Pro-Flex
PRO-FLEX ADMINISTRATORS LLC

HEALTH REIMBURSEMENT ACCOUNT

OPEN ENROLLMENT

Types of HRA Plans

Stand-Alone HRA:

A stand-alone HRA is the most common form of an HRA. It covers all standard IRC Section 213(d) expenses for you and your spouse/dependents. Examples of expenses include out of pocket medical expenses such as copays, prescription drugs, diabetic supplies, vision expenses, hearing aids, dental services, orthodontics and more.

Deductible Only HRA:

In this design, only medical expenses applicable to the deductible of the health Plan qualify for reimbursement. An Explanation of Benefits (EOB) is typically required with each reimbursement request.

Other HRA's:

Other types of HRA Plan designs include Limited HRAs, Retiree HRAs, Copayment HRAs, Restricted Expense HRAs and others. All HRAs operate under the premise that your employer allocates money to you to pay for medical related purposes and the contribution amount is not included in your taxable income.

Know the Details

Understanding the specifics of your employer's HRA Plan is critical. Carefully read your Plan's Summary Plan Description (SPD) to better understand the terms of your Plan.

Remember, each HRA Plan may be the same in concept, but can be unique in detail. Be informed of the specific provisions offered by your employer.

What is an HRA

A Health Reimbursement Account is an employee benefit plan established under IRC Section 105, and it allows you to pay for certain health care expenses that are not covered by your insurance.

Your HRA account is funded periodically by your employer, and the amount funded is not included in your taxable income. You can use your HRA account to reimburse qualified expenses for yourself, your spouse and any dependents claimed on your federal tax return.

If you have unused money in your HRA account at the end of the Plan Year, some Plans allow you to roll the balance to the next year. Since the funds in your account were from your employer, you typically forfeit any unused balance if you terminate employment or coverage.

The Pro-Flex Payment Card

What is the Payment Card?

The MasterCard Debit Card is a convenient debit card that can simplify the process of paying for eligible expenses. It is an alternative to the traditional method of filing claims. You can use the card at qualifying merchant locations wherever MasterCard is accepted – from physician and dental offices to pharmacies and vision service locations.

Exactly what is the convenience of the Payment Card?

The Payment Card allows you to pay for eligible expenses at the point of service:
• Immediate access to your FSA account – you avoid paying with cash or check
• Immediate payment of the expense – you avoid waiting for a reimbursement check
Although there is no requirement for you to complete claim forms with the Payment Card, additional documentation may be required in some cases in order to meet IRS guidelines. Therefore, you must keep copies of all receipts and itemized statements (not the credit card receipt) for each purchase.

Frequently Asked Questions

Is this process paperless?
No. Although there is no requirement to complete claim forms, additional documentation may be required in some cases. Therefore, you must keep copies of all receipts and itemized statements (not credit card receipts).

What type of additional information may be required?
This includes cash register receipts for items such as hearing aid batteries or contact lens solution, bills or statements from your healthcare provider for vision or healthcare expenses and pharmacy receipts for prescription drugs. Credit card receipts are not acceptable.

For additional frequently asked questions, visit www.proflextpa.com.

Important Items to Remember

When can I enroll?

You can only enroll in the plan annually at open enrollment or when you become newly eligible. Your employer will notify you each year when it is time to enroll.

If I choose not to enroll at initial enrollment, when can I enroll?

You can enroll during your open enrollment period next year, unless you have a change in family status.

Do I have to enroll in my employer's health plan to participate?

Yes, enrollment in group health plan is required to participate.

How will I know the status of my account?

Each reimbursement check you receive will include an account summary. You will receive an annual statement for your account electronically, if you provide Pro-Flex with your email address.

Web Access

View your account 24/7 via www.proflextpa.com.
While online, you can:

- -Submit claims for reimbursement
- -View claims history
- -Check your available balance
- -Access forms such as:
  - Direct Deposit
  - Letter of Medical Necessity
  - General Claim Form

For even more convenience, download our mobile application to your smart phone.

Customer Service

Most of your questions can be answered vis the website. If you need to speak with a Customer Service Representative, simply call 855-847-9069 Monday – Friday from 8:30am EST to 5pm EST. You can also email our customer service department at csr@proflextpa.com.

Claims Reimbursement FAQs

Claims can be submitted for reimbursement for qualified expenses incurred during the plan year. Each plan allows for a "run-out" period at the end of the plan year where claims incurred during the plan year can be submitted.

(Refer to your plan summary for the "run-out" time period allowed.)

Remember that reimbursements are based on when the service is provided, not when the service is billed or paid.

How do I submit my request for reimbursement?

- Fax claim to (716) 929-2013 or toll free to 1-855-214-8987 using a claim form with service documentation
- E-mail claims to csr@proflextpa.com
- Upload your claim online at www.proflextpa.com or via our mobile app
- Mail claim to:

  Pro-Flex Administrators, LLC
  8321 Main Street
  Williamsville, NY 14221

Whether you are faxing or mailing a claim to Pro-Flex, make sure to include all the evidence of your expense (i.e., receipts, explanation of benefits, etc.).

Claims Submission

If you are filing a paper claim for the Health Care Reimbursement Account, you must first file the claim with your insurance carrier, if the service is covered under your contract. All receipts and Explanation of Benefits statements must include the date of service, services rendered and the provider and patient's name.

Cancelled checks are not acceptable in lieu of a receipt. Previous balances are also unacceptable in lieu of an itemized statement.

All claims must be incurred during your plan year or period of coverage to be eligible for reimbursement. You will have a defined period of time (the "run out" period) after the end of the plan year to submit receipts that were incurred during the plan year.

When submitting a Health Reimbursement Account claim, you will be reimbursed the total amount for that claim up to the total available HRA Allowance.

How does Pro-Flex Administrators, LLC reimburse me?

The quickest way to receive your money is by direct deposit to your personal checking or savings account. You can sign up for direct deposit by completing and submitting the direct deposit authorization agreement available at www.proflextpa.com, or by logging into the Employee Portal and populating your bank account information on the "Profile" tab.

You can also receive your money via check mailed to you at home. Once enrolled in direct deposit, all deposits are made via direct deposit until we are notified otherwise.

DIRECT DEPOSIT SAVES TIME!

Eliminate the hassle of manual checks and have your reimbursements deposited for you directly into your account. No more waiting for the mail or wasting time at the bank. Let us do the work for you.
Sign up for direct deposit TODAY to get your reimbursement faster. This service is FREE!

What is the maximum amount I can be reimbursed?

Expenses will be reimbursed based on the total amount indicated on the claim request.

This amount must not exceed your total plan-year HRA allowance amount.

(Minimum check reimbursement amount is $25.00)

If I terminate employment can I still file a claim?

Yes, you can file claims for qualified expenses on services received prior to the date of termination through the run out of the plan year. Each plan run out period is different, check with your HR Team or Benefits Department for details.