



**PDC Machines, Inc.**

**The Right Balance**

**Your Health Reimbursement  
Arrangement (HRA)**

# Health Reimbursement Arrangements

A high-deductible health plan may offer you the greatest premium savings. But the very reason it's so cost-effective is that you, as the consumer, pay more health care costs in the form of a high deductible—the amount you pay out of your own funds before the plan begins to pay.

Your employer does not expect you to meet your annual deductible completely out of your own pocket. An HRA is funded for you by your employer. And you can use your HRA dollars to help meet your deductible.

## Here's how an HRA works:



Your employer creates an HRA for you, providing a stated amount of money.



This money belongs to your employer until you use it to pay qualified expenses.



Only expenses incurred after the effective date of the HRA are eligible.



The HRA funds are never counted as income for you.



The HRA funds are not portable—that is, they don't go with you if you leave your job.

## Your HRA provides financial balance and flexibility—in one neat package!

*These materials were created to help you understand the benefits available to you. This is not a Summary Plan Description and is not intended to replace the benefit summary or schedule of benefits contained within the Plan. If any provision of these materials is inconsistent with the language of the Plan, the language of the Plan will govern. Meritain Health® is not an insurer or guarantor of benefits under the Plan.*

# Understanding Your HRA

## Here's how an HRA works

A Health Reimbursement Arrangement (HRA) allows you to use tax-free dollars to pay for eligible health care expenses not reimbursed by a medical plan.

## What does my employer's HRA cover?

Your HRA only covers expenses applied to your medical deductible. Covered benefits and services are variable and subject to change.



### Frequently Asked Questions About HRAs

#### If I have a question about my HRA, who should I call?

You can contact your dedicated service team for help with questions, or for more information about your benefits. The phone number for Meritain Health Customer Service is **1.800.566.9305, option 5**.

## What if I still have money in my HRA at year's end?

If there is a balance in your HRA at the end of the plan year, those funds are forfeited back to your employer.

## How will I know what my HRA balance is?

You can access your account balance online at [www.meritain.com](http://www.meritain.com).

# HRA Reminders

## Group number

15932

## Plan year

1/1/2023–12/31/2023

## HRA Reimbursement checks

Mailed to your home or deposited into your account weekly on Friday

## Benefit Amounts

Single or Family coverage: \$1,500

## Member Out-of-Pocket Requirement

Your plan has a bridge/deductible requirement which is the amount of your deductible you must pay out-of-pocket before you are eligible to receive HRA reimbursements. If you have single coverage or family coverage collectively, you must pay \$1,500 of deductible applied patient responsibility before HRA dollars payout.

You are already enrolled in the automatic reimbursement feature, meaning all of your eligible deductible expenses are being applied on your behalf. Once you meet the out-of-pocket requirement the HRA dollars will automatically start reimbursing to you!

You can check your out-of-pocket balance at any time by visiting your HRA account online.

## For online claim status inquiry, log on to [www.meritain.com](http://www.meritain.com)

Access to [www.meritain.com](http://www.meritain.com) is as easy as 1-2-3!

**Step 1:** Open your web browser and go to [www.meritain.com](http://www.meritain.com).

**Step 2:** Register your account. Click *Create a new user account*.

You will need to fill in your:

- Member ID
- Date of birth
- First and last name
- Zip code
- Group number
- Email address
- Member type (subscriber or dependent)

**Step 3:** Set up your username and password.

**Step 4:** Click on the *Flex/CHDP Accounts* link and you will be connected to your HRA account.



## Questions?

For additional plan information you can contact Meritain Health Customer Service at **1.800.566.9305, option 5.**



# HRA Reimbursement Made Easy!

## What is the auto-reimbursement feature?

Your employer has opted to have the HRA plan process your health care eligible expenses, applied to the deductible, on coverage through Meritain Health, automatically. If you are enrolled in the HRA, you are already participating in this feature, while an active employee of PDC Machines, Inc. Once you have met the required out-of-pocket amount, you will be reimbursed through your Meritain Health HRA plan up to the annual benefit amount provided.

## Direct Deposit for HRA reimbursements

When your HRA has received an eligible health care expense, the plan will process it and, instead of sending you a check in the mail, Meritain Health will directly deposit the funds into your checking account. You can access your Explanation of Benefits (EOB) by accessing your online HRA account.

## How to sign up for direct deposit

As soon as possible, complete and return the setup form included in this mailing to:

Meritain Health  
P.O. Box 30111  
Lansing, MI 48909

Fax to: **1.888.837.3725**

Along with the setup form, you will need to provide a copy of a voided check listing your account and bank routing (transit) numbers. There is no set-up fee, and this is a one-time set-up process. You will only need to repeat this process in the event that your bank account information changes.



If you have any questions regarding direct deposit, please contact Meritain Health Customer Service at 1.800.566.9305, option 5.

# Direct Deposit Authorization Form



Send a completed form with voided check or deposit slip through one of the following options:

Fax: 1.716.541.6636

Add/update online: [www.meritain.com](http://www.meritain.com)

Select the *Flex/CDHP* link to access your account, then select the *Tools and Support* tab, under the *How do I?* section. Finally, select the *Change Payment Method* option and follow the instructions.

Questions: 1.800.566.9305, option 5.

To be reimbursed directly into your bank account,  
Please complete this form and fax it to the number on the right.  
To finalize set-up, additional validation will be required, please review condition 5 below.

|                                |  |                         |  |                              |                                 |   |
|--------------------------------|--|-------------------------|--|------------------------------|---------------------------------|---|
| Type of Request                |  |                         |  | <input type="checkbox"/> New | <input type="checkbox"/> Change | <input type="checkbox"/> Cancellation   |
| <b>Employee Information</b>    |  | Employer:               |  | Meritain Health ID:          |                                 |   |
| Name: (last, first, initial)   |  |                         |  | Home/Personal Phone:         |                                 |   |
| Address:                       |  |                         |  | Work Phone:                  |                                 |   |
| City:                          |  | State:                  |  | Zip Code:                    |                                 |   |
| <b>Financial Information</b>   |  | Name(s) on the account: |  |                              |                                 |   |
| Bank or Financial Institution: |  |                         |  | Routing/Transit Number:      |                                 |   |
| Address:                       |  |                         |  | Account Number:              |                                 |   |
| City:                          |  | State:                  |  | Zip code:                    |                                 | <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account* |

**Voided check (for checking account) or deposit slip (for savings account\*) - REQUIRED (Please place directly below)**

### Terms and Conditions

1. You must complete, sign, and date this authorization form to enroll in the direct deposit program. If you have a joint account, the form must be signed by both parties. Once your form is received by Meritain Health, there may be up to a 7- 10 business day time period before the direct deposit becomes effective. Any claims paid during this time will be mailed to you as a check.

2. In order to take advantage of the direct deposit program, your financial institution must be a member of an Automated Clearing House (ACH).

3. You will receive a direct deposit statement each time an electronic transfer is made to your account. The statement will indicate what claims are paid, as well as year-to-date information on your reimbursement account. It can take up to 72 hours for a payment to post into your account after Meritain Health transmits the funds. **Please verify that the deposit has been made into your account before attempting to withdraw funds.**

4. It is your responsibility to notify Meritain Health of any changes to your bank account, such as a closure, or a change in the account number. Complete this form with the new information, and check the change box. There may be up to a 7-10 business day processing period before the change becomes effective. During this time, you will receive checks for any reimbursement claims paid.

5. Due to required security measures set by the National Automated Clearing House Association (NACHA), you will be required to take additional actions after the initial entry of your bank account information.

Once your bank account information has been added, a micro deposit transaction will be processed. A micro deposit is a random credit and debit transaction, the amount ranges between \$0.01 and \$0.99, Meritain does not control the amount processed.

Once the micro deposit is confirmed you must validate the bank account via the member portal, the mobile app or by contacting our customer service team.

This is a time sensitive matter; you will have 30 calendar days to validate the amount from the time the transaction is initially processed.

If you do not validate within the 30 calendar days, the bank account on file will expire and will be updated to an inactive status.

Presence of bank account information does not guarantee a direct deposit disbursement, the account must be validated in order to be used for direct deposit reimbursements.

6. You may change or cancel direct deposit at any time by visiting your account online, change will take effect immediately **OR** by completing this form, checking the cancellation or change box and faxing to the number noted above. Once the form is received and processed by Meritain Health, it may take 7-10 business days before the update becomes effective.

7. If a direct deposit is returned to Meritain Health, or for any reason cannot be made to your account, Meritain Health will investigate the cause and if needed, issue a reimbursement check. Until the problem is corrected, you will continue to receive checks for any reimbursement claims paid.

8. Direct deposit services will remain in effect from one plan year to the next unless you cancel the direct deposit services.

9. Meritain Health reserves the right to automatically cancel your direct deposit services upon termination of employment or termination of your reimbursement account.

Questions? Please call Meritain Health at 1.800.566.9305, option 5.

\* If the savings deposit slip does not contain a routing number maintained by your bank, you will need to submit a bank form, or statement on bank letterhead that verifies the account and routing numbers of your savings account.

### Employee / Account Holder Certification

I certify that I have read and understand the terms and conditions on this form. By signing here, I authorize my Health Reimbursement Arrangement or Flexible Spending Account reimbursements to be sent to the financial institution and account designated above. This authorization is to remain in effect until Meritain Health has been given a reasonable amount of time to act on written notification from me to terminate the deposits and continue reimbursements with mailed checks.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Joint Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Any joint account holder **MUST** sign this form in order to be reimbursed.





*Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.*

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