

**CITY OF DETROIT POST-2014 NON-SAFETY EMPLOYEE  
RETIREE HEALTHCARE TRUST**

P.O. BOX 1497

TROY, MICHIGAN 48099-1497

(248) 641-4989

[www.ourbenefitoffice.com/cityofdetroitpost2014/benefits](http://www.ourbenefitoffice.com/cityofdetroitpost2014/benefits)

**2025 Health Reimbursement (HRA) Claim Form**

**Instructions:** To receive benefits from your HRA account, you must complete **ONE FORM** per patient, along with the following information:

**Reimbursement for:**

Medical Co-payments

Dental

Vision Services

Prescription Payment or Co-Payment

Other Insurance Monthly Premium Reimbursement

**Information Required:**

Copy of your Explanation of Benefits Form (EOB).

**Balance due statements are not acceptable.**

A copy of your EOB. **Balance due statements are not acceptable.**  
**Orthodontic services will be paid for after services are rendered.**

Copy of a detailed invoice listing the services rendered and the charge for each.

A copy of the drug label stub or a printout from your pharmacy.  
**Cash register receipts are not acceptable.**

A copy of a paid monthly premium invoice or payment history from your insurance provider

**PLEASE NOTE:** The minimum amount that can be reimbursed must total \$25.00 per submission. **You MUST allow up to 30 business days for reimbursement.** All reimbursements for claims will be made payable to the member.

Retiree's SS#

Retiree's Name: \_\_\_\_\_ or Alternate ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cellular) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Type of Service**

(Medical, Dental, Vision,  
Prescription, Premium)

**Providers Name**

**Date of Service**

**Amount of Claim**

(Claims must total at least \$25.00)

_____	_____	_____ / _____ / _____	_____
_____	_____	_____ / _____ / _____	_____
_____	_____	_____ / _____ / _____	_____
_____	_____	_____ / _____ / _____	_____
_____	_____	_____ / _____ / _____	_____

By signing this form, I understand that benefits shall be paid in accordance with the City Of Detroit Post-2014 Non-Safety Employee Retiree Healthcare Trust. (See the reverse side of this form for a brief description of covered benefits).

Retiree's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Health Reimbursement Arrangement (HRA) Frequently Asked Questions**

## *What is the HRA Account?*

The **Health Reimbursement Arrangement** (HRA) is a bookkeeping account that will be established for any Retiree that retired on or after 1/1/2015.

**Please note, this is a bookkeeping account only – it cannot be cashed out by participants at any time, and it does not “vest” – the Board may terminate the account at any time.**

## **How will my (HRA) be Funded?**

On the first day of each month, Eligible City of Detroit Non-Safety Employee Retirees who retired after December 31, 2014, will be credited with \$125.00 to their HRA account per month in 2015, and shall be increased by 3% annually (rounding up to the nearest dollar) effective January 2016, and each January thereafter through June 30, 2024. Therefore, the monthly credit amount shall be \$141 per month in 2019, \$145 per month in 2020, \$150 a month in 2021, \$153 a month in 2022, \$156 a month for 2023, \$159 a month for 2024 and \$163 for 2025.

## *What can I use the HRA account for?*

The HRA may be used for all "qualified medical expenses" for you and your eligible dependents. Unfortunately, we cannot provide an exhaustive list of all possible "qualified medical expenses". A partial list is provided in IRS Pub 502 (available at [www.irs.gov](http://www.irs.gov)). A determination of whether an expense is for "medical care" is based on all the relevant facts and circumstances. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness. The determination often hangs on the word "primarily."

As an example, the following is a partial list:

- All or part of any medical, dental, vision or prescription co-payments
- Other medical expenses, provided they are qualified medical expenses as defined by the IRS
- Diabetic education, providing you submit a prescription from your physician and obtain the education from a licensed dietitian
- Premiums for other insurance

### **What expenses are not allowed?**

Benefits payable under the HRA are subject to IRS rules and regulations regarding the IRS definition of medical expenses which may be included in medical expense deductions. The following is a partial list of expenses not payable under the HRA. They include but are not limited to:

- Expenses already processed and the amount paid by your medical insurance carrier
- Vitamins/Supplements (whether prescribed by a doctor or not), and over the counter drugs and supplies

## What do I have to do to request reimbursement from my HRA?

You must send a completed HRA Claim Form along with the following information: (NOTE: BALANCE DUE STATEMENTS ARE NOT ACCEPTABLE).

## Where do I send my HRA reimbursement requests?

Mail these requests to: City of Detroit Post-2014 Non-Safety Employee Retiree Healthcare Trust  
P.O. Box 1497  
Troy, Michigan 48099-1497

Fax these requests to: (248) 556-2597

Email these requests to: [flexclaims@benesys.com](mailto:flexclaims@benesys.com)

## ***Is there a time limit to file for HRA Benefits?***

Participants should send in receipts and/or documentation of out-of-pocket qualified medical costs as accrued monthly. However, claims must be filed within 18 months of the date of service. Claims filed after 18 months from date of service will be denied. (*Example 1: Date of Service 1/1/2024, must be filed by 6/1/2025 or they will be denied. Example 2: Date of Service 4/1/2024, must be filed by 10/1/2025 or they will be denied.*)