

**CITY OF LIVINGSTON
Health Reimbursement Account
HRA SUMMARY GUIDE**

- **Plan Year – July 1- June 30**
 - ✓ Expenses must be incurred during the plan year in order to be eligible for reimbursement.
 - ✓ You may submit expenses for 90 days following the plan year (September 28 deadline) or for up to 90 days following termination.

- **Employer Funded**
 - ✓ Each Participating Employee - \$4,140 accrued monthly*

- **Eligible Expenses**
 - ✓ Medical
 - ✓ Vision
 - ✓ Dental
 - (Same as HSA/FSA eligible expenses)

- **Tips**
 - ✓ Go to www.askallegiance.com or use the mobile app (Allegiance Advantage) to submit claims.
 - ✓ Please provide documentation showing date of service, amount of out-of-pocket, and type of service.
 - ✓ Funds not used during the year are carried forward to the next plan year.
 - ✓ If also enrolled in the health FSA, the FSA funds will be used first.
 - ✓ If you have questions, please contact:

Allegiance Benefit Plan Management

PO Box 4346

Missoula, MT 59806

www.askallegiance.com

1-877-424-3570

Customer service representatives are available at 1-877-424-3570, M-F,
7:00 am – 5:00 pm Mountain Time, excluding holidays.