

Welcome to Your Health Reimbursement Arrangement Through PrimePay



WHAT IS A HEALTH REIMBURSEMENT ARRANGEMENT?

An HRA is an Employer designed benefit that allows for certain qualified medical expenses, not covered by your group health plan, to be reimbursed through an Employer funded account. An HRA is governed by IRS §105, which allows for the money in the account to be dispersed tax-free. Depending on the plan design, your HRA could be setup to reimburse such expenses as deductibles, copays, prescriptions, etc. Please consult your Plan Documents for more information.

ENROLLMENT IN AN HRA AND MSP REPORTING

A Health Reimbursement Arrangement most often works in conjunction with the group medical plan offered by your Employer. Because of this and the fact that it comes at no cost to you, enrollment is necessary. The specifics of each HRA account offered will be detailed in the Summary Plan Description provided by your employer.

You will need to fill out the Health Reimbursement Arrangement Enrollment Form or enroll online during the open enrollment period prior to the start of the Plan Year or at the time of your eligibility. You are also encouraged to contact our PrimeFlex Customer Service Team at 877.769.3539 for enrollment assistance. Please see your Employer for specific details as to your eligibility for enrollment.

All fields are required for Medicare as Secondary Payer Reporting (MSP). Every quarter PrimeFlex must report participants in an HRA receiving \$1000 or more worth of coverage who are 45 years of age or older, have End Stage Renal Disease (kidney transplant or dialysis), or are enrolled in Medicare to the Centers for Medicare & Medicaid Services (CMS). Spouses and dependents covered under the HRA who match these criteria must also be reported. All information is kept in strict confidence, along with all HIPAA regulations.

MY ONLINE ACCOUNT

Accessing your HRA Account is easy and can be done 24-hours a day!

Go to www.primepay.com, click on "PrimeFlex Online" at the top and click on "Employee and Cardholder Login". (Make sure your pop-up blockers are turned off).

1. Click on Create Account.
2. Enter your first & last name, and enter your Employee ID (often SSN without dashes).
3. If you have a PrimeFlex Debit Card, skip the "Employer ID" field and enter your Flex Card number (no spaces or dashes).
4. If you do not have a Flex Card, enter the Employer ID (contact your Employer).
My Employer ID is _____
5. Create a user name and password and enter your Email Address and click submit.

Once you are logged into the system you can check your balance, file claims, view pending or past claims, add a checking/savings account for direct deposit, opt-in/out of email communication, and much more.

CLAIMS REIMBURSEMENT PROCESS

Below is a typical manual claims reimbursement process.

1. You go to a medical provider and receive service.
2. As the provider will not know how much of your deductible you have met, no money will need to be paid out of pocket. The provider will run your insurance card, which will generate a claim at your insurance provider.
3. Once processed, you will receive an Explanation of Benefits (EOB) detailing the service that was received. The provider will also receive a copy of the EOB, showing the negotiated rate, and the amount they can bill you.
4. If you have incurred an expense reimbursable through your HRA, file a manual claim form or online claim with PrimeFlex; be sure to attach the EOB and all other supporting documentation.
5. We will review your claim according to your HRA's plan design.
6. If approved, a check will be mailed to your address on record, medical provider on record (Provider Pay), or direct deposited to your account on record. When you receive an invoice from your provider, pay them as you normally would.
7. If denied, no disbursements are made from your HRA and you will be responsible for paying for the medical expense by some other means.
8. Be sure to check that the invoice from the provider matches the EOB from the insurance company.

ONLINE CLAIMS

After you have created your account online, you will be able to submit claims, as well as view past and pending claims. Once logged in, select "Request Reimbursement" in the left menu bar. Click "Add New" and enter your claim information for each individual expense being sure to choose the appropriate account type.

If you are able to scan your supporting documentation, you may upload those directly using the "Browse" button; otherwise, print the "Receipt Submittal Form" and fax or mail it along with your substantiation material once the claim has been submitted.

Read the Claim Certification and if you agree to the disclaimer, check the box under "Certification" and click "Submit" at the bottom of your screen.

MANUAL CLAIMS

If you have not created an online account or do not have access to the internet, you may complete a manual claim form once you have incurred a qualifying expense. Fill out a "Claim Reimbursement" form provided by your Employer or available on our website at www.primepay.com under "PrimeFlex Online" near the top. Please fill in all necessary information related to the incurred expense and provide all proper documentation in order to substantiate the incurred expense (i.e. EOB's, itemized receipts, invoices, etc.). Voided or cancelled checks, credit card statements, and balance owed statements from a provider are NOT acceptable forms of documentation. Failure to comply with these requirements may result in a pended or denied claim.

ABC Insurance Company

HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)

Example—Not A Bill

Statement Date: 01/05/2011
 ID Number: ABC 123456
 Patient Name: Joe Smith

Account Number: 1234567-123
 Account Name: YOUR EMPLOYER
 Plan Name: Plan 123ABC

Joe Smith
 123 Main Street
 Anywhere, PA 12345

Service Date	Provider	Benefit Plan				Patient Responsibility				
		Amount Charged	Allowed Amount	Other Insurance	Insurance Paid	Co-Pay	Deductible	Co-Insurance	Not Covered	Total
1/5/11	Dr. John Doe	\$78.00	\$65.00		\$50.00	\$15.00	\$20.00	\$5.00		\$15.00
1/5/11	Surgery	\$65.00	\$40.00		\$35.00					\$5.00
1/5/11	Laboratory	\$123.00	\$100.00		\$80.00					\$20.00
	Claim#:12-3456789	\$266.00	\$205.00		\$165.00	\$15.00	\$20.00	\$5.00		\$40.00

Deductible and Co-Insurance to Date	Benefit Year	Deductible				Co-Insurance			
		Amount Used		Amount Remaining		Amount Used		Amount Remaining	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	2011 2011	\$20.00		\$980.00		\$5.00		\$245.00	

- Service Date**
The date services were rendered for the named patient.
- Provider**
The name of the provider who performed service. Can be doctor, hospital, etc.
- Amount Charged**
The amount billed by each provider.
- Allowed Amounts**
The maximum the insurance company will allow for services rendered
- Other Insurance**
The amount paid by other insurance, i.e. Medicare.
- Insurance Paid**
The total amount the insurance company paid.
- Co-Pay**
The amount paid at the time of service, as determined by your plan.
- Deductible**
The amount you must pay out of pocket before the insurance company pays.
- Co-Insurance**
The percentage split between you and the insurance company for services rendered.
- Not Covered**
The amount not covered under your health plan.
- Total**
The total amount for which you are responsible.
- Deductible and Co-Insurance Use**
If applicable, this table shows total used and remaining deductible and co-insurance for the plan year to-date.
- Deductible Used**
The amount of the deductible you have spent year-to-date.
- Deductible Remaining**
The amount of the deductible you have remaining year-to-date.
- Co-Insurance Used**
The amount of the co-insurance you have spent year-to-date.
- Co-Insurance Remaining**
The amount of the co-insurance you have remaining year-to-date.

CLAIMS SUBSTANTIATION PROCESS

Once we have received your claim, we will substantiate it. It is important to note that PrimeFlex must follow strict procedures in accordance with your HRA plan design in substantiating a claim. Neither PrimeFlex nor your Employer can offer exceptions.

If your claim is approved, one of two things will happen. (1) If you are set-up for direct deposit, your reimbursement will usually post to your account about 4 business days after processed. (2) If you are not set-up for direct deposit, a paper check will be issued and will usually arrive in 7-10 days.

If your claim is denied, no disbursements will be made from your HRA account and you will be responsible for paying incurred expenses by some other means. If you feel your claim was denied in error, you may submit an appeal. For more information about appeals, please contact customer service at 877.769.3539.

It is your responsibility to comply with all guidelines and to avoid submitting duplicate or ineligible claims. Failure to comply may delay payment and/or could result in IRS penalties if audited.

Your plan may have been set up to mail payment directly to your medical providers of service. To take advantage of this, check the "Pay Provider Directly" box on the claim form and fill in the appropriate information. Attach the medical invoice with the claim form and we will take care of the rest!

PRIMEFLEX DEBIT CARD

You may receive a PrimeFlex Debit Card when you enroll in an HRA. In many cases, this card will only be able to be used at a pharmacy to purchase prescriptions. However, depending on your plan design, the debit card may be used at medical providers. Use of the debit card will eliminate the need to submit a manual claim for prescriptions, although in many cases substantiation will still be required for medical services paid for with the debit card. PrimeFlex will let you know if substantiation is required. For more information please refer to your plan documents.

It is very important to retain your receipts for all of your HRA transactions.

Below is a quick checklist to help make sure you are submitting claims correctly. Send all claim forms and documents to PrimeFlex in one of the following ways:

- | | | |
|---|--------------|---|
| <input type="checkbox"/> My claim is for the current plan year | Email | primeflexhra@primepay.com |
| <input type="checkbox"/> I have incurred an eligible expense | | |
| <input type="checkbox"/> I have filled out the Claim Reimbursement form in its entirety | Fax | 877.632.9472 |
| <input type="checkbox"/> I have attached all supporting documentation for the expenses incurred | | |
| <input type="checkbox"/> I have not submitted this claim before | Mail | Attn: PrimeFlex-HRA Claims
1487 Dunwoody Drive
West Chester, PA 19380 |

FREQUENTLY ASKED QUESTIONS

Q: What online capabilities do I have?

A: Our online portal is very comprehensive. You can check your balance, file claims, view pending or past claims, add a checking/savings account for direct deposit, opt-in/out of email communication, and much more. If you need help setting up your account please contact our customer service team and they will be happy to help.

Q: Can I participate in the HRA if I am not enrolled in my employer's health plan?

A: In most cases no, depending on how your plan is setup. For more information please refer to your Plan Documents or contact your Employer.

Q: What happens if I terminate during the year?

A: There will be a period of time after your termination for which you may submit claims for expenses incurred prior to termination. In some cases, COBRA must be offered, which if elected will allow you to pay premiums in order to remain in your HRA and make claims against it.

Q: Will I ever have to pay taxes on the money I am reimbursed?

A: You will not have to pay taxes on any amount reimbursed, unless more is dispersed than allowed.

Q: What happens if I incur an expense towards the end of the year?

A: Following your last day to incur claims in the Plan Year, assuming you have a high enough balance, you will have generally 90 days to submit expenses for that plan year. This is known as the Run-Out Period and is an option selected by your Employer. Please refer to your Plan Documents.

Q: If I have an HSA, can I still participate in the HRA?

A: Only if the HRA is established as a Post-Deductible or Limited-Purpose HRA. A Post-Deductible HRA may not reimburse any deductible expenses until the minimum (Federal COLA limits) QHDHP deductible has been satisfied. A Limited-Purpose HRA may only reimburse vision, dental and preventative care expenses.

Q: If I have an FSA, can I still participate in the HRA?

A: Yes, these two Plans are implemented or work well together all of the time. In no case may you be reimbursed for the same medical care expense by both an HRA and a Health FSA. If coverage is provided under an HRA and a Health FSA for the same medical care expenses, please check your plan documents for ordering rules.

Q: How do I unlock my online account?

A: Your account may be temporarily deactivated due to inactivity, failure to provide us with required substantiation, or repeatedly entering an incorrect password. To unlock your account please call our Customer Service Team during normal EDT business hours at 877.769.3539.

Q: Can I contribute to my HRA on top of what my Employer has?

A: No, an HRA is a 100% Employer funded benefit.

MY HEALTH REIMBURSEMENT ARRANGEMENT INFORMATION

My Open Enrollment Period is: _____ to _____

My Employer ID is: _____

My User ID is: _____

My Password is: _____

Employer Reimbursement: \$ _____

Employee Responsibility: \$ _____

I can get reimbursed if I spend money out of pocket on:

Notes:

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