



**Arnerich Massena, Inc.**  
**Health Reimbursement Arrangement (HRA)**

**What is It?**

- An HRA is a tax-free *Employer-Funded Only* Health Reimbursement Arrangement managed by **IntegraFlex**.
- **Arnerich Massena, Inc.** has established this program to assist their employees in recovering their medical deductible costs under the **PacificSource** medical plan.
- You may request reimbursement from deductible expenses incurred for yourself under your **PacificSource** medical insurance plan.
- **The reimbursement is to assist in recovering your Medical Deductible expenses Only.**
- **It cannot be used toward Medical Coinsurance, Dr. Co-pays, Prescriptions, Vision or Dental expenses.**

**How much?**

The HRA will reimburse your **Medical Deductible Only** as follows:

<b>Employee or Employee &amp; Family</b>	<b>100% of Deductible Expenses up to \$2,000</b>
<ul style="list-style-type: none"> <li>▪ The <b>PacificSource</b> health plan deductible runs from January 1<sup>st</sup> to December 31<sup>th</sup> of each year.</li> <li>▪ The HRA plan will coincide with your medical plan deductible and renews every January 1st.</li> </ul>	

**How do I collect?**

- Any claims for services incurred between **January 1<sup>st</sup>** and **December 31<sup>st</sup>** of each plan year are eligible for reimbursement.
- You have until **March 31<sup>st</sup>** of the current year to submit claims for services incurred from the prior plan year.
- For reimbursement, you will need to submit a copy of your **Explanation of Benefit (EOB) from PacificSource** using the Arnerich Massena secure web page: <https://integra-flex.com/am-a>, when you are able to **scan** or **download** your **PacificSource** EOB to your computer and attach to the electronic **FSA/HRA Claim** link located under the **Electronic Claims Forms** section.
- You may also submit your reimbursement request to **IntegraFlex** via fax using the **FSA/HRA Claim Form**, along with a copy of your EOB from **PacificSource**. Claim forms are located under the **PDF "Fillable" Forms** section on the same Arnerich Massena secure web page: <https://integra-flex.com/am-a>. Click on the **FSA/HRA Claim** link to open the form on your computer. **"Type"** your information into the form, print, sign/date and fax to **IntegraFlex** with your EOB.
- **IntegraFlex** will direct deposit your reimbursement into your personal bank account after your claim reimbursement request has been processed.

**What if I don't use it?**

- Any unused balance is forfeited at the end of the plan year on April 1<sup>st</sup> of the following year.
- There is a 90 Day run-out allowing you to submit claims up to March 31<sup>st</sup> of the current year for claims incurred before the end of the prior plan year.
- There will be a 90 Day run-out from the termination of employment date allowing for submission of claims incurred on or before the termination of employment date.

**How to contact *IntegraFlex*?**

<b>IntegraFlex</b> Claims Fax:	(208) 287-0311
<b>IntegraFlex</b> Customer Service Phone:	(208) 287-0310
<b>IntegraFlex</b> Claims Email:	<a href="mailto:claims@integra-flex.com">claims@integra-flex.com</a>
<b>IntegraFlex</b> Website:	<a href="https://integra-flex.com/am-a">https://integra-flex.com/am-a</a>

**Note:** **PacificSource** U.S. Mails an EOB to you following all medical services. If you've misplaced your EOB, call **PacificSource** Customer Service and request a copy or you may be able to download/print a copy from the **PacificSource** online system.