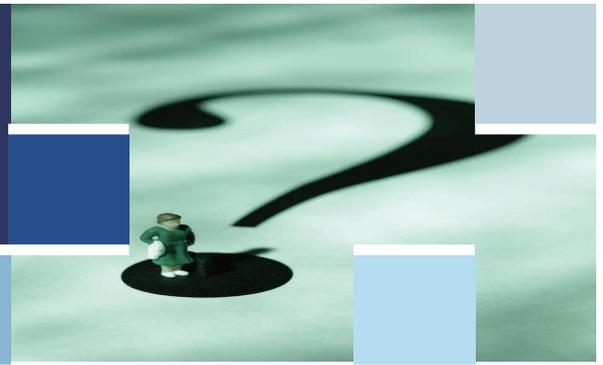


FAQs on Health Reimbursement Arrangements (HRAs)



What is an HRA?

An HRA is an employee benefit plan which combines a health insurance policy with a separate arrangement that reimburses you for qualifying medical expenses that are not paid through your insurance coverage. With the opportunity to determine how and when your health care dollars are used, HRA members have an incentive to become informed and value seeking health care consumers.

How does the HRA work?

Prior to the first payroll, usually before the start of the plan year, your employer will elect how much you will have available to you for payment for the entire plan year based on your Health Insurance election. These funds are placed in a health reimbursement account set up for you. You submit a claim using PB&H Benefits easy claims submission process; and you receive a payment for your eligible expenses.

What expenses are eligible?

This depends on the type of HRA coverage your employer is offering.

How long do I have to submit claims?

This amount of time is specified in the Plan Document, and defers for each plan. Please see your Summary Plan Description for specific dates for your plan.

Can I just submit the Explanation of Benefits for expenses that I want to be paid for?

No, for two reasons. First, the coverage is based on who has incurred the expenses. Therefore, if you have family coverage and just turn in one Explanation of Benefits (EOB), we are unable to determine how much deductible has been incurred per family member. Second, you receive HRA payment after you have incurred an initial deductible amount. PB&H Benefits must be able to show you have met this amount in order to begin your reimbursements.

Do I have to pay the hospital/doctor bill before I can be paid by the HRA?

No, the HRA will pay the claim once the insurance EOB has been submitted to PB&H Benefits whether it has been paid or not.

If I have a Flexible Spending account, which plan do I send the claim form, the Flex Plan or the HRA?

HRA. Unless you advise us otherwise, we will automatically enter claims into both your HRA and Flex plans. If the expense is not eligible for reimbursement through your HRA, we will reimburse it through your Flex plan.

What happens to unused money in my HRA?

Your employer has elected for you to rollover any unused funds from one Plan Year to the next. Therefore, any funds not used in one year will be eligible for use in the next Plan Year.

How will I know if my claim is denied or if more information is necessary?

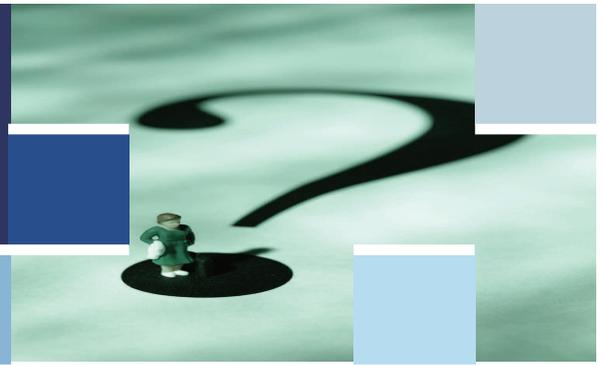
If your claim has been denied or if your claim requires additional information, you will receive a written notice from one of our Certified Benefits Administrators. Please make sure to keep your personal information updated so you can be contacted properly.

How is my account balance determined?

Your account balance is the amount you are immediately entitled to for reimbursement. For the HRA, your account balance is the difference between your total employer contribution and the claims previously paid to you. This means that your entire annual election is available to you at the beginning of the plan year.



FAQs on Health Reimbursement Arrangements (HRAs)



Who can file a claim form?

Only employees participating in the Health Reimbursement Arrangement plan can file a reimbursement claim form. Employees can file a claim form during the year and for a specified period of time after the Plan Year as stated in your Plan document.

Terminated employees have a Plan specific amount of time after their date of termination to submit any claims incurred while they were employed with the company.

What expenses can be claimed?

Only expenses incurred during the plan year can be claimed for reimbursement. Each year is treated separately and the year of the claim is the year the expense was actually incurred. It is important to send a separate claim form for each year.

Terminated employees can request reimbursement for expenses incurred during the time period for which contributions were received.

How do I complete a claim form?

Complete all information on the claim form for each amount that a reimbursement is requested.

Make sure the claim form does not include items for more than one plan year.

Please sign and date the claim form.

Attach a copy the Explanation of Benefits (EOB) for each expense incurred, including the ones used to meet the first, un-reimbursable portion of you deductible.

Claim forms can be sent via mail, fax or email, or delivered to:

PB&H Benefits, LLC
Attn: Flexible Benefits Director
401 W. Hwy 6
Waco, TX 76710
FAX (254) 772-0455
Email dmoon@pbhcpa.com