

# Health Reimbursement Arrangement Premium Only Listing of Eligible Expenses

The following is a partial listing of eligible reimbursable expenses. A Health Reimbursement Arrangement (HRA) participant may request a reimbursement by properly submitting their claim online or by completing, signing, and returning a MidAmerica Claim Form along with proof of their claim. Qualified premiums are outlined in Internal Revenue Code Section 213(d).

Insurance premiums paid by an employer or through a pre-tax Section 125 cafeteria plan are not eligible for reimbursement. If you are a current participant in a Section 125 Health Care Flexible Spending Account (FSA), you must exhaust the FSA benefits before you may file an eligible HRA claim.

## Common Qualified Claims

- Premiums paid by the former employee to a subsequent employer's group health plan.
- Premiums on an individual health insurance policy purchased by the former employee, including those purchased from the health care exchange.\*
- Premiums on a Medicare supplemental health insurance policy purchased by the former employee.
- Reimbursement for Medicare Part B premiums paid by the former employee.
- Once Medicare Part D is implemented, Medicare Part D premiums paid by the former employee.
- Additional contributions the former employee's spouse pays to enroll the former employee as a dependent in the spouse's employer's group health plan (as long as these additional premiums were not paid by the spouse with pre-tax payroll deductions).
- Premiums for separate dental, vision, or prescription drug insurance policies.
- Premiums paid by the former employee for long-term care coverage. Long-term care premium reimbursements are subject to the following Internal Revenue Service limitations for the year 2021. Any premium amounts for the year above these limits are not considered to be an eligible medical expense.

### Long-Term Care Premium Reimbursements: IRS 2021 Limitations

Attained age before the close of the taxable year	Maximum Deduction for 2021
40 or less . . . . .	\$450
More than 40 but not more than 50 . . . . .	\$850
More than 50 but not more than 60 . . . . .	\$1,690
More than 60 but not more than 70 . . . . .	\$4,520
More than 70 . . . . .	\$5,640

## Questions?

If you have questions on eligible premium expenses, please call us at (855) 329-0095 or email us at [healthaccountservices@myMidAmerica.com](mailto:healthaccountservices@myMidAmerica.com).

