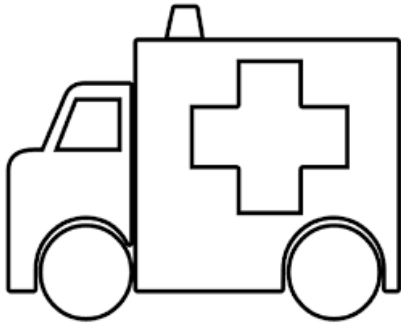


Arlington Health Reimbursement Account

Get reimbursement by submitting the HRA Form and your Explanation of Benefits*
Contact HR if you have questions or to help complete the form

Emergency Room Visit
\$100



High Tech Imaging
(MRI, CT, PET)
\$100



MRI

Inpatient Surgery
\$275, \$500, \$1,500
(depending on hospital tier)



Outpatient Surgery
\$275, \$500, \$1,500
(depending on hospital tier)



Out-of-Pocket Maximum
for Individual Plan
All expenses over \$1,000
(including prescriptions)



Out-of-Pocket Maximum
for Family Plan
All expenses over \$2,000
(including prescriptions)

