

HEALTH REIMBURSEMENT ARRANGEMENT SERVICE PACKAGE

PLAN DESIGN AND DEVELOPMENT OF PLAN DOCUMENT AND FORMS

FlexConnect works with agents and employers to design Health Reimbursement Arrangements (HRAs) to supplement coverage offered through the employer's health insurance plan. HRAs provide employees non-taxable reimbursements for out-of-pocket medical care expenses. Reimbursements are employer funded and are a deductible business expense.

HRA SPECIFIC SERVICES

Depending on actual HRA design, HRA administration services provided by FlexConnect will include, but not limited to:

- ▲ Providing account tracking and claim payment services for retirees and/or terminated employees.
- ▲ Coordination of HRA and Flexible Benefit Plan benefits in accordance with HRA plan design.

AUTOMATIC CLAIMS REIMBURSEMENT

Employees who participate in the Health Reimbursement Arrangement (HRA) who are also enrolled in the employer's group health benefit administered by BlueCross BlueShield of Montana may receive medical expense reimbursements without submitting a claim. Portions of the employee's medical expenses which are covered but not reimbursed by the employer-sponsored health plan will be transmitted directly to FlexConnect for processing against the employee's HRA.

TECHNICAL EXPERTISE AND SUPPORT

FlexConnect provides employers with on-going technical support and expertise regarding the administration of their HRA. These services include:

- ▲ Maintenance of the HRA plan document in compliance with tax regulations.
- ▲ Close contact with the employer to assist in operating the HRA in compliance with the plan document.
- ▲ HRA amendments, when necessary, to meet employer and participants' needs, including amending benefit language relating to changes in the employer's group health insurance coverage. An amendment fee may be assessed.

PROCESSING AND CLAIM REIMBURSEMENT

- ▲ "A"-level service to groups and their employees.
- ▲ Direct deposit claim reimbursement option for participants.
- ▲ Toll-free number and website for employer and participant use when asking questions or checking account balances.
- ▲ Monthly employer reports including participant roster, account summary, and cash trial balance.
- ▲ Review of claims for identification of proper documentation and qualifying expenses.
- ▲ Denial letters to participants documenting why a claim was not reimbursed.
- ▲ Claim reimbursement (by check or direct deposit) to participants within 5 business days from receipt of adequately documented claims.
- ▲ Customized checks identifying the employer as the one who is providing the benefit for the participants.