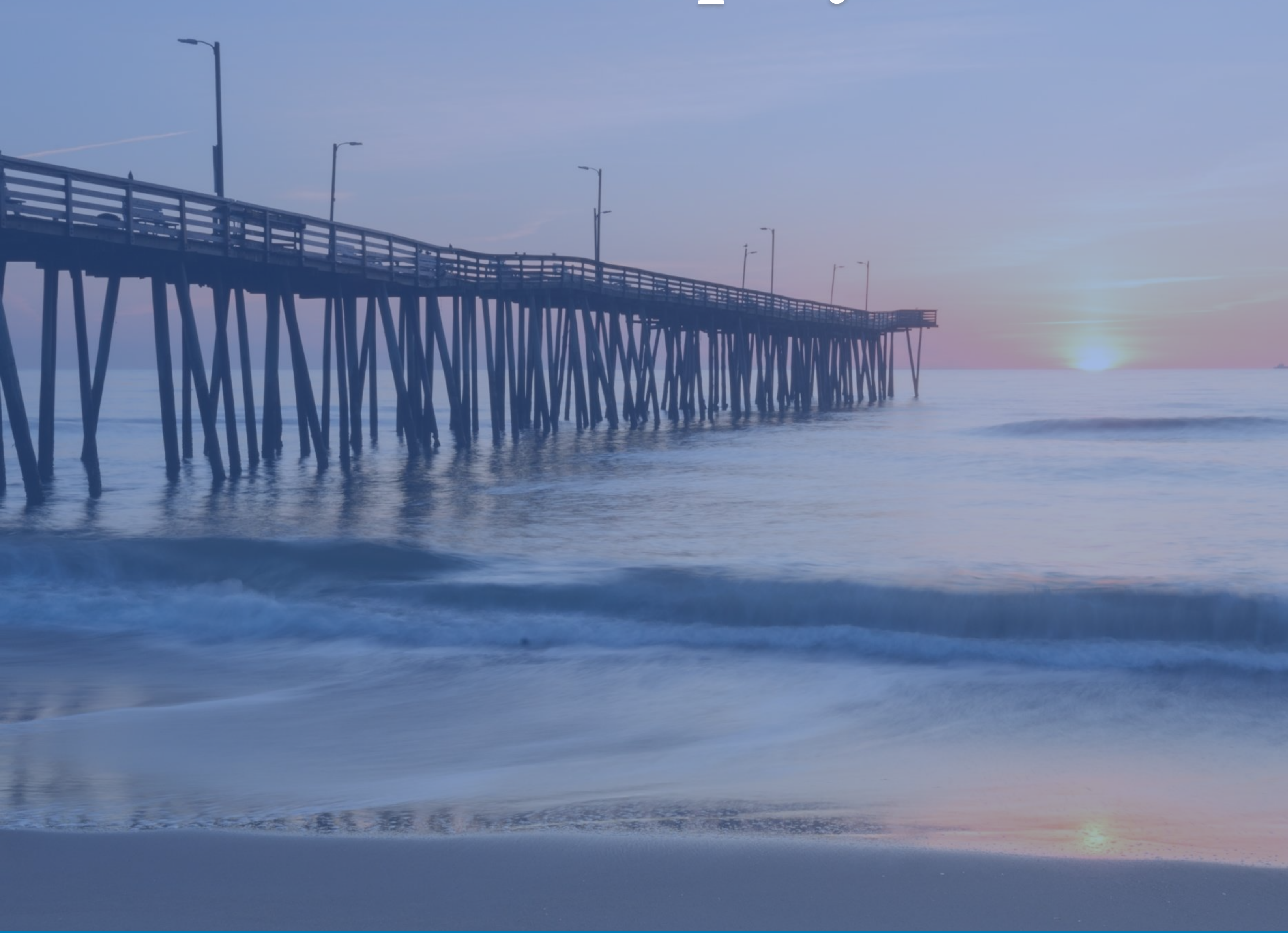
Flexible Benefit Plan
HRA Employee Guide



County of Roanoke

July 1, 2020 – June 30, 2021

FlexibleBenefit ADMINISTRATORS

Introduction

With a Flexible Benefit Plan, the better you plan, the more you save!

The Flexible Benefit Plan is a real solution to issues facing all of us. By taking advantage of tax laws, the Plan works with your benefits to save you money since it allows you to pay for eligible expenses with **Tax Free Dollars**.

This handbook will help you understand the Plan by covering everything from how it works, describing the different options available, explaining the rules governing each plan option, how to access your funds, and how to view and access your account.

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Important Points for 2020-2021

Your Plan Year runs from **July 1, 2020** to **June 30, 2021.** This means your benefit elections will take effect July 1, 2020.

Important Dates:

- Plan Start Date: 7/1/2020
- Plan End Date: 6/30/2021
- Last Day to Spend Funds: 6/30/2021
- Last Day to Submit Claims: 9/28/2021

To be eligible for the HRA, the employee must be enrolled in the County's health plan and have completed the 3-Steps to Wellness. After completion of the program, the employee receives a $500 contribution. If the spouse is covered on the health plan, and completes the 3-Steps to Wellness, an additional $500 is deposited into the HRA account. Employees who complete the 3-Step program also receive a discount on their health insurance premium.

Health Reimbursement Arrangement (HRA)

A Health Reimbursement Arrangement (HRA) is a tax-advantage plan that is employer-funded and can be used for approved healthcare expenses on an annual basis. This allows you, the employee, to reduce your out-of-pocket expenses.

Funding

Your employer is providing an HRA annual contribution based on your participation in the County of Roanoke's Wellness program.

- If you (the Employee) complete all three steps: $500
- If you and your spouse complete all three steps: $1,000

Please note that if only your spouse participates and completes all three steps of the program, you will not receive any funding until you (the employee of the County of Roanoke) complete the steps.

Understanding Your HRA Program

HRA plans are very flexible and allow your employer to design a plan to meet the unique needs of the employee population.

Some eligible expenses include:

- Co-payments
- Co-insurance
- Prescription drugs
- Over-the-counter medications
- Out-of-pocket medical expenses
- Dental/vision expenses
- All 213(d) expenses

Please note

If you do not use all of your HRA dollars during the Plan Year, the funds will continue to rollover each year as long as you are an active employee and remain covered on the Company's health plan. The maximum amount you can keep in your HRA account is $25,000.

Obtaining A Reimbursement from Your Health Reimbursement Arrangement Account

To obtain a reimbursement from your HRA Account you must complete a Claim Form. This form is available from your employer. Please see the Claims Submission Section for more information.

Benefits Card

Access to Funds

Your benefits debit card gives you easy access to the funds in your tax-advantaged benefit accounts by swiping the card at the point of sale. The card can be used at any qualified service provider that accepts MasterCard. Funds are automatically transferred from the benefit account directly to qualified providers with no out-of-pocket cost and no need to file a claim for reimbursement.

Your benefits debit card virtually eliminates:

- Out-of-pocket expenses
- Claim forms
- Reimbursement checks

Your Benefits Debit Card is as Easy as 1-2-3

1. Check your account balance

You can view your transaction history, current balance, claim status, and more by logging in online, calling the phone number on the back of your card or via FBA's mobile app.

2. Swipe your benefits debit card

Swipe the card at the point-of-sale for eligible products and services. Most major retail chains utilize a system that will auto-substantiate the purchase, meaning it will approve eligible expenses without requiring submission of receipts. If a purchase is greater than your account balance, you can split the cost at the register or you may submit a manual claim.

3. Keep all your receipts

Though the need for documentation is greatly reduced, it is a good practice to save your receipts in the instance documentation is requested by your administrator or in case of an IRS audit.

How Long is my Card Valid?

As long as you do not have a break in participation, you can use your card for three years, until the expiration date printed on it.

What if my Card is Denied?

If you swipe your card and it is denied, your first step should be to reach out to FBA's customer service team by calling 1-800-437-FLEX (353) so that they can assist you. You can also send an email to flexdivision@flex-admin.com for assistance.

Claims Submission

Claim Filing Dates

All claims received in the office of Flexible Benefit Administrators, Inc. will be processed within one week via check or direct deposit.

Information FBA Needs for Any Claim Submission

- Date of service
- Patient's name
- Amount charged
- Provider's name
- Nature of the expense
- Amount covered by insurance (if applicable)

Common Denial Reasons

- Ineligible expense
- Purchase/service was incurred outside of the Plan Year
- Insufficient funds in account
- Item/service is considered "cosmetic" by the IRS

Common Errors to Avoid When Filing Claims

- The claim form is not signed
- Canceled checks, cash register receipts or credit card receipts are sent in place of receipts or bills from the provider of service
- Cash register receipts for OTC item(s) do not indicate the specific name of the product(s) purchased
- Claim form has not been completed
- Insufficient postage on envelope
- "Previous balance" statements or "payment on account" receipts submitted in place of actual date of service itemized bills or receipts

What You Can Do If Your Claim Has Been Denied

If your claim was denied and you have additional questions, your first step should be to reach out to FBA's customer service team by calling 1-800-437-FLEX (3539) so that they can assist you. You can also send an email to flexdivision@flex-admin.com for assistance.

Rules and Regulations

Runout Period for Filing Claims

You have the entire Plan Year plus 90 days to file all claims that were incurred during the Plan Year. All claims must be received in the office of Flexible Benefit Administrators, Inc. by 5:00 P.M.(EST). on the 90th day, following the end of your Plan Year. If claims are not received during this time frame for expenses incurred during the Plan Year, your remaining funds will rollover up to $25,000, but any additional funds will be forfeited and you will no longer be able to submit expenses incurred during that Plan Year. (Remember “90 days” does not mean 3 months and “received in the office” does not mean the day it was postmarked). Please do not delay; complete your claims early.

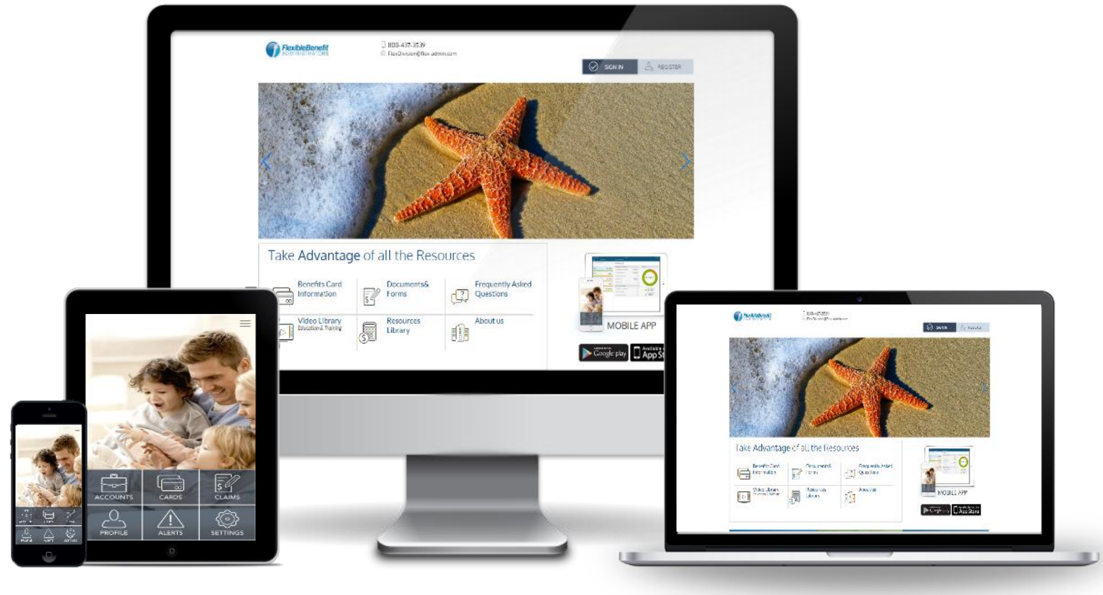
Termination of Employment

If you have funds in your Health Reimbursement Arrangement and you submit receipts for expenses incurred prior to your termination, you can be reimbursed for funds remaining in your account up to your annual election for 90 days from your coverage end date. However, if you have money left in your HealthCare Account and do not have receipts for expenses incurred prior to your termination, you cannot be reimbursed for the money remaining in your account, unless you elect to participate in the federal program known as COBRA. If you elect to participate in COBRA, you will need to continue to set aside dollars on an after-tax basis to be deposited into your HealthCare account. You will receive information concerning this program from the contact person in your company.

View Your Benefits

Get Connected with Your Account Wherever, Whenever with our Convenient Participant Portal: https://fba.wealthcareportal.com/

NOTE: If you do not have an account on the portal, please see the Web Access Flyer for help creating one.



With the online WealthCare Portal you can:

- ✓ View Account Status
- ✓ Submit Claims and Check Their Status
- ✓ Report Your Benefits Card Lost/Stolen
- ✓ View Resources
- ✓ Download Forms and Information
- ✓ Receive Enrollment Information
- ✓ Find Contact Information

The Participant Portal is available 24/7* from any internet enabled device for your convenience.

*-As with technology, due to technical difficulties beyond our control there may be small windows of time the website is down. In this case, plan information can be requested with a simple phone call to our representatives.

ADMINISTERED BY:

FLEXIBLE BENEFIT ADMINISTRATORS, INC.

P.O. Drawer 8188

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