



HEALTH REIMBURSEMENT ARRANGEMENTS ON COVERME.GOV

APRIL 2026

Health Reimbursement Arrangements (HRAs)

- Health Reimbursement Arrangements (HRAs) are account-based health plans that employers can offer to their employees.
- HRAs reimburse employees for their medical expenses, which can include premiums.
- An employer may offer employees either an individual coverage HRA (ICHRA) or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA).

HRAs (cont.)

- An HRA isn't traditional health coverage through a job.
- It's an employer-funded group health plan that an employer contributes a certain amount to.
- Consumers use the money to pay for qualifying medical expenses up to a fixed dollar amount per year. Unused funds may carry over from year to year.
- For some types of HRA, consumers can use the money to pay monthly premiums for a health plan they buy themselves.
- For certain types of HRAs, consumers and any eligible household members must enroll in a health plan (like through the Marketplace) to use the HRA money.

ICHRAs

- ICHRAs can be offered to employees by employers of any size.
- To use an ICHRA, employees (and if applicable their covered family members) must be enrolled in individual market coverage for every month they are offered the HRA.
- Can be used with individual coverage through CoverME.gov, or directly through an insurer.
- **Consumers who have an offer of an ICHRA will not qualify to receive APTC through CoverME.gov if the ICHRA contribution meets the “Affordable Employer Coverage” standard.**
 - If coverage is affordable, an ICHRA offer counts as an offer of coverage under the ACA’s employer mandate.
 - If deemed unaffordable, the employee (and their household) will qualify for financial assistance through CoverME.gov **only** if they decline the ICHRA_(just like a traditional employer health plan).
- If the ICHRA does not cover the full amount of the premium, the employee can pay for the balance with pre-tax dollars only if the plan is purchased directly from the insurer outside of CoverME.gov.

QSEHRAs

- Small employers, generally businesses with 50 or fewer FTEs, can offer their employees QSEHRAs to help pay for their individual market premiums and medical expenses up to a maximum dollar amount annually.
- The maximum contributions are \$6,450 for employee-only coverage and \$13,100 for family coverage in 2025 (though they may contribute less).
- Unlike ICHRAs, employees enrolling with a QSEHRA can also qualify for APTC through CoverME.gov (in some cases).
- If the QSEHRA contribution is lower than the APTC the consumer would receive if enrolled without a QSEHRA, then they can qualify to receive **the difference** between the QSEHRA contribution and the APTC.
- **The APTC should be reduced by the amount of QSEHRA funding received monthly. CoverME.gov will not automatically reduce the monthly APTC amount. This must be done manually by the consumer.**
 - If the APTC is not reduced by the QSEHRA contribution, the consumer will likely have a tax liability when they file their federal income taxes.



How to enter HRA information in the CoverME.gov application

Entering HRA details

- After a consumer has started an application as usual and filled out their tax info, income, and income adjustments, they will be brought to this "Health Coverage" page.
- To be able to enter HRA details, consumers must select "Yes" to having an HRA offer that they are not enrolled in.
- Please note; even when updating future applications, do not change this configuration, or the consumer may be determined ineligible for APTC

coverME.gov Individual and Family James Kirk ID: 5019754 | Logout

My Household

Income & Coverage Info

Tax Info

Job Income

Other Income

Income Adjustments

Health Coverage

Other Questions

[Back To My Account](#)

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Health Coverage for James

Tell us about other health coverage options for this person. When you're finished, select 'Continue to Next Step'.

Is this person currently enrolled in health coverage or getting help paying for health coverage through a Health Reimbursement Arrangement? *

Yes No

[Not sure?](#)

Does this person currently have access to health coverage or a Health Reimbursement Arrangement that they are not enrolled in? *

Yes No

[Not sure?](#)

Other Health Coverage Type *

Other Health Coverage Type

[Not sure?](#)

[Cancel](#)

Entering HRA details

- After selecting "yes", scroll down to the "Other Health Coverage Type" box.
- Select "Health Reimbursement Arrangement" from the dropdown menu.

The screenshot shows a web form with a sidebar on the left and a main content area. The sidebar contains a progress indicator with three steps: 'Other Income', 'Income Adjustments', and 'Health Coverage' (which is currently active). Below the progress indicator are buttons for 'Back To My Account', 'Get Help Signing Up', and 'Log Out'. The main content area features a dropdown menu for 'Other Health Coverage Type'. The dropdown is open, showing a list of options: Medicare, TRICARE, COBRA (Consolidated Omnibus Budget Reconciliation Act), Coverage through your job (also known as employer-sponsored health insurance), Coverage obtained through a non-CoverME.gov marketplace, Veterans Affairs (VA) Health Care Program, Peace Corps Health Benefits, Health Reimbursement Arrangement (highlighted with a red arrow), Retiree Health Benefits, Other full benefit coverage, and Other limited benefit coverage. Below the dropdown is a 'Not sure?' link and a 'Cancel' button. At the bottom of the form, there is a question: 'Was this person found not eligible for MaineCare (Medicaid) within the last 90 days?'. This question has radio buttons for 'Yes' and 'No', and a 'Not sure?' link. At the very bottom, there are three buttons: 'Back to All Household Members', 'Previous Step', and 'Continue to Next Step'.

Entering HRA details

- After you select "Health Reimbursement Arrangement", you will be able to enter details about your HRA. Details include start and end dates, frequency, and amount of contributions, as well as if it is an ICHRA or QSEHRA.
- The plan year is the employer's plan year for the HRA. If the HRA renews for all employees in July, July is the start of the plan year.

Back To My Account

Yes No

[Not sure?](#)

[Get Help Signing Up](#)

[Log Out](#)

Health Reimbursement Arrangement

Employer Name *
Starfleet

Phone: 000-000-0000 Employer ID Number (EIN): 00-0000000

Type of HRA *
Choose
Individual coverage HRA
Qualified Small Employer HRA

Start Date *
mm/dd/yyyy

End Date
mm/dd/yyyy

offered by this employer? *

Amount *
0.00

Frequency *
Choose

Cancel Save

Select Special Enrollment Period

coverME.gov Individual and Family James Kirk ID: 5019754 | Logout

Enroll in Coverage

- Personal Information
- Verify Identity
- Household Info
- Special Enrollment Period**
- Choose Plan
- Confirm
- Complete

Special Enrollment Period

You may be eligible to enroll in health insurance outside of Open Enrollment, or enroll with an earlier effective date, by qualifying for a Special Enrollment Period (SEP). In order to qualify for a Special Enrollment Period you must be experiencing or have experienced a qualifying life event.

Common Life Events

- [Lost or will soon lose other health insurance](#)
- [Recently lost MaineCare](#)
- [Remove a family member from enrollment](#)
- [Had a baby](#)
- [Moved or about to move](#)
- [Got married](#)
- [Applied during open enrollment, denied after deadline](#)
- [Household income at or below 150% FPL](#)
- [Newly eligible or ineligible for APTC](#)
- [Easy Enrollment Tax Referral](#)

[Show More Life Events](#)

[Previous Step](#) [Continue to Next Step](#)

[Back To My Account](#)

[Get Help Signing Up](#)

[Log Out](#)

Other Qualifying Life Events

- [Had a baby](#)
- [Moved or about to move](#)
- [Household income at or below 150% FPL](#)
- [Newly eligible or ineligible for APTC](#)
- [Easy Enrollment Tax Referral](#)
- [Adopted a child](#)
- [Divorce or legal separation](#)
- [Pregnancy](#)
- [Death](#)
- [New offer of a health Reimbursement Arrangement starting during the plan year \(for example, when newly hired\)](#)
- [New offer of an HRA during the plan year](#)
- [Native American or Alaskan Native](#)
- [CORRA subsidy existing](#)
- [None of the situations listed above apply.](#)
- [Gained citizenship or lawful presence](#)
- [Starting or ending AmeriCorps service](#)
- [Domestic abuse or spousal abandonment](#)
- [Court or child support order](#)
- [Released from incarceration](#)
- [Late notice of qualifying event](#)
- [Employer did not pay premiums on time](#)
- [Plan error](#)

[Previous Step](#) [Continue to Next Step](#)

Being offered an HRA is a Qualifying Life Event. This allows for a Special Enrollment Period (SEP). Consumers should select "New offer of HRA during the plan year."

Call the Consumer Assistance Center

- Consumers will be prompted to call the Consumer Assistance Center to initiate the “New offer of HRA” Special Enrollment Period.

[Pregnancy](#)

[Domestic abuse or spousal abandonment](#)

[Death](#)

[Court or child support order](#)

[Change in eligibility for cost-sharing reductions](#)

[Released from incarceration](#)

[New offer of an HRA at the beginning of the plan year](#)

[Late notice of qualifying event](#)

[New offer of an HRA during the plan year](#)

[Employer did not pay premiums on time](#)

[Native American or Alaskan Native](#)


[Plan error](#)

[COBRA subsidy expiring](#)

None of the situations listed above apply.

Event Details

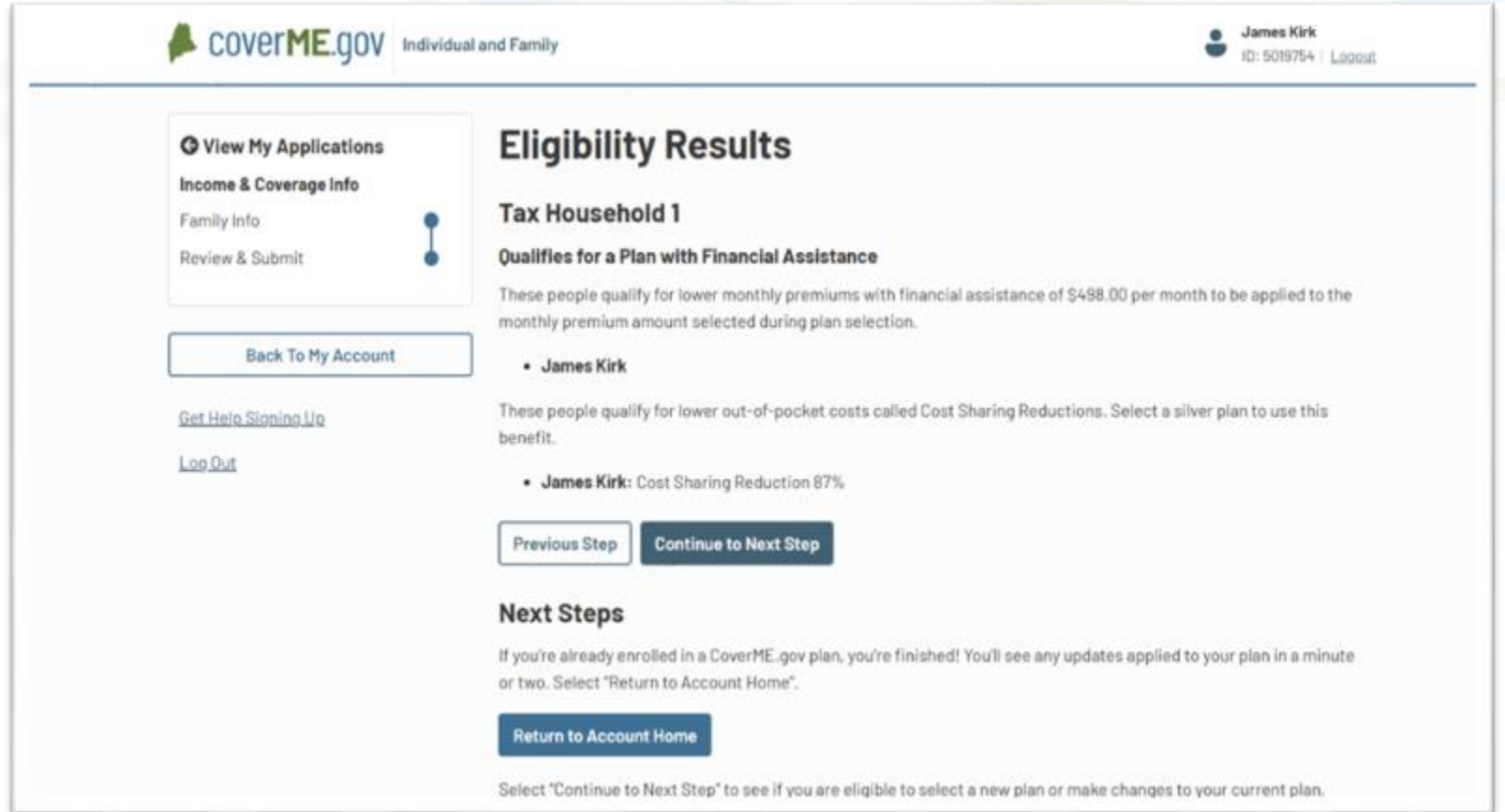
New offer of an HRA during the plan year

 Based on the information you entered, you may be eligible for a special enrollment period. Please call us at (866) 636-0355 to give us more information so we can see if you qualify.

[Previous Step](#) [Continue to Next Step](#)

The consumer is found eligible for APTC

- Upon submission of their application, the consumer will receive an eligibility determination, including eligibility for APTC.
- In this case, the consumer may be eligible because their HRA contribution fails the affordability test, or because their QSEHRA contribution is less than what they would receive in APTC.



The screenshot displays the 'coverME.gov' website interface for 'Individual and Family'. The user is logged in as 'James Kirk' (ID: 5019754). The main content area is titled 'Eligibility Results' and shows 'Tax Household 1' with the status 'Qualifies for a Plan with Financial Assistance'. It details that the household qualifies for a lower monthly premium with financial assistance of \$498.00 per month. A list of household members includes 'James Kirk'. Below this, it states that the household also qualifies for lower out-of-pocket costs called Cost Sharing Reductions, with a list entry for 'James Kirk: Cost Sharing Reduction 87%'. Navigation buttons include 'Previous Step', 'Continue to Next Step', and 'Return to Account Home'. A 'Next Steps' section provides instructions on what to expect after enrollment. A sidebar on the left offers options to 'View My Applications', 'Income & Coverage Info', 'Family Info', and 'Review & Submit', along with a 'Back To My Account' button and links for 'Get Help Signing Up' and 'Log Out'.

Reduce APTC

Applied Credits

The total tax credit amount the people on this plan qualify for is: \$498.00
The maximum amount you can use for this plan is: \$498.00

Use the Percentage Applied or Amount Applied inputs below to tell us how much of your total tax credit you'd like to use. We'll apply up to the maximum amount available for this plan.

Percentage Applied* Amount Applied*

100 498.00

100% of the total APTC (\$498.00) has been applied to your premium. How does this affect your premium calculation?

Name	Relationship	Age	Premium	APTC amount	You Pay
James Kirk	Self	35	\$571.18		
TOTAL			\$571.18	\$498.00	\$73.18

Agreement

I understand that I must report any changes that might affect my eligibility or the eligibility of a household member for health insurance. I can report changes by going online and logging into my account, by calling CoverME.gov Customer Assistance Center at (866) 636-0355, or by submitting information via mail.

I'm the person whose name appears in the signature line below. I understand that I'm submitting an application for health insurance and that information I provided will be used to decide eligibility for each member of my application group.

- Consumers must manually reduce their APTC amount:
 - For ICHRAs, by 100%. They do not qualify for APTC.
 - For QSERHAs, by the amount of QSEHRA funding received monthly.

Reduce APTC

Applied Credits

The total tax credit amount the people on this plan qualify for is: \$498.00
The maximum amount you can use for this plan is: \$498.00

Use the Percentage Applied or Amount Applied inputs below to tell us how much of your total tax credit you'd like to use. We'll apply up to the maximum amount you can use for this plan.

Percentage Applied* Amount Applied*

80% of available APTC (398) has been applied to your premium. [How is This Calculated?](#)

Name	Relationship	Age	Premium	APTC amount ☺	You Pay
James Kirk	Self	35	\$571.19		
TOTAL			\$571.19	398	\$173.19

Agreement

I understand that I must report any changes that might affect my eligibility or the eligibility of a household member for health insurance. I can report changes by going online and logging into my account, by calling CoverME.gov Customer Assistance Center at (866) 636-0355, or by submitting information via mail.

I'm the person whose name appears in the signature line below. I understand that I'm submitting an application for health insurance and that information I provided will be used to decide eligibility for each member of my application group.

- James will receive \$100/month through his QSEHRA, so he will need to reduce his APTC from \$498 to \$398.

Enroll in Coverage

Personal Information

Verify Identity

Household Info

Special Enrollment Period

Choose Plan

Confirm

Complete



[Back To My Account](#)

[Get Help Signing Up](#)

[Log Out](#)

Enrollment Submitted

Your enrollment has been submitted as of 04/11/2025 18:53 UTC +00:00.

Please print this page for your records. A copy of this confirmation has also been emailed to you.

Important: You must pay your first month's premium directly to your carrier for your coverage to take effect. Select 'How to Pay' to learn more.

[How to Pay](#)

[Pay Now](#)

Selected Enrollment

Anthem Clear Choice Gold X Tiered 2500

Benefit: Health
Market: Individual
Metal Tier: Gold
Coverage Start Date: 05/01/2025

Name	Relationship	Age	Premium	APTC amount	Pay
James Kirk	Self	35	\$571.19		
TOTAL			\$571.19	\$398.00	\$173.19

After you have paid for your first month's premium, select "Go to My Account" to view the status of your enrollment. You can also contact your carrier directly for additional information or to check the status of your enrollment.

[Print](#)

[Go to My Account](#)

For Assistance or Questions:

- For the most immediate response, contact CoverME.gov's Consumer Assistance Center. The CAC can answer questions, resolve technical issues, and provide other assistance.
1-866-636-0355, TTY: 711
- You can also reach out to CoverME.gov via email:
 - For Assisters: SBMAssisters.DHHS@maine.gov
 - For Brokers: SBMBrokers.DHHS@maine.gov



**THANK
YOU!**