

Supplemental HRA Plans at a Glance



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A Dental Only		
Covers all eligible dental, with the exception of orthodontia.	<ul style="list-style-type: none"> • Deductibles • Dental • Copay 	<ul style="list-style-type: none"> • Coinsurance • Debit card—If available on the FSA, may only be used for medical, prescription, over-the-counter drugs and vision.
B Dental and Orthodontia		
Covers all eligible dental and orthodontia expenses.	<ul style="list-style-type: none"> • Deductibles • Dental and orthodontia • Copay 	<ul style="list-style-type: none"> • Coinsurance • Debit card for HRA is limited to dental and orthodontia. • Debit card—If available on FSA, is not limited
C Vision and Dental		
Covers all eligible vision and dental expenses, with the exception of orthodontia.	<ul style="list-style-type: none"> • Deductibles • Dental • Vision • Copay 	<ul style="list-style-type: none"> • Coinsurance • Debit card—If available on the FSA, may only be used for medical, prescription, and over-the-counter drugs
D Vision, Dental, and Orthodontia		
Covers all eligible vision, dental, and orthodontia expenses.	<ul style="list-style-type: none"> • Deductibles • Dental and orthodontia • Vision • Copay 	<ul style="list-style-type: none"> • Coinsurance • Debit card for HRA is limited to vision, dental, and orthodontia. • Debit card—If available on FSA, is not limited
E Vision Only		
Covers all eligible vision expenses.	<ul style="list-style-type: none"> • Deductibles • Vision • Copay 	<ul style="list-style-type: none"> • Coinsurance • Debit card for HRA is limited to vision. • Debit card—If available on the FSA, is not limited.
F Prescription Only		
Covers all eligible prescription expenses.	<ul style="list-style-type: none"> • Deductibles • Prescription • Copay 	<ul style="list-style-type: none"> • Coinsurance • Debit card—If available on the FSA, may only be used for medical, vision and dental.

All Supplemental HRA Plans Feature:

- 10% prefund based on the annual contribution.
- HRA must pay first if the FSA is offered.
- 90-day run out period from the end of the HRA plan year for funds not carried over.
- Carryover of expenses allowed.*
- Eligible expenses not covered by insurance are allowed.

*Eligible expenses from previous plan years are allowed if they occurred within the employee's HRA eligibility period.

Coverage and Features

	A	B	C	D	E	F
Deductibles	✓	✓	✓	✓	✓	✓
Copay expenses	✓	✓	✓	✓	✓	✓
Coinsurance expenses	✓	✓	✓	✓	✓	✓
Prescription expenses						✓
Dental expenses	✓	✓	✓	✓		
Orthodontia expenses		✓		✓		
Vision expenses			✓	✓	✓	
Eligible expenses not covered by insurance	✓	✓	✓	✓	✓	✓
10% prefund based on the annual contribution	✓	✓	✓	✓	✓	✓
HRA must pay first if the FSA is offered	✓	✓	✓	✓	✓	✓
Debit card available on HRA		✓	✓	✓	✓	
Debit card available on FSA	✓	✓	✓	✓	✓	✓
Carryover of expenses allowed*	✓	✓	✓	✓	✓	✓
90-day run out period from the end of the HRA plan year for funds not carried over	✓	✓	✓	✓	✓	✓