



# Health Reimbursement Arrangement (HRA)

## Frequently Asked Questions

### Health Reimbursement Arrangement (HRA) Overview

#### What is a Health Reimbursement Account or Arrangement (HRA)?

A Health Reimbursement Account or Arrangement (HRA) is a type of healthcare account funded and sponsored entirely by your employer. Your HRA is designed to reimburse a designated portion of your eligible out-of-pocket medical expenses as determined by your employer.

#### Is the HRA part of my medical plan?

No. The HRA is not insurance and is not part of your medical plan. Your HRA is a separate fund offered under separate terms and conditions as defined by your employer.

#### What expenses are eligible for reimbursement by my HRA?

Unlike a healthcare FSA or HSA where the IRS defines the eligible services, your employer defines the services eligible for reimbursement from an HRA. Please review your HRA Plan Benefit Summary to see what services are considered eligible. Your HRA Plan Benefit Summary is available to you in the Marin Benefits Member Web Portal or from employer.

#### Can my family use my HRA plan?

Your employer determines who is eligible for benefits under your HRA plan. Your HRA plan may or may not cover your dependents. Please contact your employer to determine if your dependents are covered under your HRA plan.

#### What are the tax advantages of an HRA?

Reimbursements made from your employer through the HRA are not considered part of your income and are not taxed.

#### Who can put money in my HRA?

According to IRS rules, HRAs are fully owned, defined and funded by your employer. Employees cannot contribute to an HRA plan.

#### How much money is in my HRA?

Your employer determines how much money will be in your HRA plan. You can view your available balance in the Marin Benefits Member Web Portal or Mobile App.

#### What is the HRA plan year?

Your HRA plan is fully customizable by your employer. As such, please refer to your HRA Plan Benefit Summary in the Marin Benefits Member Web Portal or Mobile App for your HRA plan year.

#### What happens to the HRA funds I do not use at the end of the plan year?

Any unused amounts left in the accounts at the end of the plan period may or may not be carried over into the next plan period depending on your plan. Please refer to your HRA Plan Benefit Summary in the Marin Benefits Member Web Portal or Mobile App to determine if your plan offers roll-over. Please note that any unused funds remaining will not be dispersed to you at the end of the plan year.

#### If I terminate employment or retire, can I receive the remaining balance in my HRA?

Since your HRA is funded by your employer, the funds in your HRA belong to your employer when you resign, retire, or are terminated. Please view your Summary Plan Description (SPD) or contact your employer for your specific rights to continue coverage when you leave your job or submit claims for expenses that have already been incurred. You may be entitled to elect COBRA continuation coverage under the HRA to receive reimbursement for eligible HRA expenses incurred after your termination. You must be eligible and make the required COBRA premium payment.

#### How can I get more details about my employer's HRA Plan?

Your HRA Plan Benefit Summary and Summary Plan Description (SPD) provide details regarding your employer's HRA plan. These documents are available to you in the Marin Benefits Member Web Portal or from your employer.



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### Health Insurance Terminology

#### What is a deductible?

A deductible is a specific dollar amount that you must pay before your major medical plan begins to cover your expenses. There are two types of deductibles when your family is covered under your medical plan:

1. Embedded deductible
2. Aggregate deductible

#### What is an embedded family deductible?

Embedded deductibles have two components: the individual deductibles for each family member and the family deductible.

With an embedded deductible, no single individual in a family must pay a deductible higher than the individual deductible. When a family member meets their individual deductible, the insurer will begin paying according to the plan's coverage for that member. Once the amounts paid towards individual deductibles meet the total family deductible, everyone in the family is eligible for after-deductible benefits for the rest of the year.

#### What is an aggregate family deductible?

A non-embedded or aggregate deductible is simpler than embedded deductible. With a non-embedded deductible, there is only a family deductible. All family members' individual deductible expenses count toward the family deductible until it is met, and then they are all covered with the health plan's usual copays or coinsurance. It doesn't matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible.

#### What is a copayment?

A fixed amount (for example, \$10) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

#### What is coinsurance?

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

#### What is an allowed amount?

The allowed amount is the maximum payment the plan will pay for a covered health care service. The allowed amount also be called "eligible expense" or "payment allowance" or "negotiated rate." The allowed amount for services is always determined by your insurer; please contact your insurer directly to obtain the allowed amount for a service. The allowed amount for services will always be listed on your Explanation of Benefits (EOB).

#### What is an out-of-pocket limit?

The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.

#### What is balance billing?

When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not bill you for balance billing for covered services.

#### What is an Explanation of Benefits (EOB)?

An Explanation of Benefits (EOB) is a document you receive from your insurer after you visit a provider. It is not a bill, but rather an explanation of what procedures were performed and what was covered by your insurance plan. Your EOB will show It will also include an update on how much of your annual maximum has been used and the amount you've paid toward your deductible.

Please contact your medical insurer to obtain copies of your EOBs. Your EOBs are typically sent to you in the mail after your insurer has processed your claim. Most insurers will make your EOBs available on-demand online through their member website.



# Health Reimbursement Arrangement (HRA)

## Frequently Asked Questions

### Benefit Debit Cards

Not all HRA plans offer benefit debit cards. Please review your HRA Plan Benefit Summary to see if your HRA plan offers a debit card. Your HRA Plan Benefit Summary is available to you in the Marin Benefits Member Web Portal or from employer.

#### How does my benefit debit card work?

Your HRA may provide you the convenience of a pre-loaded and pre-activated debit card that can be used to pay for qualified medical expenses covered under the plan provided by your employer. The debit card allows you to access the funds in your HRA without having to complete and file claims for reimbursement.

#### What do I need to do to receive the debit card?

If your employer offers its employees the option of a debit card, your debit card will be ordered automatically and you will not need to complete additional paperwork.

#### How do I use my debit card?

Your debit card is used just like a credit card. At the point of sale terminal select the credit option to sign your purchase receipt.

#### Do I need a PIN number to use my debit card?

Your debit card does not have a PIN number. Your debit card is used just like a credit card. At the point of sale terminal select the credit option to sign your purchase receipt.

#### Do I have to activate my debit card?

You do not have to activate your debit card. Simply sign the back of your card and keep it in a safe place.

#### What happens if I misplace my debit card?

If you misplace your debit card, please email or call Marin Benefits at **(415) 526-1401** immediately. If you call outside of our office hours of 9am to 5pm, Monday through Friday, Pacific Time, please leave us a detailed message and we will reply as quickly as possible on the following business day. Your lost card will be deactivated, and a replacement card will be ordered as soon as possible. You may also report your card as lost or stolen from the Marin Benefits Member Web Portal, as well as request a replacement.

#### Where can I use my debit card?

Your debit card is only for qualified medical expenses covered under the HRA plan provided by your employer as described in your HRA Plan Benefit Summary. Your HRA Plan Benefit Summary is available to you in the Marin Benefits Member Web Portal or from employer.

Charges for anything not covered by your HRA plan will be denied. Marin Benefits will notify you if any ineligible purchases are made with your debit card, and your card may be deactivated until we determine if the charge is valid or a refund has been received for ineligible purchases.

#### What happens if I am at medical facility and I forget my debit card?

If you are at a medical facility and you don't have your debit card, you will have to either pay out-of-pocket using your own funds, or request that the provider send you a bill through the mail (we recommended the latter):

1. If your provider sends you a bill, you can use your debit card to pay the provider online, over the phone or through the mail. Simply use your card number for payment.
2. If you pay the charge out-of-pocket using your own funds, submit a claim for reimbursement.

#### Do I need to save my receipts?

Please save all of your itemized receipts when using your debit card. For some expenses, Marin Benefits may request additional information, including receipts, to verify eligibility of the expense and comply with IRS rules. That's why it's important for you to save all receipts and submit them promptly to Marin Benefits when requested.

#### What do I do if my debit card is declined?

If your debit card is declined, please contact Client Services at **(415) 526-1401**. Your card will decline if your account does not have enough funding remaining to cover a charge, if you are attempting to use your debit card for ineligible purchases, or if your card has been reported as lost or stolen.



# Health Reimbursement Arrangement (HRA) Frequently Asked Questions

## **When will I receive my debit card?**

You will receive your debit card from your employer directly, or in the mail from Marin Benefits upon your initial enrollment. Please allow 7 to 10 business days for it to arrive after you are enrolled.

## **My HRA plan also covers my dependents. Will they receive a debit card?**

For most plans, enrolled dependents over the age of 18 will receive their own debit card. For plans where your medical deductible is embedded, all dependents will be issued a card regardless of age. If your medical deductible is not embedded and a dependent under the age of 18 was not issued a card, their expenses can be paid-for using the subscriber's card.

## **What if there is not enough money in my account to cover an eligible expense?**

In most cases your transaction will be denied. Transactions will only be authorized up to the amount of your available account balance.

## **How long is my debit card good for?**

Your debit card is good for up to three years. Please hang on to it. Even if you use up this year's funds, you'll be able to use your debit card again next year if you re-enroll in the HRA plan.

## **Am I able to put more money into my account once I use all the available funds on my debit card?**

HRAs are funded by your employer only. Employees cannot contribute to an HRA plan. Once your account is depleted, you won't be able to use the debit card for the remainder of the plan year. You'll be responsible for paying for any additional out-of-pocket costs.

## **Where can I find the "Terms and Conditions" for use of the debit card?**

The "Terms and Conditions" for use of the debit card are outlined on the Cardholder Agreement that accompanies your debit card. By signing and using the card, you agree to use the card in conjunction with those rules.

## **Marin Benefits sent me a letter about a debit card charge. What do I need to do?**

Marin Benefits may send you a letter to substantiate transactions made with your debit card to ensure they are for approved expenses under your plan. You may submit documentation to substantiate debit card transactions to Marin Benefits via mail, fax or online through the secure Member Web Portal. If you have any questions regarding a letter you received from Marin Benefits, please contact Client Services at **(415) 526-1401**, or email us at [helpdesk@marinbenefits.com](mailto:helpdesk@marinbenefits.com).



# Health Reimbursement Arrangement (HRA)

## Frequently Asked Questions

### Requesting Reimbursement from your Health Reimbursement Account (HRA)

#### How can I submit a claim to Marin Benefits?

There are five (5) easy ways to submit claims to Marin Benefits:

1. Online through the secure Marin Benefits Member Web Portal.
2. Through the Marin Benefits Mobile Application available for both Apple and Android mobile devices. Simply use your phone to take a photo of your supporting documents.
3. Via fax using our **Claim Reimbursement Form**.
4. Mail using our **Claim Reimbursement Form**.
5. Email to [helpdesk@marinbenefits.com](mailto:helpdesk@marinbenefits.com). Please be advised that submitting claims via email may risk exposing your healthcare information – we will accept claims sent via email, but we always recommend submitting claims via the secure Member Web Portal or Mobile App.

#### Where can I get a claim reimbursement form?

Claim forms are available to download from our website: [www.marinbenefits.com](http://www.marinbenefits.com). Simple submission instructions are included on the form.

#### What supporting documentation must I submit with each HRA claim?

Please attach a copy of your receipt/statement detailing the services provided, date of service, and the total out-of-pocket expense. For expenses that apply to your deductible or co-insurance you must submit a copy of the Explanation of Benefits (EOB) from your insurance carrier.

#### How long does the reimbursement process take?

Please allow up to 2 weeks for processing and payment of your reimbursement. Failure to provide appropriate documentation substantiating your claim may result in delays in the processing of your reimbursements.

#### Are reimbursement payments made to me (the member), or to my provider?

Marin Benefits always reimburses you, the member. We will not remit payment to your provider.

#### How do I enroll in direct deposit?

Direct deposit is available at no additional fee. If direct deposit is not set up, you will receive a check within 3-5 business days after the claim has been processed.

You can enroll in Direct Deposit in the Marin Benefits Member Web Portal or Mobile App.

You can also enroll in Direct Deposit by submitting a **Direct Deposit Authorization Form**. Forms are available online on our website: [www.marinbenefits.com](http://www.marinbenefits.com).

#### What happens if my claim is denied?

If a portion or all of your claim has been denied, you will receive a letter from Marin Benefits explaining the reason your claim has been denied. If your claim requires additional documentation for approval, your letter will include instructions for what to re-submit. If you have any questions regarding the letter, please contact us.

#### What happens if the amount I request for reimbursement is larger than my available account balance?

Reimbursement requests that exceed your account balance will be reimbursed up to the amount available in the account.

#### How long do I have to submit reimbursement requests?

Generally, you have 90 days from: 1) the end of the plan year, or 2) the date you leave employment to submit requests for expenses incurred in a prior plan year. Check with your employer as the number of days may vary by plan.

### Member Web Portal

#### How do I register for the Member Web Portal?

The Member Web Portal can be accessed from our website: [www.marinbenefits.com](http://www.marinbenefits.com).

**Step 1:** If this is your first time accessing the portal, simply click the register button atop the right corner of the home screen.

**Step 2:** After clicking the register button, complete the registration form (as shown in the lower right below). Choose a username and password and enter the required demographic information.

- Your **Employee ID** is your Social Security Number with no spaces or dashes.
- If you have a benefit debit card, the card number can be used in place of the Employer ID in the registration ID field. Alternatively, the **Employer ID** can be found on your Plan Benefit Summary or obtained by contacting Marin Benefits.

Before clicking register, be sure to view and accept the terms of use.

**Step 3.** After successfully completing the registration form, click register. The process may take several seconds. Do not click your browser's back button or refresh the page.

Please note, the name listed in our system must match your registration input exactly. For example, if you are enrolled as "Michael" and attempt to register as "Mike" the system will not allow you to enroll.

#### How do I reset my password?

The **Member Resources** tab contains information pertaining to your account and login credentials.

#### My account is locked. How do I get back into the portal?

If your account is locked please contact us for assistance.

#### How do I download the free Marin Benefits mobile app?

Search for **Marin Benefits** in the iTunes or Google Play store. Please note the credentials for the mobile app are the same as the web based portal.

#### How do I view my account balance in the web portal?

The **My Accounts** tab is where you can access your account information. You can view account balances, access your transaction history and change your reimbursement method to Direct Deposit from this tab.

#### How do I submit a claim through the web portal?

When submitting a claim electronically, select **Submit Claim for Reimbursement** from the **Claims** tab. Fill out the required transaction information. Be sure to upload a copy of your documentation and/or Explanation of Benefits (EOB) from your medical carrier.

#### How do I enroll in direct deposit in the web portal?

To enroll in direct deposit, select **Reimbursement Method** from the **My Accounts** tab. Select **Direct Deposit** to change your default reimbursement method from check to direct deposit, and provide your bank account information.

#### How do I substantiate a pending debit card charge?

To substantiate a debit card transaction, please select **Transactions** from the **My Accounts** tab. Click the **Add Receipt** button next to the pending debit card charge, upload your documentation and click save. Marin Benefits will review your documentation, and approved claims that have been substantiated will no longer be listed.

### Miscellaneous Questions

#### How do I authorize someone to speak to Marin Benefits on my behalf?

If you would like to authorize recipient(s) to be able to contact Marin Benefits to discuss your benefits and detailed information about your account, please complete and return an **Authorization for Use or Disclosure of Protected Health Information Form**. Forms are available online on our website: [www.marinbenefits.com](http://www.marinbenefits.com).