

Flexible Benefit Plan HRA Retiree Guide

County of Roanoke

July 1, 2025 – June 30, 2026



Introduction

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Important Points for 2025-2026

Your Plan Year runs from **July 1, 2025** to **June 30, 2026**. This means your benefit elections will take effect July 1, 2025.

Important Dates:

- Plan Start Date: 7/1/2025
- Plan End Date: 6/30/2026
- Last Day to Spend Funds: 6/30/2026
- Last Day to Submit Claims: 9/28/2026



In order to be eligible for retiree benefits, you must retire under the Virginia Retirement System (early or unreduced retirement) and meet the eligibility requirements as defined by the County's Retiree Health and Dental Insurance Policy. Employees retiring under a regular disability or work-related disability must also meet the eligibility requirements for an early or unreduced retirement. Please see your Human Resources department for retiree requirements or questions.

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



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 retiree, 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 Retiree) complete the required step(s): \$500
- If you and your spouse complete the required step(s): \$1,000

Please note that if only your spouse participates and completes the required step(s) of the program, you will not receive any funding until you (the Retiree of the County of Roanoke) complete the step(s).

If you do not use all your HRA dollars during the Plan Year, the funds will continue to roll-over each year as long as you are an active participant in the County's retiree medical plan. The maximum amount you can keep in your HRA account is \$25,000.

Understanding Your HRA Program

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

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 (3539) 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

What Happens to my HRA Funds When I Turn Age 65?

You may submit reimbursement requests for any allowable medical expense 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, the remaining funds will revert to the County.

What Happens to my HRA Funds if I Pass Away?

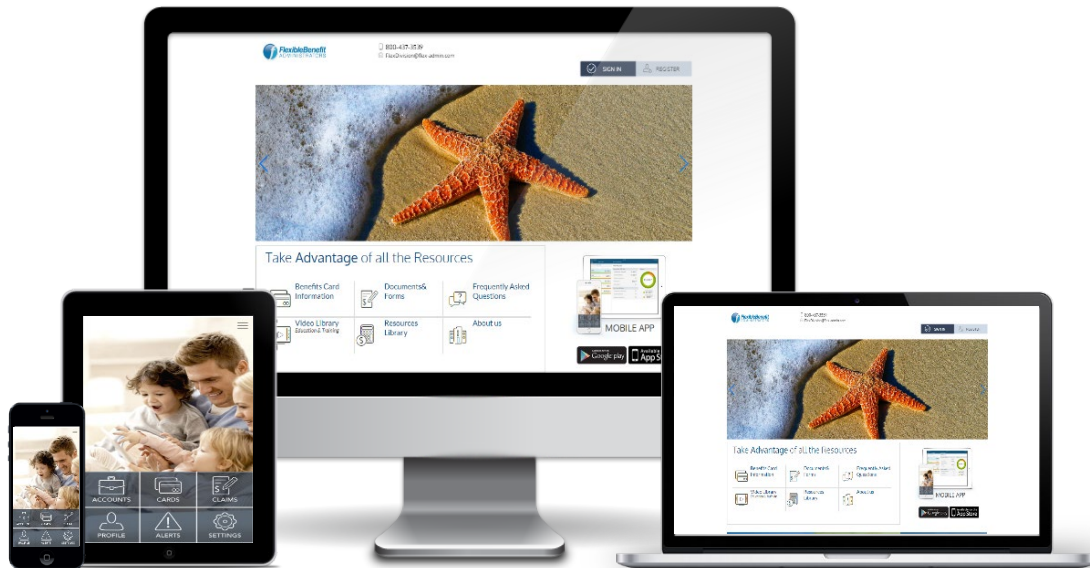
The funds in your HRA will be available to your surviving spouse and/or children in the event you pass away. They may submit reimbursement requests on your behalf within 6 months for any allowable medical expense incurred up to your date of death for reimbursement from the account. If they elect COBRA continuation coverage upon your death and pay the monthly COBRA premiums, they will have continued access to the HRA funds 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 County



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.



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