



City of Detroit Police & Fire Retiree Healthcare Trust

Troy Office (248) 641-4932 Toll Free (833) 725-5336

Health Reimbursement Account (HRA) Claim Form - 2025

You will need to submit new HRA Reimbursement Forms for 2025, your HRA recurring payments do not carry over from year to year. See Back for Instructions

Select One Box Only:

☐ Withdraw from Retiree Account: _____ SSN or Alternate ID: _____

☐ Withdraw from Spouse Account: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (Home) _____ (Cellular) _____

Person Receiving Service: _____ Relationship: _____

Insurance Premium Reimbursement - A copy of a paid monthly premium invoice, payment history from your insurance provider or your monthly pension stub (may be submitted as recurring expense)

Recurring Premium Reimbursement Claim for January 2025 - December 2025	Provider's Name	Amount of Claim (Claim total must exceed \$25)

Medical Co-payments/Services - Copy of your Explanation of Benefits Form (EOB) or copy of invoice listing provider name, date of service, recipient of service, description of service and the amount owed by recipient.

Dental Services - Copy of invoice listing provider name, date of service, recipient of service, description of service and the amount owed by recipient.

Cost estimate statements are not acceptable.

Vision Services - Copy of invoice listing provider name, date of service, recipient of service, description of service and the amount owed by recipient.

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

Type of Claim (Medical, Dental, Vision, RX)	Provider's Name	Services Rendered	Date of Service	Would you like monthly payments until paid in full? (Y/N)	Amount of Claim (Claim total must exceed \$25)

By signing this form, I acknowledge that the information provided above is true and accurate and that I have not been and will not be reimbursed for the expenses listed above from any insurance company, flexible benefit plan, health savings account (HSA), another HRA, or any other source. I further understand that benefits shall be paid in accordance with the Retired Detroit Police & Fire Fighter Health Care Plan.

Signature of Retiree or Spouse as applicable: _____ Date: _____

HRA Claims must be filed by March 31st of the year following the Plan Year in which the expense was incurred. Claims filed following the March 31st deadline will be denied by the Plan's Third-Party Administrators as untimely.

- Example: Date of Service in 2024, claim must be filed by March 31, 2025
- Example: Date of Service in 2025, claim must be filed by March 31, 2026

To receive benefits from your HRA account, you must complete ONE FORM per claimant, along with the required supporting documents and mail to COD Police & Fire RHT, P.O. Box 1198, Troy, MI 48099-1198 fax to (248) 636-4193 or emailed to CityofDetroitPFHRAclaims@benesys.com.

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 either the Retiree or Spouse chosen on front of form.

Health Reimbursement Arrangement (HRA) Frequently Asked Questions

What is the HRA Account?

The **Health Reimbursement Arrangement** (HRA) is a bookkeeping account that will reimburse an eligible participant for medical care expenses as defined under IRC section 213(d).

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 HRA at any time in accordance with the provisions of the Retiree Health Care Trust.

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.

Member Category	Amount
Non-Medicare Eligible (Pre-65) – Retiree	\$225.00
Non-Medicare Eligible (Pre-65) – Spouse	\$225.00
*Non-Medicare Eligible Retiree w/< \$75k Household Income on Public Exchange	\$275.00
*Non-Medicare Eligible Spouse w/< \$75k Household Income on Public Exchange	\$275.00
*Below FPL in Non-Medicaid Expansion State - Retiree	\$250.58
*Over 65 Non-Medicare Eligible - Retiree	\$400.00
*Over 65 Non-Medicare Eligible - Spouse	\$400.00
Non-Medicare Eligible Duty Disabled – Retiree	\$400.00
Member Category	Amount
Medicare Eligible Opt-Out - Retiree	\$225.00
Medicare Eligible Opt-Out - Spouse	\$225.00

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 *Internal Revenue Code* section (IRC) 213(d) or **IRS Publication 502 (available at www.irs.gov)** for further guidance. 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.

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. Claims filed following the March 31st deadline will be denied by the Plan’s Third-Party Administrators as untimely.