

## FAQ for the Integrated Medicare Enrollment HRA

Vermont Law School

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### Helpful Information Regarding Your Health Reimbursement Arrangement.

Please read the below information carefully as it helps answer questions on how your Health Reimbursement Account works.

### CLAIMS FILING Q&A

#### **Q: What kind of expenses are eligible under this program?**

A. All Section 213(d) expenses are eligible under this Health Reimbursement Account:

*For a complete list of eligible expenses, log into your HealthEquity account or visit WageWorks.com and review the Eligible Expenses list.*

#### **Q. When can I submit a claim form?**

A. You must submit your expenses by the plan period deadline. You can find more information on the Plan Period in the 'About this Program' section of your HealthEquity account.

#### **Q: Where can I get a copy of the claim form?**

A. The claim form is located in the Forms & Documents section of your HealthEquity account.

#### **Q: How do I submit my claim form to HealthEquity?**

A. You have several options to submit claims:

- 1) Mail your completed claim form
- 2) Fax your complete claim form
- 3) Online, via your HealthEquity account
- 4) HealthEquity EZ Receipts Mobile App

#### **Q. Who is eligible for reimbursement under this plan?**

A. You may submit reimbursement for yourself and any qualified dependent who is also covered under your Group Health Plan. Those eligible for reimbursement under this program are:

- Primary Account Holder
- Spouse (Legally Married Spouse, per IRS definition)
- Relative (Qualifying Relative, per IRS definition)
- Child (Qualifying Child as required for medical plans under the Affordable Care Act: age 26 or less as of the calendar year in which the expense was incurred)

[Integrated HRA Dependent Filing Requirements](#) – when filing a claim for anyone other than yourself, you will need to attest to the dependent requirements and may need to also provide the Dependent's Name, Social Security Number and Date of Birth.



**Q. What kind of documentation do I need to include with my claim?**

A. In order to receive a reimbursement for your claim, you must provide specific documentation. If you do not provide all the required information, your claim will be denied and you will need to resubmit the claim once you're able to provide the necessary information.

**Documentation Requirements**

A copy of your itemized receipt that clearly includes the following pieces of information:

1. *Patient Name and Relationship to Account Holder* - the person who received the service.
2. *Service Provider Name* – the person who or merchant (pharmacy) that delivered services
3. *Date of Service* - the date when services were provided or item was purchased
4. *Service Description* – as clearly stated on receipt or Explanation of Benefits (EOB) detail pages
5. *Out-of-Pocket Cost* – the amount paid or patient responsibility that was not reimbursed by the insurance carrier.

**Additional Filing Requirements**

- ❖ **For more information:** please visit the 'Receipt Requirements' section of the 'About this Program' page of your HealthEquity account.

**Q. What if my claim is for dates of service which cross the calendar year?**

A. Claims will be processed according to the service dates within the plan period. For claims that cross over into a new plan year, participants must resubmit a claim form and documentation for the new service period in the new plan year for reimbursement, and must also include proof of visits documentation. Please refer to the 'About this Program' Section on the Participant website for more details.

**Q. Can I submit multiple receipts on the same claim form?**

A. Yes. You may submit multiple receipts on the same claim form.

**Q. If I have any questions on how to submit my claim, who can I contact?**

A. Contact the HealthEquity Service Center, Monday through Friday 24/7 (excluding some holidays). 855-428-0447