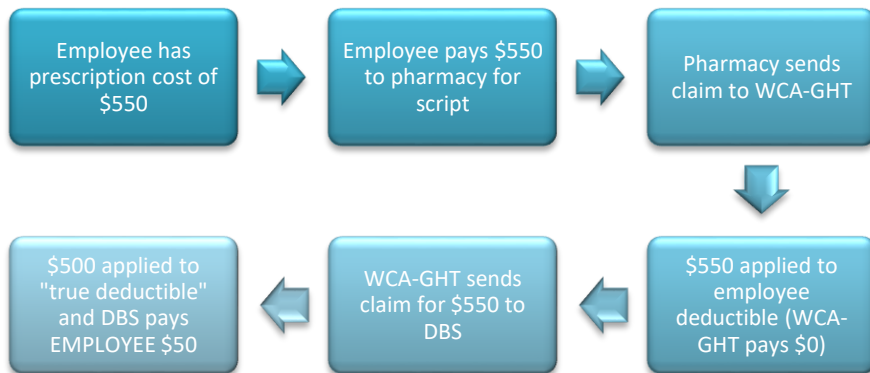


# HRA Process – Prescription Claim

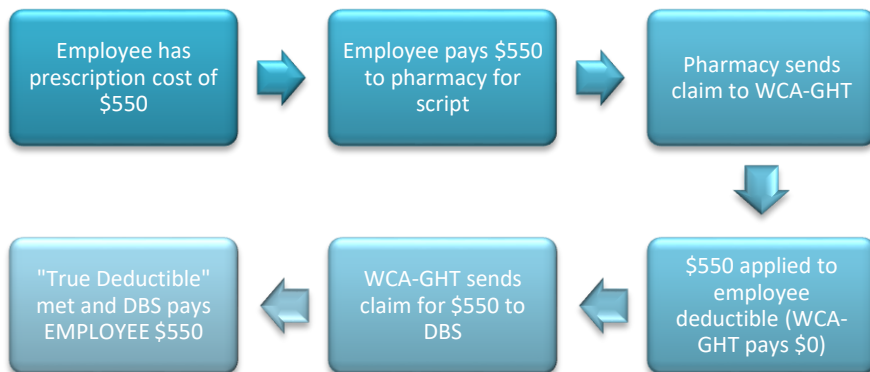
Jefferson School District purchased a health insurance plan from WCA-GHT. This plan has a \$3,000 single / \$6,000 family deductible.

To help with the cost of the deductible, the district purchased a Health Reimbursement Arrangement (HRA) from Diversified Benefit Services. The district is going to pay \$2,500 of the single deductible and \$5,000 of the family deductible, showing the employee a “true deductible” of \$500 single / \$1,000 family.

How does this work with a prescription claim before \$500 deductible met?



How does this work with a prescription claim AFTER \$500 true deductible met, but before \$3,000 purchased deductible met?



Once the \$3,000 deductible has been met for any one person, that person will have their scripts covered at 100% and will not have to pay for them when they pick them up.