

Retirees

Health Reimbursement Arrangement (HRA)

Frequently Asked Questions

What is the Health Reimbursement Arrangement (HRA)?

The Health Reimbursement Arrangement is an account that is funded and owned by the employer. This account will reimburse you for qualified medical care expenses that have not been reimbursed by the County's health plan.

What are the eligibility requirements for the HRA?

To be eligible for the HRA, the retiree must be enrolled in the County's retiree health plan and have completed the required step(s) to Wellness. Spouses are also required to complete the required step(s) if they are covered on the retiree health plan. The required step(s) must be completed every year to be eligible for the HRA. Contributions are made at the beginning of the plan year - July 1.

What amount does the County contribute to the HRA?

On an annual basis, and after completion of the required step(s) to Wellness, a \$500 contribution is deposited into the retiree's account for self only coverage. An additional \$500 may be made if spouse coverage is carried as well. If only your spouse completes the required step(s) of the wellness program, you will not receive any funding until you (the retiree of the County of Roanoke) complete the steps. A mid-year retirement will not receive a new contribution until the following plan year, as their active employee HRA will convert to a retiree HRA at that time. Any current retirees participating in wellness for the first time, will receive a pro-rated amount based on the month their required step(s) are completed.

What happens to my HRA funds when I retire?

The HRA funds available to you as an active employee transfer to you as a retiree as long as you enroll in the County's retiree health plan. You will continue to have access to the funds in your HRA for eligible expenses and premiums. If you elect to discontinue your County sponsored health coverage, you will have 90 days from your date of retirement to submit all eligible claims incurred prior to retirement for reimbursement. Any remaining funds following the 90-day period after retirement will revert to the County.

When will my HRA funds be available to me?

The HRA is funded at the beginning of each plan year (July 1) for retirees and spouses who have completed their required step(s) to Wellness between June 1 – May 31.

What is an eligible expense under my HRA plan?

The following are examples of items that can be submitted for reimbursement under the HRA plan.

- Co-payments
- Co-insurance
- Prescription Drugs
- OTC Medications
- Out of Pocket Medical Expenses
- Dental / Vision Expenses
- All 213(d) expenses
- Premiums not covered by the deduction from the VRS pension check

Will the HRA funds roll-over each year or does the “use it or lose it” rule apply to this account?

Yes, any unused funds in your HRA account **will** roll-over each year if you are an active participant in the County’s retiree health plan. The maximum amount you can keep in your HRA account is \$25,000. This is regardless of participation in the wellness plan.

What happens to my HRA funds when I turn age 65?

You may submit reimbursement requests for allowable medical expenses incurred up to the date your health coverage ends. Your health coverage ends on the last day of the month preceding the month of your Medicare eligibility. You must submit reimbursement requests within 90 days from this date. Otherwise, any remaining funds after the 90 days will revert to the County.

What happens to my HRA funds if I pass away?

The funds in your HRA will be available to your surviving spouse and/or children in the event you pass away. They may submit reimbursement requests on your behalf within 6 months for any allowable expense incurred up to your date of death for reimbursement from the account. If they elect COBRA continuation coverage upon your death and pay the monthly COBRA premiums, they will have continued access to the HRA funds for up to 36 months after your date of death. A spouse’s access to the HRA funds under COBRA will end when premiums are no longer paid, after 36 months or at age 65, whichever occurs 1st. Otherwise, the remaining funds will be reverted to the employer.

What is the deadline for using/submitting my expenses each year?

All documentation must reflect a service date within the plan year dates (July 1- June 30) and submitted for reimbursement within 90 days after the end of the plan year. Claims and supporting documentation must be received in the office of Flexible Benefit Administrators, Inc. by 5:00 p.m. on the 90th day. If claims are not received during this time frame, they will not be eligible for reimbursement.

Do I need to submit documentation for my debit card transactions?

Per IRS regulations, some transactions will require you to submit documentation. Notices of this will be sent to you via standard postal mail from our office. Email notification is available through updating your communication preferences on the online portal.

If you have repeat transactions (same amount, same provider), please contact the FBA office to request these transactions be coded as recurring. Documentation will only be required for the first transaction. Recurring expenses must be the same dollar amount at the same provider. Recurring expenses will renew automatically from year to year.

When submitting documentation, ensure it includes the following information:

▪ Date of Service	▪ Provider/Merchant Name
▪ Patient’s Name	▪ Prescription Number/Name
▪ Amount Charged	▪ Nature of Expense

How do I use my benefit card?

Cards are activated with the first swipe and will remain active for three years.

The debit card can be used at any authorized medical provider who accepts MasterCard. The debit card system is coded to only accept charges from qualified merchants. We recommend utilizing the card as a credit card. If you need to use the debit option, please visit the online portal, select *Debit Card*, and *View PIN* to obtain a PIN. Request for additional cards for dependents over the age of 18 must be done in writing via email, mail, or fax. Reporting a lost/stolen card and ordering a replacement card can be done through the online portal or by calling our office directly.

How do I submit my HRA paper claims if I am not using my debit card?

Claims should be submitted to FBA by one of the following methods:

- Fax: 757.431.1155
- Scan/Email: FlexDivision@flex-admin.com
- Online Claims Submission at www.flex-admin.com
- USPS Mail to: FBA/Flex Division, P.O. Box 8188, Virginia Beach, VA 23450

How will I receive my reimbursement for my paper claims?

Your HRA reimbursement method will remain as previously elected (check or direct deposit). If you would like to sign up for Direct Deposit, please complete a Direct Deposit form. If you need to change your original Direct Deposit set up, a new Direct Deposit form will need to be submitted. Please contact Flexible Benefit Administrators, Inc. to update your mailing address or banking information as needed.