

Health Equity FAQ's

1. What is the difference between a HRA and FSA?

Your HRA or Health Reimbursement Account is money that the City puts into your account for being an active participant in the My Health Part B program. Funds in this account roll over each year.

Your FSA or Flexible Spending Account is money you elect to come out of your paycheck pre-tax during the year. You make this election during open enrollment, and the full amount is available to use on January 1st. Throughout the year your contributions are divided between your 24 paychecks. This money has to be used in the plan year and you are only able to roll over \$500 to the next year.

2. Why is Health Equity asking me for a receipt?

Regardless, of where you swipe your card (doctor's office, dentist, pharmacy), Health Equity is required by the IRS to verify the purchase was an eligible expense. There are certain services that wouldn't be considered an eligible expense, like anything cosmetic or herbs and supplements that haven't been prescribed. For a list of eligible expenses, click [here](#).

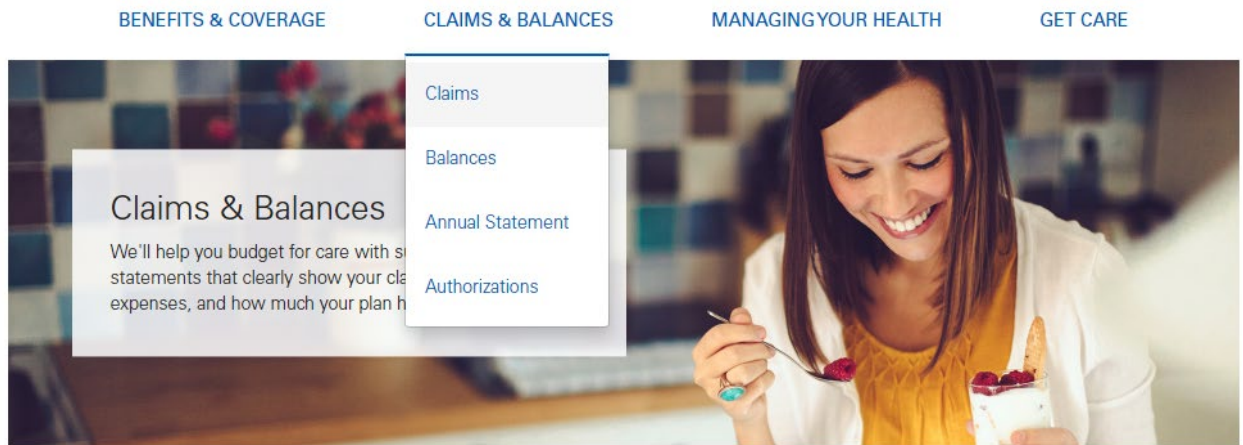
3. Why did Health Equity deny my receipt?

The IRS outlines what MUST be on a detailed receipt to verify your claim. Each detailed receipt must include the following information:

- Date of service (date of goods provided)
- Full name of the patient
- Name of the provider
- Dollar amount
- Explanation of the service (or of goods)

4. What if I don't have a detailed receipt from the doctor's office?

If you don't have a detailed receipt and it was for a medical or dental visit you can also use an Explanation of Benefits (EOB) or Claims Summary. To get that, you will log into Blue Cross Blue Shield of Tennessee at www.bsbst.com. From there, you will select CLAIMS & BALANCES and then CLAIMS. Then you can filter claims by member, type of visit, and date range. Once you find the claim you are looking for, click on Claim Summary. This will pull up a PDF you can save and submit as proof to Health Equity. EOBs for CIGNA and EyeMed are also available here [CIGNA](#) and here [EYEMED](#).



5. What can I pay for with my HRA or FSA dollars?

The main rule with FSA purchases is that they must be used for “qualified medical expenses.” This would include items such as medical supplies (first aid kits/feminine products), over the counter medications that are for a specific condition (cough drops/pain relievers/allergy medications), and treatments/exams (chiropractic care/physical therapy/vaccinations). A comprehensive list is available from Health Equity [here](#).

6. How can I pay without using the debit card?

There are several ways to pay other than using your debit card.

Pay My Provider – Use this option to pay a bill for an eligible expense. Simply upload your bill and fill in some information. Health Equity will do the rest and send a check to your provider!

Pay Me Back – Use this option when you have paid for an expense out of pocket. Upload your proof and fill in some information. Health Equity will pay you back via direct deposit or with a paper check.

*Consider downloading the app, EZ Receipts, for the best experience. The app allows you to take pictures and upload documentation seamlessly.

7. What happens if I don't submit a receipt to Health Equity?

Health Equity will notify you in several ways that a receipt is needed for a claim. If you fail to provide them proof, the first step will be that your card will be deactivated. At that point you may only make Pay My Provider claims on your account. If the year ends and you still haven't provided proof, you will receive a notification from Benefits that you have an unsubstantiated claim. This notification will give a deadline to provide proof before we will have to add those as taxable earnings that will be reflected on your payroll and W-4. If you terminate employment with outstanding claims, you will see those taxable earnings added onto your final paycheck.

8. What happens if my spouse has an HSA (Health Savings Account)?

If your spouse is offered a qualified high deductible health plan (QHDHP) and you are on also covered and waive the city's coverage, the \$500 the City contributes to an FSA must be in a limited purpose FSA. It is your responsibility to let Employee benefits know this.

If you and your spouse carry separate coverage and his/her coverage is the QHDHP with an HSA, they can use the HSA funds on you, but you cannot use the FSA or HRA funds on the spouse or anyone covered on the QHDHP, per IRS rules.