

HRA

WELCOME

*to your*

**HEALTH  
REIMBURSEMENT  
ARRANGEMENT**

— *Through PrimePay* —



# LET'S GET STARTED

## WHAT IS A HEALTH REIMBURSEMENT ARRANGEMENT?

Health Reimbursement Arrangements, or HRAs, are widely used by employers to help employees manage out-of-pocket medical expenses (i.e. costs not covered by your group health plan). Employers have tremendous flexibility in the HRA plan design, but these plans often reimburse deductibles, copays, coinsurance, and prescription out-of-pocket costs.

Please consult your HRA Plan Document and/or Summary Plan Description for full details on your employer's plan.

## ENROLLING IN YOUR HRA

HRAs are typically tied to the group health plan offered by your employer, so when you enroll in your employer's group health plan, you will also complete the Health Reimbursement Arrangement Enrollment Form. Please see your employer for specific details regarding your eligibility for enrollment.

You may also contact our Benefit Success Team at **877.769.3539** for enrollment assistance.

The specifics of each HRA account offered will be detailed in the Summary Plan Description (SPD) or Summary of Benefit Coverage (SBC) provided by your employer.

## USING YOUR HRA

### Accessing your account online

You can easily access your account 24-hours a day to check your balance, file new claims, check a status of a claim, set up email/mobile text alerts, and much more!

Go to <https://www.mybenefitfunds.com/PrimeFlex/>



1. Select **“Click Here”** next to “New User”.
2. Enter your desired user name.
3. Enter a password with at least 8 characters including at least 1 non-alpha character and 1 capital letter. Please do not use your name within your password.
4. Enter your first name and last name as they were provided to your employer at enrollment.
5. Provide an email address.
6. Enter your Employee ID (often SSN without dashes).
7. Select the ID type you wish to use and then enter either your Employer's Registration ID or your Benefit Debit Card Number (no spaces or dashes).

**My Employer ID is** \_\_\_\_\_

8. Check the Accept the Terms of Service box.
9. Click Register.

Once you are logged into the system you can take the following actions, plus much more:

- Check your balance
- File claims
- View pending or past claims
- Add a checking/savings account for direct deposit
- Opt-in/out of electronic communications (email/mobile text)

## THE MOBILE APP



### FIND THE “PrimeFlex Mobile App” IN YOUR APP STORE

#### Accessing your account through our Mobile App

Our PrimeFlex Mobile App provides a single access point to manage your account from your phone or tablet. Via the PrimeFlex Mobile App, you may submit claims and upload receipts (saved as picture images on your phone) as substantiation for your claim. You may also access detailed account information including account balances, recent activity, recent communications, or contact your Benefit Success Team directly.



Your PrimePay FLEX Card

### Paying with your PrimePay FLEX Card

You may receive a PrimePay FLEX Card when you enroll in an HRA. In some cases, this card can only be used at a pharmacy to purchase prescriptions. However, depending on your plan design, the debit card may be used at medical providers. Use of the PrimePay FLEX Card will eliminate the need to submit a manual claim for prescriptions, although in many cases substantiation will still be required for medical services paid for with the card. PrimePay will notify you if substantiation is required. For more information please refer to your plan documents.

### Submitting Manual Claims for Reimbursement

When you need to file a manual claim for reimbursement, the easiest method is through the Participant Portal or PrimeFlex Mobile App. If you do not have access to the app or the internet, you may submit a paper claim. A request for reimbursement may be filed at any time during the plan year and run-out period. Please do not send duplicate claims.

**TIP** It is very important to retain your receipts for all of your HRA transactions.

### Here is an example of a typical manual claim reimbursement:

1. You will receive an Explanation of Benefits (EOB) from the carrier detailing the service that was received. The provider will also receive a copy of the EOB, showing the negotiated rate, and the amount they can bill you.

/ See pages 10-11 for sample EOB form /

2. If you have incurred an expense reimbursable through your HRA, file an online or paper claim with PrimePay; be sure to attach the EOB and all other supporting documentation.

3. If approved, a check will be mailed to your address on record, medical provider on record (Provider Pay), or direct deposited to your account on record. When you receive an invoice from your provider, pay them as you normally would.

4. If denied, no disbursements are made from your HRA and you will be responsible for paying for the medical expense by some other means.

5. Be sure to check that the invoice from the provider matches the EOB from the insurance company.

**Below is a quick Claims Reimbursement Checklist:**

- My claim is for the current plan year.
- I have incurred an eligible expense.
- I have filled out the Claim Reimbursement form in its entirety.
- I have attached all supporting documentation for the expenses incurred.
- I have not submitted this claim before.

**Online Claim Submission through the Participant Portal:**

1. Login to the Participant Portal, click on the **“My Accounts”** tab and select **“Request Reimbursement”**. Click the **“Add New”** tab and enter your claim information for each individual expense for which you are requesting reimbursement. Be sure to choose the appropriate account type when submitting your claim.
2. If you are able to scan your receipts, you may upload those directly by using the **“Browse”** button. If you are unable to upload your receipts, print the Receipt Submittal Form and fax/mail it along with your substantiation material once you have submitted the claim.
3. Read the Claim Certification and confirm you agree to the disclaimer by checking the box under **“Certification”**. Click the **“Submit”** tab at the bottom of your screen to complete your online claim submission.

**Paper Claim Submission**

1. Fill out a **“Claim Reimbursement”** form provided by your employer or available on our website at [www.primepay.com](http://www.primepay.com) (navigating to **“Resources”** and clicking on **“Forms”**, and then selecting **“Pre-Tax Benefits Forms”**). Please provide all necessary information related to the incurred expense.
2. Include all proper documentation in order to substantiate the incurred expense (i.e. EOBs, itemized receipts, invoices, etc.). Voided or cancelled checks, credit card statements, and balance owed statements from a provider are NOT acceptable forms of documentation.
3. Submit the claim form and proper documentation to PrimePay Benefit Services by email, fax or mail.

<b>Email</b>	primeflexhra@primepay.com
<b>Fax</b>	877.632.9472
<b>Mail</b>	PrimePay; Attn: HRA Claim; 1487 Dunwoody Drive; West Chester, PA 19380

**TIP** It is very important to retain the receipts for all of your HRA transactions.

Your plan may have been set up to mail payment directly to your medical providers of service. To take advantage of this, check the **“Pay Provider Directly”** box on the claim form and fill in the appropriate information. Attach the medical invoice to the claim form and we will take care of the rest!

**What happens next?**

Once we have received your claim, we will substantiate it. It is important to note that PrimePay Benefit Services must follow strict procedures according to IRS regulations in substantiating a claim. Neither PrimePay Benefit Services nor your employer can offer exceptions. If your claim is approved, PrimePay

Benefit Services will issue reimbursement. If you are set up for direct deposit, your reimbursement will usually be posted to your account the day after the file is processed. If you are not set up for direct deposit, a paper check will be issued and will usually arrive in about 7-10 days.

If your claim is denied, no disbursements will be made from your HRA account and you will be responsible for paying incurred expenses by some other means. If you feel your claim was denied in error, you may submit an appeal.

For more information about appeals, please contact our Benefit Success Team at **877.769.3539**.

**TIP**

It is your responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible claims. Failure to comply may delay payment and/or could result in IRS penalties if audited.

## FREQUENTLY ASKED QUESTIONS

**Q: What online capabilities do I have?**

**A:** Our online portal is very comprehensive. You can check your balance, file claims, view pending or past claims, add a checking/savings account for direct deposit, if applicable, opt-in/out of email communication, and much more. If you need help setting up your account please contact our customer service team and they will be happy to help.

**Q: Can I participate in the HRA if I am not enrolled in my employer's health plan?**

**A:** In most cases no, depending on how your plan is setup. For more information please refer to your Plan Documents or contact your Employer.

**Q: What happens if I terminate during the year?**

**A:** There will be a period of time after your termination for which you may submit claims for expenses incurred prior to termination. In some cases,

COBRA must be offered, which if elected will allow you to pay premiums in order to remain in your HRA and make claims against it.

**Q: Will I ever have to pay taxes on the money I am reimbursed?**

**A:** You will not have to pay taxes on any amount reimbursed, unless more is dispersed than allowed.

**Q: What happens if I incur an expense towards the end of the year?**

**A:** Following your last day to incur claims in the Plan Year, assuming you have a high enough balance, you will have generally 90 days to submit expenses for that plan year. This is known as the Run-Out Period and is an option selected by your Employer. Please refer to your Plan Documents.

**Q: If I have an HSA, can I still participate in the HRA?**

**A:** Only if the HRA is established as a Post-Deductible or Limited-Purpose HRA. A Post-Deductible HRA may not reimburse any deductible expenses until the minimum (Federal COLA limits) QHDHP deductible has been satisfied. A Limited-Purpose HRA may only reimburse vision, dental and preventative care expenses.

**Q: If I have an FSA, can I still participate in the HRA?**

**A:** Yes, these two Plans are implemented or work well together all of the time. In no case may you be reimbursed for the same medical care expense by both an HRA and a Health FSA. If coverage is provided under an HRA and a Health FSA for the same medical care expenses, please check your plan documents for ordering rules.

**Q: How do I unlock my online account?**

**A:** Your account may be temporarily deactivated after entering an incorrect password over 3 times. To unlock your account please call our Benefit Success Team during normal EDT business hours at **877.769.3539**.

**Q: Can I contribute to my HRA on top of what my Employer has?**

**A:** No, an HRA is a 100% Employer funded benefit.

## HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)

Example—Not A Bill

<b>Statement Date:</b>	01/05/2011	<b>Account Number:</b>	1234567-123	Joe Smith
<b>ID Number:</b>	ABC 123456	<b>Account Name:</b>	YOUR EMPLOYER	123 Main Street
<b>Patient Name:</b>	Joe Smith	<b>Plan Name:</b>	Plan 123ABC	Anywhere, PA 12345

Service Date	Provider	Benefit Plan				Patient Responsibility				
		Amount Charged	Allowed Amount	Other Insurance	Insurance Paid	Co-Pay	Deductible	Co-Insurance	Not Covered	Total
1/5/11	Dr. John Doe	\$78.00	\$65.00		\$50.00	\$15.00				\$15.00
1/5/11 <sup>1</sup>	Surgery <sup>2</sup>	\$65.00 <sup>3</sup>	\$40.00 <sup>4</sup>		\$35.00 <sup>6</sup>			\$5.00 <sup>9</sup>		\$5.00 <sup>11</sup>
1/5/11	Laboratory	\$123.00	\$100.00		\$80.00		\$20.00			\$20.00
	<b>Claim#:12-3456789</b>	\$266.00	\$205.00		\$165.00	\$15.00	\$20.00	\$5.00		\$40.00

Deductible and Co-Insurance to Date	Benefit Year	Deductible				Co-Insurance			
		Amount Used		Amount Remaining		Amount Used		Amount Remaining	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<sup>12</sup>	2011	\$20.00 <sup>13</sup>		\$980.00 <sup>14</sup>		\$5.00 <sup>15</sup>		\$245.00 <sup>16</sup>	

- |   |   |
|---|---|
| <p><b>1. Service Date</b> The date services were rendered for the named patient.</p> <p><b>2. Provider</b> The name of the provider who performed service. Can be doctor, hospital, etc.</p> <p><b>3. Amount Charged</b> The amount billed by each provider.</p> <p><b>4. Allowed Amounts</b> The maximum the insurance company will allow for services rendered.</p> <p><b>5. Other Insurance</b> The amount paid by other insurance, i.e. Medicare.</p> <p><b>6. Insurance Paid</b> The total amount the insurance company paid.</p> <p><b>7. Co-Pay</b> The amount paid at the time of service, as determined by your plan.</p> <p><b>8. Deductible</b> The amount you must pay out-of-pocket before the insurance company pays.</p> | <p><b>9. Co-Insurance</b> The percentage split between you and the insurance company for services rendered.</p> <p><b>10. Not Covered</b> The amount not covered under your health plan.</p> <p><b>11. Total</b> The total amount you are responsible for.</p> <p><b>12. Deductible and Co-Insurance Use</b> This table shows total used and remaining deductible &amp; co-insurance for the plan year to-date.</p> <p><b>13. Deductible Used</b> The amount of the deductible you have spent year-to-date.</p> <p><b>14. Deductible Remaining</b> The amount of the deductible you have remaining year-to-date.</p> <p><b>15. Co-Insurance Used</b> The amount of the co-insurance you have spent year-to-date.</p> <p><b>16. Co-Insurance Remaining</b> The amount of the co-insurance you have remaining year-to-date.</p> |
|---|---|



My Open Enrollment Period is: .....

My Employer ID is: .....

My Password is: .....

Employer Reimbursement: \$ .....

Employee Responsibility: \$ .....

I can get reimbursed if I spend money out of pocket on:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Notes:

.....  
.....



**Available for  
iPhone**



**Available for  
Android**

