# Health Reimbursement Account (HRA) Enrollment Kit



Significant Savings

24/7 Web access

Fast, Efficient, Convenient

The benefit that benefits everyone



#### **HRA Plans**

#### The HRA Plan

A Health Reimbursement Account is an employee

benefit plan established under IRC Section 105, and it allows you to pay for certain health care expenses that are not covered by your insurance.



Your HRA account is funded periodically by your employer, and the amount funded is not included in your taxable income. You can use your HRA account to reimburse qualified expenses for yourself, your spouse and any dependents claimed on your federal tax return.

If you have unused money in your HRA account at the end of the Plan year, some Plans allow you to "roll" the balance to the next year. Since the funds in your account were from your employer, you typically forfeit any unused balance if you terminate employment.

## Types of HRA Plans

"Stand-Alone" HRA: A "stand-alone" HRA is the most common form of an HRA. It covers all standard IRC Section 213(d) expenses for you and your spouse/dependents. Examples of expenses include out-of pocket medical expenses such as copays, prescription drugs, diabetic supplies, vision expenses, hearing aides, dental services, orthodontics and more.



An HRA Plan is like a gift of tax-free money from your employer!

"Deductible Only" HRA: In this design, only medical expenses applicable to the deductible of the health Plan qualify for reimbursement. An Explanation of Benefits (EOB) is typically required with each reimbursement request.

Other HRAs: Other types of HRA Plan designs include Limited HRAs, Retiree HRAs, Copayment HRAs, Restricted Expense HRAs and others. All HRAs operate under the premise that your employer allocates money to you to pay for medical related purposes, and the contribution amount is not included in your taxable income.

HRA with an FSA: Some employers offer both an HRA and an FSA (Flexible Spending Account). Your employer decides which benefit will "pay first."

#### Know the Details

Understanding the specifics of your employer's HRA Plan is critical. Carefully read your Plan's Summary Plan Description (SPD) to better understand the terms of your Plan.

Remember, each HRA Plan may be the same in concept, but can be unique in detail. Be informed of the specific provisions offered by your employer.



## Web Access. Claim Processing. Dedicated Customer Service.

#### Web Access

View your account online 24/7 via www.ebsrmsco.com. While online, you can:

- Submit claims for reimbursement
- View claims history
- Check your available balance and run reports
- Access forms such as Direct
   Deposit, Certification of
   Medical Necessity, Release
   of Information and various Reimbursement
   Request Forms
- Enter your email address to receive important Plan related materials
- Use our online services, such as our online eligible expense listing
- For even more convenience, download our mobile application to your smart phone!

#### **Customer Service**

Most of your questions can be answered by visiting



the website. But if you need to speak with a Customer Service
Representative, simply call 800-327-7130; Monday, Tuesday, Thursday and Friday from 8am EST to 5pm EST and Wednesday from 9am EST to 5pm EST. You can also email our

Customer Service Department at ebs.customerservice@ebsrmsco.com.

## Filing a Claim

To receive the fastest reimbursement for an eligible out-of-pocket expense, submit your claims online. Supporting receipts and documentation can be scanned and attached to your online claim, or you can email, fax or U.S. mail the required paperwork. Another option is to download a paper Reimbursement Request form. Complete the form by itemizing your expenses and following the important and detailed instructions found directly on the form. Reimbursement Request forms and

required documentation can either be mailed or faxed for processing.

#### **Know the Details**

Claim deadlines apply. For example, active participants have a set number of "run-out" days following the Plan year in which they can continue to submit paperwork for out-of-pocket expenses incurred during the Plan year. Be sure to carefully read your Plan's SPD to understand the terms and deadlines associated with your Plan. There is typically a \$30 minimum check amount, except for the final check for the Plan year. There is no \$30 check minimum with direct deposit.

#### **Direct Deposit**

Avoid the \$30 check minimum and a trip to the bank by completing either a Direct Deposit paper or online form found on the website.



#### **Email Address**

Provide or update your email address online and help us "go-green". You'll receive only plan related information such as account statements, claim related information, and RFI (Request for Information) Letters (for Card participants).

## Guidelines for Eligible/Ineligible Items and Services

#### Eligible Items/Services

Abortion

Acupuncture

Adoption, pre-adoption medical

expenses

Alcoholism treatment

Ambulance Arthritis gloves Artificial limbs Artificial teeth

Bandages, elastic bandages Blood-pressure monitoring de-

vices

Blood-sugar test kits and test

strips Body scans

Braille books and magazines Breast reconstruction surgery

following mastectomy

Carpal tunnel wrist supports Chelation therapy

Chiropractors Circumcision

Co-insurance amounts

Cold/hot packs Condoms

Contact lenses, materials, and

equipment Co-payments Crutches
Dental sealants

Dental services and procedures

Dentures and adhesives

Diabetic supplies

Diagnostic items/services
Drug addiction treatment
Drug overdose, treatment of
Eye examinations, eyeglasses,

equipment, and materials

First aid kits Flu shots

Fluoridation services

Gauze pads

Glucose-monitoring equipment

Guide dog
Hearing aids
Hospital services
Immunizations
Incontinence supplies

Insulin

Laboratory fees

Laser eye surgery; Lasik Liquid adhesive for small cuts Lodging at a hospital or similar

institution

Mastectomy-related bras

Medical alert bracelet or necklace

Medical information plan charges

Medical monitoring devices Medical records charges

Norplant insertion or removal

Obstetrical expenses

Occlusal guards
Operations
Optometrist
Organ donors
Orthodontia

Orthopedic shoe inserts

Osteopath fees

Ovulation monitor

Oxygen

Physical exams
Physical therapy
Pregnancy test kits

Preventive care screenings

Prosthesis
Psychiatric care
Radial keratotomy
Reading glasses
Rehydration solution
Rubbing alcohol
Screening tests

Shipping and handling fees Sleep-deprivation treatment Smoking-cessation programs Speech therapy

Sterilization procedures Stop-smoking program

Supplies to treat medical condi-

tion

Support braces

Surgery

Taxes on medical services and

products

Telephone for hearing-impaired

persons

TV for hearing-impaired

Therapy
Thermometers
Transplants

Transportation expenses for person to receive medical care Tuition evidencing separate

breakdown for medical ex-

penses Vaccines

Vasectomy/Reversal

Viagra

Vision correction procedures

Walkers Wheelchair X-ray fees

## Potentially Qualifying Items—Drugs and Medicine

Allergy medicine

Antacids

Antibiotic ointments
Antihistamines

Anti-itch creams

Aspirin

Asthma medications/devices

**Bactine** 

Birth-control pills Calamine lotion

Claritin

Cold medicine Cough suppressants

Decongestants

Diaper rash ointments/creams

Diarrhea medicine

Ear wax removal drops
Eczema treatments

Expectorants
Eye drops

Fever-reducing medications

First aid cream
Fluoride Rinses

Headache medications Hemorrhoid treatments

Insect-bite creams and ointments Hormone replacement therapy

Laxatives

Menstrual pain relievers

Morning-after contraceptive pills

Motion-sickness pills Nasal strips or sprays Sinus medications Spermicidal foam

Sunscreen

Sun protective clothing

Throat lozenges

Toothache/teething pain relievers

Wart removers

Yeast infection medications

#### SPECIAL RULES APPLY

The IRS states that OTC items classified as drugs and medicine are only eligible if they are accompanied by a doctor's prescription.

The IRS also states that to pay for

eligible drugs and medicines with the EBS One Card, additional rules apply. Prior to the purchase, the participant must provide the pharmacist with a copy of the prescription, and the pharmacist must assign the item an Rx number. The pharmacist must keep a record of the Rx number, the name of the purchaser (or the person for whom the prescription applies), and the date and amount of the purchase. Also, the pharmacy must provide the records for review to the employer or another agent upon request.

## Eligible Dependent Care Expenses

Care in your home, someone else's home, or in a daycare center for child care and/or eldercare. Licensing requirements may apply.

Registration fees to a daycare.

Before and after school care for children under age 13.

Education expenses for a child not

yet in kindergarten, such as

nursery school expenses.

Expenses paid to a relative are eligible, however, the relative cannot be under age 19 or a tax dependent.

Day camp (not overnight)
expenses if the camp qualifies
as a day care center.

FICA and FUTA payroll taxes of the daycare provider.

## Guidelines for Eligible/Ineligible Items and Services

#### Potentially Qualifying Expenses A Certification of Medical Necessity form must be completed by your physician.

AA meetings, transportation to Acne treatment Adaptive equipment Air conditioner Air purifier Alternative healers

Automobile modifications

Behavioral modification programs Birthing classes Blood storage

Books, health-related
Breast pumps
Capital expenses
Car modifications
Cayenne pepper
Childbirth classes

Chinese herbal practitioner

Chondroitin

Christian Science practitioners

Classes, health-related
Club dues and fees
Compression hose
Contraceptives
Counseling
Crowns, dental
Dancing lessons
Deductibles
Diabetic socks
Dietary supplements

Disabled dependent care ex-

penses

DNA collection and storage

Doula

Drugs and medicines
Dyslexia treatment

Ear plugs Egg donor fees

Eggs and embryos, storage fees

Elevator

Exercise equipment or programs

Fertility treatments
Fiber supplements
Fitness programs
Food thickeners

Foods

Gambling problem, treatment for

Genetic testing Glucosamine Hand sanitizer Health club fees Health institute fees

Herbs

Holistic or natural healers

Home care

Home improvements (such as exit ramps, widening doorways,

etc.)
Humidifier
Hypnosis
Inclinator
Infertility treatments

IVF (in vitro fertilization)
Lactation consultant
Lactose intolerance tablets

Lactose intolerance tab Lamaze classes

Language training
Lead-based paint removal
Learning disability, instructional

fees

Legal fees in connection with

fertility treatments

Lodging not at a hospital or simi-

lar institution

Lodging of a companion Masks, disposable

Massage therapy

Meals at a hospital or similar insti-

tution

Medical conference admission, transportation, meals, etc.

Medicines and drugs

Mentally handicapped, special

home for

Mineral supplements Naturopathic healers Nicotine gum or patches

Nonprescription drugs and medi-

cines

Nursing services provided by a nurse or other attendant Nutritional supplements

Nutritionist's professional ex-

penses

Occupational therapy Orthopedic shoes Personal trainer fees Petroleum jelly

Prenatal vitamins
Prescription drugs

Probiotics
Propecia
Psychoanalysis
Psychologist
Rental cars
Retin-A

Rogaine Rubdowns

Schools and education, residen-

tial

Schools and education, special Service animal, to assist individual with mental health disabili-

ties

Smoking-cessation medications

Special foods Sperm, storage fees St. John's Wort

Stem cell, harvesting; storage of

Student health fee

Sunburn creams and ointments,

medicated
Sunglasses
Swimming lessons

Swimming pool maintenance

Transportation of someone other than the person receiving medi-

cal care

Transportation to and from a medical conference

Treadmill

Tuition for special-needs program

Ultrasound, prenatal

Umbilical cord blood storage Varicose veins, treatment of

Veterinary fees Vitamins

Weight-loss programs and/or drugs prescribed to induce

weight loss

Wigs

## Ineligible Items/Services

Appearance improvements Babysitting and child care

Car seats Cologne

Controlled substances in violation

of federal law Cosmetic procedures Cosmetics

Dental floss Deodorant Dependent care expenses

Diapers or diaper service Diet foods

Drug testing kits for home use

Ear piercing

Electrolysis or hair removal Face creams

race iiits

Feminine hygiene products

Founder's fee Funeral expenses Hair colorants

Hair removal and transplants

Hand lotion Household help

Illegal operations and treatments

Lipsticks

Lodging while attending a medical conference

Makeup Maternity clothes Mattresses

Meals not at a hospital or similar institution

Meals of a companion

Meals while attending a medical

conference

Missed appointment fees

Moisturizers Mouthwash Nail polish

Nursing services for a baby

Perfume Permanent waves

One-a-day vitamins

Prescription drug discount

programs

Prepayments

Prescription drugs and medicines obtained from other countries

Recliner chairs

Safety glasses Shampoos

Skin moisturizers

Shaving cream or lotion

Soaps

Surrogate or gestational carrier

expenses

Tanning salons and equipment

Teeth whitening Toiletries Toothbrushes Toothpaste

Transportation costs of disabled individual commuting to and

from work Veneers

Vision discount programs



#### Health Reimbursement Account (HRA) Mandatory Second Payer (MSP) Form

Mandatory reporting requirements apply to all HRA participants and their spouse/dependents as a result of Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007. These Mandatory Second Payer (MSP) rules ensure that Medicare does not pay for medical claims that should be first paid by another source and are designed to identify which entity is the primary payer. You are required to complete this form. If you do not have any dependents, only complete the "Your Information" section. If you are not eligible for, or currently participating in, a Medicare related program, you must still report basic census information for yourself and each of your dependents. Dependents are the individuals claimed on your Federal Tax Return (examples: spouse, children, etc). Please complete a second form to report additional dependents. Call EBS-RMSCO Customer Service at 800-327-7130 with questions.

Return this completed form using the Sending Instructions below.

Your Information (Please print clearly)	
SSN #: Name:	Are you eligible for Medicare?
Date of Birth: / / /	If Yes, provide End-Stage Date: / /
Gender □ Male □ Female	Medicare Claim #:
☐ I do not have a spouse or any dependents, and therefore	ore do not have to complete the remainder of this form.
Your Spouse or Dependent #1 (Please print clean	rly)
SSN #:	Is this dependent eligible for Medicare? ☐ Yes ☐ No
Name:	If Yes, complete the questions below.
Address: ☐ Check this box if address is same as above; else provide	Is this dependent Disabled? □ Yes □ No
	If Yes, provide Disabled Date: / / /
	Is this dependent in End-Stage Renal Disease? ☐ Yes ☐ No
Date of Birth: / / /	If Yes, provide End-Stage Date: / /
Gender: □ Male □ Female; Relationship to you:	Medicare Claim #:
Your Dependent #2 (Please print clearly)	
SSN #:	Is this dependent eligible for Medicare? ☐ Yes ☐ No
Name:	If Yes, complete the questions below.
Address: ☐ Check this box if address is same as above; else provide	Is this dependent Disabled? □ Yes □ No
	If Yes, provide Disabled Date: / /
	Is this dependent in End-Stage Renal Disease? ☐ Yes ☐ No
Date of Birth: / / /	If Yes, provide End-Stage Date: / / /
Gender: □ Male □ Female; Relationship to you:	Medicare Claim #:

By submitting this form, I certify that the information listed above is accurate to the best of my knowledge. I understand that this information is required to accurately coordinate benefits with Medicare and to meet mandatory reporting obligations. Date \_\_\_\_\_



### Health Reimbursement Account (HRA) Mandatory Second Payer (MSP) Form

Instructions: Please provide information for yourself and all your spouse/dependents. Dependents are the individuals claimed on your Federal Tax Return (examples: spouse, children, etc). Please complete a second form to report additional dependents. Call EBS-RMSCO Customer Service at 800-327-7130 with questions. **Return this completed form using the Sending Instructions below.** 

Your Information	
SSN #:	Name:
Your Dependent #3 (Please print clearly)	
SSN #:	Is this dependent eligible for Medicare? ☐ Yes ☐ No
Name:	If Yes, complete the questions below.
Address: ☐ Check this box if address is same as above; else provide	Is this dependent Disabled? ☐ Yes ☐ No
	If Yes, provide Disabled Date: / /
	Is this dependent in End-Stage Renal Disease? ☐ Yes ☐ No
Date of Birth: / / /	If Yes, provide End-Stage Date: / /
Gender: □ Male □ Female; Relationship to you:	Medicare Claim #:
Your Dependent #4 (Please print clearly)	
SSN #:	Is this dependent eligible for Medicare? ☐ Yes ☐ No
Name:	If Yes, complete the questions below.
Address: ☐ Check this box if address is same as above; else provide	Is this dependent Disabled? ☐ Yes ☐ No
, · ·	If Yes, provide Disabled Date: / /
	Is this dependent in End-Stage Renal Disease? ☐ Yes ☐ No
Date of Birth: / /	If Yes, provide End-Stage Date: / /
Gender: □ Male □ Female; Relationship to you:	Medicare Claim #:
Additional Information	
<ul> <li>state law.</li> <li>The Defense of Marriage Act is a Federal Law which defines</li> <li>The recent passage of the Marriage Equality Act in New Yor determination of who is a spouse for purposes of Flexible Sp</li> </ul>	pending Accounts and Health Reimbursement Accounts.  and dependents for Federal Tax purposes are eligible for tax-
Carrier Information	
Check the boxes if you are enrolled in any of these benefits through yo	our employer.   Medical;  Dental;  Vision;  Rx

By submitting this form, I certify that the information listed above is accurate to the best of my knowledge. I understand that this information is

**Sending Instructions:** 

required to accurately coordinate benefits with Medicare and to meet mandatory reporting obligations. Date \_



## **Direct Deposit Authorization Form**

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- Mail to EBS-RMSCO, Inc., FSA/HRA Dept, PO Box 2330, Blasdell, NY 14219; or fax to 877-256-7228.
- Please be sure to provide your SSN or Employee ID.
- Call Customer Service with questions at 800-327-7130.