City of Detroit General Retiree Healthcare Trust

Health Reimbursement (HRA) Claim Form - 2025

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

PLEASE NOTE: The minimum amount that can be reimbursed must total $25.00 per submission. You MUST allow up to 10 business days for reimbursement. All reimbursements for claims will be made payable to the member.

Retiree's Name: CHARLES MONTOYA

Retiree's SS# or Alternate ID: 123-45-6789

Address: 123 ANYWHERE STREET, DETROIT, MI 48021

Phone Number: (313) 000-0000

Patient Name: CHARLES MONTOYA

Relationship: SELF

RECURRING PREMIUM REIMBURSEMENT – JANUARY TO DECEMBER 2025

(MEDICARE PART B OR MONTHLY MEDICAL INSURANCE PREMIUMS ONLY)

Reimbursement for:	**Information Required:**
Medicare Part B	Statement from SSA showing monthly Part B amount
Medical Insurance Premium	Statement from Provider showing monthly premium amount

Providers Name **Amount of Claim**

TRADITIONAL REIMBURSEMENT *(SUBMIT FORMS MONTHLY)*

Reimbursement for:	**Information Required:**
Medical Co-payments	Copy of your Explanation of Benefits Form (EOB). **Balance due statements are not acceptable.**
Dental	A copy of your EOB. **Balance due statements are not acceptable. Orthodontic services will be paid for after services are rendered.**
Vision Services	Copy of a detailed invoice listing the services rendered and the charge for each.
Prescription Payment or Co-Payment	A copy of the drug label stub or a printout from your pharmacy. **Cash register receipts are not acceptable.**

Type of Service (Medical, Dental, Vision, RX, Premium)	**Providers Name**	**Date of Service**	**Amount of Claim**
RX	WALGREENS	01/01/2025	$30.00
SVS VISION	GLASSES	01/01/2025	100.00
		/ /	

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

Retiree's Signature: Charles Montoya Date: 01-01-2025

P.O. Box 4955 * Troy, MI 48099-4955
Phone 248-641-4913 * Facsimile 248-876-4355 * Toll Free 844-563-8911
www.ourbenefitoffice.com/mydetroitretireebenefits

STANDARD REIMBURSEMENT

Reimbursement for:	**Information Required:**
Medical Co-payments	Copy of your Explanation of Benefits Form (EOB). **Balance due statements are not acceptable.**
Dental	A copy of your EOB. **Balance due statements are not acceptable. Orthodontic services will be paid for after services are rendered.**
Vision Services	Copy of a detailed invoice listing the services rendered and the charge for each.
Prescription Payment or Co-Payment	A copy of the drug label stub or a printout from your pharmacy. **Cash register receipts are not acceptable.**

Type of Service (Medical, Dental, Vision, RX, Premium)	**Providers Name**	**Date of Service**	**Amount of Claim**

How will my (HRA) be Funded?

At the first of each month, your HRA will automatically be credited with the amounts indicated below based on the categories outlined.

Non- Medicare Retiree Retired Prior to 1/1/2015	Amount
Non-Medicare Eligible (Pre-65)	**$140.00**
Non-Medicare Eligible Spouse w/< $75k Household Income on Public Exchange	**$140.00**
Non-Medicare Eligible w/< $75k Household Income on Public Exchange	**$190.00**
Non-Medicare Eligible Duty Disabled	**$315.00**
Non-Medicare-eligible Surviving Spouse married to retiree at time of retirement	**$140.00**

Medicare Retiree Retired Prior to 1/1/2015	Amount
Medicare Eligible (65+ or disabled) who have elected to opt-out of the medical plans offered by the Trust	**$130.00**
Medicare-eligible Surviving Spouse married to retiree at time of retirement	**$130.00**

Is there a time limit to file for HRA Benefits?

Yes, HRA Claims must be filed by March 31st of the year following the Plan Year in which the expense was incurred.

Where do I send my HRA reimbursement requests?

Send these requests to:

City of Detroit General Retiree Healthcare Trust P.O. Box 4955
Troy, Michigan 48099-4955

Fax: (248) 876-4355

Email: CityofDetroitGeneralHRAclaims@benesys.com

Health Reimbursement Arrangement (HRA) Frequently Asked Questions

What is the HRA Account?

The ***H**ealth **R**eimbursement **A**rrangement* (HRA) is a bookkeeping account that will reimburse an eligible participant for medical care expenses as defined under IRC section 213(d). An HRA will be established for any eligible Medicare Retiree that retired prior to 1/1/2015 and has elected to opt out of the Medicare Advantage Plans provided by the Trust.

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.

What can I use the HRA account for?

The HRA may be used for all **"qualified medical expenses".** Unfortunately, we cannot provide an exhaustive list of all possible "qualified medical expenses". Please refer to ***I**nternal **R**evenue **C**ode* section (IRC) 213(d) or IRS Pub 502 (available at 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.

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).

Reimbursement for:	**Information Required:**
Medical Co-payments	Copy of your Explanation of Benefits Form (EOB). Balance due statements are not acceptable.
Dental	A copy of your EOB. Balance due statements are not acceptable. Orthodontic services will be paid for after services are rendered.
Vision Services	Copy of a detailed invoice listing the services rendered and the charge for each.
Prescription Payment or Co-Payment	A copy of the drug label stub or a printout from your pharmacy. Cash register receipts are not acceptable.
Other Insurance Monthly Premium Reimbursement	A copy of a paid monthly premium invoice or payment history from your insurance provider.

Where do I obtain HRA Claim Forms?

You may call BeneSys at (844) 563-8911 to have a Claim Form mailed to you or you may obtain a form by visiting our website at www.ourbenefitoffice.com/mydetroitretireebenefits