

HRA

Plan Details



About your HRA Plan

Your company has established a Health Reimbursement Arrangement (HRA) program for you and other eligible employees. Under this program, you will be able to receive reimbursement for the cost of your out of pocket medical expenses. The HRA program will be funded completely by your company, so there is no cost to you. The HRA is established for employees who are enrolled in the Basic Plan or the Enhanced Plan for health insurance and are not eligible to contribute to the Health Savings Account (HSA). For specific eligibility questions, please contact your Human Resources Department.

Annual Contribution Limits

HRA Contribution

Matching contribution up to \$1,000 based on FSA election
+ Incentive Credits

How the plan works

The HRA will reimburse eligible medical, dental, vision and prescription expenses as defined by the IRS.

The FSA will reimburse claims first. The HRA will reimburse claims once the FSA balance is \$0.

There will be a matching contribution up to \$1,000 based on your FSA election. The first half will be contributed at the start of the plan year. The remaining half will be contributed during the plan year, with an amount being contributed each pay period.

Incentive credits will be contributed in two parts. The first half will be contributed 7/1. The second half will be contributed 1/1.

If you leave employment with Montgomery County, unused funds in the HRA are forfeit after all eligible expenses are reimbursed.

What if there is money left in my account at the end of the plan year?

At the end of the plan year, after all eligible reimbursements have been made, any unused funds are will roll forward into the new plan year.

When will I be reimbursed for claims I submit?

Any claims received by noon (12pm EST) Wednesday will be processed (if eligible) the following day.



myCafeteriaPlan will automatically process claims if you participate in Montgomery County's Medical, Prescription, Dental or Vision Plans, unless you opt out of this feature.

To opt-out of the streamline process you will need to contact myCafeteriaPlan at 1-800-865-6543.

Tracking Your Account(s) Online

Go to www.myCafeteriaPlan.com and click on the "Login" button. If this is your first time to the website, you will be prompted to enter a Username (first initial of your first name, your last name and the last 4 digits of your SSN (not case sensitive)) and Password (the last four digits of your SSN). For example:

Username: Tsmith1234

Password: 1234

Once you've logged in to your account, you'll be asked to change your login information and answer a few short security questions. You can also check your account balance(s) and see the status of any claims you have submitted.

Please note: When updating your personal information it is important to provide your e-mail address for the fastest and most efficient communication.

How to

File a Claim

myCafeteriaPlan

STEP ONE >>

1. Confirm that the expense is eligible to be reimbursed.
2. Gather all documentation and or explanations of benefits (EOB).
3. Be sure the documentation you submit includes:
 - Provider Name and Address
 - Patient/Dependent Name
 - Description of Service
 - Date of Service
 - Amount Charged
4. Submit copies of all documentation. Keep originals for your files.

STEP TWO >>

Choose **ONE** method below to submit your claim



Web

1. Go to www.mycafeteriaplan.com - log in to your account.
2. Click the "File A Claim" link.
3. Enter your claim.

Once you are finished, click that you have read the terms & conditions and submit.



Mobile

1. Go to www.mycafeteriaplan.com/mobile to install the myCafeteriaPlan On-the-Go™ app on your smartphone.
2. Log into your account using the mobile app and select the "File A Claim" link from the main screen.
3. Enter the claim information and attach the picture of your documentation.
4. Once you are finished, click "Submit."



Mail/Fax

1. Complete the claim form you received.
2. Print and sign your claim form.
3. Attach supporting documentation.
4. Fax your claim and copies of supporting documentation to: **937-865-6502**
OR

Mail your claim to: **myCafeteriaPlan, Attention: Claims**
432 East Pearl Street, Miamisburg, OH 45342



MYBENEFITSTATEMENTS | MYCAFETERIAPLAN | MYCOBRAPLAN

For more information please contact:
customer_service@mycafeteriaplan.com or call 800.865.6543

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