



HOW TO KEEP YOUR CLAIMS SAILING THROUGH THE HRA REIMBURSEMENT PROCESS

1. You **MUST** Complete and Sign the "**Health Reimbursement Arrangement (HRA) Claim Form**". (Forms can be obtained at our website: www.bdgflex.com under Forms and Instructions.) **Claims submitted without a signed claim form will be returned, which will delay the processing of your payment.**

Note: You must first submit eligible expenses to the HRA for consideration before submitting them to any other tax deductible plan. You are allowed only one tax benefit for each qualified medical expenses. Therefore, you must process the claims through the HRA to determine your true out-of-pocket expense, before resubmitting any portion of these expenses to another qualified plan (i.e. Flex Plan, Medical Reimbursement Plan, etc.) or before you claim them as an itemized deduction on your personal income tax return.

2. **Attach the appropriate required claims substantiation.**

Per IRS regulations, third party claims substantiation is required. The substantiation you submit must include enough detail to verify when the service was performed, who the service was for and a description of the service. These details are all used to determine whether or not the service was for an IRS approved expense according to the HRA plan.

In most cases, substantiation will be in the form of an Explanation of Benefits (EOB). The EOB is sent to you by the insurance company to provide detail of services that have been provided. It often has a heading that says "This is Not a Bill" and will identify a breakdown of how the claim has been applied to the deductible, co-insurance and/or co-pays expenses as set forth in your insurance contract. **IF, and only IF** your HRA allows the reimbursement of other IRS Section 213(d) expenses or expenses that do not involve insurance coverage your substantiation may include billing statements, co-pay receipts, cash register receipts, etc. as they may be applicable to your HRA plan design. **To determine what specific expenses are eligible in your HRA plan,** please review your plan details located in your Summary Plan Description.

Keep in Mind...

Clinic and Hospital Bills (in most cases) **WILL NOT** provide enough detail to process your claims if your HRA is set up to reimburse a portion of the deductible. Include all of the detail pages from the EOB and not just the summary page, as Year-to-date totals do not provide enough of the details needed to determine when the services were provided and whether or not the expense will be eligible according to your HRA plan design. HRA reimbursements will help you pay the providers for eligible services, so it is to your advantage to submit your HRA claims as soon as you receive proof of services provided.

Claims will be delayed if you fail to use the proper claim form, don't submit enough detail to substantiate your request, or if you fail to sign the claim form. If your claim is denied, a letter will be sent to you explaining what is required to further process your request.

3. **Forward by mail to:** **Benefits Design Group, Inc.**
PO Box 370
Onalaska WI 54650 or **By Fax: (608) 781-4576**