

HEALTH REIMBURSEMENT ARRANGEMENT EMPLOYEE GUIDE

Iredell County

HEALTH REIMBURSEMENT ARRANGEMENT ACCOUNT

PLAN YEAR: The Plan Year will run from July 1, 2017 through June 30, 2018

ELIGIBILITY REQUIREMENTS:

Active Employees that “opt-out” of Iredell County’s health insurance plan and provide proof of coverage under another health insurance plan (for example: Spouse coverage under Medicare) are eligible to participate in the Health Reimbursement Arrangement Account (“HRA”).

ANNUAL HRA FUNDING:

Employees with single or family level of coverage may be reimbursed up to \$2,000.

ELIGIBLE EXPENSES FOR REIMBURSEMENT:

Some eligible expenses include:

- Deductible expenses
- Coinsurance expenses in \$5 increments
- Prescription Drugs

Employees must submit an Explanation of Benefits (“EOB”) with claim to show proof of eligible expenses for reimbursement.

HEALTH REIMBURSEMENT ARRANGEMENT ACCOUNT

CLAIMS SUBMISSION

OBTAINING A REIMBURSEMENT FROM YOUR HEALTH REIMBURSEMENT ARRANGEMENT ACCOUNT

To obtain a reimbursement from your Health Reimbursement Arrangement Account, you must submit an EOB and complete a Claim Form. This form is available from your employer.

WHEN FILING CLAIMS PLEASE BE SURE TO:

- Sign the claim form
- Complete all items on the form
- Use sufficient postage on the envelope
- Include your Explanation of Benefits ("EOB") or detailed receipts/statements

Your claim form may be returned to you or delayed in processing for improper or insufficient documentation.

NOTE: In order to be eligible for reimbursement through the Health Care Reimbursement Account, the eligible expense(s) must be incurred during the Plan Year. IRS defines "incurred" as when the medical care is provided (or date of service), not when you are formally billed, charged for, or pay for the care.

FOR EXAMPLE: If you go to the doctor on May 25, 2017 and your Plan Year begins on July 1, 2017, this expense is not eligible in the new Plan Year. Even if you pay for this expense after July 1, 2017, the "date of service" was before the Plan Year began and therefore is not eligible.

CLAIMS REIMBURSEMENT

All claims received in the office of Flexible Benefit Administrators, Inc. will be processed within one week via check or direct deposit.

Claims can be sent via any of the following methods:

Mail Claim Form to: Flexible Benefit Administrators, Inc. P.O. Box 8188, Virginia Beach, VA, 23450	Fax Claim Form to: (Please include cover sheet) Flexible Benefit Administrators, Inc. Fax Number: 757-431-1155
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Scan and Email Claim Form to: FlexDivision@flex-admin.com
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RULES AND REGULATIONS

GRACE PERIOD FOR FILING CLAIMS

You have the entire plan year plus 90 days to file all claims that were incurred during the plan year. All claims must be received in the office of Flexible Benefit Administrators, Inc. by 5:00 p.m. on September 28th. If claims are not received during this time frame for expenses incurred during the plan year, part of your remaining funds may will be forfeited. (Remember “90 days” does not mean 3 months and “received in the office” does not mean the day it was postmarked). **Please, do not delay, complete your claims early.**

TERMINATION OF EMPLOYMENT

If you have funds in your HRA and you submit receipts for expenses incurred prior to your termination, you can be reimbursed for funds remaining in your account up to your available balance up to 90 days from your last day worked. However, if you have money left in your HRA and do not have receipts for expenses incurred prior to your termination, you cannot be reimbursed for the money remaining in your account unless you elect to participate in the federal program, COBRA. If you elect to participate in COBRA, you will need to continue to set aside dollars on an after tax basis to be deposited into your HRA. You can receive information concerning this program from the contact person in your company.

ACCOUNT BALANCES

You may call Flexible Benefit Administrators, Inc. at (757) 340-4567 or (800) 437-FLEX from 8:30am to 5:00pm EST, Monday through Friday, to check your account balances. You may also access your personal account information at your convenience via our secure website: www.mywealthcareonline.com/fba. Each reimbursement check stub will show your request for reimbursements and disbursements for each account. It will also show your annual HRA funds and the balance to request by the end of the Plan Year for each account. A reminder letter will be sent 2 months prior to the end of the Plan Year if you have funds left in your account.

ADMINISTERED BY

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