

# Funding Sheet for: Town of Charlotte

**Employer ID: CHOTOWNCHARL**  
Plan Year – 01/01 – 12/31  
Effective 1/1/2014

## Employer Provided Accounts

<b>20 Hours</b>	<b>50% of deductible \$2,875 Single/ \$5,750 Family</b>
<b>21 Hours</b>	<b>54% of deductible \$3,105 Single/ \$6,210 Family</b>
<b>22 Hours</b>	<b>58% of deductible \$3,335 Single/ \$6,670 Family</b>
<b>23 Hours</b>	<b>62% of deductible \$3,565 Single/ \$7,130 Family</b>
<b>24 Hours</b>	<b>66% of deductible \$3,795 Single/ \$7,590 Family</b>
<b>25 Hours</b>	<b>70% of deductible \$4,025 Single/ \$8,050 Family</b>
<b>26 Hours</b>	<b>74% of deductible \$4,255 Single/ \$8,510 Family</b>
<b>27 Hours</b>	<b>78% of deductible \$4,485 Single/ \$8,970 Family</b>
<b>28 Hours</b>	<b>82% of deductible \$4,715 Single/ \$9,430 Family</b>
<b>29 Hours</b>	<b>86% of deductible \$4,945 Single/ \$9,890 Family</b>
<b>30 Plus Hours</b>	<b>90% of deductible \$5,175 Single/ \$10,350 Family</b>

## Eligible Expenses

### **Health Reimbursement Account (HRA) (30 PLUS HOURS)**

- 90% of Medical Deductible, Co-Insurance and Co-pays
  - Including 90% of Out-of-Network Deductible
- 90% of Prescription Expenses

### **Health Reimbursement Account (HR2) (24-HOURS-HRA)**

- 90% of Medical Deductible, Co-Insurance and Co-pays
  - Including 90% of Out-of-Network Deductible
- 90% of Prescription Expenses

### **Health Reimbursement Account (HR2) (20-HOURS-HRA)**

- 90% of Medical Deductible, Co-Insurance and Co-pays
  - Including 90% of Out-of-Network Deductible
- 90% of Prescription Expenses

### Useful Information:

- The eligible expenses listed on this funding sheet are the ONLY eligible expenses.
- **If pharmacy expenses are eligible on your plan, please check our website [www.choice-strategies.com](http://www.choice-strategies.com) for a list of participating pharmacies.**
- The dates of service must have occurred during the plan year.
- You have a 3-month run-out period to file claims manually for dates of service incurred during the previous plan year.
- Receipt notifications will be mailed to you monthly. Your response to receipt notifications is necessary under the provisions of the plan. No response may result in the ineligibility of the purchase and as a result your card may be temporarily deactivated.

**PLEASE KEEP ALL RECEIPTS AS THEY MAY BE REQUIRED TO SUBSTANTIATE PURCHASES MADE WITH THE CHOICE STRATEGIES CARD.™ THIS REQUIREMENT IS MANDATED BY FEDERAL REGULATIONS**