

FCSRMC

FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM

Health Reimbursement Account (HRA) Frequently Asked Questions (FAQ)



➤ **What is a Health Reimbursement Account (HRA)?**

The HRA is an employer-sponsored plan that can be used to reimburse a portion of eligible, out-of-pocket medical expenses, such as deductibles, coinsurance, pharmacy expenses, etc., for you and/or your covered family members. It is not an insurance program, but a financial reimbursement plan funded entirely by your employer. Your employer has designated a specific dollar amount to be credited annually to the account. A pro-rated portion of the employer annual tier contribution will be added to the participant's account on the date the participant's entry into the HRA Plan [annual amount divided by four]. You choose which out-of-pocket qualified medical expenses you would like to submit for reimbursement. Unused account balances will be rolled over to the following plan year provided your employer continues to offer the program and you remain enrolled in it.

➤ **Is the HRA part of my health benefits plan?**

The HRA is not insurance, nor part of the health benefit plan. It is a separate program offered under separate terms and conditions as defined by your employer. HealthEquity provides administrative services only for this program and is not liable for any account balances.

➤ **What medical expenses can be reimbursed from the HRA?**

Qualified medical expenses include those expenses defined by your Summary Plan Description (contract booklet). These expenses include deductibles, coinsurance, copayments, prescription drugs, etc. Items that are not covered by your health plan are not eligible for reimbursement under the HRA such as vision exams, dental work, etc. However, your employer may offer a flexible spending account that can be utilized for reimbursement of such items. (Check with Human Resources for more information on flexible spending accounts.)

➤ **Can I be reimbursed for my dependents' medical expenses?**

Yes, as long as your dependent meets the definition of a dependent as defined by the IRS and is included in your employer's plan.

➤ **If I decide not to use some or all of the funds in the account during the plan year, will the account balance be forfeited?**

No. The three months following the end of the Plan Year are called the run-out period. During this time, you may submit Requests for Reimbursement for expenses from the previous Plan year if you have a positive balance.

REIMBURSEMENT FAQ'S HRA Debit Card

➤ **What is an HRA debit card?**

The debit card with access to a Health Reimbursement Account (HRA) is a convenient option that allows you to access the funds in your account without having to complete and file forms. You may need to submit documentation

if your merchant doesn't capture the information the IRS requires. If this substantiation is needed you will receive notification requests for documentation. You can use the card whenever you incur an eligible expense at a qualified provider (such as an office visit copay or a prescription at a pharmacy). You can pay with your debit card instead of paying out-of-pocket.

➤ **What do I need to do to receive the debit card?**

A debit card will be automatically sent once your enrollment information has been processed by HealthEquity.

➤ **How does the debit card work?**

When you incur an eligible expense at a qualified provider (such as an office visit copay or a prescription at a pharmacy), you can pay with your debit card instead of paying from your personal funds. You can use the debit card at merchants and health care providers that accept VISA® and are providers of qualified medical services. Use it for expenses such as office visit copays, hospital deductibles, prescription copays, and other services that may be covered services under your health plan. Note, again, that vision care and dental care are not a qualified medical expense as they are not covered under your plan policy.

➤ **What happens if my receipt shows I accidentally used the debit card for an ineligible expense?**

Your account can be used for eligible medical expenses only and you are responsible for reimbursing your account if the card is used either accidentally or intentionally for an ineligible expense. Any items you pick up at the pharmacy while you're waiting for your prescription to be filled that are not qualified expenses (e.g., magazines, snacks, toothbrushes, etc.) cannot be paid with your HRA debit card. You must use a different method for payment for these types of purchases--don't use your debit card. Your administrator will notify you if any ineligible purchases are made with your debit card and you will be required to pay back the money to your account.

➤ **What do I need to do to activate my card?**

Call the number on the back of your card, and simply sign the back of the HRA debit card. While you're on the phone, take a few minutes to talk to a HealthEquity representative and learn more about how your reimbursement account works.

➤ **Do I need a Personal Identification Number (PIN) to use my card?**

A PIN number is not needed to use your HRA debit card. After 'swiping' your debit card at a Provider or merchant terminal, select the 'credit' option. Do not select 'debit' since no PIN is associated with this card.

➤ **Am I able to use my debit card to pay for over-the-counter medicines?**

While you can use your debit card to pay for some over-the-counter medicines, please keep in mind that you may be asked to submit receipts and documentation for these purchases. The Internal Revenue Service (IRS) has changed the law to cover some over-the-counter drugs, including antacids, allergy medicines, pain relievers and cold medicines.

➤ **Can I use my debit card to pay for mail-order prescriptions?**

You can use the debit card for qualified mail-order prescriptions by providing the card information to the mail order pharmacy, similar to any other mail-order transaction using a credit card for payment.

➤ **What if I owe my provider more than I have available in my account?**

The card will be declined if 'swiped' for more than your available balance. Simply ask your provider to 'swipe' the card for your available balance and pay the difference out-of-pocket. Another option would be to pay for the amount yourself and submit a reimbursement request with your receipt to the address provided on the form.

➤ **What if I don't owe anything when I'm at my doctor's office, but I get a bill later?**

You can still use the card to pay the bill by writing your debit card number on the invoice and mailing it in or by providing the card information over the phone to the physician's office.

➤ **Are all of my family members able to use the debit card to pay for their health care expenses?**

You are provided a debit card with your name personalized on it. Only the individual whose name is on the card can use the card when paying for covered services, but the purchases can be for anyone covered under your plan. You may request additional cards, personalized for your spouse or other dependents age 18 or older (if they are covered under your program), by calling 1-877-223-5329.

➤ **Since it's a VISA®, can I use my HRA debit card like a traditional credit card?**

The card only allows process of covered, health care expenses reimbursed through your program and only accepts transactions from providers of authorized services.

- **Am I able to put more money into my account once I use all the funds available through my debit card?**
No. Once the account is depleted, you won't be able to use the debit card and you'll be responsible for paying for any additional out-of-pocket costs.
- **What happens if my debit card is lost or stolen?**
If your card is lost or stolen, report it as soon as possible by contacting 1-877-223-5329. A replacement card will be sent to you.
- **Am I still able to access the funds in my account without the debit card?**
Yes, if your provider or merchant does not accept VISA® or you choose not to use your debit card, simply pay for your expense and submit a request for reimbursement form along with the receipts for the eligible expenses(s) to the address provided.
- **What do I do if I have used my debit card to pay for expenses that are later reimbursed by my insurance?**
It is always better to submit a manual reimbursement request when a medical service is subject to a deductible or coinsurance. If you have mistakenly used your debit card to pay for an expense that is later reimbursed by your insurance, IRS regulations require you to pay the amount back to your account.
- **Where can I find the "Terms and Conditions" for use of the HRA debit card?**
The "Terms and Conditions" for use of the debit card are outlined on the Cardholder Agreement that accompanies your debit card. By signing and using the card, you agree to use the card in conjunction with those rules.
- **What happens if my transaction is denied?**
After the debit card is 'swiped', the system verifies that adequate funds are available in your account and that the expense is from a qualified merchant. If these checks are positive, the funds are then deducted automatically from your account. If these checks are negative, the transaction is denied. If the transaction is denied, then another method of payment must be used.
- **If a receipt is not provided to substantiate a debit card purchase, and it has been determined the expense is ineligible for payment of your HRA account, please repay these funds by submitting the Return of Reimbursement Account Overpayment form found on your HealthEquity member portal.**

MANUAL REQUEST

- **How do I submit a paper (manual) request for reimbursement?**
Requests can be made online by accessing your member portal or by submitting the RA Reimbursement Request Form. Simply complete and sign the Health Care portion of the form and attach one of the following:
Your Explanation of Benefits from Florida Blue, or receipts for prescriptions and;
mail the completed reimbursement requests to: HealthEquity, Inc. Attn: Reimbursement Accounts, 15 West Scenic Pointe Drive, Ste 100, Draper, UT 84020
- **What happens if the amount I request for reimbursement is larger than my available account balance?**
Reimbursement requests that exceed your account balance will be reimbursed up to the amount available in the account.
- **How long do I have to submit request for eligible expenses?**
Generally, you have three months from 1) the end of the plan year [January thru March] or 2) the date you leave employment for claims incurred prior to the date of termination, to submit requests for expenses incurred in a prior plan year. After the three months, prior expenses will not be reimbursed. The money remaining in your account from the prior year will be rolled into the next year and can be used to reimburse current year expenses. Terminated employees will forfeit amounts not claimed unless they are enrolled in COBRA; in which case, the money remaining in the account can be used to pay COBRA claims.
- **Can I go online to check my account activity?**
Yes. Visit www.myhealthequity.com. Here you can check your account balance, the status of a request and obtain forms.
- **Can I request direct deposit for my reimbursements?**
Yes, Contact member service or go online to add your account information.

➤ **What happens to my account if I terminate employment?**

You will have a limited period of time to submit additional requests for reimbursement of qualified medical expenses incurred while you were employed, and, at the end of that period, the account balance will be forfeited. In certain circumstances, you may be eligible to elect continuation of coverage under COBRA. Please refer to your employer-provided Summary Plan Description for details of your employer's program.

➤ **What happens to the balance in the account at the end of the plan year?**

The balance rolls over from year to year according to the terms of your employer's plan, as long as the program is offered and you remain enrolled.

➤ **What happens to my account if I choose to switch, during open enrollment, to one of the other health plan offerings?**

The annual contribution to the account will end, so only the amount accumulated is available for reimbursement for qualified medical expenses (QMEs).

➤ **What happens to my account if I retire?**

If you retire by the Florida Retirement System's definition of retirement, at age 62 or 30 years creditable service, you can take your account with you and continue to use the total balance accumulated in the account for qualified medical expenses (QMEs) until depleted.

➤ **What if my hire date is not the first of the year? Do I get the full \$500?**

No, the funds are pro-rated on a quarterly basis so the amount will be determined based on your date of hire.

* Colleges who offer two tiers – the funding amounts are \$500 for employee \$1,500 for spouse or family.