



P.O. Box 43653, Louisville, KY 40253-0653
(502) 244-1161 * FAX (502) 244-1162

Health Reimbursement Arrangement (HRA) Red Hed Oil 2022-2023 HRA

Step-By-Step Instructions for Reimbursement Under an HRA-Bridge Plan

- ❖ *Red Hed Oil has renewed the Health Reimbursement Arrangement (HRA) effective October 1, 2022. You will have 90 days to file claims for 10/1/21 through 9/30/2022.*
- ❖ *An HRA is an employer-funded account that will cover the difference between what the employee pays for his or her deductible, and what the health insurance will now be covering.*

HRA		
Anthem	Employer Pays	Employee Pays
Anthem Option E2 In Network Deductible- \$3,000 Single \$6,000 Family Per covered member. Out of Pocket- \$4,000 Single \$8,000 Family ~~~~~	First- \$1,500 Single \$1,500 Family Of the employee's deductible responsibility. 100% Rollover of unused balances up to a maximum of \$3,000 Single or Family ~~~~~	Remaining- \$1,500 Single \$4,500 Family Of the deductible after the employer has paid their responsibility of the deductible, as well as 100% of the additional Out of Pocket. ~~~~~
Anthem Option 1 In Network Deductible- \$5,000 Single \$10,000 Family Per covered member Out of Pocket- \$6,050 Single \$12,100 Family	First- \$1,500 Single \$1,500 Family Of the employee's deductible responsibility. 100% Rollover of unused balances up to a maximum of \$3,000 Single or Family	Remaining- \$3,500 Single \$8,500 Family Of the deductible after the employer has paid their responsibility of the deductible, as well as 100% of the additional Out of Pocket.
NOTE-Please be advised the explanation of benefits from your carrier will be required to process your claims. ALL OTHER BENEFITS WILL BE THE RESPONSIBILITY OF THE EMPLOYEE.		

- ❖ ***Reimbursement from the HRA Plan - Once the insurance company processes your medical expenses; you will receive an Explanation of Benefits (EOB) that says what your total responsibility is for that service. The employee then completes the attached HRA Claim Form and submits it directly to BMS LLC. We will reimburse up to the amount the Employer agrees to pay for your claim, less any amounts you are responsible for as noted above.***
- ❖ ***You can mail, fax or e-mail a copy of the claim form with your receipt (EOB) to BMS LLC. Or, you can scan and e-mail your claims to claims@bmsllc.net.***
- ❖ ***BMS LLC will approve your reimbursement and remit payment to you in the form of a reimbursement check, which will be mailed to the employee at their home. You are to in turn, use the reimbursement to pay your outstanding billing.***
- ❖ ***Claims that are received in the BMS LLC office by Tuesday at 12:00 pm EST will generally be processed by Friday each week. Claims received after that time, will be processed the following week. Delays in reimbursements may sometimes occur due to various circumstances (i.e., postal delays, missing, incorrect or unreadable documentation, awaiting employer funding for claim, administrative issues, etc.)***
- ❖ ***You can visit our website at www.bmsllc.net for more information on your account status – 24/7!***
- ❖ ***Please contact BMS LLC at (502)244-1161 or (800)919-BMSI with any questions you may have concerning the HRA. Thank you!***



Health Reimbursement Arrangement (HRA) Claim Form

Employer: Red Hed Oil

Employee Name:

Social Security Number:

Phone:

E-mail:

To expedite your claim:

- **Provide all appropriate information including valid receipts.**
- **Review the Total Expense Claim amount before submitting.**
- **Sign and date your Claim Form.**

Health Reimbursement Arrangement Expense Claims

Date Expense Incurred	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
Attach appropriate receipt(s) and submit with this claim form.		Total Health Reimbursement Arrangement Expense Claim		\$

Read Carefully: The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Health Reimbursement Arrangement (HRA) with respect to such expenses and that the medical expenses have not and will not be reimbursed under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense. **IMPORTANT: Valid IRS approved receipts for each transaction must be submitted with this Claim Form for all requested reimbursements. Credit card slips and cancelled checks are not considered valid receipts. Under your HRA, the best receipt for reimbursement is your Explanation of Benefits (EOB) from your Health Insurance company.**

Your Health Reimbursement Arrangement (HRA) Plan may be limited by the types of healthcare expenses that may be reimbursed to you. Please read the Summary Plan Description for your HRA Plan for a list of eligible expenses.

Employee Signature

Date

Mail or Fax Claim Form and Receipts to:

BMS LLC

P.O. Box 43653, Louisville, KY 40253-0653

FAX YOUR CLAIM TO: (502)244-1162 OR SCAN AND E-MAIL TO: claims@bmsllc.net