



IBEW Local 701 Welfare Fund HRA Participant Reference Guide



A Member's Guide to IBEW Local 701's HRA Reimbursement Plan.

Welcome to Health Reimbursement Arrangement (HRA)! We are confident that you will appreciate the benefits of the HRA Plan. This efficient Plan facilitates more choice in your healthcare planning and helps ensure more control of your own healthcare costs.

Available Features:

- The HRA Plan of the IBEW Local 701 has additional features based on your Plan design and health plan insurance. Your SPD will detail any such features available to you.



- **Benefits Card**—You will receive your benefits card under separate cover. Please watch for this mailing to arrive in a plain white envelope—do not discard. If you do not receive your card, please notify IBEW Local 701 Welfare Fund's office at 630-393-1701 #3. You may use your benefits card for any eligible expenses that you incur within the parameters of the eligibility period. You may also submit claims via the online claim submission tool.

HRA Claim Submission

To submit a HRA claim, log in to your account at <https://employee.eflexgroup.com>. From the left navigation bar, click File a Claim and then File Claim. Enter the claim information and upload the substantiation document for each claim. Claims submitted without substantiation will not be processed.

Substantiation Requirements

All claims submitted to HRA require claim substantiation. Claims submitted without substantiation will not be processed. Accepted claim substantiation documents:

- **Explanation of Benefits (EOB)** – for deductible and coinsurance expenses, you will receive an EOB from your health plan insurance carrier. This document may be provided via a mailed paper format or online at their website. If you are submitting a claim for a deductible or coinsurance expense, you must submit an EOB with your claim.
- **Pharmacy receipt** – for all prescription medication expenses, you must submit the pharmacy receipt with your claim. Cash register receipts will not be accepted.
- **Detailed receipt or statement** – for copay expenses, a detailed receipt identifying the claimant, date of service, the amount of service, the name of the service provider, and the description of the service must be submitted with the claim.





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Web Access

We've made it easy to access your account information online 24 hours a day, 7 days a week. With a simple, secure sign-on, you may:

- View your account balance and details
- View your claims history
- Submit claims (then mail the documentation to us)
- Sign up for direct deposit
- Download forms

Direct Deposit Entry

For fastest reimbursement, log in to your account at <https://employee.eflexgroup.com> and set up your direct deposit reimbursement. To access this information, click Profile in the navigation bar and then select Banking/Cards. Then click on Add Bank Account and complete the necessary information..

Account	Available Balance	Final Service Date	Final Filing Date	Actions
Health FSA 09 01012009-12312009	\$115.43	3/15/2010	3/31/2010	File Claim View Claim History
HRA Deductible 09 01012009-12312009	\$884.23	12/31/2009	3/31/2010	File Claim View Claim History

To access your secure account online, select the “Login” tab on our Website at [eflexgroup.com](https://employee.eflexgroup.com). (You may also type <https://employee.eflexgroup.com> into your Web browser.) You'll then be directed to the account log-in screen.

To create a user name, enter your first initial, last name, and the last four digits of your social security number. For example, John Smith with a SSN of 123-45-6789 would enter “jsmith6789” as his username.

The first time you log into the system, your password will be: **eflex4me**. You'll then be prompted to create a new, unique secure password before accessing your account.



2302 International Lane • Madison, WI 53704-3140 • 1-877-933-3539 • <https://employee.eflexgroup.com>

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