

Dynamic Youth Community

2017/2018 Health Reimbursement Arrangement

General Information

Eligibility:	Participants in any Oxford plan
HRA Plan Year:	6/1/2017 to 5/31/2018
Administrator:	PrimeFlex – A division of Primepay
Reimbursable Expenses: (what DYC pays)	<ol style="list-style-type: none"> 1. Claims applied towards the Liberty and Metro plan deductible & co-insurance-Liberty limit \$6,600/\$13,200; Metro limit \$5,600/\$11,200. Emergency care under the Metro plan will be paid by the HRA minus a \$500 employee cost 2. Pharmacy allowance via Primeflex card: \$200 single and \$500 employee family allowance to be used for all covered prescriptions
Employee Responsibility: (what you pay)	<ol style="list-style-type: none"> 1. Copays (i.e. office visits, lab, emergency room, urgent care, outpatient rehab) 2. Metro plan-\$500 EE Cost for emergency room 3. Deductible & Co-Insurance expenses over HRA allowance (Liberty exposure-\$250 per person; Metro exposure-\$1,250 per person)

Getting Reimbursed

Instructions:	<ol style="list-style-type: none"> 1. Receive EOB from Oxford showing deductible & co-insurance responsibility 2. Complete Primeflex form #20 HRA Reimbursement 3. Send EOB and with Claim Form to Primeflex via fax: 877-632-9472 or email: primeflexhra@primepay.com
Turnaround time:	Claims processed Daily, checks issued twice a week Direct Deposit available for faster reimbursement

Member Support

Toll Free	Toll free: 877-769-3539 Online: www.primepay.com OneGroup (escalated issues) 877-877-5155 x15
Online	www.primepay.com account balances, forms, etc

The information above is for illustrative purposes only. Please refer to the Plan Document for actual coverage details.