



HRA with CrossTech

What is an HRA?

A Health Reimbursement Arrangement (HRA) is an account funded by your employer that works with your medical plan* to reimburse you for eligible expenses. The money in the account is not taxable and there's no cost to you. Only your employer can contribute to the HRA.

*The HRA helps you pay
out-of-pocket medical
costs tax free!*

How Does It Work?

Your employer sets a specific amount to credit toward your fund each year, and you use the fund to pay for qualified healthcare expenses that you would normally need to pay for out-of-pocket.

The types of expenses that qualify vary by employer. Check with your employer for information specific to your plan.

* May also work as a stand-alone benefit or in conjunction with a dental or vision plan. Check with your employer for details



Receiving Reimbursements

You will be reimbursed from the HRA when you have eligible expenses.
No HRA funds will be paid unless eligible expenses are incurred.

Medical Reimbursements

- You visit a doctor for care
- Your doctor submits a bill to your medical insurance plan
- The insurance company mails you and your doctor an Explanation of Benefits (EOB), which details the amount that your insurance plan will pay
- BCBSIL forwards the claim information to Flex electronically
- Flex processes the claim
- You receive your reimbursement and pay your doctor

Prescription Drug Reimbursements

- You visit the pharmacy to fill a prescription
- The pharmacy electronically processes the claim and re-adjust the pricing to reflect the network discount
- You pay the discounted prescription cost to the pharmacy
- Flex receives the electronic claim information from BCBSIL once the claim has been processed
- Flex processes the claim
- You receive your reimbursement



GO PAPERLESS!

You can login to your account at flexiblebenefit.com to check your account balance and view claims and payment status on-line. You can also sign up for E-Communications and receive e-mail updates on the status of your claims and reimbursements, electronic account statements and more. Get started today!

Learn More about the HRA

Visit flexiblebenefit.com for more information, including helpful guides highlighting the online features for participants.

Questions?

Call 866-472-5351
to speak to a member
of the Flex team.





Submit Claims Automatically with CrossTech

Tired of looking for receipts and filling out claim forms? Say goodbye to paper claims and sign up for CrossTech.® This convenient feature allows your medical, prescription and dental claims through Blue Cross® and Blue Shield® of Illinois (BCBSIL) PPO plans to be submitted automatically to your HRA. The portion of the claim that you have to pay out of pocket will automatically be reimbursed to you from your HRA.

Benefits of CrossTech

- No claim paperwork
- Guaranteed secure information transfer between BCBSIL and Flex
- Simplified, automated claims process



In order to take advantage of CrossTech, you must have a PPO plan through BCBSIL and complete the Single Claim Submission Authorization Form that follows this page.

You Should Not Enroll in CrossTech if:

- You are on an HMO plan or any other plan that is not a BCBSIL PPO plan
- You or your dependents are covered under another health plan with coordination of benefits
- You are covering a domestic partner who is not your covered dependent for federal income tax purposes
- You do not want your out-of-pocket expenses automatically submitted to your HRA



GO PAPERLESS!

You can login to your account at flexiblebenefit.com to check your account balance and view claims and payment status on-line. You can also sign up for E-Communications and receive e-mail updates on the status of your claims and reimbursements, electronic account statements and more. Get started today!



CrossTech® Single Claim Submission Authorization Form

PLEASE NOTE: This a Blue Cross® and Blue Shield® of Illinois (BCBSIL) requirement. Please complete form in full.

Please Sign and Return this Form Immediately for HRA/FSA Single Claim Submission Authorization Form

For BCBSIL Medical and Dental Participants Only (NON-HMO)

Employer Name: _____

NOTE: ALL INFORMATION MUST BE COMPLETED FOR PROCESSING

Please print information.

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Date of Birth: _____

SSN: ____ - ____ - ____

If you have **BCBSIL Medical and Dental**, you can elect to have *expenses that may or may not be covered by Blue Cross and Blue Shield automatically submitted to your HRA and/or FSA for reimbursement*. This is called Single Claim Submission. In order to activate Single Claim Submission, please sign this Single Claim Submission Authorization Form confirming you are eligible per the qualifications listed below and return it to Flexible Benefit Service Corporation (Flex).

If you do not have coverage under **BCBSIL Medical and Dental**, you have a HMO or other non PPO plan, secondary coverage (for example – Medicare) or have coverage for a domestic partner, you are not eligible for automatic Single Claim Submission for your health care flexible spending account.

AUTHORIZATION

In electing to have claims for reimbursement from my health care spending account automatically submitted, I authorize Blue Cross and Blue Shield of Illinois to disclose information about the medical care, diagnosis, treatment or advice provided to me and/or my dependents including, without limitation, information about AIDS or HIV, mental illness, and/or the use of drugs or alcohol. I understand that this authorization is valid for the plan year to which this waiver applies and may be revoked at any time. I also understand that any information disclosed under this authorization will be made available to me upon request. I further understand that without this authorization my claims and claims for my dependents cannot be automatically submitted by Blue Cross and Blue Shield of Illinois for reimbursement from my health care spending account.

SIGNATURE REQUIRED FOR PROCESSING

I certify that I am claiming reimbursement only for eligible expenses that have not previously been reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction.

Participant Signature: _____ Date: _____

Thank you for choosing the Single Claim Submission option.

Please send completed form to Flex.

CT134979A