

# Health Reimbursement Account (HRA) Direct Standard Reporting Package

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## Health Reimbursement Account (HRA)

A health reimbursement arrangement (HRA) is an employer-sponsored account to reimburse a portion of a participant's eligible out-of-pocket medical expenses, such as deductibles, co-insurance, and pharmacy expenses. It's not an insurance plan; it's a reimbursement program funded entirely by an employer to help make health care more affordable.

By offering HRAs to employees, employers can save money on health insurance premiums, payroll taxes and FICA taxes. Employers may also control how much the company will contribute to the HRA, and how it will be funded as well as defining the eligible expenses. An HRA works with any health plan type, and employers only pay if the employee uses the funds. On average, employees typically use 70% of offered funds.

The employer contributes funds to an HRA (notional account) to help employees save for health care expenses. Employees won't pay taxes on the money they receive and use for qualified medical expenses.

### **Business Process Flow and Related Reports**



#### **CareFirst Group Portal**

Our Group Portal is your one-stop shop for managing your company's spending accounts. It gives you instant access to your account information and the ability to complete transactions online, which means less paperwork and a better use of your time and resources. Once registered, you can begin to experience the convenience and control it provides.

Further makes several reports available to you in the Group Portal.

These reports are:

- Available on demand
- Viewable for specific time periods
- Sortable and filterable for specific information
- Able to be exported to Excel spreadsheets (and some to PDFs)

You can access the reports as often as you like. A few of the more common reports are shown on the portal dashboard in the righthand column under Reports, and you can see the full list of reports by clicking Reports & Invoices in the top header. Note: Groups that use a location hierarchy to organize their employee spending account population will see an additional Location filter on their reports. The Group Portal user can filter the data on the location(s) they have access to view.

The reports and invoices are dependent on which products your group is enrolled in, so you may not see all of the reports listed here if they're not relevant to you. You can also export the data from any report into an Excel file.

- Go to carefirst.com, then click For Employers > login.
- Once logged in, click Coverage > BlueFund Administration.

| CareFirst 👰 🖲                | Group ✓ Members ✓ Contribu   | tions v Reports & Invoices My Profile v   |
|------------------------------|--|---|
| Administrative Fees Invoices | RECENTLY ADDED<br>JANES, JASON GRAYSON,<br>DOWD, MARCUS CAMILLE<br>GRAY, IEISHA PEARSON,<br>DADHANIA, STEFAN<br>NEHAL PLATT, DAVID<br>SCHULTE, MIKE CROCKETT,<br>PEPPER, GEORGE<br>See All | Contributions Participant Activity Participant Activity Payment Data Payment Data Debit Card Substantiation TRA Monthly Payroll Deduction Monthly Processing Totals See All |
|                              | (8) Add New Members  |   |

All data shown in report samples are hypothetical examples for purposes of illustration only.

### **Participant Activity**

| 🛐 Invoices                   | 8 Members   | 🕑 Reports  |  |
|------------------------------|---|--|--|
| Administrative Fees Invoices | Search last name, first name  RECENTLY ADDED  JANES, JASON GRAYSON, DOWD, MARCUS GRAY, IEISHA GRAY, IEISHA PEARSON, STEFAN NEHAL PLATT, DAVID SCHULTE, MIKE PEPPER, GEORGE  See All | <ul> <li>Contributions</li> <li>Participant Activity</li> <li>HSA Account Number</li> <li>Payment Data</li> <li>Debit Card Substantiation</li> <li>TRA Monthly Payroll Deduction</li> <li>Monthly Processing Totals</li> </ul> |  |

This report is primarily used to verify active enrollment by product at any point in time. It may also be used to track spending/saving Year-To-Date trends. This includes a group summary page and a detailed report which lists all participants with account summary information. The data includes employer funding or current month and plan year contributions, current month and plan year withdrawals and account balance information in aggregate for the group. This is sent once initial enrollment has been entered and available on the first week of the month for the previous month.

| Carenrst. 🍟 🖤   | Groups  | Group   | ✓ Members ✓                    | Contributions 🗸     | Reports & Invoi        | ices My Profile | ~          |
|---|---|---|--------------------------------|---------------------|------------------------|-----------------|------------|
| Participant<br>See participation<br>associated with e | Activity R<br>for each account<br>each account type | eport<br>t type you offer<br>e                        | and financial tota             | als                 |                        |                 |            |
| Reports   Participant                                 | Activity Report                                     |   |                                |                     |                        | S Excel         | $\bigcirc$ |
|   |   |   |                                |                     |                        |                 |            |
| Product<br>HRA Health Reim                            | bursement Account -                                 | Date of Rep     12/31/2     MM/DD/YY                  | 2019<br>YY                     |                     |                        | Run Report      |            |
| Product<br>HRA Health Reim                            | ibursement Account -                                | Date of Reg     12/31/.     MM/DD/YY                  | 2019<br>YY                     |                     | V                      | Run Report      |            |
| Product<br>HRA Health Reim                            | abursement Account -                                | Date of Reg     12/31/     MM/DD/YY  Applied Rollover | 2019<br>YY<br>Employer Funding | Total Contributions | V<br>Total Withdrawals | Run Report      | Av         |

## **Participant Activity Details**

| CareFirst                              | 💩 🚺 Groups                                      | 5                         | Group 🗸                   | Members 🗸        | Contributions 🗸  | Reports & Invoices  | My Profile 🗸      |
|--|---|---------------------------|---------------------------|------------------|------------------|---------------------|-------------------|
| Particip<br>See particip<br>associated | Dant Activ<br>Dation for each<br>with each acco | vity Repo<br>account type | Ort<br>e you offer and fi | inancial totals  | 20               |                     |                   |
| Reports   Par                          | rticipant Activity Rep                          | ort   Participant /       | Activity Details          |                  |                  | (                   | S Excel           |
| Product<br>HRA Heal                    | th Reimbursemen                                 | t Account - 👻             | MM/DD/YYYY                |                  |                  | F                   | Run Report        |
| Name 🔨                                 | SSN Ending                                      | Start Date                | Available Rollover        | Applied Rollover | Employer Funding | Total Contributions | Total Withdrawals |
| Bond,<br>Esteban                       | xxxxx1678                                       | 01/01/2020                | \$0.00                    | \$0.00           | \$0.00           | \$600.00            | \$0.00            |
| Calderon,<br>Milo                      | xxxxx1199                                       | 01/01/2020                | \$0.00                    | \$0.00           | \$0.00           | \$0.00              | \$0.00            |
| Castaneda,<br>Louis                    | xxxxx1568                                       | 01/01/2020                | \$1,000.00                | \$0.00           | \$0.00           | \$300.00            | \$0.00            |
| Castaneda,<br>Louis                    | xxxxx1707                                       | 01/01/2020                | \$1,000.00                | \$0.00           | \$0.00           | \$800.00            | \$0.00            |
| Clarke,<br>Nasir                       | xxxxx1210                                       | 01/01/2020                | \$96.77                   | \$0.00           | \$0.00           | \$900.00            | \$0.00            |
| Coleman,                               | xxxxx1731                                       | 01/01/2020                | \$840.43                  | \$0.00           | \$0.00           | \$100.00            | \$0.00            |

#### Contributions

| 🛐 Invoices                   | 8 Members   | 🛃 Reports  | 100 |
|------------------------------|---|--|-----|
| Administrative Fees Invoices | Search last name, first name         RECENTLY ADDED         JANES, JASON       GRAYSON,         DOWD, MARCUS       CAMILLE         GRAY, IEISHA       PEARSON,         DADHANIA,       STEFAN         NEHAL       PLATT, DAVID         SCHULTE, MIKE       CROCKETT,         PEPPER, GEORGE       CYNTHIA | <ul> <li>Contributions</li> <li>Participant Activity</li> <li>HSA Account Number</li> <li>Payment Data</li> <li>Debit Card Substantiation</li> <li>TRA Monthly Payroll Deduction</li> <li>Monthly Processing Totals</li> </ul> |     |

This report is only applicable for HRAs that are funded periodically or incrementally throughout the year. The HRA is a notional account. Notional contribution amounts are reported to Further by the employer for HRA administration purposes. (Funds are collected as claims are actually paid.) This report is used to reconcile the employer's notional contributions with the contribution amounts in the Further system. Contribution reports can be generated on the Group Portal by clicking on the "Reports & Invoices" link on the top of the page. This report includes group-initiated contributions and can be generated by specific date spans.

| CareFirst 🏾                                   | 🖲 Groups                             | Grou           | p 🗸 Members 🗸             | Contributions 🗸 🛛 | Reports & Invoices | My Profile 🗸 |
|---|--------------------------------------|----------------|---------------------------|-------------------|--------------------|--------------|
| Contribut<br>See contributio<br>by member nar | ion Report<br>ns made for your<br>ne | group; View De | etails to see this list l | proken out        |                    | ¥            |
| Reports   Contribu                            | <u>ition Report</u>                  |                |                           | G                 | (                  | S Excel      |
| Product                                       |                                      |                |                           |                   |                    |              |
|   |                                      | 5-10-1         |                           |                   |                    |              |
| 01/01/2020                                    |                                      | 12/31          | /2020                     | Contrib           | ution Date         | - 8          |
| MM/DD/YYYY                                    |                                      | MM/DD/Y        | YYY                       |                   |                    |              |
|   |                                      |                |                           |                   |                    | View Details |
| Added Date                                    | Contribution Date                    | Product        | Employer Amount           | Employee Amount   | Other Amount       | Total Amount |
| 12/30/2019                                    | 01/02/2020                           | HRA            | \$19,100.00               | \$0.00            | \$0.00             | \$19,100.00  |
|   |                                      |                |                           | Rows per page: 50 | ▼ 1-1 of 1         | < >          |

## **Contributions Report Details**

| CareFirst 💩 🕅 Gr   | oups C                            | Group 🗸 Members               | ✓ Contribution  | s 🗸 Reports & Invoice       | es My Profile 🗸 |
|--|-----------------------------------|-------------------------------|-----------------|-----------------------------|-----------------|
| Contribution F<br>See contributions made<br>by member name | Report<br>de for your group; View | Details to see this           | list broken out |                             |                 |
| Reports   Contribution Repo                                | rt   Contribution Report Details  |                               |                 |                             | Excel           |
| Product  |                                   |                               |                 |                             |                 |
| HRA Health Reimburse                                       | ment Account - 01/01/2020 -       | 12/31/2020                    | *               |                             | Run Report      |
| Start Date<br>01/01/2020<br>MM/DD/YYYY                     | End<br>I<br>MM                    | Date<br>2/31/2020<br>/DD/YYYY |                 | Date Type Contribution Date | - 0             |
|  |                                   |                               |                 |                             |                 |
| Name   | Contribution Date                 | Added Date                    | Product         | Туре                        | Total Amount    |
| Bond, Esteban W  | 01/02/2020                        | 12/30/2019                    | HRA             | ER Contribution             | \$600.00        |
| Castaneda, Louis I   | 01/02/2020                        | 12/30/2019                    | HRA             | ER Contribution             | \$800.00        |
| Castaneda, Louis I   | 01/02/2020                        | 12/30/2019                    | HRA             | ER Contribution             | \$300.00        |
| Clarke, Nasir W  | 01/02/2020                        | 12/30/2019                    | HRA             | ER Contribution             | \$900.00        |

### **Payment Data**

| 🛐 Invoices                   | 8 Members   | 🔮 Reports  | 100 |
|------------------------------|---|--|-----|
| Administrative Fees Invoices | Search last name, first name         RECENTLY ADDED         JANES, JASON       GRAYSON,         DOWD, MARCUS       CAMILLE         GRAY, IEISHA       PEARSON,         DADHANIA,       STEFAN         NEHAL       PLATT, DAVID         SCHULTE, MIKE       CROCKETT,         PEPPER, GEORGE       CYNTHIA | <ul> <li>Contributions</li> <li>Participant Activity</li> <li>HSA Account Number</li> <li>Payment Data</li> <li>Debit Card Substantiation</li> <li>TRA Monthly Payroll Deduction</li> <li>Monthly Processing Totals</li> </ul> |     |

This report is available on the Group Portal and allows the user to create a customized report of notional claim payments based on actual claim payment dates. The report is based on claim payment dates, not group invoice billed dates, so it cannot be used to match the claim invoices.

Users can download an Excel file containing all the records. In addition to the columns displayed on the Summary screen, the Excel file will also include the following columns: Group Number, Group Name, Location Code, Plan, Plan Year Start Date, Plan Year End Date.

In addition to the columns displayed on the Detail screen, the Excel file will also include the following columns: Group Number, Group Name, Location Code, Plan, Plan Year Start Date, Plan Year End Date,

Last Name, First Name, Middle Initial, SSN (full), Employee Number, Partner Group ID, Partner Member ID.

| CareFirst 🗬 🛡 Groups  | Group ∽ Member                              | s v Contributions v Report | s & Invoices My Profile 🗸 |
|---|---|----------------------------|---------------------------|
| Payment Data Re<br>See total amounts paid by loo<br>the fields below. | DORT<br>cation and account type. Filter the | report using               |                           |
| Reports   Pavment Data Report   |   |                            | Excel                     |
| Start Date 01/01/2019 MM/DD/YYYY                                      | End Date<br>12/31/2019<br>MM/DD/YYYY        | View Members               | Run Report                |
| Product   | Plan Year Start                             | Plan Year End              | Amount                    |
|   | 01/01/2010                                  | 12/31/2019                 | ¢10.00                    |
| Health Reimbursement Account  | 01/01/2019                                  | 12/31/2013                 | -\$10.00                  |
| Health Reimbursement Account<br>Health Savings Account                | 01/01/2019                                  | 12/31/2018                 | \$20.00                   |

## Payment Data (continued)

| CareFirst 👼 🕅 Groups   | Group 🗸                          | Members 🗸      | Contributions $\checkmark$ | Reports & Invoices | My Profile 🗸 |
|--|----------------------------------|----------------|----------------------------|--------------------|--------------|
| Payment Data Re<br>See total amounts paid by lo<br>the fields below. | port<br>cation and account type. | Filter the rep | ort using                  |                    |              |
| Reports   Payment Data Report  | End Date                         |                |                            | (                  | S Excel      |
| 01/01/2019   | 12/31/2019<br>MM/DD/YYYY         |                | View Members               | F                  | Run Report   |
|  |                                  |                |                            |                    |              |
| Product  | Plan Year                        | Start          | Plan Year End              |                    | Amount       |
| Health Reimbursement Account   | 01/01/20                         | 019            | 12/31/2019                 |                    | -\$10.00     |
| Health Savings Account   | 01/01/20                         | 018            | 12/31/2018                 |                    | \$20.00      |
| Health Reimbursement Account   | 01/01/20                         | 019            | 12/31/2019                 |                    | \$7.92       |
|  |                                  |                |                            |                    |              |
| CareFirst 👰 🖲 Groups   | Group 🗸                          | Members 🗸      | Contributions 🗸            | Reports & Invoices | My Profile 🗸 |

| Dayment<br>Gee total amou<br>he fields belov | Data Rep<br>nts paid by loca<br>v. | Ort<br>ation and accour                     | nt type. Filter ti   | he report usin | g            |             | *              |
|--|------------------------------------|---|----------------------|----------------|--------------|-------------|----------------|
| Reports   Paymen                             | t Data Report   Payr               | nent Data Report Detail End Date 12/31/2019 |                      |                | ide Membors  |             | Excel          |
| MM/DD/YYYY                                   |                                    | MM/DD/YYYY                                  |                      |                |              |             | Run Report     |
| Product                                      | Plan Year Start                    | Plan Year End                               | Name                 | SSN Ending     | Payment Date | Amount      | Payment Method |
| Total  |                                    |   |                      |                |              | \$96,369.31 |                |
| Health<br>Reimbursement<br>Account           | 01/01/2019                         | 12/31/2019                                  | Mcclure,<br>Malachi  | xxxxx1649      | 01/08/2019   | \$30.00     | Pharmacy POS   |
| Health Savings<br>Account                    | 01/01/2018                         | 12/31/2018                                  | Calderon,<br>Milo    | xxxxx1199      | 01/01/2019   | \$20.00     | Direct Deposit |
| Health<br>Reimbursement<br>Account           | 01/01/2019                         | 12/31/2019                                  | Meyers,<br>Valentina | xxxxx1836      | 01/01/2019   | \$7.92      | Pharmacy POS   |

### **Debit Card Substantiation**

| S Invoices                   | 8 Members  | 🛃 Reports  | 100 |
|------------------------------|--|--|-----|
| Administrative Fees Invoices | Search last name, first name  RECENTLY ADDED  JANES, JASON GRAYSON, DOWD, MARCUS CAMILLE  GRAY, IEISHA PEARSON, DADHANIA, NEHAL PLATT, DAVID SCHULTE, MIKE CROCKETT, CYNTHIA | <ul> <li>Contributions</li> <li>Participant Activity</li> <li>HSA Account Number</li> <li>Payment Data</li> <li>Debit Card Substantiation</li> <li>TRA Monthly Payroll Deduction</li> <li>Monthly Processing Totals</li> </ul> |     |
|                              | See All  | <u>See All</u>   |     |

This report is available, if applicable, on the Group Portal and can be used to see debit card payments requiring substantiation (transactions needing supporting documentation to prove the expense is eligible). Running the report by Location will show member name, amount of the transaction, purchase date and process date. Once Further receives valid documentation to substantiate the claim expense is eligible, the claim will no longer appear on this report and can no longer be viewed.

| CareFirst 🧧                                       | 😨 Groups                                  |   | Group 🗸 Me                  | mbers 🗸     | Contributions 🗸 | Reports & Inv | roices N       | ⁄ty Profile  ∽ |
|---|---|---|-----------------------------|-------------|-----------------|---------------|----------------|----------------|
| ►<br>Debit Ca<br>See debit carc<br>to prove the e | rd Subs<br>d payments r<br>xpense is elig | tantiation<br>equiring substa<br>gible) | Report<br>ntiation (support | ing documer | ntation         |               |                |                |
| Name <b>↑</b>                                     | SSN Ending                                | Account                                 | Purchase Date               | Amount      | Process Date    | Notice Sent   | Status         | S Excel        |
| ANDERSON,<br>SHIRLEY                              | 0002                                      | Health<br>Reimbursement<br>Arrangement  | 11/13/2020                  | \$30.12     | 11/16/2020      | 12/12/2020    | Invalid<br>Doc | 191            |
| ANDERSON,<br>SHIRLEY                              | 0002                                      | Health<br>Reimbursement<br>Arrangement  | 12/03/2020                  | \$23.10     | 12/05/2020      | 12/12/2020    | Invalid<br>Doc | 191            |
| ANDERSON,<br>SHIRLEY                              | 0002                                      | Health<br>Reimbursement<br>Arrangement  | 12/04/2020                  | \$53.27     | 12/07/2020      | 12/12/2020    | Invalid<br>Doc | 191            |
| ANDERSON,<br>SHIRLEY                              | 0002                                      | Health<br>Reimbursement<br>Arrangement  | 11/05/2020                  | \$23.10     | 11/07/2020      | 12/12/2020    | Invalid<br>Doc | 191            |
| ANDERSON,<br>SHIRLEY                              | 0002                                      | Health<br>Reimbursement<br>Arrangement  | 11/10/2020                  | \$4.83      | 11/12/2020      | 12/12/2020    | Invalid<br>Doc | 191            |
| BAILEY,<br>PATRICK                                | 0046                                      | Health<br>Reimbursement<br>Arrangement  | 12/01/2020                  | \$1.81      | 12/04/2020      | 12/12/2020    | Invalid<br>Doc | 191            |
| BAILEY,<br>PATRICK                                | 0046                                      | Health<br>Reimbursement<br>Arrangement  | 10/23/2020                  | \$2.25      | 10/26/2020      | 12/12/2020    | Invalid<br>Doc | 191            |

### **Monthly Processing Tools**

| Search last name, first name   Claim Reimbursement Invoices   JANES, JASON   JANES, JASON   JANES, JASON   JANES, JASON   DOWD, MARCUS   CAMILLE   GRAY, IEISHA   PEARSON,   DADHANIA,   NEHAL   PLATT, DAVID   SCHULTE, MIKE   CROCKETT,   CYNTHIA   PEPPER, GEORGE |  |
|--|--|

This report is available on the Group Portal and identifies spending account contribution and claim payment activity by month. This report may be requested for a given product and time period to calculate withdrawals and contributions totals by month within the requested time period. The detail report includes the summary information reported at a member level.

**Monthly Contributions** is the sum of the contribution amount associated with deposits applied to the applicable member accounts where the contribution date associated with deposit falls within the selected date range. The report will display the total of those contributions aggregated by month.

**Monthly Withdrawals** is the sum of the claim payments or credits/adjustments processed from the applicable member accounts where the claim Payment Date falls within the selected date range. The report will display the total of the claim approved amount associated with those payments aggregated by month.

| CareFirst 👰 🗑 Groups                                 | Group 🗸 Membe                               | ers v Contributions v                | Reports & Invoices My Profile 🗸 |
|--|---|--------------------------------------|---------------------------------|
| Monthly Processing<br>See your monthly claim and con | Totals<br>tribution totals for each type of | of account                           |                                 |
| Reports   Monthly Processing Totals                  |   |                                      | Excel                           |
| Product<br>HRA Health Reimbursem                     | Start Date 01/01/2019 MM/DD/YYYY            | End Date<br>12/31/2019<br>MM/DD/YYYY | Run Report                      |
|  |   |                                      | View Details                    |
| Month  | Month                                       | ly Contributions                     | Monthly Withdrawals             |
| 01/2019  |   | \$30,550.00                          | \$2,117.75                      |
| 02/2019  |   | \$916.67                             | \$3,512.65                      |
| 03/2019  |   | \$0.00                               | \$2,356.44                      |

### **Claim Reimbursement Invoices**

| S Invoices                   | 8 Members  | 🔮 Reports  | 100 |
|------------------------------|--|--|-----|
| Administrative Fees Invoices | Search last name, first name  RECENTLY ADDED  JANES, JASON GRAYSON, DOWD, MARCUS CAMILLE GRAY, IEISHA PEARSON, DADHANIA, STEFAN NEHAL PLATT, DAVID SCHULTE, MIKE CROCKETT, PEPPER, GEORGE  See All | <ul> <li>Contributions</li> <li>Participant Activity</li> <li>HSA Account Number</li> <li>Payment Data</li> <li>Debit Card Substantiation</li> <li>TRA Monthly Payroll Deduction</li> <li>Monthly Processing Totals</li> </ul> |     |
|                              | See All  |  |     |

The Claims Reimbursement Invoice shows a weekly summary of claims paid including invoice number, invoice date, amount billed, amount paid, amount due, payment date, payment method, due date, and invoice status.

Drill down is also available to show billing invoice detail by location (if applicable) with participant name, participant SSN (last four), member payment method, and product.

Note: A claims reimbursement email notification will be sent to the billing contact on an assigned day of the week, every week, two days prior to the ACH pull to indicate the invoice is available on the portal for review.

| CareFirst 🖷 ᠮ                          | Groups                             | Group 🗸                      | Members 🗸 Co | ontributions ~ | Reports & Invoid | tes My Profile 🗸 |
|--|------------------------------------|------------------------------|--------------|----------------|------------------|------------------|
| Claim Rein<br>View amounts an          | bursement  <br>d details for membe | nvoices<br>r reimbursement r | requests     |                | 2                |                  |
| Reports   Claim Reim                   | bursement Invoices                 |                              |              |                |                  | Excel            |
| Invoice Date<br>Custom Dates           |                                    | Include Payr                 | ment         |                |                  | Run Report       |
| Start Date<br>01/01/2019<br>MM/DD/YYYY |                                    |                              |              |                |                  |                  |
| End Date<br>12/31/2019<br>MM/DD/YYYY   |                                    |                              |              |                |                  |                  |
| Invoice Number                         | Invoice Date                       | Amount Billed                | Amount Paid  | Amount Due     | Due Date         | Invoice Status   |
| <u>39267342</u>                        | 12/26/2019                         | \$6,018.73                   | \$6,018.73   | \$0.00         | 12/28/2019       | Closed           |
| <u>39260459</u>                        | 12/17/2019                         | \$1,837.39                   | \$1,837.39   | \$0.00         | 12/21/2019       | Closed           |
| <u>39254540</u>                        | 12/10/2019                         | \$1,672.35                   | \$1,672.35   | \$0.00         | 12/14/2019       | Closed           |

## **Claim Reimbursement Invoices (continued)**

| CareFirst 🤷 🕻                | 🛿 Groups                        | Grou                        | p 🗸 Members         | ∽ Contrib  | utions 🗸 Re  | eports & Invoices M                | ly Profile 🗸 |
|------------------------------|---------------------------------|-----------------------------|---------------------|------------|--------------|------------------------------------|--------------|
| Claim Reil<br>View amounts a | mbursemer<br>and details for me | nt Invoice<br>mber reimburs | S<br>ement requests |            | 0            |                                    |              |
| Reports   Claim Rei          | imbursement Invoices            |                             |                     |            |              |                                    | S Excel      |
| Invoice Date                 |                                 |                             | lude Payment        |            |              |                                    |              |
| Custom Dates                 |                                 | Inf                         | ormation            |            |              |                                    | Report       |
| Start Date                   |                                 |                             |                     |            |              |                                    |              |
| 01/01/2019                   |                                 |                             |                     |            |              |                                    |              |
| MM/DD/YYYY<br>End Date       |                                 |                             |                     |            |              |                                    |              |
| 12/31/2019                   |                                 |                             |                     |            |              |                                    |              |
| MM/DD/YYYY                   |                                 | ,                           |                     |            |              |                                    |              |
| Invoice Number 🗸             | Invoice Date                    | Amount Billed               | Amount Paid         | Amount Due | Payment Date | Payment Method                     | Due Date     |
| <u>39267342</u>              | 12/26/2019                      | \$6,018.73                  | \$6,018.73          | \$0.00     | 12/30/2019   | ACH Bank<br>Account Ending<br>1029 | 12/28/201    |
| <u>39260459</u>              | 12/17/2019                      | \$1,837.39                  | \$1,837.39          | \$0.00     | 12/19/2019   | ACH Bank<br>Account Ending<br>1029 | 12/21/201    |
| <u>39254540</u>              | 12/10/2019                      | \$1,672.35                  | \$1,672.35          | \$0.00     | 12/12/2019   | ACH Bank<br>Account Ending<br>1029 | 12/14/201    |

## **HRA Member Reports**

These are some of the most common member documents. Members may occasionally see other materials to help them with their accounts.

#### CareFirst MyAccount

Go to carefirst.com/myaccount

#### **Verification Form**

This report details participant account information. This is mailed following enrollment. It is not available on the portal.



## **HRA Member Reports**

#### **Member Account Statement**

This report provides account summary information, including account start and end dates, account term date (if applicable), employer contributions, withdrawals and available balance. Annual account summary statements are sent during fourth quarter as part of standard reporting. Quarterly reporting is available for an additional fee.

|   | Member   | r Account Statement                                    | careFirst 🖷 🕅  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| JOHN DOE<br>123 MAIN STREET<br>OWING MILLS, MD 21117  | SA ID: SA1234567<br>Date: 06/09/2021               |  |  |  |  |  |  |
| <b>Employer:</b> A SAMPLE COMPAN<br>Thank you for being a valued cust   | Y<br>omer of CareFirst Blue                        | Cross BlueShield. This a                               | ccount summary is being provided to  |  |  |  |  |
| reflect all account activity processe<br>www.carefirst.com/myaccount for<br>claim information.  | ed on your account fro<br>detailed account activit | m 06/01/2021 through 12<br>ty throughout the year, inc | /31/2021. Please visit our website at<br>cluding available balance, payments and |  |  |  |  |
| Health Reimbursement Arrange  | ment Summary                                       |  |  |  |  |  |  |
| Account Start Date  | 06/01/2021   | Election Amount  | \$1,200.00   |  |  |  |  |
| Account End Date  | 12/31/2021   | Employer Funding                                       | \$1,000.00   |  |  |  |  |
| Claims Filing Deadline  | 06/30/2022   | Withdrawals  | \$0.00   |  |  |  |  |
|   |  | Available Balance                                      | \$2,200.00   |  |  |  |  |
| Please note the following:<br>Claims must be incurred during the plan year in order to be considered for payment from your account.<br>If there is a termination date on your account, expenses must be incurred prior to the termination date to be eligible for<br>reimbursement. Please see your summary plan description for more information.<br>Claims must be received on or by the claims filing deadline to be eligible for reimbursement.<br>Visit our website to:  |  |  |  |  |  |  |  |
| View all transactions associa<br>Set up direct deposit for faste  | ted with your account.<br>er claim reimbursemen    | its.   | s onine.   |  |  |  |  |
| We are committed to maintaining com<br>on this statement is not correct, pleas  | plete and accurate infor<br>e notify us at:        | mation about you and your a                            | accounts. If you believe the information appearing                               |  |  |  |  |
| 866-758-6119<br>Monday - Friday 8 a m - 9 n m FT Saturday and Sunday 9 a m - 5 n m FT   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Further is an independent company that provides administrative services for CareFirst BlueCross BlueShield consumer directed health care plans and incentive cards. Further does not sell BlueCross or BlueShield products  |  |  |  |  |  |  |  |
| Care ranson excloses measurements one share of business name or care rirst of nary minds, inc. and or our prospinalization and Medical Services, inc. Care lirst of Maryland, inc., broup<br>Hospitalization and Medical Services, inc., Care First Buechoice, inc., The Dental Network and First Care, Inc. are independent licenses of the Blue Cross and Blue Shield Association. In<br>the District of Columbia and Maryland, Care First MedPlus is the business name of First Care, Inc. in Virginia, Care First MedPlus is the business name of First Care, Inc. in Mary and Lores, Inc.) of Maryland, Care First MedPlus is the business name of First Care, Inc. in MedPlus is the business name of First Care, Inc. of Maryland (used in<br>VA by: First Care, Inc.). "Registered trademark of the Blue Cross and Blue Shield Association. |  |  |  |  |  |  |  |

## **Frequently Asked Questions**

#### Q: How do I determine rollover amounts to track total employer liabilities?

A: The Participant Activity Report may be used for tracking rollover amounts by using the information in the "Available Rollover" field minus the "Used Rollover" field to determine the net rollover amount.

#### Q: What is the best report for tracking utilization trends?

- A: The Payment Data Report may be used to examine spending trends and to research specific member claims as well. This report may be run for any desired date span.
- Q: Who do I contact if I have questions about my reports?
- A: Client Solutions Advocate Team at 866-758-6119 or Carefirstsolutions@HelloFurther.com Contributions Management Team at 866-758-6119 or Contributions@HelloFurther.com CareFirst learn site at learn-carefirst.hellofurther.com



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