



**2020 Getting  
Reimbursed Guide**  
How to use your  
Health Reimbursement  
Arrangement (HRA)





## Welcome to Via Benefits!

Dear JOHN SAMPLE,

We're happy to share that you have qualified for an OPERS Health Reimbursement Arrangement (HRA). Your HRA can be used to seek reimbursements for any eligible expenses you may incur.

Your first contribution in the amount of \$ \$250.00 has been made to your HRA and will be available January 31, 2020. This guide will walk you through the basics of how to use your HRA.

Via Benefits is the administrator of your HRA. You can access your account online or get information by phone, including step-by-step support. Our goal is to help you get reimbursed for your eligible expenses as easily and smoothly as possible. Keep this guide as a reference to help you successfully submit expenses for reimbursement.

### We're here to assist you

If you have questions, please call Via Benefits at 1-844-287-9945 (TTY: 711), 8:00 a.m. until 9:00 p.m. Eastern Time.



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### What is a Health Reimbursement Arrangement (HRA)?

A Health Reimbursement Arrangement (HRA) is an account you can use to get reimbursed for eligible expenses. Your HRA is funded by a monthly contribution you receive from OPERS and is administered by Via Benefits.



## WE'RE HERE TO ASSIST YOU



### Online

[my.viabenefits.com/opers](https://my.viabenefits.com/opers)



### By Phone

1-844-287-9945 (TTY: 711)

Monday through Friday,

8:00 a.m. until 9:00 p.m. Eastern Time



### By Mail

Via Benefits

PO Box 981155

El Paso, TX 79998-1155



### By Fax

1-801-413-0991

Access our privacy policy at [my.viabenefits.com/about/privacy-policy](https://my.viabenefits.com/about/privacy-policy). If you have questions or concerns, please contact us.



# 1

## MANAGING YOUR HRA

### Create your online account

If you haven't yet created an online account, we recommend doing so at [my.viabenefits.com/opers](https://my.viabenefits.com/opers). Creating an online account is easy and allows you to see your plan details, save your personal information (e.g., medications, providers, etc.), adjust your communication preferences, and manage your HRA.

If you need assistance setting up your online account, simply call Via Benefits and a representative will walk you through the process.

### Funds & Reimbursements

The **Funds & Reimbursements** section provides access to the **Reimbursement Center**, where you can find your HRA information, including your:

- Contribution amount
- Total available balance
- Reimbursement and contribution history

You'll also find links allowing you to submit expenses online.

### Your eligible expenses

For your convenience, a sample list of eligible expenses is included at the back of this booklet. If you can't tell from the list whether an expense is eligible for reimbursement, contact Via Benefits. If you misplace this printed list, you can access it online at [my.viabenefits.com/opers](https://my.viabenefits.com/opers) in the **Important Messages** section under **Health Reimbursement Arrangement (HRA)**, or by searching "eligible expenses" in our **Help & Support** section.



## Create your account

1. Go to [my.viabenefits.com/opers](https://my.viabenefits.com/opers). Select **Register** at the top of the page.
2. Under **Create an account**, provide all the information requested and follow the on-screen directions. More details are provided on the following pages.

VIA BENEFITS™ OPERS

SHOP & COMPARE HELP & SUPPORT MY ACCOUNT

1 Register Sign In | Accessibility | Cart (0) | Speak to an Expert

Medicare choices made **simple & affordable.**

Via Benefits operates the nation's largest Medicare insurance marketplace, offering more than 10,000 plans. Over 1.8 million retirees

**Getting Started**

- Start Your Personal Profile  
Take steps now to begin the enrollment process.
- Shop & Compare  
Search for Medicare plans available in your area.

VIA BENEFITS™ OPERS

2 Create an account

Please tell us about yourself

First name  
First

Last name  
Last

Date of Birth  
January Day Year

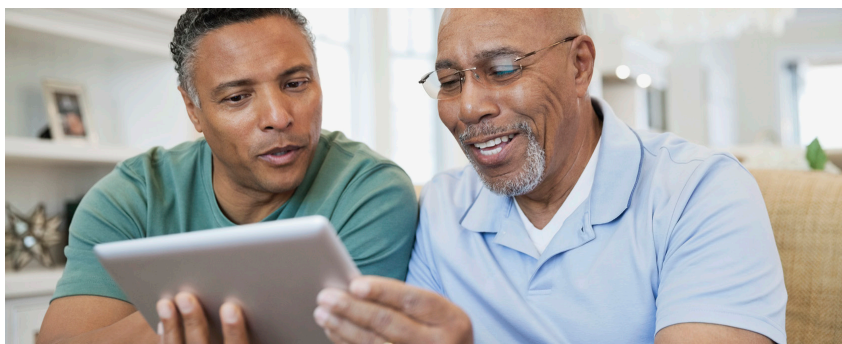
Next

Let's get started

Via Benefits is here to help you find a health plan that works for you and your household.

Already registered? [Sign In](#)

**Congratulations! Your Via Benefits account is created.**



## Signing in and online security for your account

Once your online account is created, you can sign in following these steps:

1. Sign into **my.viabenefits.com/opers**. You will be prompted to enter your date of birth, the last four (4) digits of your Social Security number, and your email address.
2. A verification code will be emailed to you. Use this code to reset your password and continue to sign into your account.
3. When you sign in, you will get a text message on your cell phone or a call on your landline phone. The message will include a code for you to enter on the Via Benefits website for authentication.
4. Enter this code onscreen where prompted.

Steps three and four will occur every 30 days to help keep your account safe and protect your personal information. If you have questions or need support, please call Via Benefits at 1-844-287-9945 (TTY: 711).

# Accessing your HRA

Once you've signed in, follow these steps to access and manage your account.

1. Select the **Funds & Reimbursements** tab.
2. Select the **Reimbursement Center** button under the **Funds & Reimbursements** tab.
3. This will open your **Dashboard** providing a snapshot of your account.

Welcome, John Sample | Sign Out | Accessibility | Cart (0) | Speak to an Expert

VIA BENEFITS<sup>SM</sup> OPERS

SHOP & COMPARE | HELP & SUPPORT | MY ACCOUNT

Account Overview | Family | **Funds & Reimbursements** | Saved Plans

## Funds & Reimbursements

Print this page

My account > Funds & Reimbursements

Your former employer or benefits provider established a funding account to assist in the payment of eligible expenses. To view contributions or download forms select the tabs below. To sign up for direct deposit, paperless communications or request reimbursement online select the Reimbursement Center button. More than one funding account? Select an account name to get started.

### Ohio Public Employees Retirement System

John Sample

Reimbursement Center | Personalized Forms

#### Reimbursement Center

Select the Reimbursement Center button below to manage your funding account. In the Reimbursement Center you can sign up for direct deposit and paperless communications, and request reimbursement online.

#### Reimbursement Center

Your online reimbursement center is a great way to quickly and easily manage your funds and get reimbursed.

Reimbursement Center

VIA BENEFITS<sup>SM</sup> DASHBOARD HRA RECEIPTS

HELP CENTER | JOHN SAMPLE

## Welcome

Here is a snapshot of your account.

PREMIUM REIMBURSEMENT

John Sample  
Other Dependent  
OPERS MEDICARE CONNECTOR  
SIGN OUT

Overview  
Personal  
Notifications  
Banking Information

### HRA Health Reimbursement Arrangement

Total Available Balance **\$2,730.54**

Payments on Hold \$462.00  
Scheduled Payments \$577.50

Breakdown per Year

### Account Updates

HRA	Employer Contribution	+\$620.00	
HRA	Employer Contribution	+\$300.00	PROCESSED
HRA	Employer Contribution	+\$620.06	PROCESSED



## We're here to help

While creating your online account reduces the amount of time you spend on the phone, a Via Benefits representative is always available to help. Simply call 1-844-287-9945 (TTY: 711) for assistance.

## 2

## MANAGING DIRECT DEPOSIT

OPERS requires that you receive your HRA reimbursement by direct deposit into your bank account. This means that you must provide bank account information to Via Benefits to receive your reimbursements.

As a convenience to you, OPERS provides Via Benefits with the bank account information in which you receive your monthly pension benefit. If you need to add or update your bank account information, you can do so using your online account at **my.viabenefits.com/opers**. To add or update this information by fax or by mail, download the *Direct Deposit Authorization Form* online (see page 11). You can also call Via Benefits at 1-844-287-9945 (TTY: 711). When prompted, say “funding” to speak to the funding department. Please note that changes or updates to your bank account information take seven to ten business days for verification.

**Please note:** You must sign up for direct deposit with Via Benefits to keep receiving your HRA reimbursements.



## Set up direct deposit by by mail or by fax

If you prefer to fill out a *Direct Deposit Authorization Form* manually, you can mail or fax it to Via Benefits. The address and fax number are printed at the top of the *Direct Deposit Authorization Form*. To download this form:

1. Sign into [my.viabenefits.com/opers](https://my.viabenefits.com/opers).
2. Select the **Funds & Reimbursements** tab near the top of the page.
3. Select the **Personalized Forms** tab near the center of the page. Once the **Personalized Forms** tab is open, you will see a list of forms that are available to you.

If you have any questions, please call Via Benefits and say “funding” when prompted.

### 3

## MANAGING REIMBURSEMENTS

There are two methods by which you can get reimbursed for medical and prescription drug premiums on an ongoing basis: Automatic Premium Reimbursement and Recurring Reimbursement. The chart on the following pages assists with understanding the advantages of each type of reimbursement method.

During your call with a Via Benefits licensed benefit advisor, you may have been able to choose an Automatic Premium Reimbursement for your medical or prescription drug premiums. If you're satisfied with the way you receive reimbursements, no action is necessary.

## Recurring Reimbursement

<b>What is it?</b>	<ul style="list-style-type: none"><li>■ This option allows for monthly reimbursement of eligible premiums by completing and submitting a <i>Recurring Premium Reimbursement Request Form</i> online, by mail, or by fax each calendar year.</li><li>■ This provides a good option for insurance carriers that don't offer Automatic Premium Reimbursement.</li></ul>
<b>What are the considerations of each type of reimbursement?</b>	<ul style="list-style-type: none"><li>■ You need to complete a new <i>Recurring Premium Reimbursement Request Form</i> each calendar year. It doesn't automatically renew.</li><li>■ You need to complete a new <i>Recurring Premium Reimbursement Request Form</i> if your premium changes during the calendar year.</li></ul>
<b>Which premiums can be reimbursed?</b>	<ul style="list-style-type: none"><li>■ Medical, prescription drug, vision, and dental.</li><li>■ Please note: Recurring Medicare Part B Premium Reimbursement requires a different form.</li></ul>
<b>How long does it take for me to get my first and subsequent reimbursements?</b>	<ul style="list-style-type: none"><li>■ It takes about 10 business days for the <i>Recurring Premium Reimbursement Request Form</i> to be processed.</li><li>■ You'll receive your reimbursement the same time every month.</li></ul>

## Automatic Premium Reimbursement

- This option allows for automatic reimbursement of monthly premiums without manually submitting a reimbursement request form each year.
  - This option is available for you to select during your enrollment call if offered by your insurance carrier. Where available, you may activate at any time.
- 
- You don't need to use any forms – just set it and forget it. If you keep the same plan next year, Automatic Premium Reimbursement continues.
  - You don't need to do anything if you remain enrolled with the same insurance carrier (even if your premium changes).
  - You may be reimbursed at varying time frames, depending upon the insurance carrier's process.
  - This isn't intended to be the quickest way to receive your reimbursement, but it is convenient.
- 
- Medical or prescription drug, but only if offered by your insurance carrier.
- 
- It takes two to three months to receive your first reimbursement.
  - Via Benefits can't reimburse you until they receive notice from the insurance carrier.
  - You'll receive subsequent reimbursements every four to six weeks.



# 4

## GETTING REIMBURSED

Now that you have qualified for your reimbursement account, understanding the process will help you receive your reimbursements as soon as possible.

The process of getting reimbursed works like this:

### 1. Pay for eligible expenses

This payment is made directly to your insurance carrier or health care provider. To learn which expenses are eligible, see pages 32-34.

### 2. Retain your receipts and supporting documentation

Your insurance carrier or health care provider will provide proof of payment in the form of premium statements or other supporting documentation. Retain these documents to include with your reimbursement request. See the various supporting documents listed on pages 17-20.

### 3. Request reimbursement from Via Benefits

Submit reimbursements online for the fastest, safest, and easiest way to be reimbursed. You can also submit by fax or by mail. Follow step-by-step instructions found on pages 23-25.

Sign up for Automatic Premium Reimbursement, when available, or submit a *Recurring Premium Reimbursement Request Form*. See the premium reimbursement comparison chart on pages 12-13.

### 4. Via Benefits approves your request and provides reimbursement

Direct deposit is required for the reimbursement process. You'll receive an *Explanation of Payment* (EOP) via your chosen method (email or mail). Learn more about your EOP letters on pages 27-29.



## Submitting the correct form saves time

Please make certain your form is appropriate for the requested reimbursement. This will ensure faster processing time and improved accuracy.

Each form has a specific list of supporting documentation that must be included on the front. The back of each form also provides details about the supporting documentation you need to include.

Refer to the sections with checkboxes on the front of the form called “Helpful reminders” and “Your supporting documentation must contain these items:”

### Helpful reminders:

- Verify your name and address on the form
- Read and review this form before you fill it out
- Complete, sign, and date this form before sending
- Make copies of your supporting documentation
- Mail or fax your completed form and supporting documentation

### Your supporting documentation must contain these items:

- Date of service (e.g., 01/15/2019)
- Expense type (e.g., Medical or service description)
- Provider/carrier (e.g., Dr. Smith, AARP)
- Individual serviced (e.g., John Doe)
- Amount (e.g., \$100.00)
- Proof of payment (e.g., Explanation of Benefits, itemized receipts)

You may submit reimbursement requests (and supporting documentation such as statements or receipts) online, by fax, or by mail. Make sure you sign the *Reimbursement Request Form* and keep your original receipts for your records.

Each reimbursement request form has a specific list of supporting documentation that must be included. Please refer to that list as you prepare and complete forms for submission.

Please remember to only submit copies of your original receipts. Keep the originals for your records.

## What type of supporting documentation is needed for reimbursement requests?

Without supporting documentation, your request may be denied. A list of important documents to watch for and save are detailed on the following pages.

To ensure a smooth reimbursement process, be sure your supporting documentation contains these items:

- Your name
- Date of service
- Expense type
- Provider/carrier
- Individual serviced
- Amount
- Proof of payment

Without these items, your request will be denied until this information is submitted.

Save documents delivered electronically in a place you will remember for later reference.

# These three types of documents can be used as supporting documentation for eligible out-of-pocket expenses

## 1. Invoice from a Provider

A health care provider is anyone who provides health care services to you. He or she can be a physician, dentist, surgeon, podiatrist, acupuncturist, optician, or a hospital at which health services are provided. The invoice is typically offered to you at the time of service, and serves as a receipt of any payment you made during your visit.

Statement of Account

Internal Medicine Group  
2 Main Street  
Any Town, STATE, 00000  
(000) 000-0000

John Sample  
1234 Street Name  
Any Town, STATE 00000  
(000) 000-0000

STATEMENT DATE: JUNE 7, 2019  
PATIENT # 111111  
ACCOUNT # 111111  
TAX ID # 111111

PAYMENT METHOD	CHECK NO.	JOB
VISA- XXX-XXXX-XXXX-4444	N/A	111111222

DATE	#	DESCRIPTION	CHARGE	INSURANCE	PATIENT BALANCE
May 7, 2019	3333-335	Evaluation	\$120.00	\$0.00	\$120.00
May 17, 2019	3333-45	Procedure	\$75.00	\$0.00	\$75.00

## 2. Prescription Drug Receipt

An acceptable receipt is one from the pharmacy or mail-order pharmacy for your covered medications.

**THE FIRST PHARMACY**  
4 MAIN STREET, ANY TOWN, STATE 00000  
(000) 000-0000 STORE #9876

OFFICIAL PRESCRIPTION RECEIPT

Rx: 21754888 March 1, 2019

John Sample  
1234 Street Name  
Any Town, STATE 00000  
  
(000) 000-0000


Dr. A. Lee  
DRUG Z 500MG 21 Cap  
Days: 7      Ref: 3

DIN 1234567

### 3. Explanation of Benefits (EOB)

Provided by your health insurance carrier once they have paid their portion of the fees, an Explanation of Benefits (EOB) will typically include all the required information for out-of-pocket costs. These statements contain information about the cost of the expense, the amount covered by your plan and the remaining balance, which is your out-of-pocket cost.

If you haven't received your EOB within 30 days of your date of service, contact your insurance carrier to request one.

<b>EXPLANATION OF BENEFITS (EOB)</b>		 <b>INSURANCE COMPANY NAME</b>								
<b>THIS IS NOT A BILL</b>		Online: <a href="http://www.insurancecompany.com">www.insurancecompany.com</a>								
Statement Date: May/31/2019		Member Name: John Sample								
Document Number: 0000020000		Address: 1234 Street Name								
		Any Town, STATE 00000								
Member ID: 999-999999-9999										
Group Number: 88888888										
Patient Name: John Sample		Relation: Dependent	Claim Number: 1000000000001							
Date Received: May 15-2019		Provider: Dr. Martha Wonder	Date Paid: 05/15/2019							
<b>CLAIM DETAIL</b>										
Date of Service	Service Description	Provider Charges	Allowed Charges	Discount	Co-Pay	Deductible	Co-Insurance	Paid by Insurer/Plan	Patient Responsibility	Remark Code
1 05/05/2019	Follow-up Visit	\$150	\$110	\$40	\$30	-	-	\$80	\$30	1
2 05/13/2019	Labwork	\$70	\$50	\$20	-	-	\$10	\$40	\$10	1
<b>TOTAL</b>		\$220	\$160	\$60	\$30	-	\$10	\$120	\$40	
<b>Remarks:</b>				1- Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.						



# For Medicare Part B Reimbursement

## Social Security Administration Benefit Award/Proof of Income Letter

Every year, usually in October or November, the Social Security Administration (SSA) sends a benefit award letter documenting that you receive Social Security benefits. This letter is sometimes referred to as a *Budget Letter*, *Benefits Letter*, *Proof of Income Letter*, or *Proof of Award Letter*.

You can also use a monthly or quarterly statement from the Centers for Medicare and Medicaid Services (CMS). The statement from CMS must state the recipient's name, indicate that it is for Medicare Part B, and list the amount of the Medicare Part B premium.



Your payment would be about  
**\$ 1,915 a month**  
at full retirement age

John Sample  
1234 Street Name  
Any Town, STATE 00000  
(000) 000-0000

April 7, 2019

## Your Social Security Statement

Are you thinking about retirement? Are you ready for retirement?

We have tools that can help you!

- Estimate your future retirement benefits at [www.socialsecurity.gov/estimator](http://www.socialsecurity.gov/estimator)
- Apply for retirement, spouse's, Medicare, or disability benefits at [www.socialsecurity.gov/applyforbenefits](http://www.socialsecurity.gov/applyforbenefits)
- And once you receive benefits, manage your benefits at [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount)

Your *Social Security Statement* tells you about how much you or your family would receive

To view your *Social Security Statement* online anytime create a **my Social Security** account today!




**my Social Security**  
[www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount)

## Proof of Coverage

### Carrier Proof of Coverage or OPERS Health Care Premium Receipt

If you're enrolled in a Medicare plan, medical and/or prescription drug plan, you'll receive a *Proof of Coverage* letter each year from your insurance carrier, usually in the fall. The letter provides details of your coverage and how much you pay. You need to submit a copy of the *Proof of Coverage* when you request reimbursement for your premiums.

OPERS mails a *Health Care Premium Receipt* each December that documents the OPERS group plan premiums that will be deducted from your pension benefit. This document is sent in coordinated timing with Via Benefit's annual December mailing of the *Recurring Premium Reimbursement Request Form*. It's also available upon request through your OPERS online account at [www.opers.org](http://www.opers.org) or by calling OPERS at 1-800-222-PERS (7377). It reflects the enrollment for the following calendar year for all plans you or your dependents are enrolled in through OPERS. This is the only documentation accepted for premiums deducted from your OPERS pension.

	Ohio Public Employees Retirement System 277 East Town Street Columbus, Ohio 43215 opers.org
December 1, 2019	
John Sample 1234 Street Name Any Town, STATE 00000	000000000
Enclosed is your 2020 <i>Health Care Premium Receipt</i> . Get a jump on 2019 reimbursements by submitting a copy of this receipt with your personalized <i>Recurring Reimbursement Form</i> from Via Benefits!	
You don't have to wait until next year! You can start submitting eligible expenses for 2020 by following the instructions below. <b>The deductions listed on the enclosed OPERS Health Care Premium Receipt are considered eligible expenses that can be reimbursed from your HRA.</b>	

**Please note:** Open enrollment statements aren't an acceptable proof of enrollment and will be denied.

## Vision or dental reimbursements with no EOB

If you don't have vision or dental insurance but you have an out-of-pocket cost you want reimbursed, write on the body of the reimbursement request form, "No vision/dental insurance/ no EOB."

Make sure to include a copy of the receipt for the request. This will help prevent your request from being denied. Statements from the vision or dental provider shouldn't say "reimbursement request submitted to insurance" or "insurance pending" – this will also cause reimbursement requests to be denied.



## How to Submit for Reimbursement

### Online, by Mail, or by Fax

You can submit your reimbursement request online, by mail, or by fax. With all three methods of submitting requests, you must make certain you include all the supporting documentation needed to verify the request. When you submit a request by mail or fax, you must include a completed and signed reimbursement request form.

If you use the online submission method and choose to fax supporting documents, please make sure to use the fax cover sheet provided online to send your request. If you mail your forms and documents, make and submit copies. **Don't mail the originals.**



# How to Submit Reimbursement Requests Online

1. Sign into [my.viabenefits.com/opers](https://my.viabenefits.com/opers) and follow the instructions under “Accessing your HRA” on page eight to get to the Reimbursement Center.
2. On the Dashboard, select either the **Out-of-Pocket Reimbursement** or **Premium Reimbursement** button.
3. Review the description of itemized receipts for submitting supporting documentation and select the **Continue** button.
4. Fill out the necessary information.

Instructions continue on the next page.

VIA BENEFITS™ DASHBOARD HRA RECEIPTS HELP CENTER JOHN SAMPLE

Welcome  
Here is a snapshot of your account.

2 PREMIUM REIMBURSEMENT OUT-OF-POCKET REIMBURSEMENT

HRA Health Reimbursement Arrangement 1 Items Need Your Attention

Missing receipt?  
Your provider/carrier can provide you with a duplicate copy.

3 CONTINUE

Don't show again

VIA BENEFITS™ DASHBOARD HRA RECEIPTS HELP CENTER JOHN SAMPLE

### Out-of-Pocket Reimbursement

4

**Category \***  
Medical

**Type \***  
TREATMENT

**Date of Service \***  
07/02/2019  
 Spans multiple days

**Amount \***  
\$ 304.16

**Provider/Carrier Name \***

**Other requirements**  
Depending on the information you provide, we may ask you for additional details about this expense.

GET IT, THANKS



Continued from previous page.

5. In the **Itemized Receipt** section, you can upload any supporting documentation by selecting the **Upload File** button, or you can mail or fax your supporting documentation by selecting the **Fax or Mail** button.
6. Select the **Review & Submit** button to review the information you entered. On the following page, select the **Submit** button to complete your reimbursement request.

The screenshot shows the 'Itemized Receipt' form in the Via Benefits system. The form includes a sidebar with details: Category (Medical), Type (TREATMENT), Date of Service (May 07, 2019), Amount (\$407.00), Provider/Carrier Name (HUMANA), and Individual Served (JOHN SAMPLE). The 'Itemized Receipt' section is highlighted with a purple callout '5' and contains an 'UPLOAD FILE' button and a 'FAX OR MAIL' button. Below this is a yellow box titled 'The Reason for Receipts' explaining IRS guidelines. At the bottom, a purple callout '6' highlights the 'REVIEW & SUBMIT' button. The top navigation bar shows 'VIA BENEFITS', 'DASHBOARD', 'HRA', 'RECEIPTS', 'HELP CENTER', and 'JOHN SAMPLE'.

## Submit Supporting Documentation Online

Your supporting documentation must be a PDF file and smaller than 10 megabytes to successfully upload. Most smartphones or desktop scanners can create the files, which you may email to yourself, download, and attach to your request. Should you have any trouble uploading or submitting documentation, please contact Via Benefits for assistance.

## Submit Requests by Mail

A paper reimbursement form was included with this mailing, which includes the mailing address. Follow the instructions on the *Reimbursement Request Form* to ensure you provide all required information. If you have questions, call Via Benefits for help.

The paper forms may be photocopied, or you may print additional forms from your Via Benefits account online. You may also request them by calling Via Benefits. **Remember, these forms are personalized, so please don't share them.** Follow instructions carefully and be sure to include supporting documentation for your request. **Don't mail original receipts or statements.**

## Submit Supporting Documentation by Fax

To submit your supporting documentation by fax you must use the Via Benefits cover sheet, which may be printed from your online account.

To create your cover sheet:

1. Follow directions to **Submit Reimbursement Requests Online** on page 23.
2. Once you have reviewed and submitted your reimbursement request, select the **Print Reimbursement Forms** button.
3. The fax cover sheet will open in a new tab in your browser with all your expense details.
4. Print or download the fax cover sheet and fax it back to us with your supporting documentation and a signed reimbursement form.

# 5

## HANDLING REIMBURSEMENT REQUESTS THAT ARE NOT APPROVED OR DENIED

Expenses may not be approved because of missing information or an incorrectly completed form. If your expense wasn't approved, you can take action by following the instructions in the Explanation of Unpaid Expenses (EOUE) you receive.

The most common reasons expenses are denied are because they are ineligible for reimbursement according to your plan, or were submitted outside your coverage period. If your expense is denied, you can appeal the denial.

We'll work with you to identify the reason an expense was denied or not approved. If you need help from a Via Benefits representative, please contact us at 1-844-287-9945 (TTY: 711) and say "funding" when prompted.





## UNDERSTANDING YOUR EOPS AND EOUES

Explanations of Payment (EOPs) and Explanations of Unpaid Expenses (EOUEs) provide details about expenses that have been paid, not approved, or denied. The information in these letters is available electronically when you sign into your online account, or you can choose to receive EOPs or EOUEs in the mail. You may change your delivery method by calling Via Benefits or signing up for email notifications.

- If a reimbursement request is denied or not approved, the EOP or EOUE will list the reason. You may need to take action, such as providing additional supporting documentation.
- If you don't have a sufficient balance in your HRA, Via Benefits will reimburse as much of the reimbursement request as possible. The remaining amount will be paid when your HRA balance is sufficient.
- If you've signed up for Automatic Premium Reimbursement, you'll see details about your reimbursement requests on the EOPs and EOUEs.

When you receive an EOP and/or EOUE, you'll notice a summary section in the top right corner that includes your available HRA balance and reimbursement summary. The EOPs and EOUEs include table(s) providing details about the status of your expenses, and related information regarding:

- **Date of Service:** The date service was provided, not the date an expense was paid.
- **Expense ID:** Each expense has an ID assigned to it so you can track it as it's being processed.
- **Account:** The name of your reimbursement program.
- **Type:** The category of expense for which you're being reimbursed.
- **Provider/Carrier:** The name of the provider or carrier that provided the service.
- **Amount Paid:** The amount you paid for the service.



Via Benefits  
PO Box 981155  
El Paso, TX 79998-1155  
Electronic Service Requested


John Sample  
1234 Street Name  
Any Town, STATE 00000-0000  
United States

07/01/2019

This check payment is your reimbursement for the approved expense(s) listed below. **Each expense has an ID assigned to it so you can track it as it's being processed.**

**We're here to assist you**  
If you have questions, please call Via Benefits at 1-844-287-9945 (TTY: 711), Monday through Friday 8:00 a.m. to 9:00 p.m. Eastern Time.

### Explanation of Payment



1 2 3 4 5 6 7 8 9 0

**Identifier:** 00000000\_00000000  
OPERS MEDICARE CONNECTOR

**Amount Paid | Check**  
**\$280.00**

**HRA Available Balance \$0.00**

**Reimbursement Summary**

Amount Requested	\$840.00
Paid	\$280.00
Previously Paid	\$280.00
Denied	\$140.00
Used for Offset	\$140.00

Available balance reflects this payment and is subject to change. Sign into [my.viabenefits.com/opers](http://my.viabenefits.com/opers) for account details.

**These expense(s) are included in this reimbursement payment**



Date of Service	Expense ID	Account	Type	Provider/Carrier	Amount Paid
06/01/2019	232170689	HRA	Premium	AARP	\$140.00
05/01/2019	232170689	HRA	Premium	AARP	\$140.00



Related information is also included for some or all of the following:

- **Amount Requested:** The amount you are requesting to be reimbursed.
- **Not Approved:** The amount of reimbursement denied.
- **Reason Not Paid:** The reason for the denial.

An explanation is provided beneath the expenses listed in the table explaining why a reimbursement was not paid, and if any actions need to be taken.

 VIA BENEFITS™	<b>Explanation of Unpaid Expenses</b>	 1 2 3 4 5 6 7 8 9 0																						
Via Benefits PO Box 981155 El Paso, TX 79998-1155 Electronic Service Requested	<b>Identifier:</b> 00000000_00000000 OPERS MEDICARE CONNECTOR																							
John Sample 1234 Street Name Any Town, STATE 00000-0000 United States	<table border="1"><tr><td colspan="2"><b>Amount Paid   Check</b></td></tr><tr><td colspan="2"><b>\$4,170.00</b></td></tr><tr><td><b>HRA Available Balance</b></td><td><b>\$0.00</b></td></tr><tr><td colspan="2"><b>Reimbursement Summary</b></td></tr><tr><td>Amount Requested</td><td>\$4,170.00</td></tr><tr><td>Paid</td><td>\$4,170.00</td></tr><tr><td>Denied</td><td>\$140.00</td></tr><tr><td>Not Approved</td><td>\$233.00</td></tr><tr><td>On Hold</td><td>\$280.00</td></tr><tr><td>Used for Offset</td><td>\$140.00</td></tr><tr><td colspan="2">Available balance reflects this payment and is subject to change. Sign into <a href="https://my.viabenefits.com/opers">my.viabenefits.com/opers</a> for account details.</td></tr></table>	<b>Amount Paid   Check</b>		<b>\$4,170.00</b>		<b>HRA Available Balance</b>	<b>\$0.00</b>	<b>Reimbursement Summary</b>		Amount Requested	\$4,170.00	Paid	\$4,170.00	Denied	\$140.00	Not Approved	\$233.00	On Hold	\$280.00	Used for Offset	\$140.00	Available balance reflects this payment and is subject to change. Sign into <a href="https://my.viabenefits.com/opers">my.viabenefits.com/opers</a> for account details.		
<b>Amount Paid   Check</b>																								
<b>\$4,170.00</b>																								
<b>HRA Available Balance</b>	<b>\$0.00</b>																							
<b>Reimbursement Summary</b>																								
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Not Approved	\$233.00																							
On Hold	\$280.00																							
Used for Offset	\$140.00																							
Available balance reflects this payment and is subject to change. Sign into <a href="https://my.viabenefits.com/opers">my.viabenefits.com/opers</a> for account details.																								
04/25/2019																								
<b>Action Required</b>																								
Some of these expense(s) are not approved, but you can take action. Please read this letter carefully to learn how you may be able to resolve unpaid expense(s). <b>Each expense has an ID assigned to it so you can track it as it's being processed.</b>																								
<b>We're here to assist you</b>																								
If you have questions, please call Via Benefits at 1-844-287-9945 (TTY: 711), Monday through Friday 8:00 a.m. to 9:00 p.m. Eastern Time.																								

If you have any questions about your EOP or EOUE, Via Benefits will be happy to review it with you.



## **Overpayments**

An overpayment is reimbursement for an expense you weren't eligible to receive. This usually occurs when you're mistakenly reimbursed for an ineligible expense, or you were reimbursed during a time period in which you weren't eligible for your HRA.

If you have an unresolved overpayment, Via Benefits will send you a reminder letter or email. Instructions for how to resolve the overpayment are included in these communications.

If you have questions about an overpayment, please contact the Via Benefits and speak with a representative about your options.

## Granting your Estate Access to your HRA

In order to best take advantage of your HRA, we recommend establishing a family member or loved one as an authorized representative. Making a caregiver an authorized representative grants them permission to access your Via Benefits account. If something should happen to you, your authorized representative can help handle your affairs.

There are three levels of access you can grant to a caregiver.

- **Authorization to Release Personal Information (ARPI) - FULL.** Allows sharing of protected health information and allows the authorized representative to submit any required documentation on your behalf. Reimbursement forms can be requested and signed by the Benefit Recipient or authorized representative. In addition, an authorized representative with full privileges can call Via Benefits on your behalf and discuss your account.
- **Authorization to Release Personal Information (ARPI) - LIMITED.** Allows sharing of protected health information with the authorized representative but prevents the representative from making changes to the account. This is for informative purposes only.
- **Power of Attorney (POA).** Allows someone to not only manage your HRA on your behalf, but also to make health plan enrollment decisions for you.

Provide authorization by contacting Via Benefits. No paperwork will be needed. If you are unable to come to the phone, please have your caregiver contact Via Benefits at 1-844-287-9945 (TTY: 711), 8:00 a.m. until 9:00 p.m. Eastern Time.

These authorizations are voluntary and remain in effect until you revoke, cancel, or change them. The authorizations will remain in place after your death unless Via Benefits is otherwise notified.



## UNDERSTANDING ELIGIBLE EXPENSES

This is an overview of eligible expenses that are allowed for reimbursement under your HRA.

### Premium Expenses

- Medical
- Prescription Drug
- Dental
- Vision
- Medicare Part A
- Medicare Part B
- Long Term Care

Generally, you'll be billed and pay your insurance carrier's premiums to the insurer on a monthly basis before requesting reimbursement. You may not submit a reimbursement request for Medicare Part A if OPERS has reimbursed you in full. Spouses who have been partially reimbursed for their Medicare Part A premiums can submit the remainder to Via Benefits for reimbursement.

### Out-of-Pocket Expenses

These may include copayments, deductibles and coinsurance payments. Other eligible expenses are defined as those incurred while paying for **Medical, Pharmacy, Dental** and **Vision** services as described in Section 213 (d) of the Internal Revenue code. For more information see the IRS publication 502 (available at [www.irs.gov/forms-pubs/about-publication-502](http://www.irs.gov/forms-pubs/about-publication-502)), the Summary Plan Description (SPD) provided by OPERS, or call Via Benefits.

## Sample List of Eligible Out-of-Pocket Expenses

The following list is a sample of eligible expenses for reimbursement based on IRS Code Section 213(d). It isn't a complete list and is subject to change without notice. The list includes some common out-of-pocket health care expenses that may not be eligible for reimbursement under your specific plan. For more information on eligible expenses covered by your specific program refer to your Summary Plan Description (SPD) or contact Via Benefits.



## Medical

- Abdominal supports
- Ambulance
- Anesthetist
- Blood tests
- Blood transfusions
- Cardiographs
- Chiropractor
- Convalescent home (for medical treatment only)
- Crutches
- Dermatologist
- Diagnostic fees
- Gynecologist
- Hearing aids and batteries
- Hospital bills
- Hydrotherapy
- Insulin treatment
- Lab tests
- Nursing (including board and meals)
- Operating room costs
- Organ transplant (including donor's expenses)
- Orthopedic shoes
- Orthopedist
- Osteopath
- Oxygen and oxygen equipment
- Physician
- Physiotherapist
- Podiatrist

- Practical nurse for medical services
- Psychiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Registered nurse
- Spinal fluid test
- Surgeon
- Vaccines
- Wheelchair
- X-rays

## Pharmacy

- Prescription medicines
- Rx Drugs (prescription)

## Dental

- Dental treatment
- Dental X-rays
- Dentures
- Fluoridation unit
- Gum treatment

## Vision

- Contact lenses
- Eyeglasses
- Ophthalmologist
- Optician
- Optometrist



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The information offered on our website and provided in this mailing is believed to be true and correct.

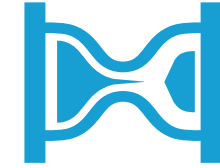
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\*Extend Insurance Services, LLC is changing its d/b/a from Towers Watson's OneExchange to Via Benefits Insurance Services.





11 SP 0.900  
\*\*\*\*\*SNGLP T1 P1  
JOHN SAMPLE  
1234 Street Name  
Anytown, STATE USA



**IMPORTANT!**  
TIME-SENSITIVE INFORMATION REGARDING  
YOUR 2020 HEALTH REIMBURSEMENT  
ARRANGEMENT (HRA) ENCLOSED.