

HRA

Plan Details



About your HRA Plan

Your company has established a Health Reimbursement Arrangement (HRA) program for you and other eligible employees. Under this program, you will be able to receive reimbursement for the cost of qualified medical expenses without taxation. The HRA program will be funded completely by your company, so there is no cost to you.

Flex Card

A Flex Card is a stored value card that reflects the balance of your HRA. Once you swipe your card at the point of purchase, choose “Credit” or “Debit” on the keypad.



Choosing “Credit” will require only your signature. Choosing “Debit” will require you to enter your PIN. When the Flex Card is swiped, the funds are withdrawn from your account.

Using a Flex Card eliminates the time spent waiting on reimbursement checks. This allows you to bypass the inconvenience of restricted cash flow arising from the “lag time” between the expense and the reimbursement. However, you will be asked to document your expense after using the card if the amount does not match a copy with your company’s insurance plan or if the expense is not a prescription.

How the plan works

The HRA will reimburse medical deductible and prescription expenses only.

An Explanation of Benefits (EOB) from the insurance company is required when submitting claims for reimbursement for medical deductible expenses. A register receipt or prescription tag may be submitted for prescription expenses.



Annual Contribution Limits

Coverage Level	Annual Contribution
Employee Only	\$1,300
Employee + Spouse	\$1,300
Employee + Child	\$1,300
Family	\$1,300

When will I be reimbursed for claims I submit?

Any claims received by noon (12pm EST) Thursday will be processed (if eligible) the following day.

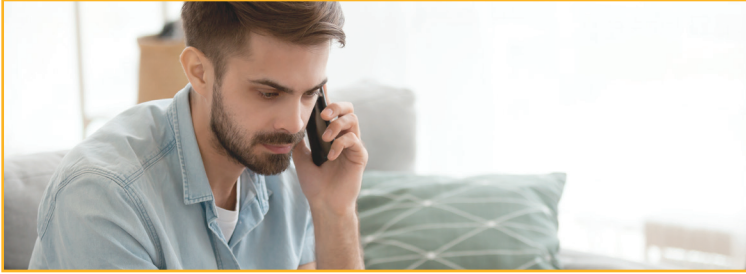
What if there is money left in my account at the end of the plan year?

At the end of the plan year, after all eligible reimbursements have been made, any unused funds are forfeited.



DISCLAIMER: Every effort has been made to present this information accurately, however, this is just a summary overview. An overview means that details, explanations and qualifiers are left out. This information is intended only to provide general guidance and you should not rely on it as a complete explanation of this topic. This is not a legal document.

How to File a Claim



STEP ONE >>

1. Confirm that the expense is eligible to be reimbursed.
2. Gather all documentation and/or explanations of benefits (EOB).
3. Be sure the documentation you submit includes:
 - Provider Name and Address
 - Patient/Dependent Name
 - Description of Service
 - Date of Service
 - Amount Charged
4. Submit copies of all documentation. Keep originals for your files.

STEP TWO >>

Choose **ONE** method below to submit your claim



Web

1. Go to www.mycafeteriaplan.com - log in to your account. Click the "File A Claim" link.

2. Enter your claim.

Once you are finished, read the terms & conditions and click "Submit."



Mobile

1. Go to www.mycafeteriaplan.com/mobile to install the app on your smartphone.

2. Log into your account using the mobile app and select the "File A Claim" link from the main screen.

3. Enter the claim information and attach the picture of your documentation.

4. Once you are finished, click "Submit."



Mail/Fax

1. Complete the claim form you received from your Human Resources department or download the form from your online account at www.mycafeteriaplan.com. After logging into your account, go to the "Tools and Support" tab.

2. Print and sign your claim form.

3. Attach supporting documentation.

4. Fax your claim and copies of supporting documentation to: **937-865-6502**

OR

Mail your claim to: **myCafeteriaPlan, Attention: Claims**
432 East Pearl Street, Miamisburg, OH 45342



For more information please contact:
customer_service@mycafeteriaplan.com or call 800.865.6543