

Type of Medical Expense Reimbursement Plan	Retiree Only HRA	Integrated HRA (Such as a Partially Self-Funded Plan)	Limited Purpose HRA	Health Flexible Spending Account	Health Savings Account	QSEHRA	ICHRA	EBHRA
Employer Eligibility	All	All	All	All	All	Non-ALE (Under 50 "Full Time Equivalent" Employees)	All	All
Employee Eligibility	Retired Employees	Employee must be covered under Group policy of Plan Sponsor or other employer	All	Employees offered group coverage or ICHRA (actual coverage not required)	Must be covered by a High Deductible Health Plan - Can have no Disqualifying Coverage	No Group Coverage (including coverage for excepted benefits, Health FSA and other HRA plans) offered to <u>any</u> current employee. Must offer to all full-time EEs. Reduces Premium Tax Credit.	Employee classifications not offered Group Coverage. (IRS list of 10) Must have Individual Coverage or Medicare. Employee is not eligible for Premium Tax Credit if health coverage is Affordable and provides Minimum Value.	Employees offered group coverage (actual coverage not required)
Must Offer to All Employees?	No, subject to IRC 105(h) rules	No, subject to IRC 105(h) rules	No, subject to IRC 105(h) rules	No, subject to IRC 125 rules	Yes, subject to special discrimination rules	Yes, with limited exceptions	May restrict to specified classifications - class size and type restrictions apply	Must be offered to all similarly situated employees
Must all employees receive the same contribution?	No, subject to IRC 105(h) rules	No, subject to IRC 105(h) rules	No, subject to IRC 105(h) rules	No, subject to IRC 125 rules	Must be uniform to all comparable employees unless made through a §125 Plan	Yes, but may vary contributions based on - family status - age or - family size	All employees in the same classification must receive the same contribution, but may vary contributions based on: - age or - Family size	Must be uniform to all similarly situated employees
Annual Employer Contribution Limitation	None	None	None	Greater of \$500 or 100% of Employee Contribution, may make matching contributions like a 401(k)	\$3,550 self-only \$7,100 for all other coverage \$1,000 catch up if over age 50 (for 2021)	\$5,300 self-only \$10,700 family (for 2021)	None	\$1,800 (for 2021)
Can Employees Contribute?	No	No	No	Yes, up to annual limit (\$2,750 for 2021)	Yes, Employer contributions reduce Employee maximum	No	(Remaining premium amounts for individual coverage not purchased on an exchange can be paid through a cafeteria plan). Qualifies as "other major medical coverage" to permit Health FSA benefits..	No
Is there an annual notice requirement?	No	No	No	No	No	Yes, 90 days before beginning of plan year	Yes, 90 days before beginning of plan year	No
Expenses Eligible For Reimbursement	Premiums (including Medicare) medical, dental & vision	Usually limited to medical expenses covered but not paid under the policy with which the HRA is integrated, but can be broader. May pay premiums for medical (including Medicare) dental, vision & long-term care but not accident, disability or individual medical	Excepted benefits only (dental & vision)	Medical, dental & vision - No premiums	Medical, dental & vision & premiums (including Medicare). Cannot reimburse expenses for non-dependent children	Premiums for Medicare, individual health, dental, vision coverage §213(d) expenses, Employer contributions may reduce premium tax credit subsidy	Premiums for medical (including Medicare but no group), dental & vision and §213(d) expenses..	Medical, dental & vision, Premiums for dental, vision, indemnity, COBRA & STLDI (CANNOT reimburse Medicare, individual medical or group medical premiums)
Is claims substantiation required?	Yes	Yes	Yes	Yes	No. But must provide receipts if audited..	Yes	Yes	Yes
Must amounts be reported on Form W-2	No	No	No	No	Yes	Yes	Maybe	Maybe
Can Employer Permit Unused Amounts to be Carried Over	Yes	Yes	Yes	Yes, up to \$550 annually	Yes, required by law	Yes	Yes, but no reimbursement for expenses arising after individual insurance coverage ceases	Yes

For purposes of this chart "medical, dental & vision" generally means qualified out-of-pocket medical, dental and vision expenses not paid by insurance. "§213(d) expenses" means medical expenses that are qualified under Internal Revenue Code Section 213(d). IRC 105(h) rules means the discrimination rules under Internal Revenue Code Section 105(h). IRC 125 rules means the discrimination rules under Internal Revenue Code Section 125.

NOTE: This is a general description of some the characteristics of the various Medical Expense Reimbursement Plan designs currently available and is not intended to describe every rule, exception or benefit.