



Copayment Health Reimbursement Arrangement (HRA)

Insurance Administrator of America, Inc. (IAA) is excited to have been chosen as your “Health Reimbursement Arrangement” (HRA) administrator. IAA has been providing health care solutions for employer groups like the “Hamilton Township School District” for over two decades. IAA’s mission is to provide our clients with affordable, flexible health plan solutions, while providing outstanding customer service to all of our members.

What is a Health Reimbursement Arrangement (HRA)?

An HRA is an employer funded plan that reimburses employees for eligible expenses in coordination with a medical health plan. This plan will reimburse a portion of your medical and prescription copayments. (see below)

HRA Benefits

**The HRA will reimburse 80% of Medical and Prescription copayments.
Claims are paid on a first come first serve basis.**

Employees must submit claims within 90 days of the date of service

Medical Reimbursements

1. Obtain a copy of your Aetna Explanation of Benefits (EOB)
2. Complete the IAA HRA Claim Form
3. Submit your completed and signed Claim Form with a copy of your EOB attached to IAA
4. IAA will process your claim
5. You will received a check for 80% of your copayment expenses

Prescription Reimbursements

1. You will need the “Pharmacy Prescription Sheet” you receive with your prescription or a Pharmacy Print Out
2. Complete the IAA HRA Claim Form
3. Submit your completed and signed Claim Form with a copy of your Pharmacy Prescription Sheet attached to IAA
4. IAA will process your claim
5. You will received a check for 80% of your copayment expenses



Claim Submission Process

Step 1. Save all of your Explanation of Benefits (EOB) and Pharmacy Information Sheets

Step 2. Complete and Sign the HRA Claim Form

Step 3. Submit the required information to IAA within 90 days from the Date of Service

Step 4. Keep Track of your claim submissions and reimbursement checks

Step 5. IAA will process your claim and send a check to the address on file

Please note that submitting duplicate claims will cause a delay in receiving reimbursements.

We look forward to a long, healthy friendship with you.

Your IAA Team...

| | | |
|--|---|---|
| <p><u>The IAA Building</u> 1934 Olney Avenue Cherry Hill, NJ 08003</p> <p><u>Hours of Operation</u> Monday to Thursday 8:30 AM to 6:00 PM EST</p> <p>Friday 8:30 AM to 4:30 PM EST</p> | <p>Insurance Administrator of America, Inc. Important Contact Information</p> <hr/> <p>Claim Submission: Email: Flexclaims@iaatapa.com Fax: 800-238-0876 Mail: IAA — PO Box 5082 Mt. Laurel, NJ 08054</p> | <p>Visit the IAA website for 24 hour access to:</p> <ul style="list-style-type: none"> Eligibility Schedule of Benefits Claims Helpful Wellness link <p style="text-align: center;">www.iaatpa.com</p> |
| <p>For questions or inquires for the following services contact IAA by calling 1-888-599-1515</p> | | |
| <p>HRA Claim Contact:</p> <p>Kira Hurdle Ext. 217 kira@iaatpa.com</p> | <p>HRA Claim Contact:</p> <p>Donna Foody Ext. 231 donnafo@iaatpa.com</p> | <p>HRA Claim Contact:</p> <p>Victoria Friday Ext. 211 victoria@iaatpa.com</p> |