Benefits Card is automatically activated upon its first use. When you incur an eligible expense, swipe your P&A Benefits Card and the expense will automatically be deducted from your account.



The card is a limited access debit card and is good for three years from the date of issue. P&A controls where the card can be used through Merchant Category Codes (MCCs) and the Inventory Information Approval System (IIAS) so only expenses can be charged at pre-approved services/locations. If your card is declined and you believe your expense is eligible, please submit a claim for reimbursement (see claim submission options below).

**NOTE:** the card cannot be used at an ATM machine to withdraw cash. If your card is lost or stolen, please notify P&A Group immediately so we can shut your card off and order you a new card.



## HOW DO I SUBMIT A CLAIM FOR REIMBURSEMENT?

If you are unable to use your Benefits Card, you can pay for the eligible expense out-of-pocket and submit a claim to P&A for reimbursement. Choose from one of four options to submit a claim.

### Mobile App

Download our mobile app and log into your account. Go to the menu and tap Upload Claim/Documentation to submit your claims.

### QuickClaim

Submit claims and receipts from your smartphone when you log into your account from your mobile device at [www.padmin.com](http://www.padmin.com).

### Claim Upload

Upload a claim to P&A's website at [www.padmin.com](http://www.padmin.com). Log into your account and follow the prompts on your screen.

### Fax/Mail a Claim Form

Complete a claim form, which is accessible by logging into your account at [www.padmin.com](http://www.padmin.com). Submit the form via fax or mail to P&A Group for processing, along with all receipts and required documentation.

Fax: (877) 855-7105

Mail: 17 Court St., Suite 500 Buffalo, NY 14202

## OK, I SUBMITTED A CLAIM - HOW DO I GET MY MONEY?

Once P&A Group processes your claim, a check will be mailed to your home mailing address. Please note: There is a \$25 minimum for check reimbursements. You can also sign up for direct deposit and have your reimbursement automatically deposited into your designated checking or savings account. Direct deposit is the quickest and easiest way to get your reimbursement, and there is no minimum amount for reimbursement! To enroll in direct deposit, log into your P&A Account and click Direct Deposit under the quick links menu.

## P&A GROUP PARTICIPANT SUPPORT CENTER

HOURS: Monday - Friday, 8:30 a.m. - 10:00 p.m. ET

PHONE: (716) 852-2611 | WEB: [www.padmin.com](http://www.padmin.com)

HRA CONTRIBUTION AMOUNT			
Health Insurance Plan	Level/Contract	Calculation	Total HRA Contribution
<b>Blue Cross Blue Shield of Michigan Enrollees - Pre-65 Retiree</b>	Pre-65 Retiree (Single Contract)	2 x \$500	\$1,000
	Pre-65 Retiree (2 Person Contract - both members Pre-65)	2 x \$1,000	\$2,000
	Pre-65 Retiree + Medicare Spouse or Dependent (2 Person Contract)	2 x \$500 + 2 x \$250	\$1,500
	Pre-65 Retiree (Family Contract - all members Pre-65)	2 x \$1,000	\$2,000
	Pre-65 Retiree + Medicare Spouse + 1 or more Pre-65 Dependents (Family Contract)	2 x \$1,000 + 2 x \$250	\$2,500
	Pre-65 Retiree + Medicare Spouse + Medicare Dependent (Family Contract)	2 x \$500 + 2 x \$250 + 2 x \$250	\$2,000
<b>Blue Cross Blue Shield of Michigan Medicare Retiree</b>	Medicare Retiree (Single Contract)	2 x \$250	\$500
	Medicare Retiree (2 Person Contract - both members Medicare)	2 x \$250 + 2 x \$250	\$1,000
	Medicare Retiree + Pre-65 Dependent (2 Person Contract):	2 x \$250 + 2 x \$500	\$1,500
	Medicare Retiree + 2 or more Pre-65 Dependents (Family Contract):	2 x \$250 + 2 x \$1,000	\$2,500
	Medicare Retiree + Medicare Spouse + Pre-65 Dependent (Family Contract)	2 x \$250 + 2 x \$250 + 2 x \$500	\$2,000
	Medicare Retiree + Medicare Spouse + 2 or more Pre-65 Deps (Family Contract)	2 x \$250 + 2 x \$250 + 2 x \$1,000	\$3,000
	Medicare Retiree + Pre-65 Spouse + Medicare Dependent (Family Contract)	2 x \$250 + 2 x \$500 + 2 x \$250	\$2,000
<b>Health Alliance Plan Enrollees - Pre-65 Retiree</b>	Pre-65 Retiree (Single Contract)	2 x \$500	\$1,000
	Pre-65 Retiree (2 Person Contract - both members Pre-65)	2 x \$1,000	\$2,000
	Pre-65 Retiree + Medicare Spouse or Dependent (2 Person Contract)	2 x \$500 + 2 x \$250	\$1,500
	Pre-65 Retiree (Family Contract - all members Pre-65)	2 x \$1,000	\$2,000
	Pre-65 Retiree + Medicare Spouse + 1 or more Pre-65 Dependents (Family Contract)	2 x \$1,000 + 2 x \$250	\$2,500
	Pre-65 Retiree + Medicare Spouse + Medicare Dependent (Family Contract)	2 x \$500 + 2 x \$250 + 2 x \$250	\$2,000
<b>Health Alliance Plan Enrollees - Medicare Retiree</b>	Medicare Retiree (Single Contract)	2 x \$250	\$500
	Medicare Retiree (2 Person Contract - both members Medicare)	2 x \$250 + 2 x \$250	\$1,000
	Medicare Retiree + Pre-65 Dependent (2 Person Contract)	2 x \$250 + 2 x \$250	\$1,000
	Medicare Retiree + 2 or more Pre-65 Dependents (Family Contract)	2 x \$250 + 2 x \$500	\$1,500
	Medicare Retiree + Medicare Spouse + Pre-65 Dependent (Family Contract)	2 x \$250 + 2 x \$250 + 2 x \$250	\$1,500
	Medicare Retiree + Medicare Spouse + 2 or more Pre-65 Deps (Family Contract)	2 x \$250 + 2 x \$250 + 2 x \$500	\$2,500
	Medicare Retiree + Pre-65 Spouse + Medicare Dependent (Family Contract)	2 x \$250 + 2 x \$250 + 2 x \$250	\$1,500