

MN / ND BRICKLAYERS AND ALLIED CRAFTWORKERS

HEALTH REIMBURSEMENT ACCOUNT FAQ



An HRA is typically used to pay for IRS 213(d) eligible medical, dental, vision and pharmacy out-of-pocket expenses, such as deductibles, co-insurance and copays.

Refer to your Plan document for eligibility and reimbursement rules.



IRS considers an eligible expense under Section 213(d) of the Internal Revenue Code. The tax code states that every expense or transaction from an HRA must be substantiated.

This means that there needs to be proof or evidence that the funds were only used for eligible expenses – know your Plan rules and IRS guidelines.

YOUR FUND MAKES USING YOUR HRA EASY BY OFFERING AN HRA DEBIT CARD TO PAY FOR ELIGIBLE EXPENSES UPFRONT!



You may use the card only at qualified locations, such as hospitals, physician offices, dental offices, vision services locations, and pharmacies for eligible healthcare products and services under your Employer's Benefit Plan.



Keep receipts and other supporting documentation, such as an Explanation of Benefits (EOB), related to your expenses. You may be asked to submit documentation to verify the expense is eligible.



Most Rx payments require no additional action from you after you swipe your card at the pharmacy.



IF I USE MY CARD, WHY DO I HAVE TO SEND DOCUMENTATION TO THE FUND OFFICE?



IRS SECTION 213(D) OF THE INTERNAL REVENUE CODE TAX CODE STATES THAT EVERY EXPENSE OR TRANSACTION FROM AN HRA MUST BE SUBSTANTIATED. WHILE MANY HRA DEBIT CARD TRANSACTIONS ARE AUTOMATICALLY VERIFIED, SOME REQUIRE ADDITIONAL MANUAL VERIFICATION. IF YOU RECEIVE A LETTER REQUESTING ITEMIZATION ON YOUR CARD TRANSACTION, IT'S BECAUSE IT COULD NOT BE AUTOMATICALLY VERIFIED.

WHAT ITEMIZATION DO I NEED TO SEND IN IF ASKED?

THE 5 PIECES OF INFORMATION TO SEND IN IF DOCUMENTATION IS REQUIRED INCLUDE:

- Date of Service
- Patient Name
- Amount Paid
- Description of Services
- Provider Name

If you and/or your family members have health insurance coverage through the Health Fund, paying the amount shown on the EOB by using your HRA card reduces the amount of paperwork required to send to the Fund Office. Simply submit your EOB as substantiation, it has everything we need!

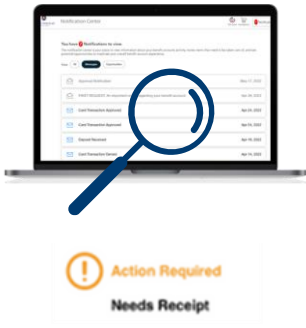


Use this checklist to ensure your documents are processed promptly.



HOW DO I LOG INTO MY ACCOUNT?

GO TO WWW.ZENITHFLEX.COM OR FIND THE MOBILE APP AT "ZENITH FLEX"
REGISTRATION ID: SELECT CARD NUMBER FROM THE DROPDOWN
CARD NUMBER: MEMBER'S HRA DEBIT CARD NUMBER
YOUR ID: MEMBER'S SOCIAL SECURITY NUMBER



HOW DO I SUBMIT DOCUMENTATION?

STEP 1: LOG IN

Log into your account on the mobile app "Zenith Flex" or online at www.zenithflex.com

Step 2: Transactions

Watch for transactions that show "Action Required Needs Receipt"

Step 3: Add Receipt

Click "Add Receipt" and snap a photo or choose from your phone's photo gallery



WHAT HAPPENS IF I DON'T TURN IN THE DOCUMENTATION?

Failure to substantiate your debit card transactions may result in the transaction being deemed ineligible and your card temporarily suspended.

Once the documentation is received and validated as an eligible expense, your card will be reactivated for immediate use. If you do not have documentation, you may submit a separate eligible claim to offset the charges or reimburse your HRA account with a check made payable to the Trust Fund.



INSTRUCTIONS

IF YOU PAID OUT OF POCKET, IT'S EASY TO FILE YOUR CLAIM ELECTRONICALLY!

LOG INTO YOUR ACCOUNT ONLINE, ENTER THE FOLLOWING INFORMATION AND UPLOAD YOUR DOCUMENTATION.

- Date of Service
- Patient Name
- Provider Name
- Amount Paid
- Description of Service



ENROLL IN DIRECT DEPOSIT

Reduce the wait time for reimbursement by registering your bank account to have HRA reimbursements directly deposited into a specified account.

- Log into your account online
- From your dashboard, click "sign up for direct deposit"
- Follow the prompts to enroll
- Verify bank account deposits

NEED HELP? Contact us at the phone number shown on the back of your medical ID card!

Paper claims are accepted. Mail a completed Reimbursement Form and supporting documentation to:
Zenith American Solutions at P.O. Box 31 Minneapolis, MN 55440- 0031