

How Does the HRA Plan Work?

Hanover Consumer Cooperative

Preventive Care Benefit

- Certain services are paid at 100% when billed as preventive

Earn Rewards

- Earn extra dollars for activities that contribute to your health and well-being:
 - \$50 for completing the MyHealth Assessment online health profile (one adult per family per year)
 - \$100 for enrolling in a health coaching program for an eligible condition (per qualified family member per year)
 - \$200 for graduating from a health coaching program for an eligible condition (per qualified family member per year)
 - \$50 for completing the Healthy Lifestyles: Tobacco-Free Program (per qualified employee and/or spouse per lifetime)
 - \$50 for completing the Healthy Lifestyles: Healthy Weight Program (per qualified employee and/or spouse per lifetime)

360°Health[®] Tools and Resources

- 360°Health is our approach to surrounding you with the resources, tools, guidance and support to help you manage your health

- Personalized health services

- One-on-one health coaching

- Online health tools

- Access to registered nurses 24/7 via phone

- Hospital and drug cost comparisons, and more



Your HRA Plan Details At-a-Glance

	Hanover Co-op Health Reimbursement Account (HRA) Plan	Single	Family
Preventive	Health Care Reform Compliant	Paid 100% by carrier	
First	Employee Pays Out-of-Pocket*	\$750	\$1,500
Then	Employer Pays	\$4,250	\$8,500
If needed	Once deductible is met, carrier pays 100% for covered services for balance of calendar year	\$5,000	\$10,000

Unused up-front HRA dollars from 2010 and 2011 will carry over into 2012 but will not be available until 04/15/2012.

No new HRA dollars to carry over beginning 01/01/2012

*Remember, you can use FSA dollars for this

Memberships insuring one or more dependents are subject to the Family deductible

The Family deductible may be satisfied by any one or more members

Dual Offering


	Base Plan	Buy-up Plan
Deductible		
Individual	\$750	\$2,500
Family	\$1,500	\$5,000
Third Party Administration	Yes	No
Premium		
Single	Base contribution	Base contribution + \$3.55/week
Couple	\$157.75	\$165.12
Parent/child	\$64.38	\$61.52
Family	\$238.61	\$276.48

Open enrollment forms must be submitted prior to January 1st

Using the HRA Plan

Hanover Consumer Cooperative

Sample Quarterly Status and Claim Recap



ANHEM PCHLS-AM, PCHS-203
1351 MAIN HOWARD ST
CROFTSVILLE, OH 43126

HSA STANDARD
SAMPLE
Your Quarterly Health Plan Status
For the period from April 1, 2010 to April 30, 2010

Account Holder:
Joe Consumer

Health Program ID:
WEP9998817749004

Group:
9999W9999

Coverage Type:
Single

Date Prepared:
03/11/2010

You can also view this statement online.
Log on to anthem.com for more details

Account Holder:
Joe Consumer

Health Program ID:
WEP9998817749004

Group:
9999W9999

Coverage Type:
Single

Date Prepared:
03/11/2010

You can also view this statement online.
Log on to anthem.com for more details

JOE CONSUMER
300 MAIN STREET
ALEXANDRIA, VA 22314

Summary of Annual Benefit For Coverage Effective XX/XX/XXXX

Maximum Contribution Allowed for Tax Year 2011:	\$ 1,000.00	Your Annual Deductible*:	\$ 0,000.00
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Annual Out-of-Pocket Maximum Amounts:

In-Network:	\$ 2,000.00
Out-of-Network:	\$ 4,000.00

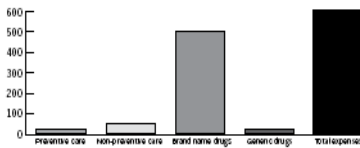
*Your deductible is the annual amount you pay before you reach the coinsurance portion of the plan.


Plan Status (Benefit Year to Date)

Amount paid to satisfy deductible:	\$ 0,000.00	Amount accumulated towards Annual Out-of-Pocket Maximum:	\$ 0,000.00
<small>Log on to anthem.com for your most up-to-date HSA balance information.</small>		In-Network:	\$ 0,000.00
		Out-of-Network:	\$ 0,000.00

Summary of How Your Health Care Dollars Were Spent (Benefit Year to Date)

Service Type	Amount
Preventive care	\$ 0.00
Non-preventive care	\$ 0.00
Medical expenses	\$ 0.00
Brand name drugs	\$ 487.15
Generic drugs	\$ 22.97
RX expenses	\$ 510.12
Total expenses	\$ 510.12





1351 William Howard Toll Rd
Cincinnati, OH 45226-0772

Your Claim Recap

JOE M. LUMENOS
300 MAIN STREET
ALEXANDRIA, VA 22314

Account Holder:
Joe M. Lumenos

Health Program ID:
9998817749004

Group Name:
Lumenos Client

Claim Number:
19994320001

Date Prepared:
01/20/2006

Summary of this Claim (See next page for details)

How Much was the Expense?	
Amount of total charge was:	\$180.00
Amount paid by [Other Insurance Covered]	\$ 0.00
Amount paid allowed by your benefit:	\$180.00
How Much was Paid Under Your Program?	
Amount paid from your Health Reimbursement Account:	\$180.00
Amount paid by Traditional Health Coverage:	\$ 0.00
Amount paid under your Program:	\$180.00
What is Your Out-of-Pocket Responsibility?*	
Amount of co-pay and other out-of-pocket responsibility:	\$ 0.00
Amount of coinsurance responsibility:	\$ 0.00
How Much You Are Responsible for This Amount:	\$ 0.00
<small>*Your Provider should bill you directly for this amount.</small>	

Status of Your Program (After this Claim)*

Health Reimbursement Account	
Remaining HRA balance:	\$3,020.00
Traditional Health Coverage	
Remaining balance after spending (on covered services):	\$4,800.00
Amount spent to date:	\$ 180.00
Out-of-Pocket Maximum	
Remaining Annual Out-of-Pocket Maximum:	\$6,800.00
Amount Accumulated Towards Maximum to Date:	\$ 180.00

*Out-of-pocket responsibility may increase if you do not use a participating network provider. Your out-of-pocket responsibility may increase if you receive a service that is not covered by your plan and may not apply to your out-of-pocket maximum.

The information above is accurate as of this claim for the benefit year in which it occurred. It may not reflect your most recent account balance and claims activity. Your actual liability depends upon claims that are in process and on services you have received that are not yet processed.

Este documento traducido a Español, por favor llame xxx-xxx-xxxx.
(Número Here)

Thank you for choosing a provider participating in our network – helping you get the most for your health care dollar.

Have a question? Go online to www.cdhpproduct.com or call 1-800-000-0000.

Frequently Asked Questions: HRA

- Q. When will I have access to my HRA funds from Hanover Co-op?
- A. Once you have satisfied your out-of-pocket and have sent all of your CLAIM RECAPS/Rx slips to Combined Services, your debit card will be turned on and you will have access to your HRA funds. It is very important for you to submit your CLAIM RECAPS/Rx slips to Combined Services so we can track your out-of-pocket and turn your card on.

Q. Do I need to submit a signed HRA claim reimbursement form if I am just sending in my CLAIM RECAPS to track my out-of-pocket?

A. Yes, you need to submit a signed HRA reimbursement form along with your CLAIM RECAP/Rx slip to Combined Services to track your out-of-pocket. Please note on the form to “track OOP”.

Q. What happens if I am required to pay a medical provider at the time of a service?

A. If you have met your out-of-pocket amount and your provider insists on payment up front, pay the provider with personal funds and submit the CLAIM RECAP with a signed HRA reimbursement form. Combined Services will process the reimbursement and send you a check.

Q. If I have carryover dollars but had to pay providers prior to 4/15/2012, will I get reimbursed?

A. Yes, once Combined Services calculates all carryover dollars, any amount that you are eligible to receive will be reimbursed to you.

Example: Paid \$750 towards my out-of-pocket for a surgical procedure. I have sent in my CLAIM RECAPS and Combined Services has tracked this. As of 4/15/2011, I have \$250 carryover dollars from prior years. I will receive a reimbursement from Combined Services of \$250.

Q. Can I use my FSA dollars to pay my out-of-pocket?

A. Yes, if you elect to set aside FSA dollars you can use these funds to pay providers/Rx up to your deductible out-of-pocket.

You must notify Combined Services of your out-of-pocket accumulation so we can “turn on” your HRA funds once you have met your out-of-pocket. Send Combined Services a copy of your Claims Recap/Rx slip and a signed reimbursement form with “Track OOP” on top.

If you do not notify us of your out-of-pocket accumulation, and continue to use your FSA card, amounts over your out-of-pocket will continue to come out of your available FSA funds.

Q. Can I use my debit card to pay the provider once I have met my out-of-pocket and my HRA funds are available to me?

A. Yes, once your HRA funds are available, you can pay your provider with your debit card. **Remember, do not pay at the time of service, only pay once the claim has been sent in to Anthem and processed.** You will receive a bill from the provider and a CLAIM RECAP from Anthem - you can use your debit card to pay at that time. Combined Services will contact you for a copy of your CLAIM RECAP; send the letter/e-mail and CLAIM RECAP to Combined Services.

Rx payments can be made at the time of purchase and will be deducted from your HRA funds automatically.

Q. Can I pay for a 2011 service in 2012 with my debit card?

A. No, once we are in 2012, all 2011 bills will need to be submitted to Combined Services with a reimbursement form. Funds on your 2012 debit card will not be available to pay 2011 bills.

Q. What happens if I have a bill that satisfies my out-of-pocket and part of the HRA funded amount?

A. Submit the CLAIM RECAP to Combined Services, who will use this to track the out-of-pocket amount and then reimburse you the amount that is eligible for the HRA funds.

Flexible Spending Account

- No changes for plan year 2012
- Plan Year runs from 1-1-2012 to 3-15-2013
 - Do not use your debit card after 12-31-2012
- 90 day run out after end of plan year.
- \$5000 maximum for Health FSA
 - Full amount available January 1
- \$5000 maximum for Dependent Care FSA
 - Reimburses up to the amount that has been deducted from paycheck to date.
- Debit card convenience