
Healthcare Reimbursement Arrangement

Employee Guide

Employer Name: Downes Construction Company, LLC
Plan Dates: 5/1/2026-4/30/2027

What is an HRA?

An HRA is a Health Reimbursement Account funded by your employer that helps you pay for qualified medical expenses associated with your health plan which are incurred throughout the plan year.

Eligible Expenses

The HRA can be used to pay for in-network deductible expenses, including prescriptions for yourself or your enrolled dependents.

Expenses which are not applied towards your deductible will not be eligible under the HRA.

Please refer to the benefits summary provided by your insurance carrier to see which expenses are applied to your in-network deductible.

HRA Coverage

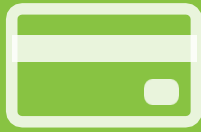
The maximum reimbursement an enrolled employee may receive is:

- **Single Tier** – up to \$2,500
- **Family Tier**– up to \$5,000



If you are using an in-network provider, you do not have to pay for the expense at the point of service.

- The provider will submit a claim to your primary insurance carrier.
- You will receive an Explanation of Benefits (EOB) from the insurance carrier. The EOB will define your responsibility.
- You will receive a bill from the provider. You can pay the bill using your HRA funds (see next page).



How do I pay for healthcare expenses, using my HRA?

The Flex Facts Debit Card can be used to pay for eligible expenses. The card can be used at any provider or pharmacy that accepts MasterCard. When you use your card, funds are automatically deducted from your HRA account.

Be sure to provide your health plan information to the provider or pharmacist so that the claim is submitted to your insurance company. If you fail to provide your health insurance information to the provider or pharmacist the HRA will be over charged and the claim will not be applied to your deductible. This can cause your HRA to run out of money before you reach your deductible causing you to pay out of pocket for additional claims.

Per IRS guidelines, please retain all your receipts.

If you are not able to use your card at the point of service, or for manual claim submission, you can file a claim online, by fax or by mail.



How do I file a claim?

You can file a claim via the following methods:

- **Online** - Log into your Flex Facts account. (See page 3 for instructions on how to register for your Online Flex Facts account)
 - Go to Main Menu > Claims > Submit Claims
 - Follow the prompts to enter the claim details
 - Be sure to click Add Claim Documents to upload a copy of your EOB(s).
- **Email** - Email your completed Claim Form and EOB(s) to claims@flexfacts.com.
- **Mail** - Mail your completed Claim Form, along with a copy of the EOB(s), to:
 - Flex Facts Claims Department
 - 1200 River Ave, Suite 10E
 - Lakewood, NJ 08701
- **Fax** - 877-747-8564

You can download the Claim Forms at www.flexfacts.com or request a copy from your human resources representative.



When will I receive the claim reimbursement?

Manual claims are reimbursed via manual check or direct deposit. It generally takes 7-10 business days from the date the claim is processed, for the check to be received.



To speed up the reimbursement process, you can sign up for direct deposit. Funds are generally deposited into your bank account within 3-5 business days, from the date the claim is processed.



How long do I have to submit claims?

Your plan year runs from 5/1/2026 through 4/30/2027. You will have until 7/31/2027 to submit claims for the expenses incurred during the plan year.

Should you terminate employment for any reason, and you do not elect COBRA continuation coverage, your account/card will be deactivated. You will have 90 days from the end of the month in which you terminate, to submit claims for expenses incurred while you were an active participant in the plan.



View your account balances and card transactions, submit a claim, and much more, right from your computer or smartphone.



Visit www.flexfacts.com > Participant Login > Register or download the mobile app*.



Enter your first name, last name and home zip code. If you received a debit card, check the box and enter your debit card number. Otherwise, click Next.



Choose to receive the verification code via email or text, enter the code, and click Next.

If you cannot receive the code via email or text, click 'I cannot receive a verification code'. If you didn't receive the code, click 'I did not receive my code'. You will be asked to enter:

- Employer ID: enter GBSDWNS
- Employee ID: enter your Social Security Number (no dashes or spaces)



Create your username and password, set up your security questions, and confirm your email address. Review and confirm your info to complete your registration.



Sign up for direct deposit to receive your payments sooner.

- On the top right corner of the page, click on Your Name > Profile
- Click Edit under Reimbursement Method
- Select Direct Deposit, enter your bank account information, and click Save



*Download our Mobile App on the [App Store](#) or [Google Play Store](#) to access your account on the go. Use the same Flex Facts User ID and Password when logging into your Flex Facts account via a desktop computer or the mobile app.

CONTACT US:

- Phone: 732-640-5951
- Email: info@flexfacts.com
- Fax: 877-747-8564

HOURS OF OPERATION:

Excluding Holidays:
Monday – Thursday: 8:30 AM - 8:30 PM
EST Friday: 8:30 AM - 5:00 PM EST



Please send this form along with all applicable EOBs/
detailed receipts to:

Flex Facts, Inc., 1200 River Avenue, Lakewood, NJ 08701
Fax: 877-747-8564
E-Mail: Claims@flexfacts.com

HRA Claim Form

Personal Information

Full Name: _____
Last First M.I.

Employer: _____

Social Security Number _____

Phone: _____ E-mail: _____

If your address has changed, please list the new address below. New

Address: _____

City, State, Zip _____
City State Zip

Claim Information

Please enter the claim information and amount you are seeking reimbursement for:

Provider Name: _____ Date of Service: _____ Amount: \$ _____

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Provider Name: _____ Date of Service: _____ Amount: \$ _____

Provider Name: _____ Date of Service: _____ Amount: \$ _____

Provider Name: _____ Date of Service: _____ Amount: \$ _____

IMPORTANT: Please be sure to submit the Explanation of Benefits (EOB) for each service listed above.

Direct Deposit Information

Enroll in Direct Deposit to receive your claim reimbursement within 3-5 business days from date the claim is processed.

Bank Name: _____ Account Type: _____

Account Number: _____ Routing Number: _____

I authorize Flex Facts to initiate debits and/or credits to or from my bank account indicated above. Debits will only be initiated in order to correct a prior reimbursement error. My authorization will remain in effect until I provide a written notification of the termination of this authorization or change my direct deposit information on-line. A reasonable amount of time will be provided for Flex Facts to apply any changes requested.

Employee Certification

- By signing this form I agree to have my account reduced by the amount requested.
- This claim for reimbursement is only for expenses incurred by eligible plan participants during the plan year.
- These expenses have not been reimbursed nor will I seek reimbursement for these expenses from any other source.
- If additional information is required you will receive a denial email letting you know what additional information is needed.

Employee Signature: _____ Date: _____