



Health Reimbursement Arrangement Enrollment Kit

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HRA
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& Mobile App Overview
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Health Reimbursement Arrangements | HRAs



Save & Spend Healthy

A Health Reimbursement Arrangement (HRA) is an employer-sponsored account that works with your health insurance plan to reimburse a portion of your eligible out-of-pocket medical expenses. It's not an insurance plan, but a reimbursement account funded entirely by your employer to help make your health care more affordable. The money in the account is not taxable, and there's no cost to you.

Why You Need It

- ✓ A **smart** way to plan for expected healthcare expenses
- ✓ Helps **lower** your out-of-pocket responsibility
- ✓ HRA funds are not included in your salary and are **not taxable** income
- ✓ **Easy and convenient** access to HRA funds and account information

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



How it Works

Your employer provides a specific dollar amount toward your HRA each year, and you use the account 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, so check with your employer for information specific to your HRA.



How You Use It

You will be reimbursed from your HRA after you submit a request for reimbursement. You may submit your request online at myflexaccount.com or download and print a reimbursement form and fax or e-mail it to our office for processing. The reimbursement form must be accompanied by the proper documentation for your expense.

How You Manage It

Get account information anytime with our easy-to-use web site and mobile app. See your account balance in real time, file a claim for reimbursement and check on claim status. You can receive real time information and important updates via email or text message, and with our proactive texting feature, simply text "BAL" to receive a real time account balance.

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	Prescription Drug Reimbursements
You visit a doctor for care	You visit the pharmacy to fill a prescription
Your doctor submits the bill to your health insurance plan	The pharmacy electronically processes the claim and re-adjusts the pricing to reflect the network discount
The insurance company sends you and your doctor an Explanation of Benefits (EOB), which details the amount that your insurance plan will pay	You pay the discounted prescription cost to the pharmacy
You file a reimbursement request with Flex and include a copy of the EOB	You file a reimbursement request with Flex and include the pharmacy claim information from your insurance company's website
Flex processes the claim	Flex processes the claim
You receive your reimbursement and pay your doctor	You receive your reimbursement

Learn more

myflexaccount.com



myflexaccount.com
For Participants



Manage Your Benefits Online

The myflexaccount.com participant web site offers you a helping hand with your FSA, HRA, HSA, or Commuter Plan before and after logging in.

Resources Available Before You Log in

Get general account questions answered with these useful resources:

- ✓ Educational videos
- ✓ Eligible expense lists
- ✓ Plan calculators
- ✓ FAQs and more

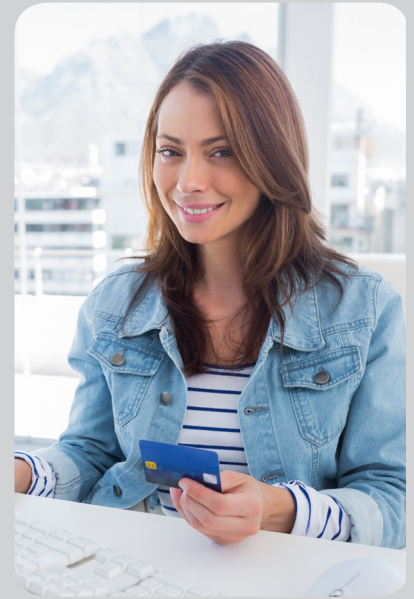


Resources Available *After You Log in*

Get the details for yourself and any dependents:

- ✓ View your benefit information, including account balance, transaction history and claim status
- ✓ Submit new claims online and add receipts to pending claims
- ✓ Edit personal demographic information
- ✓ Update reimbursement method
- ✓ Track medical, dental, vision and prescription expenses
- ✓ Get important announcements from your employer
- ✓ Set communication preferences
- ✓ Register your mobile phone for SMS text alerts
- ✓ Enroll online (if applicable)
- ✓ Manage your Flex Card (if applicable)

Pay Providers or Pay Yourself



Pay your provider directly or reimburse yourself for services you've paid for out-of-pocket from myflexaccount.com.

Get started on your way to *Save & Spend Healthy*

Visit myflexaccount.com today



My Flex Account Mobile App



Save and Spend Healthy On-the-Go

The secure My Flex Account Mobile App helps you make smart money moves by providing convenient access to your FSA, HRA or HSA.

Easily:

- ✓ Check account balance
- ✓ Get transaction details and claim status
- ✓ Submit new claims and add receipts to pending claims
- ✓ Update reimbursement method
- ✓ Manage your Flex Card (if applicable)

Submit New Claims in a Snap



Simply take a photo of your receipt or Explanation of Benefits from your phone or tablet.

Download the free My Flex Account Mobile App today!



Reimbursement Claim Form



Please complete this form to request reimbursement of expenses incurred by you and/or eligible dependents. Itemized documentation of each expense must be provided. For questions, contact Customer Service at (888) 345-7990.

Participant Information	
Employee Name:	Employer Name:
Employee ID: First Initial, Last Name & Last 4 digits of SS# (no spaces)	
E-mail Address:	Phone #:
Home Address:	City, State, Zip

Does your receipt include the following?

Provider Name and Address Service Description Date of Service Patient Name Amount Billed

For deductible expenses claims, please send a copy of the Explanation of Benefits (EOB) from your insurance carrier referencing the portion applied to the health plan deductible.

**Credit card receipts and cashed checks are not a sufficient form of itemized documentation.*

Check This Box if Paid w/ Flex Card	Date of Service	Patient Name	Relationship	Service Provider	Description of Service	Amount

To the best of my knowledge and belief, my statements on this Request for Reimbursement are complete and true. I am requesting reimbursement only for eligible expenses incurred during the applicable Plan Year and for eligible Plan Participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I understand that the IRS regulates my benefit account and that these guidelines are implemented as a means of ensuring compliance and approval for reimbursement. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests, as doing so may delay payment. I authorize my Benefit Account balance to be reduced by the amount requested.

Employee Signature: _____ Date: _____

Download the free My Flex Account mobile app today!

Save and Spend Healthy On-the-Go



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