

Health Reimbursement Arrangement (HRA) - **STAFF Wording**



What is a health reimbursement arrangement (HRA)?

The HRA is an employer-sponsored account that works with your health insurance plan to reimburse a portion of your eligible out-of-pocket healthcare expenses. You must be enrolled in the San Francisco Zen Center health plans to receive the HRA. Eligible expenses will be outlined in the summary plan document provided by San Francisco Zen Center and typically include:

- Copays & deductibles
- Prescription copay

Medical HRA	Dental HRA (combined)
\$2,500 Individual / \$5,000 Family	\$2,000 Individual / \$4,000 Family

How Your HRA Works

Your HRA provides first-dollar deductible coverage

Your HRA covers your healthcare deductible expenses. Every time you see a healthcare provider and the service is subject to your deductible, your HRA will cover those expenses up to the HRA plan maximum. Amounts above the HRA plan maximum will be out-of-pocket for the member.

You will be reimbursed from your HRA after you submit a request for reimbursement. Below are the different options for filing a claim for reimbursement:

- ☐ File a claim through your mobile phone
- ☐ File a claim online at myflexaccount.com or
- ☐ Download and print a reimbursement form and fax or e-mail to Flex for processing

The claim submission must be accompanied by the proper documentation for your expense (i.e. EOB or a bill by your provider).

Medical Reimbursements	Prescription Drug Reimbursements
You visit a doctor for care	You visit the pharmacy to fill a prescription
You pay out-of-pocket for the copay / coinsurance	The pharmacy electronically processes the claim and re-adjusts the pricing to reflect the network discount
The insurance company sends you and your doctor an Explanation of Benefits (EOB), which details the amount that your insurance plan will pay	You pay the discounted prescription cost to the pharmacy
You file a reimbursement request with Flex and include a copy of the EOB or bill by your provider	You file a reimbursement request with Flex and include the pharmacy claim information from your insurance company's website
Flex processes the claim	Flex processes the claim
You receive your reimbursement	You receive your reimbursement

Contact Flex: P: (888) 345.7990 // F: 844.859.7306, service@myflexaccount.com or claims@myflexaccount.com

Carrier website to pull EOB when you sign in as a member: www.kp.org, www.metlife.com/mybenefits, www.vsp.com