Arc of Washington County, Inc. Plan Year: January 1, 2024 to December 31, 2024

Your employer has established a Health Reimbursement Arrangement (HRA) plan to assist you in paying for the out-of-pocket deductible related expenses associated with the company sponsored medical plan.

HRA Election – Employee Only......\$1,000.00 [Employer Funded]

HRA Participant Deductible Responsibility......\$1000.00

Employees must pay a portion of their health insurance deductible before HRA funds are available. Documentation is required to be submitted to CareFlex to verify your portion of the deductible has been paid out of pocket. Eligible documentation is the medical Explanation of Benefits (EOB). Once CareFlex has reviewed and verified your EOBs, your HRA funds will be loaded to help pay deductible expenses up to the plan year maximum.

HRA Eligible Expenses: The Company funded HRA benefit is designed to pay for medical and prescription deductible expenses subject to the Company sponsored medical plans. Qualified HRA expenses include medical services and prescription expenses determined by your health insurance as both eligible and subject to your deductible responsibility. To determine if an expense is HRA eligible, review your Explanation of Benefits (EOB) provided by your medical insurance carrier to confirm that the expense was applied to your deductible.

Medical expenses incurred by a spouse or dependent are not eligible for reimbursement from the HRA benefit (no dependent coverage).

HRA Reimbursement MethodManual Claim (refunded via Direct Deposit or Check)

Allows time after the last day of the plan year to submit claims for dates of services incurred during the plan year – expenses are eligible based on the date of service, not the payment date.

Employee Eligibility: Full-time employees working 30 or more hours per week. Waiting period is the first day of the month following 60 days of employment.

Termed Employees – Coverage Ceases Last Day of Month

<u>Benefit Changes</u> – Election remains in effect until the end of the plan year. An election change is only permitted if you experience a qualifying event (i.e., birth, adoption or death of a dependent; marriage or divorce; or if you or your spouse experience a change in employment or medical insurance coverage). A qualifying event may allow for an increase or decrease of your benefit amount consistent with the event. Changes to benefits must be made within 30 days of the date of the qualifying event.

Separation of Employment:

Accountholders that leave employment mid-year have through the Term Run Out Period to submit claims for expenses incurred during the year while employed and covered by the plan. At the conclusion of the Term Run Out Period any unclaimed funds will be forfeited.



Health Reimbursement Arrangement (HRA)

Important Plan Information

<u>Online Account Access</u> – <u>CareFlex</u> provides electronic access to your plan enrollment guide, plan design, account balance, transactions history, online claim filing, and more through the <u>CareFlex Participant Portal</u> and <u>CareFlex Mobile App</u>. Once you register, the same Username and Password is used to access your account through both the portal and the mobile app.

CareFlex Participant Portal – to access the portal, go to the Portal web page: https://mycareflex.wealthcareportal.com.

CareFlex Mobile App – CareFlex offers a free mobile app for ultimate "on the go" convenience. Simply search for CareFlex Mobile App in the Apple App Store or Google Play.

How to pay for medical services – When paying for health care, be sure to always present your medical ID card first to ensure proper processing of your services. If you are asked to pay a copayment, pay out of pocket and request reimbursement from your account. If you're asked to pay additional charges, do not pay the provider until the claim has been processed by your health insurance plan and you receive your Explanation of Benefits (EOB). This helps avoid overpayment. Compare your EOB to the provider bill to verify the amount being charged is the same as the patient responsibility on the EOB. Then, pay out of pocket and request reimbursement from your account.

<u>Settling Previous Plan Year Expenses</u> – Expenses are eligible based on the date of service, not the date of payment. Current plan year funds are not eligible to pay expenses incurred prior to the start of the plan year. Claims can be submitted during the run-out period for previous plan year services and will be reimbursed from available previous plan year funds. Once the run-out period closes, previous plan year services will be ineligible and denied. Note: Plan regulations require unused funds in an account to be forfeited after the run-out period submission deadline.

Reimbursements – Participants have two options to submit eligible expenses for reimbursement:

Online Claim Filing (https://mycareflex.wealthcareportal.com): Log on to the CareFlex Participant Portal to file a manual claim. Attach appropriate documentation to your online claim; or email, fax, or mail the documentation to CareFlex.

<u>Paper Claim Submission</u>: Email, fax, or mail a manual reimbursement request to <u>CareFlex</u>. Reimbursement forms can be downloaded from the <u>CareFlex Participant Portal</u> HRA Resources section. Reimbursement request forms must be completed and signed and include appropriate documentation to process the claim.

Appropriate proof of service/purchase documentation includes: an itemized prescription label (containing the merchant name, patient name, prescription description, and prescription amount) or a medical insurance Explanation of Benefits (EOB). EOBs can be obtained from the medical insurance carrier.

Important Notes: (1) cancelled checks and credit card receipts are not acceptable proof of services, and (2) remember to send copies of documentation and keep the originals for your records.

