**Provided by Davevic Benefit Consultants** 

HRA GUIDE



#### **Benefit Consultants**

#### **DAVEVIC BENEFIT CONSULTANTS**

P.O. Box 976, 902 South Center Street Grove City, PA 16127

### 800-854-4099 www.davevic.com

flexcontact@davevic.com

# IMPORTANT BENEFITS ANNOUNCEMENT

## Great News!

Your Employer has contracted with Davevic Benefit Consultants to offer a services platform that makes it easier for you to manage your account-based benefits. Below is information regarding your own consumer portal to upload a claim, check balances, and much more!

## The Consumer Portal and Davevic App make managing your benefits easy!

#### An easy-to-use Consumer Portal:

- Secure, 24/7 access to your accounts
- Check your up-to-the minute plan balances
- View all plan, claims, and payment details
- File claims and submit receipts online
- View upcoming reimbursements
- Sign up for direct deposit.. and much more!





#### The handy Davevic App:

- Access available account balances on your iPhone<sup>®</sup>, iPod Touch<sup>®</sup>, iPad<sup>®</sup>, or Android<sup>®</sup>- powered device
- Submit claims and receipts using your device's camera
- Receive account balances and selected alerts via text message on any mobile device
- Message center that will alert you when a debit card claim requires an invoice, receipt, or Explanation of Benefits (EOB).
- By clicking on the notification, you can take a picture of the documentation being requested.

# EMPLOYEE & CONSUMER PORTAL GUIDE



Welcome to your Davevic Benefit Consultants Consumer Portal. This one-stop portal gives you 24/7 access to view information and manage your Flexible Spending Account (FSA) and Health Reimbursement Account (HRA).

Consumer Portal access enables you to:

- File a claim online
- Upload receipts and track expenses
- Viewup-to-the-minuteaccountbalances
- View your account activity, claims history and payment (reimbursement) history
- Report a lost/stolen Card and request a new one
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms and notifications

The Home Page is designed for easy navigation:

- Easily access the "I Want To" section which contains the most frequently used features.
- Available Balance links to the Account Summary page, where you can see and manage your accounts.
- The **Message Center** section displays alerts and relevant links that enable you to keep current on your accounts. You will also be able to view claim denials and emails sent from Davevic.
- The **Quick View** section graphically displays some of your key account information.

You can also hover over the tabs at the top of the page.

For more information please contact us toll-free 800-854-4099 or checkout our website: www.davevic.com

#### LOGGING ON TO THE HOME PAGE:

1. Go to www.davevic.com

- 2. Under the login center, click FSA/HRA Claims Portal
- 3. Click Go.

4. Enter the below information as an **Existing User**:

Login ID: first initial, last name, last 4 digits SSN (no spaces) Password: davevic1

5. Click Login

You will be prompted to change your password once you login. Reminder: Your password is required to be changed every 90 days You can change it by clicking "Forgot Password" on the login page.



# HOW TO FILE CLAIMS ONLINE

# How to File Claims using the Consumer Portal:

- 1. To get to your consumer portal go to <u>www.davevic.com</u>. At the top of the screen run your cursor over the "Login Center" and a menu will drop down. Click "Go" in the box that says FSA/HRA/HSA Participant. This will take you to your consumer portal login page.
- 2. Enter your username and password. (See login instructions on other side of page)
- 3. To file a claim, locate the "Reimburse Myself" button (right below "I want to..." on the left side of the screen).
- 4. This will take you to the next screen where you will select account paid from which will always be "Medical" and pay to will be "Me."
- 5. Next screen will have "Upload Valid Documentation", click on this link. Locate the picture(s) of your invoice, receipt or Explanation of Benefits (EOB). Once chosen, click "Next."
- 6. Complete the online claim form, and continue to click next when you are completed with each page. Important information to know: When uploading claims please upload each claim separately otherwise your claims could be mislabeled and can cause issues with processing. Once complete, you will receive a confirmation on the screen when your claim was successfully submitted.

# How to File Claims using the Davevic Mobile App:

- 1. Log into your 1Cloud app using the passcode you selected.
- After logging in, a screen will appear with all of your accounts listed along with a "Reimburse Myself" link and an "Expenses" link. Click on "Reimburse Myself" to upload a claim for payment.
- 3. The next screen that appears will be the online claim form that you will need to complete. Fill in all required fields (provider field and miles driven are not required fields).
- 4. On the same page, scroll down and you will find "Upload receipt" link. Click on that and it will ask you if you want to take a picture or download one from your library.
- 5. Choose or take a picture of the correct receipt or EOB for this claim. (Note: All pages of the EOB are needed)
- 6. Important information to know: When uploading claims please upload each claim separately otherwise your claims could be mislabeled and can cause issues with processing.
- 7. Once you have finished all the necessary steps, click on the "Add Claim" button on the top right side of your screen. Now your claim has been submitted to Davevic for review.



- 1. Log into your Davevic Consumer Portal or Mobile App. (Call Davevic at 800-854-4099 for assistance)
- 2. Once logged in, click **your name** in the upper right-hand corner, and a drop down should appear. *\*If using the mobile app, your profile shortcut is located at the bottom of your screen.*
- 3. Click "Banking"
- 4. Next, click "Add Bank Account"
- 5. Enter Bank Account Information (see left picture) and click submit at the bottom right.

							Banking / Add Bar	nk Account
	Contact Us John Doe	🔫 🕎 (0) Logout			Contact Us	3 John Doe ∽ Ì∰(0) Logout	Bank Account Informatio	n
DA	Consumer Communication ID   3333 Username   jdoe3333 Email Address   flexcontact@davevic.com Last Login   11/10/2021 - Online		Home	D A	Tools & Support	Message Center 12	Routing Number *  Account Number * Confirm Account Number *	Chandling
ccounts	PROFILE Profile Summary Backing	Center 12	Banking				Account Nickname * 📀	Checking ~
J <b>r Profile?</b> your address a	Payment Method Login Information		Bank Accounts No bank accounts exist	Add Bank Account			Bank Institution Informate Bank Name *	Address Line 1
							Duni Addread	City Select a state  Y Zip Code

6. Finally, this pop-up will appear asking if you would like to change your payment method to direct deposit. Click the box (highlighted below) next to the plan years and click submit. You will then receive confirmation that your bank account and direct deposit information was successfully imported.

Update	Update Payment Method to Direct Deposit						
Select the Direct Dep	plan year/s below that you wo osit.	uld like to update you	r payment method to				
	PLAN YEAR	CURRENT PAYMENT METHOD	UPDATE PAYMENT METHOD TO				
PY 202	21-01-01 - 2021-12-31 HRA	Check	Direct Deposit				
Cancel			Submit				

- 7. Tap **OK** on the **Verify your bank account** message, initiating the micro-deposit process.
- 8. To confirm the micro-deposit, tap the link in the Task section of the Home page, type the amount, and tap **Submit**.

4:25	🕈 🛙	Ð
K Back	Add Bank Account	
V	erify your bank account	
Further actio A deposit wil business day the account can confirm 1 accessing th link in the Ta page.	n is required to activate this bank account. be made to the account in the next 1-3 s. Once you confirm the deposited amount will be activated and available for use. You he deposited amount from this site by Bank Accounts page or by clicking on the ks section that will appear on your home	,
	ок	

arrier 🗢	11:54	AM (
Back	Activate Ba	nk Account
To activate amount th You are all account w	e this bank acco at was deposite owed only two a ill be locked.	ount you must verify the d to the account below. attempts before the
	Account	t Details
Bank Nam	e	UNITED BANK
Routing N	umber	xxxx8849
Account N	lumber	xxxx3123
Amount	*	
Enter the	amount deposite	d into your account
	SUB	міт

# HRA Receipt Requirements - Tip Sheet

Based on the eligible reimbursement items set by your Company, the plan administrator Davevic requires certain documentation to administer the Section 105 plan in a compliant manner. The documentation required is in the form of an Explanation of Benefits, detailed receipt, or prescription drug detailed receipt based on the type of service/expense the submission is for.

HRAs are authorized under Section 105 of the Internal Revenue Code, as well as through the Small Business Healthcare Relief Act. They are a type of self-funded, tax-favored plan that may be offered either in conjunction with a group health plan, or as a stand-alone plan to reimburse qualified out-of-pocket medical expenses and insurance expenses.

*To receive the tax benefits of an HRA, and to be compliant with various regulations (outlined further below), the Internal Revenue Service (IRS) has defined the rules and guidelines for an HRA in IRS Notice 2002-45 - https://www.irs.gov/pub/irs-drop/n-02-45.pdf.* 

#### Deductible/Coinsurance

**EOB is required** - An explanation of benefits, or EOB, is a document that you receive from your insurance plan after a provider has filed a claim. EOBs outline what your plan covers and what you owe for services. An EOB is not a bill, but rather an explanation of services provided and how the cost is split between you and your insurer. Typically, you'll receive an EOB shortly after a visit to a provider or after you make a purchase covered by your insurance.

\*Please submit all pages of the EOB when submitting for a Deductible or Coinsuranance service. The picture below is an example of a details page within an EOB. This is where you would be able to locate your deductible responsibility for a date of service. You must meet "your share" (responsibility) under the HRA before reimbursements for deductibles or coinsurance would take place.

#### **Recent Claim Details**

This is a payment breakdown of a processed claim from 02/05/21 - 03/05/21 Joseph Weller | Member ID: 12345678-01

┥	Medical   Claim Number: 012943021432534	Service Date: 03/01/21
•	Office Visit Description of service	Amount Charged \$50.00 Discount for Members \$30.00
	Provider: Provider Name	UPMC Health Plan Paid \$15.00 Copayment \$5.00
	Office Number: 412-555-1234	You owe or may have paid 🛶 \$5.00
•	Medical Procedure	Amount Charged \$500.00 Discount for Members *DENIED \$300.00 UPMC Health Plan Paid 1 \$80.00
	Provider: Provider Name	(Deductible) (\$120.00)
	Office Number: 412-555-1234	You owe or may have paid 🛶 \$120.00

Account Number:

# **Documentation Recommendations continued...**

#### **Prescription Drugs**

**Detailed Prescription Invoice is required** – A detailed prescription invoice is recommended in order for the claim to be properly adjudicated.

The receipt on the right is an example of a recommended receipt. This is typically stapled to your prescription bag or nearby.





#### **Copays and Other Services Reciept**

**EOB or Detailed Copay Receipt is recommended**– Below are examples of adequate documentation to submit for reimbursement.



#### **Recent Claim Details**

This is a payment breakdown of a processed claim from 02/05/21 - 03/05/21 Joseph Weller | Member ID: 12345678-01

Account Number:

Medical   Claim Number: 012943021432534   Service Date: 03/01/21							
Office Visit	Amount Charged	\$50.00					
Description of service	Discount for Members	\$30.00					
Provider: Provider Name	UPMC Health Plan Paid	\$15.00					
Office Number 410 555 1074	Copayment	\$5.00					
Office Number: 412-555-1234	You owe or may have paid	\$5.00					

	PaymentReceipt		
Cater PhysiotherapyPLLC. 2700 Bee Caves Rd. Ste. 111 Austin, TX: 78746 Location of Services: Outpatient Ci Elin, 27-11 Ph. 512-9	inic (stand alone), code =	11	
Patient:			
CD9 Code:			
Date Description Manual The	l erapy x 3 (\$30/unit) 97140	Procedure 90.00	Charge
Therapeuti	c Exercise (\$30/unit)	97110	30.00
	Total C	harges.	\$120.00
	Provid Total P	er Discount: lavments:	
	Accou	nt Balance:	
Provider			
larod Carter PT, DPT			
Icense# TX116			
NFI#: 144			
NFIN 144 Frevider Signature	K-PT, DPT		

This patient has paid in full for the service provided and Carter Physiotherapy is NOT an insurance provider for this claim PLEASE PROVIDE ANY PAYMENT DIRECTLY TO THE PATIENT

# **Reimbursement Claim Form**

Employer:	
Employee:	
Phone:	

Employee SSN Last 4 digits:

Х	()	$\left( \right)$	K	-]	X	)	(.	-					
	• -	-	-	-	-	-	-	-	-	-	-	-	-

-----

E-mail:

Deductible/Co-Insurance Medical Expense Claims						
Date Expense Incurred (mm/dd/yy)	Name of Service Provider (doctor, hospital)	Expense Description	Person for Whom Expense Incurred	Deductible Amount		
Attach you with this claim for	r <b>E</b> xplanation <b>O</b> f <b>B</b> enefits and submit m	Total F	lealthcare Expense Claim	\$		

#### Please note: You must submit a copy of your Explanation of Benefits form to be reimbursed.

**Read Carefully:** The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's **HRA** Plan with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.

**Employee Signature** 

Date

\*Note: Form must be signed in order to process the claim.

# HRA Claim Filing Procedures...

### How To File A Claim

- Complete all information on the claim form for each amount claimed for reimbursement.
- Make sure the claim does not include items for more than one plan year. Use different claim forms for different years.
- You must sign and date the claim form.
- Attach a copy of your Explanation Of Benefits (EOB) which supports each reimbursement request. *Please include all pages (front and back) of the EOB.* The EOB form is required for all deductible claims.

## **Claim Form**

If you **mail** your claim with EOB's, remember to keep a copy of the claim form and supporting documents for your records.

If you **fax** your claim with EOB's, please remember to keep the original claim form and supporting documents for your records.

# Where To Send A Claim

Mailing Address:	Davevic Benefit Consultants, Inc. 902 South Center Street P. O. Box 976 Grove City, PA 16127
Fax:	724-458-4464
E-mail Attachment:	flexcontact@davevic.com
Phone:	724-458-7255 or toll free 800-854-4099
Online Account Access:	www.davevic.com