

Private Premium Accounts

Employees paying into some non-group health-related insurance plans are able to put money aside on a pre-tax basis for their premiums

This program saves employees money if they are paying for a health-related insurance plan personally (a non-group plan). With a Private Premium Reimbursement Account employees may be able to put money aside for their premiums on a pre-tax basis.

In order to participate in a Private Premium Reimbursement Account, the employee has to be the owner of the policy or the policy can cover a qualified dependent. Group policies offered by an employer (or your spouse's employer) are not "individually owned" and cannot be paid for through this account.

The following can be reimbursed from a Private Premium Reimbursement Account for premiums that pay for:

- Dental Insurance
- Vision Insurance
- Cancer Insurance
- Intensive Care Insurance
- Hospitalization Insurance
- Partner MD and annual doctor service fees

Long-term care policies, Medicare Part D and Advantage plans, and life insurance are NOT reimbursable. Effective 1/1/14 INDIVIDUAL PRIVATE HEALTH INSURANCE (Major Medical) plan are also NOT reimbursable.

NOTE: for taxable years beginning after 2013, Individual health policies that are Exchange related coverage **CANNOT** be reimbursed or paid for under a cafeteria plan.

Partner MD and any annual doctor service fees are reimbursable only from this account and are not reimbursable through a Medical Reimbursement Account.

The basic rules of your flex Private Premium Account

Proof of payment can include a copy of the check you are sending for payment or a copy of your charge card bill or bank statement showing payment.

The first time you file for reimbursement, please include a copy of the statement or invoice from the insurance company showing the amount due for the policy and proof of payment. For the rest of the plan year, only proof of payment is required to accompany each Request for Reimbursement. However, if the amount of your premium changes, you will need to provide a new invoice or statement.

For Private Premium Reimbursement Accounts, reimbursement is limited to the funds available in your account at all times. Flexible spending account rules apply.

Remember, just like any other Flexible Spending Account, once the plan year begins, you cannot change the amount you contribute to this account unless there is a [Change of Family Status](#).

In addition, any amounts left in your account after the plan grace period will be lost. This is sometimes referred to as the [Use It or Lose It Rule](#).

You also cannot terminate from the plan unless there is an appropriate [Change of Family Status](#) or you are no longer eligible for this benefit. If that occurs, you are allowed 90 days after the end of the plan year to submit receipts for premiums paid during the plan year for coverage during the plan year.