

ARC OF WASHINGTON COUNTY, INC.

Plan Year: January 1, 2026 to December 31, 2026

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 plans.

Employee Eligibility – All Full-time employees working 30 or more hours per week that have enrolled in a qualified Company sponsored medical plan are entitled to the **HRA** benefit. Benefit eligible new hires must first satisfy the standard waiting period (first day of the month following 60 days of employment).

Qualified Dependents – Coverage includes family members covered by your company sponsored medical plan (i.e., spouse and children). Dependent children are covered up to their 26th birthday (end of the month).

Benefit Changes – 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., change in marital status, change in dependent(s), or if you or your spouse experience a change in employment). 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.

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.

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

HRA Funding – HRA funding is based on your health plan coverage. Please note, the money your company contributes to the **HRA** is not included in your salary and is not considered taxable income.

HRA Participant Deductible Out of Pocket Responsibility:

HRA plan participants must pay a portion of their health insurance deductible before receiving the HRA benefit. Documentation is required to be submitted to CareFlex to verify your portion of the deductible has been paid out-of-pocket. Eligible documentation consists of 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 maximum plan year benefit.

Individual Health Plan Coverage: \$1,000.00

*Deductible expenses incurred by dependents are not considered eligible expense for credit towards meeting your out-of-pocket requirement.

HRA Benefit - Once CareFlex has reviewed and verified your deductible status, HRA funds will be loaded to help pay remaining plan year out-of-pocket medical expenses subject to the health plan. HRA participants that are also enrolled in the Health FSA benefit will have deductible medical expenses reimbursed from the HRA benefit prior to the FSA benefit.

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

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

Health Reimbursement Arrangement (HRA)

Important Plan Information

Online Account Access – CareFlex provides electronic access to your plan information, account balance, transaction history, online claim filing, and more through the **CareFlex Participant Portal** and **CareFlex Mobile App**. Once you register, the same Username and Password is used to access your account through both the **CareFlex Participant Portal** and **CareFlex Mobile App**.

CareFlex Participant Portal – to access the portal, go to: <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.

***CareFlex Best Practice Tip:** Participants may conveniently share the requested information with CareFlex using the **CareFlex Participant Portal** (attaching the documentation to the transaction in question) or **CareFlex Mobile App** (snapping a picture of the documentation and uploading the picture to the transaction).

Manual Reimbursements – Participants have two options to submit for reimbursement eligible expenses not paid with the **CareFlex Benefits Card**:

Online Claim Filing (<https://mycareflex.wealthcareportal.com>): Log in to your account on the **CareFlex Participant Portal** to file a manual claim. Attach appropriate documentation to your online claim.

Paper Claim Submission: Email, fax, or mail a manual reimbursement request to CareFlex. Reimbursement forms can be downloaded from the **CareFlex Participant Portal 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’s name, patient name, prescription number, and prescription amount), an itemized provider statement (must include the provider’s name, patient name, date of service, detailed description of service, charge for service, medical insurance adjustment/payment, and patient responsibility), or a medical insurance Explanation of Benefits (EOB).

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

Run Out Period:.....90-Days from Last Day of Plan Year

Allows time after the last day of the plan year to submit manual claims for dates of services incurred during the plan year and while active in the plan. Note: expenses are eligible based on the date of service, not the payment date.

Manual Reimbursement Options Refunded via Direct Deposit / Refund Check

Separation of Employment:

Coverage Ceases: Last Day of Month

Term Run Out Period: 90 Days from Last Day of Plan Year

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.