



# HCSO HRA

**BeneFLEX**  
HR RESOURCES INC.

*"We make benefits work for you."*

Welcome to your employer's  
San Francisco  
HCSO HRA  
Health Reimbursement Plan

# What is the HCSO Ordinance?

- The HCSO ordinance requires “covered employers” located in and outside the geographic boundaries of San Francisco with a San Francisco Business Registration Certificate and 20 or more employees to make a quarterly Health Care Expenditure to, or on behalf of, each of its “covered employees.”

# What is a covered employee:

An employee that:

- Has been employed by the employer for at least 90 calendar days.
- Effective January 2011, works at least 8 hours per week within the geographic boundaries of San Francisco.
- If you are a Covered Employee and;
  - Your employer has more than 100 employees, you are eligible to earn \$2.33 per hour worked in San Francisco for 2013
  - Your employer has under 100 employees, you are eligible to earn \$1.55 per hour worked in San Francisco for 2013

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# Hours & Funds Example for 2013

1<sup>st</sup> Quarter 1/1 to 3/31 = Become Eligible

2<sup>nd</sup> Quarter 4/1 to 6/30 = Funds Earned

April 1<sup>st</sup> can start incurring expenses (not before)

July 30 can start to submit claims to BeneFLEX

# Hours and Funds Example for 2013

Example – you are hired and work:

1/1/2013 – 3/31/2013 = 90 days eligibility period

4/1/2013 – 6/30/2013 worked 12 hours a week

12 weeks @ 12 hours per week = 144 hours

144 hours @ \$2.33 (large employer) = \$335.52

144 hours @ \$1.55 (small employer) = \$223.20

July 30<sup>th</sup> the money is in your HCSCO HRA account

# Who is excluded from the HCSO?

- 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 \$86,593 annually (\$41.63 per hour) in 2013.
  - ❑ 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 or from their employer.
  - ❑ Those who don't work the required hours.

# The HCSO 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.

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# The HCSO HRA *Continued*

- You may spend these funds for medical expenses, including dental and vision expenses and health insurance premiums.
- 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.




# HSCO HRA Qualified Expenses from BeneFLEX HR:

Per IRS regulations, the following, while not intended to be complete, illustrates examples of eligible medical or medical-related expenses. Expenses must be incurred during the Plan Year from which you are requesting reimbursement. Expenses are considered incurred when service is rendered, not when service is billed or payment is made. Expenses cannot be reimbursed in advance of the date service is rendered.

- Acupuncture
- Ambulance fees
- Braille – books and magazines
- Breast pumps
- Childbirth classes – mother-to-be expenses only; partner’s expenses not eligible
- Chiropractic care
- Coinsurance
- Contact lens, solutions and cleaners
- Crutches
- Deductibles
- Dental fees
- Dentures
- Denture adhesives and denture cleansers
- Diagnostic testing fees
- Eyeglasses, including examination fee
- Guide dog
- Health Insurance Premiums (only those not paid on a pre-tax basis)
- Hearing aids and batteries
- Hospital bills
- Insulin and diabetic supplies
- Laboratory fees
- Laetrile by prescription
- Nurse fees
- Obstetrical expenses
- Operations
- Orthodontia
- Orthopedic shoes
- Osteopath fees
- Oxygen
- Physician fees
- Practical nurse fees
- Prescribed drugs—see cosmetic exceptions below
- Psychiatric care
- Individual psychologist fees or individual therapy
- Radial Keratotomy-Laser Eye Surgery
- Routine physicals
- Special communication equipment for the deaf
- Smoking cessation prescriptions
- Special plumbing for the handicapped
- Surgical fees
- Therapeutic care for drug and alcohol addiction
- Therapy treatments, prescribed
- Transplants
- Transportation expenses/mileage to receive medical care or services
- Tuition at special school for physically or mentally impaired
- Wheelchairs
- X-rays
- Contributions to the Healthy San Francisco Program

## OVER-THE-COUNTER ITEMS

*Unofficial List – Watch [www.beneflexhr.com](http://www.beneflexhr.com) for update*

| Eligible <u>without</u> a Doctor's Prescription   | Example of Over-the-Counter Items that require a Doctor's Prescription  |
|---|---|
| <ul style="list-style-type: none"> <li>• Asthma flow meters</li> <li>• Bandages</li> <li>• Blood pressure monitors</li> <li>• Cholesterol tests</li> <li>• Contact lens solution</li> <li>• Crutches</li> <li>• Cushions, pads, arch supports</li> <li>• Denture care products</li> <li>• Diabetes care: Blood test strips, glucose kits, monitors and testers</li> <li>• Eyeglasses</li> <li>• First-Aid kits</li> <li>• Gauze and gauze pads</li> <li>• Heart rate monitors</li> <li>• Heating pads</li> <li>• Incontinence supplies for adults</li> <li>• Medical bracelets &amp; necklaces</li> <li>• Medical tape</li> <li>• Nasal strips</li> <li>• Nebulizers</li> <li>• Sunscreen SPF 15+</li> <li>• Supports and braces</li> <li>• Thermometers</li> </ul> | <ul style="list-style-type: none"> <li>• Acid Controllers</li> <li>• Allergy &amp; Sinus Products</li> <li>• Antibiotic</li> <li>• Anti-Diarrheals</li> <li>• Anti-Gas</li> <li>• Anti-Itch &amp; Insect Bite</li> <li>• Anti-parasitic Treatments</li> <li>• Baby Rash Ointments/Creams</li> <li>• Cold Sore Remedies</li> <li>• Callous and corn removers</li> <li>• Cough, Cold &amp; Flu</li> <li>• Digestive Aids</li> <li>• Eye drops</li> <li>• Feminine Anti-Fungal/Anti-Itch</li> <li>• Hemorrhoidal Preps</li> <li>• Laxatives</li> <li>• Pain Relief</li> <li>• Respiratory Treatments</li> <li>• Sleep Aids &amp; Sedatives</li> <li>• Stomach Remedies</li> <li>• Wart removal products</li> </ul> <div style="text-align: right; margin-top: 20px;">  </div> |

## EXAMPLE OF EXPENSES THAT MAY NOT BE CLAIMED AS PART OF THE PLAN:

- Cosmetic surgery or treatment not done for the primary purpose of proper functioning of the body or to prevent or treat illness or disease; including but not limited to face lifts, whitening or capping of teeth, hair transplants or treatments including Retin-A and vein surgery. [To be eligible, treatments must be proven medically necessary.]
- Diaper service for infants
- Ear piercing by a physician
- Employment-related expenses (physicals, transportation)
- Fitness programs or physical therapy for general health benefits
- Illegal treatments
- Hygiene Items
- Expenses reimbursed by an HSA or FSA.

*Note: Plan restrictions may apply. Check with your plan administrator.*

## These dual use items require a doctor letter of medical necessity.

- Accommodations made for disabling medical conditions
- Foot spa
- Gloves and masks
- Herbs
- Humidifier
- Massagers
- Minerals
- Multivitamins
- Special supplements
- Vitamins
- Weight Loss Programs

# HCSO HRA GUIDELINES FOR SUBMISSION OF CLAIMS

## 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.*

# HCSO HRA GUIDELINES FOR SUBMISSION OF CLAIMS *Continued*

- Any amount claimed which is a ‘Previous Balance’, ‘Balance Forward’, etc., cannot be considered for payment 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, medical supplies, medical services, medication, obstetric services, physician visits, over-the-counter supplies, over-the-counter drugs or medicines with a doctor’s prescription, certain healthcare premiums and more!

Visit [www.beneflexhr.com](http://www.beneflexhr.com) and click on “Employee” and then go to “HSCO HRA Employee Resources” to learn more.

## HCSO HRA GUIDELINES FOR SUBMISSION OF CLAIMS *Continued*

- Over-the-Counter (OTC) drugs or medicines—
  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
  4. Copy of doctor's prescription

*\* Canceled checks and credit card slips are not allowable receipts.*

# HCSO HRA GUIDELINES FOR SUBMISSION OF CLAIMS *Continued*

## For your reference

- Access a copy of the claim form at our Web site [www.beneflexhr.com](http://www.beneflexhr.com) or see your HR manager.
- 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 1:00 p.m. (Pacific Standard Time) Tuesday for Thursday 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 the original claim in case BeneFLEX, the HRA claims processor, does not receive your paperwork.



## **HCSO HRA GUIDELINES FOR SUBMISSION OF CLAIMS *Continued***

For your reference *continued*

- 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. The minimum run out is 90 days.

## For Your HCSO Account Balance 24/7

- Visit our web page, [www.beneflexhr.com](http://www.beneflexhr.com), or voice account system for HCSO information and your account balance.
  - Click on “Employee”, then “HSCO HRA Employee Resources”, and then click on “Check your account balance” for web access to your Social Security protected account. You can also access the HCSO 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 zip code and allow you to check your account balance by using your keypad.



BeneFLEX HR Resources has a new look!

## Customized Solutions, Predictable Results

BeneFLEX HR, a large Midwest third-party administrator (TPA), offers a variety of services that can be structured to fit each client's individual needs.

Services include:

- Flexible Spending Accounts (FSA) & Limited FSA
- Premium Only Plans (POP)
- Health Reimbursement Arrangements (HRA) & Limited HRA
- Consolidated Omnibus Budget Reconciliation Act (COBRA)
- Health Savings Accounts (HSA)
- Transportation/Parking Management Accounts (TMA)
- San Francisco Health Care Security Ordinance (HCSO) HRA administration

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## EMPLOYEE

- Employee Log-in
- Employee Demo Video
- Debit Card
- Printable Forms
- Eligible Expenses
- IIAS Info
- Retiree Claim Forms
- HCSO HRA Employee Resources
- BeneFlexHR Mobile Application

## EMPLOYER

## BROKER/AGENT

Visit [www.beneflexhr.com](http://www.beneflexhr.com) and click on “Employee” and then “HSCO HRA Employee Resources” for more information about your HSCO HRA.

# Questions

[info@beneflexhr.com](mailto:info@beneflexhr.com)

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