



HCSO HRA Employee Overview

The **San Francisco Health Care Security Ordinance (HCSO)** is a law that created an employer spending requirement enforced by the Office of Labor Standards Enforcements. The employer spending requirement requires Covered Employers to spend a minimum amount of money on Health Care Expenditures for their Covered Employees.

Who is a Covered Employer or Covered Employee?

A Covered Employer is an employer with a San Francisco Business Registration Certificate and 20 or more employees. A covered employee:

- has been employed by the Covered Employer for at least 90 calendar days, and
- effective January 2010 works at least 8 hours per week in San Francisco.

Who is excluded from the HCSO?

Employers with less than 20 employees or non-profit organizations with less than 50 employees are exempt from HCSO requirements. You are excluded from coverage under the HCSO if you belong to any of the following employee classes:

- Those who sign a Voluntary Waiver Form stating that they have other employer-sponsored coverage.
- Managers, supervisors and confidential employees who earned more than a salary of \$80,397 annually (\$38.65 per hour) in 2009 and 2010.
- Those who are covered by Medicare or TRICARE.
- Those who are employed by a non-profit for up to one year as trainees.
- Those who receive health care benefits under the San Francisco Health Care Accountability Ordinance.

Required Expenditures

Your Covered Employer must make “health care expenditures,” or funds for medical benefits, available by the 30th day of the month following the last day of each calendar quarter. Your employer will use the number of “hours paid” to determine your minimum expenditure. “Hours paid” includes both the hours for which you are paid wages for work performed within San Francisco and the hours for which you are entitled to be paid wages, including, but not limited to, paid vacation hours, paid time off, and paid sick leave hours, but not exceeding 172 hours in a single month or 516 hours in a single quarter.

If you are a Covered Employee, you are eligible for benefits based on applicable amounts in the chart below.

Health Care Expenditure Rate Schedule			
Business Size		January 2009	January 2010
Large	100+ Employees	\$1.85/hour	\$1.96/hour
Medium	20 – 99 Employees	\$1.23/hour	\$1.31/hour

The FlexOptions HRA

Your employer is complying with the HCSO requirement by providing you with a HCSO Health Reimbursement Arrangement (HRA). At the end of each quarter, you will be notified of the health care expenditure available to you based on the number of hours you worked in San Francisco that quarter. For each quarter that you remain a Covered Employee, your employer will continue to make earned funds available to you. You may spend these funds for medical expenses, including dental and vision expenses. For example, if you purchase medication for an illness, you can submit a claim with the receipt and get reimbursed up to the amount available. For more information on your HCSO HRA, please see the Summary Plan Description.

HCSO HRA GUIDELINES FOR SUBMISSION OF CLAIMS

The IRS provides the following guidance:

Medical Reimbursement

- When receipts are submitted for reimbursement, they must show the following information:
 1. Who rendered the service (name and address).
 2. What type of service rendered.
 3. Date service was provided, **not a billing or due date.**
 4. Amount of charge.

NOTE: In order to process your claim all 4 pieces of information must be on each receipt. This includes receipts for orthodontic services.

- Any amount claimed which is a 'Previous Balance', 'Balance Forward', etc., cannot be paid unless the information stated in items 1-4 above is shown on the receipt.
- Receipts must show all expenses incurred. Any over-payment, pre-payment, etc., for which no services are listed, cannot be reimbursed.
- Please itemize the expenses on your claim form.
- You will not be reimbursed for any medical expenses incurred before activation in the HCSO HRA plan.
- Eligible Expenses—Eligible expenses include dental services, lab exams/tests, vision services, prescription sunglasses, medical equipment, supplies and services, medication, obstetric services, physician visits, over the Counter drugs, and more! To find out if your expense is eligible, visit our Health Care Expense Table on our Web site, www.copower.com/pretax/hcso-hra.html and click on the green "Eligible Expense" button.
- Over the Counter (OTC) drugs—
 1. When and who sold the product (date, name and address).
 2. Type of OTC purchased. Must show product or brand name.*
 3. Amount of charge.

** If the receipt does not show the name of the product, you can write the product name on the receipt. You must have the cashier verify by signing their name. Canceled checks and credit card slips are not allowable receipts.*

For Your Reference

- Make copies of the claim form contained in the brochure for future use or access a copy at our Web site.
- Submit the Direct Deposit Authorization form with your first claim to receive your reimbursements faster.
- To ensure timely reimbursement, all claims must be received no later than 6:00 A.M. (Pacific Standard Time) Monday for Tuesday processing. You may:
 - Fax claims to 314.909.6983 or
 - Mail to 10805 Sunset Office Dr., Suite 401 St. Louis, MO 63127.
- If you fax your claim, keep a copy of the confirmation statement in case BeneFLEX, the HRA claims processor, does not receive your paperwork.
- If you terminate employment, check your SPD for the Grace Period and run-out period to see how long you have to use and file claims for your HCSO funds.
- To hear your account balance by phone, call 913.789.4600.
- Questions regarding your plan or claims? E-mail info@beneflexhr.com or call 800.631.3539.
- Visit our web page, www.beneflexhr.com, or voice account system for HCSO information and your account balance.
 - Click on "HRA Account Log In" for web access to your Social Security protected account. You can also access the HCSO FAQ's, direct deposit form and/or a claim form. To hear your account balance by phone, call 913.789.4600. It will ask for your Social Security Number and allow you to check your account balance by using your keypad.



HCSO HRA DIRECT DEPOSIT AUTHORIZATION FORM

Don't wait for your check to come in the mail!

Every HCSO participant with an HRA account can now sign up for reimbursements to come via direct deposit. Everyone who signs up for this free feature will be rewarded with immediate reimbursement/direct deposit on the day following processing. With some banks, it is the same day!

You still submit the form for reimbursement the same way. The only change is the money goes directly into your account. You don't have to wait for the check or go to the bank to deposit your reimbursement. You can verify your direct deposit online or with (IVR) Interactive Voice Response through the bank.

If you have any questions, call 1.800.631.3539.

NAME:

SOCIAL SECURITY NUMBER:

ADDRESS:

I hereby authorize BeneFLEX HR Resources, as the claims processor for the FlexOptions HCSO HRA, to initiate credit entries to my (check one) **checking account** or **savings account** listed below and the depository named below (Depository) to credit the same to such account as well as debit entries initiated in error.

ACCOUNT NUMBER:

DEPOSITORY (FINANCIAL INSTITUTE):

BRANCH:

CITY:

STATE:

BRANCH ROUTING NUMBER:

The authority will remain in full force and effective until BeneFLEX HR Resources has received written notification from me of its termination in such time and in such manner as to afford BeneFLEX HR Resources a reasonable opportunity to act on it. I also understand by signing this, I am verifying I understand I am responsible for the accuracy of the initial information and the updating of these subsequent fields (ie. Changing bank accounts, bank name changes, etc.).

EMPLOYEE SIGNATURE (must be signed for proper processing)

DATE

**An actual voided check or copy
of a voided check must be attached.
Tape or staple voided check here.**

*If an actual check is not available to attach (i.e. some savings accounts),
you are then responsible for obtaining the correct ACH transit routing number
from your financial institution.*