Employee Benefits Corporation

How to Use Your HRA

Your HRA (health reimbursement arrangement) is an IRS-approved health care benefit plan that allows your employer to reimburse you for your eligible expenses, helping to soften the financial impact of today's commonly high out-of-pocket expenses. Your reimbursements from an HRA are tax-free.

My Company Plan, which you will receive with your Summary Plan Description (SPD), details the expenses that can be reimbursed through your HRA.

If your HRA reimburses out-of-pocket medical expenses such as deductible, coinsurance, or copays, follow the steps below to submit your claims and get reimbursed through your HRA.

If your HRA reimburses other expenses that would not be eligible under your medical insurance, please follow the steps on the Submitting Claims flyer that is available on your participant online account.

Step 1 Present your insurance card

When receiving a service, you present your insurance carrier card to your health care provider. Your health care provider submits the expense to your insurance carrier.

Step 2 You receive an EOB.

Your insurance carrier reviews the expense, negotiates charges, awards discounts, and creates an *Explanation of Benefits (EOB)*, which is sent to you and your health care provider.

Step 3 Pay with your Benefits Card or submit a claim with each EOB.

Use your Benefits Card to pay for your service or submit a claim online or through the EBCentral app and attach each EOB. On the claim, enter the full amount shown on your Explanation of Benefits (EOB) [A], the type of service (deductible, coinsurance, medical copay, or prescription), and the date of service. We will automatically make any calculations necessary in accordance with your plan design.

Step 4 We reimburse you.

If you used your Benefits Card, you may receive a request to submit documentation for your expense. Please submit your EOB or itemized bill in response to this request.

If you submitted a claim form and your claim qualifies as an eligible expense under your company's HRA plan design, we issue your reimbursement check according to the terms of your HRA. Use this reimbursement to pay the bill from your health care provider. **(Direct deposit is also available.)**

Ⓐ Example EOB:

Date of Service	Total Charges	Amount Allowed	Non-covered Charges	Deductible	Coinsurance	Copay	Total Patient Responsibility
01/17/2014	$1,000.00	$1,000.00	--	$495.38	$504.62	$0.00	$1,000.00
02/09/2014	$365.98	$365.98	--	$0.00	$365.98	$0.00	$365.98
03/01/2014	$154.62	$154.62	--	$104.62	$0.00	$50.00	$154.62

Example Claim Form:

Date of Service	Type of Service	Amount
01/17/2014	Deductible	$495.38
01/17/2014	Coinsurance	$504.62
02/09/2014	Coinsurance	$365.98
03/01/2014	Deductible	$104.62
03/01/2014	Copay	$50.00

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