

DirectPay Participant Reference Guide

A Participant's Guide to DirectPay HRA Reimbursement Plans with Claim ConneX

Welcome to DirectPay! We are confident that you will appreciate the benefits of the DirectPay Health Reimbursement Arrangement (HRA) Plan. This efficient Plan facilitates more choice in your healthcare planning and helps ensure more control of your own healthcare costs.

Your employer will provide you a written Summary Plan Description (SPD) and Summary of Benefits and Coverage (if required) outlining your Plan. We encourage you to review the SPD to learn about your eligible benefits, Plan reimbursement design, Plan elected features (if applicable), and other important information.

How to Read your Summary Plan Description

Your SPD will detail the HRA deductible amount (if required), the Plan design, and the maximum amounts eligible for reimbursement.

- Plan Year Dates – The Plan Year is the time period during which you may incur expenses for your HRA Plan.
- Runout in Days – This is the time period during which you may submit claims for a Plan Year past that Plan Year's end date. For example, if your Plan Year is based on a calendar year, you have until March 31 of the new year to submit claims incurred in the previous Plan Year.
- Plan Benefits
 - o Benefit types allowed for reimbursement:

These expenses are typically tied to your health insurance plans. Your SPD details which expenses are reimbursable through your HRA. Typical expenses include medical deductible, coinsurance, copay, and/or prescription expenses.

- o Reimbursement limits:
 - HRA Plan designs limit reimbursement by coverage level; most Participants are enrolled with coverage that matches their level of medical plan coverage.
 - The HRA deductible is the amount for which the Participant is responsible prior to any HRA reimbursement.
 - Participants must submit claims with Explanation of Benefit substantiation for claims that apply to the HRA deductible as well as for claims to be reimbursed per the HRA Plan design.
 - Employer responsibility amounts (by percentage) are those amounts that your HRA Plan will cover for eligible expenses.

DirectPay Claim Processing made easy with TASC Claim ConneX

Your employer has elected Claim ConneX, which makes claim payment easy for you! With TASC's Claim ConneX feature, the unpaid portion of your claims from your healthcare provider will be automatically routed to TASC for fast processing. No paperwork or action is required! Your employer is providing this time-saving and efficient tool as part of your HRA Plan administration.

What this means for you:

- No manual claim submission: DirectPay will receive your claims, process them, and send reimbursement, all with no action needed from you!
- Quick turnaround time for claims processing.
- 24/7 accessibility to your HRA claim information online at www.tasconline.com.

DirectPay Claim Processing through Manual Submission

To submit a DirectPay claim manually, log in to your account at www.tasconline.com. From the left navigation bar, click Request Reimbursement and then Add New. Enter the claim information and upload the substantiation document for each claim. Claims submitted without substantiation will not be processed.

Please use the online Request for Reimbursement (a) if you prefer to opt out of the automated claim submission (if opt-out is allowed by your employer) or (b) if you received an Explanation of Benefit (EOB) for services within your HRA Plan Year but before your HRA enrollment was complete. In most cases, you will not have to submit any claims because DirectPay will receive your claims automatically.

DirectPay Claim Reimbursements

Once a request is reviewed and approved (either through Claim ConneX or through manual submission), you will be reimbursed for the full amount of your claim in one of three ways: (a) a reimbursement check will be mailed directly to your home, (b) a reimbursement deposit will be processed through your bank if you have elected Direct Deposit, or (c) a reimbursement payment will be mailed to the service provider. The third option (pay to the service provider) is available through Claim ConneX only if your health plan carrier includes the service provider "pay to" information along with the automatic claim submission.

Any Plan contribution limits will be factored in. Communication that you exceeded your Plan limit will not take place. If the Plan includes a Carry-Over option (determined by employer), any balance in the account at the end of the Plan Year will be carried over and applied to the following Plan Year.

Web Access

Participants are able to view their claim detail online at www.tasconline.com. If your email address was provided at enrollment, you will be sent an email link to setup your MyTASC account. If you do not receive an email from us, please contact us at 608-241-1900 or 800-422-4661 to set up your MyTASC account. You will need your MyTASC ID and an email address.

You will need access to your MyTASC account to submit eligible claims and substantiation, set up direct deposit, review your HRA balance, review your claims history, and have a fast and accessible way to contact us through email. Please contact us today to get you going!

NOTE: All Participants are obliged to maintain up-to-date contact information in MyTASC; this includes email and mailing addresses, and phone numbers. TASC periodically sends important Plan notifications (regarding balances, deadlines, and/or Plan changes). We are not responsible for any consequences resulting from communications not received due to inaccurate contact information.

Direct Deposit Entry

For fastest reimbursement, log in to your account at www.tasconline.com and set up your direct deposit reimbursement. To access this information, click Direct Deposit Info in the navigation bar. Complete instructions are located at www.tasconline.com/directpay-documents.

