

## Health Reimbursement Account (HRA)

A Health Reimbursement Account (HRA) can help you pay for your eligible out-of-pocket medical, dental and vision eligible expenses with funds provided by your employer.

### How do I enroll?

There is no need to enroll. Eligible employees are automatically signed up for the HRA.

### How much do I receive?

The City will provide \$750 for employees with medical insurance only covering themselves, \$1,000 for those also including one dependent, and \$1,250 for those with two or more dependents into your HRA for qualified out-of-pocket medical, dental or vision expenses for you and your dependents, if any. This amount is pro-rated for participants who are eligible partial years.

### What expenses are eligible?

Expenses are eligible for reimbursement if they meet all the criteria listed below:

- Expenses must be necessary for the diagnosis, treatment, cure, mitigation, or prevention of a specific medical condition.
- Expenses must be incurred during the plan year, or the plan year's grace period, to be considered eligible.
- Expenses must be incurred by you or your qualified dependents.
- Eligible expenses include the out-of-pocket expenses associated with your medical plan, such as copayments and deductibles, as well as other expenses that may not be covered by your medical insurance, like dental care, hearing aids, orthodontia, prescription drugs, psychiatric services, and vision care.
- **Ineligible expenses** include cosmetic procedures, teeth whitening, vitamins or supplements, among others. A comprehensive list is available on our website.

### How do I access the funds in my HRA?

There are two ways to use the funds in your HRA.

- **Debit Card:** Your BenefitsWorkshop Debit Card automatically deducts from your HRA balance. The Debit Card can be used at most medical providers and pharmacies that accept credit cards. There is no PIN number and you do not need to activate the card. Simply swipe the card and sign the receipt. **We recommend that you always retain a detailed receipt or itemized bill for each Debit Card transaction, as many times you will need to submit documentation showing the funds were spent on an eligible expense.**
- **Manual Claim:** You also have the option of paying for expenses yourself and filing a *Health Care Expense Documentation* form to request reimbursement. Your reimbursement will be mailed to you, or deposited directly to your bank account if you have submitted a *Direct Deposit Authorization* form. You can submit a *Direct Deposit Authorization* form when you enroll, or at any time during the plan year. Both forms are available on our website and easy to complete.



### **What else do I need to know about using the BenefitsWorkshop Debit Card?**

In some cases, no paperwork is required for Debit Card Transactions. For example, we will automatically approve the copays you are required to pay by your employer's medical insurance plan. Also, many retailers have systems in place to automatically approve transactions, which eliminates the need for documentation.

However, other times we are required by the Internal Revenue Service to obtain documentation from you that shows the funds were spent on an eligible expense. Appropriate documentation is either a detailed receipt, an itemized bill from your medical provider, or an explanation of benefits from your insurance company. All documentation should contain these key pieces of information: date of service, provider name, patient name, and services performed/items purchased. Documentation should be mailed or faxed to us within ten days of the transaction, along with a *Health Care Expense Documentation* form.

If you do not submit appropriate documentation in a timely manner, you will be sent a reminder letter. Continued failure to comply may result in the suspension of your Debit Card privileges and/or other actions deemed appropriate by BenefitsWorkshop and your employer.

### **What happens to money left in my account at the end of the plan year?**

Funds not used by the end of the plan year are forfeited. Claims for expenses incurred during the plan year must be filed for reimbursement by December 31, 2024. After that date, any remaining funds are forfeited and returned to the City.

**For more information, please visit our website or contact Customer Service.**

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The content of this newsletter is believed to be correct; if there is a discrepancy between the newsletter and the plan documents covering these benefits, the plan documents will govern the operation of the plan.

