

# Health Reimbursement Arrangements

## Member HRA Education

May 13, 2024



# Meet the Team

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## HSA Bank Presenters



**Ruth Pedroni**

Senior Relationship Manager



**Monica Gracia**

Senior Client Service Manager

## PEBP Support

PEBP HRA & HSA Resource Website

**[hsabank.com/NVPEBP](https://hsabank.com/NVPEBP)**



**Client Assistance Center**

PEBP Employee Support  
1-833-228-9364

# How an HRA works

An HRA is an employer-funded account you use to reimburse yourself for IRS-qualified medical expenses not covered by your insurance plan.

PEBP funds your HRA (no individual or third-party contributions can be made).

To be eligible for an HRA, you must be enrolled in the State of Nevada Public Employees' Benefits Program (PEBP).

You can pay for IRS-qualified medical expenses with your Health Benefits Debit Card or pay out-of-pocket and submit a claim to HSA Bank for reimbursement.

The money available in your HRA is not considered income and is not taxed, as long as it is used for IRS-qualified medical expenses.

# HSA v. HRA comparison

	HSA	HRA
<b>Who “owns” account?</b>	Member	Employer
<b>Account overview</b>	Member-owned bank account that allows members to pay for IRS-qualified, out-of-pocket medical expenses.	Employer-funded, tax-advantaged arrangement which reimburses employees for IRS-qualified, out-of-pocket medical expenses.
<b>Who can contribute to account?</b>	Member, Employer, Third Party (i.e. spouse, parent, etc.)	Employer only
<b>How are fund accessed?</b>	Distributions for IRS-qualified medical expenses are not taxable. <ul style="list-style-type: none"> <li>• Debit card</li> <li>• Request for distribution (paper)</li> <li>• Online bill pay</li> </ul>	Limited to IRS-qualified medical expenses per plan design. <ul style="list-style-type: none"> <li>• Debit card</li> <li>• “Claim” – Request for reimbursement or bill pay</li> </ul>
<b>Substantiation of expenses</b>	Member (not required for payment)	Third Party (required for payment unless auto-substantiated)
<b>Must have a health plan?</b>	Yes, qualified High-Deductible Health Plan (HDHP) whether through employer or not.	Yes, an HRA must be integrated

# HSA v. HRA comparison

	HSA	HRA
<b>Other health plan allowed?</b>	Only certain permissible coverage such as dental or limited purpose plan(s).	Yes
<b>Tax benefits?</b>	Contributions, earnings, and distributions for IRS-qualified medical expenses are tax-free.	Employer contributions and claim reimbursements are tax-free.
<b>Can unused dollars rollover?</b>	Yes. Funds always belong to the member.	Yes, funds rollover in accordance with the employer plan rules.
<b>Access to funds after termination?</b>	Yes. When a member terminates or retires, they continue to maintain ownership of their HSA.	When an employee terminates, they do not typically retain access to an HRA unless they elect COBRA continuation coverage.
<b>Can account be used for retirement income?</b>	Yes. After age 65, funds can be used for any reason without penalty, but will be taxed as income if not used for IRS-qualified medical expenses.	No

# PEBP Plan Year 2025 Employer Contribution Amounts

Plan Year 2025 HSA/HRA Annual Employer Contribution	Consumer Driven Health Plan (PPO) HSA/HRA Account	Low Deductible Plan (PPO) HRA Account	Exclusive Provider Organization (EPO) HRA Account	Exclusive Provider Organization (EPO) HRA Account
Base Employer Contribution for Participant	\$600	N/A	N/A	N/A
One-Time Employer Contribution for <b>State Active Employees</b>	\$300 (EE) \$400 (E+C, E+S) \$500 (E+F)	\$300 (EE) \$400 (E+C, E+S) \$500 (E+F)	\$300 (EE) \$400 (E+C, E+S) \$500 (E+F)	\$300 (EE) \$400 (E+C, E+S) \$500 (E+F)
Total Employer Contribution Amount	Up to \$1,100	Up to \$500	Up to \$500	Up to \$500
Prorated supplemental contributions for all employer contributions apply after July 1, 2024.				



# Calculators

## Health Plan Comparison Calculator

This plan comparison tool helps you to determine if an HSA is right for you. Simply enter some basic information about your health plan, and we'll provide you with the cost estimate of each plan.

## HSA Contribution Calculator

Our simple calculator shows how much you are eligible to contribute to your Health Savings Account (HSA), as well as how much you should contribute each paycheck to reach the contribution maximum.

## HSA Savings Calculator

Discover how much money you can save with an HSA. Enter some basic information and we'll provide a guide to measure hypothetical HSA tax savings and growth.



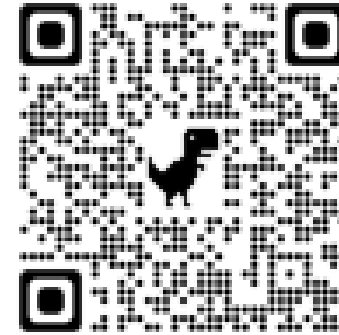
# IRS-qualified medical expenses

- Acupuncture
- Ambulance
- Artificial limbs
- Artificial teeth
- Birth control treatment
- Blood sugar test kits for diabetics
- Breast pumps and lactation supplies
- Chiropractor
- Contact lenses and solutions
- Crutches
- Dental treatments (including X-rays, cleanings, fillings, sealants, braces and tooth removals)
- Doctor's office visits and copays
- Drug addiction treatment
- Drug prescriptions
- Eyeglasses (Rx and reading)
- Fluoride treatments
- Fertility enhancement (including in-vitro fertilization)
- Flu shots
- Guide dogs
- Hearing aids and batteries
- Infertility treatment
- Inpatient alcoholism treatment
- Insulin
- Laboratory fees
- Laser eye surgery
- Medical alert bracelet
- Medical records charges
- Menstrual care products
- Midwife
- Occlusal guards to prevent teeth grinding
- Orthodontics
- Orthotic inserts (custom or off the shelf)
- Over-the-counter medicines and drugs
- Physical therapy
- Special education services for learning disabilities (recommended by a doctor)
- Speech therapy
- Stop-smoking programs (including nicotine gum or patches, if prescribed)
- Surgery, excluding cosmetic surgery
- Vaccines
- Vasectomy
- Vision exam
- Walker, cane
- Wheelchair

[hsabank.com/QME](https://hsabank.com/QME)



# Eligible Medical Expenses



Amazon

Use your HSA Bank card to shop eligible health and wellness products.

[Shop now](#)



HSAStore.com

Purchase Health Savings Account (HSA)-eligible products and services.

[Shop now](#)



GoodRx

Compare prices and save up to 80% on prescriptions.

[Find savings](#)



FSA calculator

A quick and easy way to figure how much to save for FSA-eligible expenses.

[Estimate your savings](#)

# HSA Bank Mobile App

To get started, follow these three simple steps.

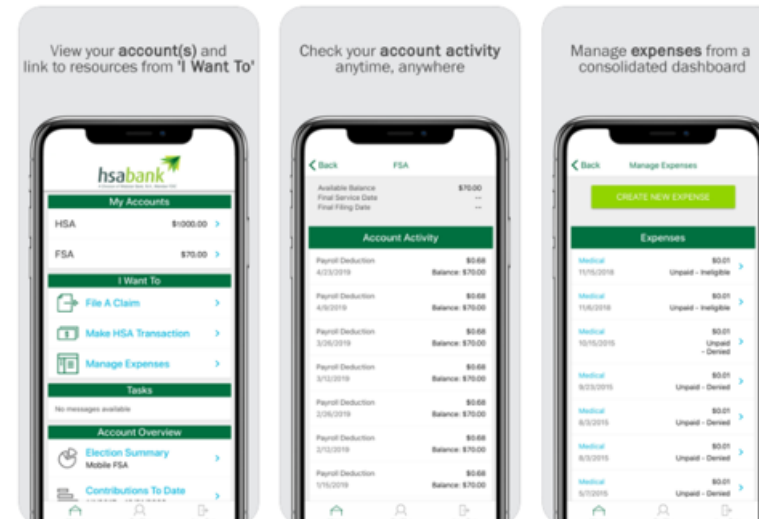
- 1 **Create Your Username and Password**  
Register on the Member Website.
- 2 **Download HSA Bank Mobile**  
At [Google Play](#) or the [App Store](#).
- 3 **Login to HSA Bank Mobile**  
Start managing your account on the go.



HSA Bank Mobile is compatible with iOS devices (iPhone, iPod Touch, iPad) and Android-powered devices.



## Screenshots [iPhone](#) [iPad](#)



HSA Bank Mobile

Webster Bank Finance

Everyone

# How to Pay



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Plan Administrative Services and Benefit Services are administered by Webster Servicing LLC.



# How to pay

## HSA Bank Visa® Health Benefits Debit Card



- ❖ All HSA Bank elected benefit accounts can be accessed via the same debit card or pay app.
- ❖ New HRA Cards are sent upon enrolling in the first account with HSA Bank.
- ❖ For participating plans, debit cards are valid for three years
- ❖ Easy to order additional cards on the HSA app or at the Member Website.

# Claim reimbursement process

## **Sign up online for direct deposit to your personal checking or savings account.**

On the Accounts tab, under Profile, click Banking/Cards. Select Add Bank Account, enter your external account information, and click Submit. This is the only way to get your reimbursement.

## **Upload claim details**

When submitting a claim, scan and upload your bill(s), Explanation of Benefits, and receipt(s) through HSA Bank's mobile app or Member Website.

## **Get reimbursed**

Once your claim is approved based on eligibility and availability of funds, reimbursement will be sent through direct deposit.



# Submitting a claim

1

The dashboard shows a navigation bar with 'Home', 'Accounts', 'Resources', and 'Message Center 48'. A banner reads 'Don't lose out on your FSA funds!'. Below, the 'Accounts' section displays a table of available funds:

HEALTH SAVINGS ACCOUNT		01/01/2023 - 12/31/2023	
Cash Account	AVAILABLE \$898.71	Limited FSA 01/01/20...	AVAILABLE \$0.00
Investments - Schwab Fair Market Value	\$4,565.31		

At the bottom, there are buttons for 'Reimburse Myself', 'Pay Provider', 'Contribute to HSA', 'Manage Investments', and 'Manage My Expenses'. A red arrow points to the 'Reimburse Myself' button.

2

The 'Create Reimbursement' form includes a 'Pay From' dropdown menu set to 'Dependent Care FSA (1/1/2019 - 12/31/2019)'. A message states: 'You have selected to change accounts, you will need to verify the transaction details.' The 'Pay To' dropdown menu is open, showing options: 'Me' and 'Someone Else'. A red circle highlights the 'Next' button at the bottom right.

3

The 'Receipt / Documentation' step shows a red circle around the 'Upload Valid Documentation' link. Below, the 'Summary' section shows 'Pay From: Medical' and 'Pay To: Me'. A red circle highlights the 'Next' button at the bottom right.

4

The 'Receipt / Documentation' step shows an uploaded receipt: 'Vision Claim\_11.4.21.pdf'. Below, the 'Summary' section shows 'Pay From: Medical' and 'Pay To: Me'. A red circle highlights the 'Next' button at the bottom right.

# Submitting a claim

5

**Claim Details** \* Required

Start Date of Service \*

End Date of Service

Amount \* \$

Provider \*

Category \*

Type \*

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient \*

[Add Dependent](#)

Set up a recurring claim for this expense

Did You Drive To Receive This Product/Service? \*  Yes  No

**Summary**

Pay From: Medical

Pay To: Me

Documentation Uploaded: Yes

6

**Transaction Summary (1)**

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT <small>?</small>		
+ Limited FSA 01/01/2023 - 12/31/2023	Me	Vision Services	\$100.00	\$0.00	<a href="#">Remove</a>	<a href="#">Update</a>
<b>Total Amount</b>			<b>\$100.00</b>	<b>\$0.00</b>		

# Claim Documentation Requirements



- *Name of Provider or Retailer Merchant*
- *Description of product/service*
- *Date of service*
- *Amount paid for product or services not covered by insurance*
- *Name of person who product/service was for*
- *Must be within the plan year dates after your eligibility effective date*

# Example Receipts

**Submitting receipts without required information will result in claim denial.**

When this happens, we'll notify you through the mail (or by email, if you choose) with instructions on how to re-submit your claim. Please be sure copies of receipts are legible. If we can't read the information, we won't be able to approve your claim.

1 Provider (Pharmacy) Name

2 Date of Purchase

3 Item or Service

4 Amount Paid


5 Patient's Name

*Drug Company*

Jackson, MN 55612  
555.555.5555

CUSTOMER RECEIPT  
08/12/2016 09:32 AM

MOST ITEMS CAN BE RETURNED WITHIN RETURN POLICY, BUT SOME ITEMS HAVE A RETURN POLICY LESS THAN 90 DAYS AS NOTED ON THE RECEIPT. GO TO DRUGCOMPANY.COM/RETURNS FOR DETAILS.



Oxcarbazepine  
RX004733 \$40.00

Total: \$40.00

JOHN DOE  
AMEX ACCT#\*\*\*\*\*0066  
Change: \$0.00



**Acceptable Receipt**  
This receipt has all the information needed for a claim.

**ABC Pharmacy**

TUESDAY, 8:52 AM

PLEASE TAKE OUR CUSTOMER SATISFACTION SURVEY ONLINE FOR YOUR CHANCE TO WIN A YEARS WORTH OF YOUR FAVORITE TOOTHPASTE.

SURVEY TO  
71955537594733657



.....\$30.00  
.....\$10.00  
Total: \$40.00

JANE DOE  
AMEX ACCT#\*\*\*\*\*2346  
Change: \$0.00

FLEXIBLE SPENDING ACCT SUMMARY (FSA)  
RX ELIGIBLE TOTAL \$30.00



**Unacceptable Receipt**  
This receipt has the amount paid, provider's name and patient's name. It is missing other key information:  
1. Date of purchase 2. Item or service

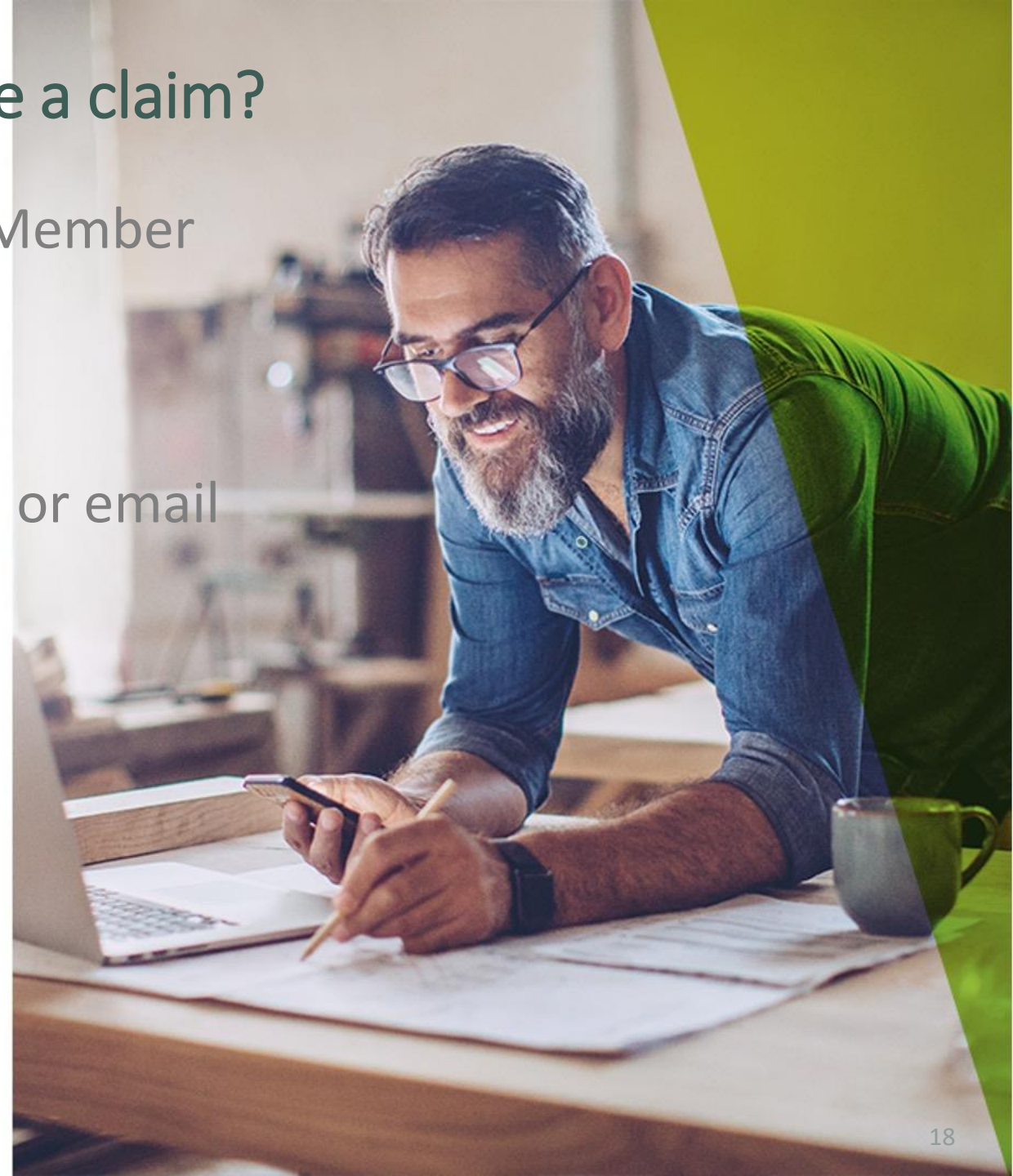
# How do I know if I have to substantiate a claim?

1. You will receive a notification in the Member Website upper right corner:

Message Center 5



2. You will receive a notification by mail or email





# When Substantiation is not Needed

## Claims Exchange

- From a file import of claims data from carrier
- Must be an exact match for a date of service, provider and dollar amount

## HSA Bank's Visa® Health Benefits Debit Card Charges

- **Processed at an IIAS merchant (Walmart, Target, Walgreens, CVS, Etc....)**
  - Inventory Information Approval System
- **Processed for a Pre-Approved Copayment amount**
  - HSA Bank may receive copay information based on your employer's medical, dental, or vision plan(s). These copay amounts will auto-substantiate debit card transactions at doctor's offices and other healthcare facilities or merchants. No documentation is required for these expenses.
- **For a recurring charge**
  - Same amount and same merchant/provider previously substantiated via Reimbursement Request form or approved through the IIAS merchant

# Unacceptable Documentation

## **Unacceptable forms of documentation include the following:**

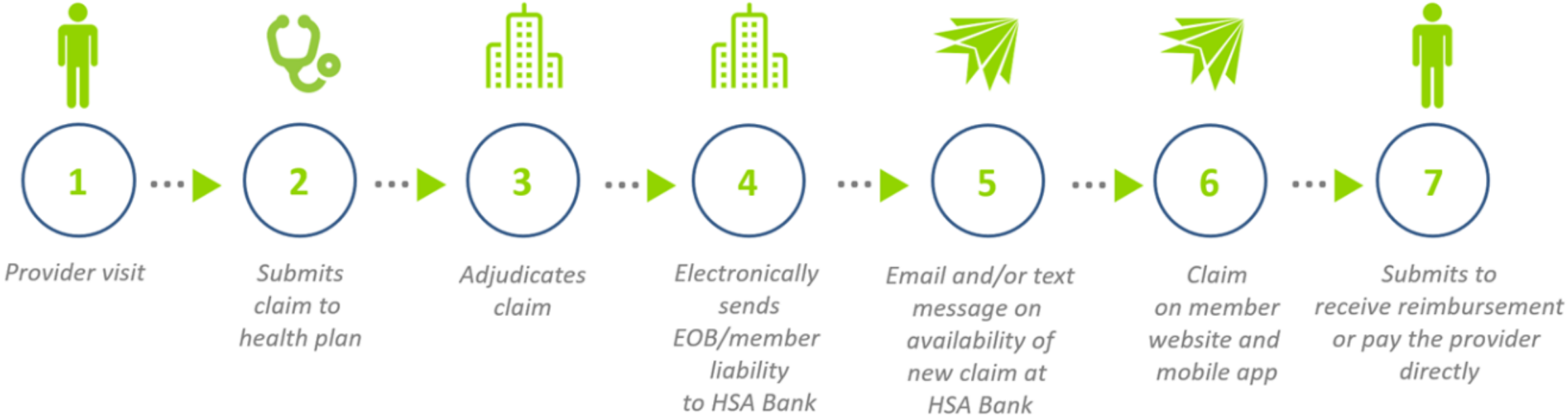
- Provider statements that only indicate the amount paid, balance forward or previous balance
- Credit card receipt
- Missing or vague medical practitioner's note
- Bills for prepaid medical expenses where services have not yet occurred

# Special considerations for non-Medicare HRA

**Claims from UMR will appear on the Member Website. You can use the claim information as substantiation to reimburse yourself.**

- First, you must link a personal bank account to receive funds via direct deposit. Check reimbursement is not available.
- Select the claim you wish to be reimbursed for and follow the onscreen prompts to have the payment sent to you. Do not duplicate reimbursements.
- No additional steps to substantiate a claim for reimbursement if that claim information is already loaded.

# The Claims Exchange Process



**>90% Auto substantiation**

# How to Link your Bank Account

1. [Log in](#) to your account and click Settings on the left menu.
2. Click Manage Account under Linked Accounts on the Settings page.
3. Click Add Bank Account.
4. Fill in the fields and click Submit. HSA Bank will then send a small deposit to your external account within three (3) business days to verify your banking information.
5. Validate your banking information using the steps below once your account has the deposit.
6. Click Manage Account under Linked Accounts on the Settings page.
7. Click Activate under your bank account information.
8. Enter the amount (between \$.01 - \$1.99) we deposited into your checking/savings account and click Submit to activate your account. Once this is done, your account will be available for contributions and distributions.



# Reminder & Tips



- Sign up for text or email notifications
- Watch the mail
- Save your receipts
- Sign up for direct deposit

# PEPB Employee resource center



HOME

HSA RESOURCES

HRA RESOURCES

CALCULATORS

## Welcome to the PEBP Employee Resource Center

The employee resource center is your comprehensive resource on HSAs and HRAs including flyers, videos, FAQs, investments, tax information and more.

Bookmark this page!



<https://hsabank.com/MicroSites/State-of-Nevada-PEBP/Home>

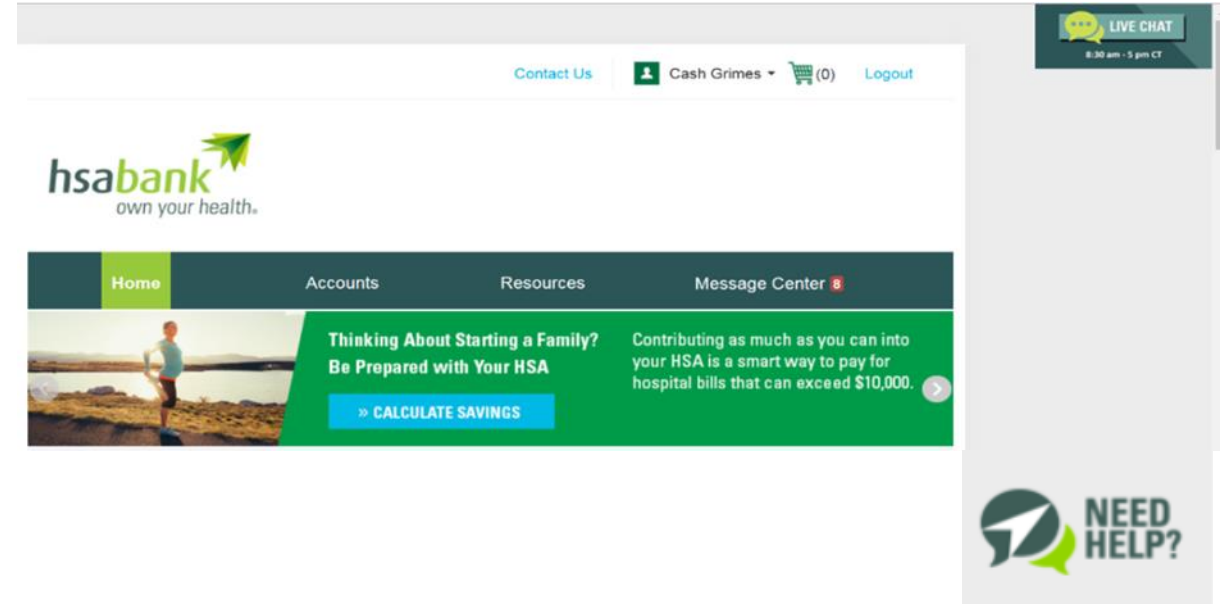
# Customer Service

## 24x7 Live Customer Service:

- Consumers can call HSA Bank 24 hours a day, 7 days a week\* to speak with a live representative  
**1-833-228-9364**

## Live Online Chat:

- Online chat is accessible to consumers and employers via the HSA Bank secure portals
- Streamlined service experience helping members get answers quickly





# Thank you



**PEBP Employee Support**

**1-833-228-9364**

<https://myaccounts.hsabank.com>

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*own your health & wealth*<sup>SM</sup>



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