

# Health Reimbursement Arrangement (HRA) Plan

## What is an HRA?

A health reimbursement arrangement (HRA) is a plan your employer offers to help you pay healthcare expenses not paid by your insurance plan.

You may reimburse expenses for:

- Yourself
- Your spouse
- Your dependent children

## Am I eligible to participate?

You are eligible to participate in this plan if you meet the following requirements:

- Permanent employee enrolled on the City's medical plan (not seasonal)



**Welcome to Associated Benefits Connection®!**  
**We're glad you're here.**

Need assistance? Contact Participant Services Monday-Friday 7am-7pm, excluding federal and observed holidays

1-800-270-7719

ParticipantServices@AssociatedBank.com



Please see reverse side for important disclosure information >>

Investment, Securities and Insurance Products:

NOT FDIC INSURED	NOT BANK GUARANTEED	MAY LOSE VALUE	NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY	NOT A DEPOSIT
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## How much is my benefit?

- Employees eligible on the **first day** of the plan year:

<b>Coverage Tier</b>	<b>Annual Amount</b>
Employee Only	\$500
Employee + Spouse	\$750
Employee + Child	\$750
Family	\$1000

- Employees who become eligible during the plan year will receive a prorated amount.

## When can I use the benefit?

The full benefit is available at the beginning of the year.

## How are expenses paid?

100 percent up to the contribution amount for any eligible expense

## What expenses are eligible for reimbursement?

### Medical



IRS 213d eligible expenses  
Full list attached

### Dental



- Braces and orthodontic services
- Crowns
- Dental implants
- Dentures, adhesives
- Fillings

### Vision



- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- Laser eye surgery; LASIK
- Contacts
- Contact solution

### Other



## How do I pay eligible expenses?

**Ready to pay an expense?  
You have options.**

-  **Debit card**  
Pay for eligible expenses at point of service or give your card information to your provider.
-  **Direct deposit**  
Pay for eligible expenses, then submit a claim to have money deposited into your bank account.
-  **Online bill pay**  
Enter expense details in the online portal or mobile app. Payment will be sent to your provider.

*For detailed instructions on using the Associated Benefits Connection online portal or mobile app, see the user guide available in the Tools and Resources section in the Participant Portal.*

## What documentation do I need to provide?

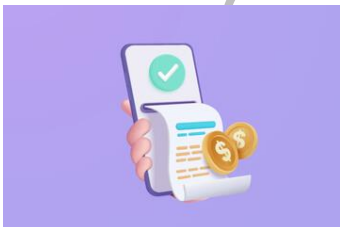
Below is information about the documentation you will need to supply if you need to provide proof that an expense is eligible for reimbursement.

### Types of documents that can be used:

- Explanation of benefits
- Provider bills
- Receipts

### Information that must be included:

- Name of provider or merchant where product or service was received
- Name of eligible family member who received the product or service
- Description of the product or service
- Date(s) of service
- Amount paid



**Failure to provide the requested documentation will result in denial of the claim and suspension of your debit card, if applicable.**

## Are there other requirements?

You are required to attest that you have qualifying health coverage annually and each time you request reimbursement.

The screenshot shows a web form with two main sections: "Coverage Information" and "Attestation".

**Coverage Information**

- Name \*
- Health Coverage \*   
Insert name of insurance company or indicate "Medicare".
- Health Coverage Begin Date \*    
Insert date coverage began or will begin.
- Monthly Premium Amount \$

[Add Dependent Coverage](#)  
It looks like you do not have any active dependents [Add Dependent](#)

**Attestation**

- Signature \*
- Date \*

Buttons:

## Completing the annual attestation:

- On the Home page, scroll down to the Tasks section
- Click the link to complete the annual confirmation of coverage
- Enter the requested information
- Type your name and the date to sign electronically
- Click Submit

## Completing attestation for a claim:

Each time you submit a claim and/or for each time a recurring claim is scheduled to be paid, you will need to complete your ongoing certification of coverage. Click Submit to confirm you have coverage.

**Ongoing Confirmation of Coverage** ✕

By filing a claim, you are confirming that you and/or your dependents have (or had) the required coverage during the month the expense was incurred.

Buttons:



**See your plan documents for all important details. Contact your HR or Benefits representative with questions about your plan.**

**Need assistance?**

**Contact Associated Benefits Connection Participant Services**

**Telephone: 800-270-7719**

**Email: [ParticipantServices@AssociatedBank.com](mailto:ParticipantServices@AssociatedBank.com)**



Associated Benefits Connection is a marketing name used by Associated Bank, N.A. (ABNA). ABNA administers benefit programs sponsored by employers, which include flexible spending accounts (FSAs), health reimbursement accounts (HRAs) and commuter benefits and is subject to pending state licensure and regulatory approval.

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