

City of Peabody  
HRA Claims Process and  
Frequently Asked Questions



**Who is eligible for this benefit?**

Benefit eligible employees enrolled in:  
GIC Health Plans through City of Peabody

**Important Timelines:**

Your 2014 plan year runs from  
January 1, 2014 to December 31, 2014

**HRA Part 1:**

**What is considered eligible for reimbursement?**

The HRA will **ONLY** reimburse for eligible Outpatient Surgery, Inpatient Hospital Admission and High Tech Imaging expenses.

**Plan Design:** The HRA Part 1 reimburses the full copayment amount for Outpatient Surgery, Inpatient Hospital Admission and High Tech Imaging expenses only. Reimbursements are subject to the plan year maximum. There is no per person maximum.

**HRA Part 2:**

**What is considered eligible for reimbursement?**

The HRA will **ONLY** reimburse for eligible medical expenses.

**Plan Design:** The HRA Part 2 reimburses the second portion of eligible medical expenses not included in Part 1. Employees are responsible for the first portion. Employees with Single coverage are responsible for the first \$2,000 and the HRA Plan will reimburse the remaining \$3,000. Employees with 2-Person or Family coverage are responsible for the first \$4,000 and the HRA Plan will reimburse the remaining \$6,000. There is a plan level maximum only per plan year for this benefit. There is no per person maximum.

**How am I reimbursed for eligible expenses?**

**Manual Claims Submission:** You may submit for reimbursement via online or paper reimbursement form:

- **Online Reimbursement Request** – Each participant in the plan will be issued personal login credentials to [www.benstrat.com](http://www.benstrat.com). You have the option to file your HRA claims online. The confirmation page and detailed documentation will need to be faxed or mailed to Benefit Strategies before receiving reimbursement. Please **do not email claims** with

sensitive information to our offices unless you are using secure email.

- **Paper Reimbursement Request Form** – You may submit your paper reimbursement form via mail or fax. You will need to send in an HRA claim form along with your Explanation of Benefits (EOB) from your Medical Carrier that outlines your responsibility
- **Important Rules about Claim Submission Deadlines:** EOBs incurred during the above plan year must be submitted to Benefit Strategies within 30 days after the plan year end date.

**When can I expect reimbursement?**

**Properly completed claims** received in our offices will be expedited for payment as quickly as 2-7 business days and take no longer than 7-10 days. Forms may be downloaded from Benefit Strategies' website, [www.benstrat.com](http://www.benstrat.com), or upon by calling customer service. Participants can choose to be reimbursed by check or direct deposit.

**How do I log on to view my claims online?**

- Log in at [www.benstrat.com](http://www.benstrat.com), and click on the FSA/HRA Secure Account Login button in the upper right corner of the page. See the Employee/Participant Login in the yellow box on the left side of the page.
- **First time users:** once you log in, you will see the options for "New user?" click the link below to create your new username and password

**What can I expect from Benefit Strategies?**

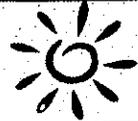
Claims will be paid in a timely manner. Benefit Strategies representatives will be able to provide information regarding your HRA. We can explain how the plan works and how the design is coordinated with your medical insurance plan. However, for any questions regarding your medical insurance plan and what constitutes covered expenses, we would kindly refer you to your Medical Insurance Carrier for an explanation of your medical plans. Our Customer Service Department is available Monday-Thursday 8:00 a.m. - 6:00 p.m. and Fridays 8:00 a.m. - 5:00 p.m. EST at (888) 401-3539.





**Did you know that you can....**

- Sign-up for direct deposit online
  - Update your account information online
- Visit us online at [www.benstrat.com](http://www.benstrat.com)



## Health Reimbursement Arrangement (HRA) Filing Instructions

### Who is eligible?

- An employee who is enrolled in the Plan, and their dependents.

### Examples of qualifying expenses

- Health Reimbursement Arrangements can be used to pay for any item that qualifies as a medical expense under the Internal Revenue Code, with the exception of long-term care. However, your employer determines which expenses are covered under your plan. Depending on your benefits, you may be eligible to submit copies of receipts for co-pays, deductibles, dental, vision or hearing expenses, prescriptions, and over the counter items (e.g. medical monitoring devices and diabetes supplies).
- Expenses must be incurred on or after your effective date for the plan year and before the end of the plan year (or grace period, if adopted by your employer). In accordance with the IRS rules, reimbursements will not be made until the services have been provided.

**Please Note:** The above eligibility and expense guidelines are intended for informational purposes only. For a description of how your plan works, please refer to the Summary Plan Description (SPD). The information contained in the SPD takes precedent over the guidelines in this form.

### Documentation must show

- Explanation of Benefit (EOB) or Claims Summary statements from your insurance company, which show the amount or percentage of a medical charge your insurance company paid and how much you must pay.
- Receipts for prescription

**Please Note:** Some items may require further documentation from your physician or healthcare provider. We will contact you if further documentation is required.

**Please Note:** Cancelled checks, credit card slips or statements showing only a balance forward are not accepted as valid receipts.

*If you have any additional questions regarding your plan please contact us by phone at (603) 647-4666 or (888) 401-FLEX (3539).  
Visit us online at [www.benstrat.com](http://www.benstrat.com).*



**City of Peabody, MA  
HRA Part 2 Claim Form**

FAX: (603) 647-4668 (Max of 15 pages)  
Address: PO Box 1300, Manchester, NH 03105-1300  
E-Mail: Flexdept@benstrat.com

Employee Name:  
(First, Last)

Last 4 digits of SSN:

Primary Phone:

Employer: City of Peabody, MA

Email:

E-mail is required to receive important account notifications.

Fill out form completely, including signature, and fax or mail to Benefit Strategies at the address listed above. Claim form must be submitted with an Explanation of Benefits (EOB) or Claims Summary detail from the insurance carrier. Incomplete and unsigned claims will be returned. Please limit the number of pages faxed to a maximum of 15 pages. Reimbursement requests should be for a minimum of \$25 (unless using remaining account balance). Notifications will be sent via e-mail for claim confirmation, payment notification and denial letters. Claims will be applied to the earliest eligible plan year.

**HEALTH REIMBURSEMENT ARRANGEMENT EXPENSES**

Amount to be Reimbursed	Service Date(s)	Description (Select options below)		Person receiving product / service
\$		<input type="checkbox"/> Office Copayment	<input type="checkbox"/> Prescription Copayment	
		<input type="checkbox"/> Emergency Room Copayment	<input type="checkbox"/> Other: _____	
\$		<input type="checkbox"/> Office Copayment	<input type="checkbox"/> Prescription Copayment	
		<input type="checkbox"/> Emergency Room Copayment	<input type="checkbox"/> Other: _____	
\$		<input type="checkbox"/> Office Copayment	<input type="checkbox"/> Prescription Copayment	
		<input type="checkbox"/> Emergency Room Copayment	<input type="checkbox"/> Other: _____	
\$		<input type="checkbox"/> Office Copayment	<input type="checkbox"/> Prescription Copayment	
		<input type="checkbox"/> Emergency Room Copayment	<input type="checkbox"/> Other: _____	

\$ \_\_\_\_\_ **TOTAL Health Reimbursement Arrangement Requested**

**READ CAREFULLY:** To the best of my knowledge and belief, my statements in this request for reimbursement are complete and true. I am claiming reimbursement only for IRS eligible expenses incurred by my legal dependents or myself (Domestic/Civil Union Partners are *not* IRS eligible dependents in most cases.) I certify that these expenses have not been and will not be reimbursed from any other source and will not be claimed as an income tax deduction.

**EMPLOYEE'S SIGNATURE:**  
(REQUIRED)

**DATE:**