



**BlueCross BlueShield
of Delaware**

BlueAdvantage[®] Health Reimbursement Arrangement Employee Overview

Thank you for your participation in your employer's Health Reimbursement Arrangement (HRA) program. Summarized below are some helpful tips for reimbursement of qualified medical expenses using the manual claims process or your prepaid benefits card (Card). The purpose of your HRA is to use the funds for health-related expenses incurred during your current plan year.

Submitting Manual Claims to Your Employer-Provided HRA

To submit HRA claims manually for reimbursement, simply send Blue Cross Blue Shield of Delaware (BCBSD) an HRA claims form along with a copy of your BCBSD Explanation of Benefits (EOB) form.

Claims reimbursements are processed and paid bi-weekly (on Fridays) via check or direct deposit to your designated bank account.

Electronic Claims Using Employer-Provided Prepaid Debit Card

Receiving and Activating Your Card

Cards are mailed to your home address. To activate your Card(s), please follow the instructions on the Card sticker or visit bcbsde.com, click on *Flexible Benefits*, then select *To Activate your Benny Card Click Here*. Your member identification number is your Social Security Number. Please sign the back of your Card and, if applicable, have an Eligible Individual sign the other Card. Please wait two business days after activation before using your Card.

Using Your Card

When using the Card, there is no need to pay for eligible medical expenses up front. Each time you incur a qualified health care expense at a location that accepts MasterCard[®], simply use your Card. Please familiarize yourself with your employer's HRA plan design so you understand how to use your card with your medical benefits.

What you should know before using your Card:

- What qualified health care expenses are eligible for reimbursement
- What health care expenses are ineligible for reimbursement
- Your available account balance
 - To determine your available HRA balance, please access your account balance at bcbsde.com or on mybenny.com
- Your Card may be used by you, your spouse or your dependent children (Eligible Individuals) as defined by applicable federal laws, for qualified health care expenses incurred by you or them
- You should use your Card only for the out-of-pocket portion for which you are responsible (such as coinsurance or deductible amounts)

Save your EOBs. You may be contacted by BCBSD to submit EOBs to verify expenses that could not be automatically validated within the debit card system.

(continued)

Your HRA Account Balance

It is important to remember you should check your account balance(s) often. You can check your account balance at **bcbsde.com**, by clicking on *Flexible Benefits*, then selecting *FSA account online*. You can also visit **mybenny.com** for account information. Make sure you have sufficient funds in your account(s) to cover your expenses. *Remember to subtract from your account balance the amount of any paper claim(s) you have submitted for payment but have not been processed yet.* If an expense is more than your HRA account balance(s), your Card will be declined. If you know your balance(s), you can use your Card for the exact amount left in your account(s) and another form of payment can be used for the difference.

Important Note:

Please note that the prepaid debit card system only gives you access to your current plan year's HRA funds. You cannot use the card for prior year's expenses. **If you need to access funds remaining from a previous plan year after the plan year end date, please submit an HRA manual claim form for the eligible expense.**

Contact Us

Health Insurance Questions: please contact the BCBSD Customer service number on the back of your BCBSD identification card.

Health Reimbursement Arrangement Questions:

Phone: 800.559.3539 (Monday–Friday, 8:00 AM–5:00 PM Eastern Standard Time)

Email: flex@bcbsde.com

Web: Visit **bcbsde.com**, click on *Flexible Benefits* then *Contact Us*

Mail: Flexible Benefits Department
Blue Cross Blue Shield of Delaware
P.O. Box 8737
Wilmington, DE 19899–8737

Thank you for using a Health Reimbursement Arrangement to assist with your health care spending.