



**2019 Getting
Reimbursed Guide**
How to use your HRA



Welcome to Via Benefits!

Dear <First Name><Last Name>,

Congratulations, you have qualified for a <Health Reimbursement Arrangement> (<HRA>) provided by <Employer Name>. A contribution in the amount of \$<amount> has been made to your funding account. Your funding account will be available <MM/DD/YYYY>. For more information on the timing and amount that is made available for reimbursement refer to the documents provided by <Employer Name>.

We are here and ready to help you with your HRA provided by OPERS. Via Benefits is available online or by phone with professional step-by-step advice on how to manage your HRA.

Our goal is to help you get reimbursed for your eligible expenses as easily and smoothly as possible. We have organized this guide using steps, starting with how to manage your HRA and concluding with tips on how to avoid a Reimbursement Request denial.

If you have any questions or need help, please contact Via Benefits, we are here for you and happy to assist.

Resources at the Ready

Learn more about your HRA:

- ① Keep this guide as a reference to help you submit Reimbursement Requests successfully.
- ① View animated short videos that explain the basics. These can be found on My.ViaBenefits.com/OPERS within the Videos section.

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What is a Health Reimbursement Arrangement (HRA)?

A Health Reimbursement Arrangement is funded by the monthly allowance you receive from OPERS. The allowance can be used to receive reimbursements for the eligible expenses you incur.



RESOURCES

Find answers online

My.ViaBenefits.com/OPERS

Speak to a customer service representative

<VB Client phone number>

Monday through Friday

<8:00 a.m. to 9:00 p.m. Eastern Time>

Fax number

<VB Client fax number>

Via Benefits mailing address

<Address>

<City, State ZIP Code>

Medicare choices made **simple & affordable.**

Our customer service, trained and licensed benefit advisors, and comprehensive knowledge of the Medicare market make OneExchange the trusted advisor for hundreds of thousands of retirees.

OneExchange helps you choose the medical, prescription drug, dental and vision plans that fit your medical requirements and budget. We help you to make informed and confident enrollment decisions.

[Click here to learn more about this program.](#)

Getting Started

- Start Your Personal Profile
- Shop & Compare
- Check Your Enrollment Status
- File a Reimbursement Request
- Speak to a Medicare Expert

Important Message

Updated Prescription Program
Shop and compare health care insurance options with the lowest estimated annual out-of-pocket cost based on your prescription drug expenses. Prescription Profiles is a powerful tool that is regularly updated with the most current prescription drug cost information. [Shop & Compare Now](#)

Our Insurance Partners

OneExchange offers plans from the leading national and regional health

Speak to an Expert

Have questions or want to learn more about the services we offer? You can schedule a call with one of our licensed benefit advisors to discuss insurance options or send us an

Videos

- Health Reimbursement Arrangement ▶
- How Automatic Reimbursement (AR) works ▶
- Getting Reimbursed for Eligible Expenses ▶
- Getting Reimbursed for Other Premiums ▶

STEP

1

MANAGE YOUR HRA

Set up your online account

If you have not yet set up a Via Benefits account, we recommend doing so now. Your online account is a fast and convenient way to access your allowance information. If you need assistance setting up your online account, simply call Via Benefits, say “other”, and your call will be forwarded to a representative who will walk you through the process.

Funds & Reimbursements

The **Funds & Reimbursements** section provides access to your allowance information including:

- Current funding allowance
- Program allowance frequency
- Available balance
- Reimbursement and allowance history

You will also find our contact information, answers to frequently asked questions, and links that allow you to file reimbursement requests online.

Your eligible expenses

For your convenience, a sample list of eligible expenses is included at the back of the booklet. If you can't tell from the list whether an expense is eligible, contact Via Benefits customer service. If you misplace this printed list, you can request to have another list mailed to you or access it on the Via Benefits OPERS homepage, My.ViaBenefits.com/OPERS, in the **Health Reimbursement Arrangement (HRA)** section.

Access our privacy policy at My.ViaBenefits.com/about/privacy-policy. If you have questions or concerns, please contact us at My.ViaBenefits.com/help.

Create or access your account

1. Enter **My.ViaBenefits.com/OPERS** into the address bar of your web browser.
2. Select the **My Account** link on the website. You will need to enter some information and create a user name and password.
3. Once you have signed on or created your account, select the **Funds & Reimbursements** tab.
4. Within that tab, click the green **Reimbursement Center** button.

The screenshot shows the My.ViaBenefits.com website interface. At the top, there are navigation links: "Welcome, Wanda Worker | Logout | Accessibility | Cart (0) | Speak to an E...". The main navigation bar includes "SHOP & CO...", "2. My Account" (highlighted with a green arrow), and "MY ACCOUNT". Below this is a secondary navigation bar with "3. Funds & Reimbursements" (highlighted with a blue arrow) and "FUNDS & REIMBURSEMENTS" (selected) and "LOGIN INFORMATION".

The main content area is titled "Funds & Reimbursements" and includes a "Print this page" link. Below the title, there is a breadcrumb: "My account > Funds & Reimbursements".

EMPLOYERS & MEMBERS	ACCOUNT SUMMARY	REIMBURSEMENT FUNDS	What is Auto-Premium Reimbursement?
<p>OPERS Health Reimbursement Arrangement</p> <p>Wanda Worker</p>	<p>Start date 01/01/2012</p> <p>Current allocation for</p>	<p>Visit our Reimbursement Center to</p> <ul style="list-style-type: none">• Review your history• Submit a reimbursement• Download forms• Set up direct deposit <p>Reimbursement Center ▶</p>	<p>Auto-premium reimbursement from your funds may be available for many of the plan options available you. Auto-premium reimbursement allows you to obtain reimbursement without submitting a paper reimbursement request form.</p> <p>Review and update auto-premium reimbursement settings ▶</p>



You can create your account by phone, too!

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 the phone number printed on the bottom of this guide.

STEP

2

MANAGE DIRECT DEPOSIT

OPERS requires that you receive your HRA reimbursement by Direct Deposit into your bank account. This means that you must keep a bank account on file with Via Benefits in order 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'd like to change the bank account information in which you receive your HRA deposit, you may call Via Benefits at 1-844-287-9945. When prompted, say **“funding”** to speak to the funding department. You can also change and manage Direct Deposit through your online account.



Set up Direct Deposit online

1. Sign on to your Via Benefits account and follow previous instructions on page 6 to navigate to the **Reimbursement Center**.
2. Once in the **Reimbursement Center**, select the **Financial Center** tab at the top of the page.
3. In the left column under **My Account Actions**, choose **Enroll in Direct Deposit**.
4. Fill out the online form and select **Next**.

The screenshot displays the Via Benefits website interface. At the top, there is a navigation bar with the text "Welcome, Wendy Worker" and links for "MY NOTIFICATIONS", "CONTACT US", and "RETURN TO VIA BENEFITS". The main header area includes "My Dashboard" and "Financial Center" tabs, with "2. Financial Center" highlighted. On the left, there are sections for "Quick Links" (My Resources, Common Eligible Expense Items, File a Spending Account Claim, Return to Via Benefits), "FAQ Quick Links" (Filing A Claim, All About Reimbursement Accounts, My PayFlex Card®), and "My Account Actions" (View My Accounts, File a Spending Account Claim, Enroll in Direct Deposit). The "Enroll in Direct Deposit" option is highlighted with a callout "3. Enroll in Direct Deposit". The main content area is titled "Direct Deposit" and contains a form with fields for "Bank Account Type" (dropdown), "Account Number *", "Confirm Account Number", "Routing Number*", "Confirm Routing Number", and "Institution Name". A callout "Fill in" points to these fields. Below the form is a "Need Help? Contact Us" button and a "NEXT" button highlighted with a callout "4. Next". At the bottom, there is a graphic of a check with "ROUTING NUMBER" and "ACCOUNT NUMBER" labels pointing to the corresponding parts of the MICR line.

If you prefer to fill out the Direct Deposit 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 form. If you have any questions, please call Via Benefits and say “**funding**” when prompted.

Please note: You must keep banking account information on file with Via Benefits to keep receiving your HRA reimbursements.



STEP

3

REIMBURSEMENT TYPES & CONSIDERATIONS

For some medical and prescription drug premiums, you have the option to choose either Automatic Premium Reimbursement or Recurring Reimbursement. When Automatic Premium Reimbursement is not available, you can be reimbursed using a Recurring Reimbursement form. The chart on the following page assists with understanding the benefits 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 are satisfied with the way you receive reimbursements, no action is necessary.

Automatic Premium Reimbursement

<p>What is it?</p>	<ul style="list-style-type: none">▪ Option that allows for automatic reimbursement of premiums without manually submitting a claim form each year.▪ Available for you to select upon enrollment if offered by your insurance company.▪ May enroll at any time if available.
<p>What are the considerations of each type of reimbursement?</p>	<ul style="list-style-type: none">▪ You don't need to use any forms – just set it and forget it. If you keep the same plan next year, automatic reimbursement continues.▪ You do not need to do anything if you remain enrolled with the same carrier (even if your premium changes).▪ Reimbursement time frames can vary depending upon the carrier's process.▪ This is not intended to be the quickest way to receive your reimbursement.
<p>Which premiums can be reimbursed?</p>	<ul style="list-style-type: none">▪ Medical or prescription drug premiums, ONLY if offered by your insurance company.
<p>How long does it take for me to get my first and subsequent reimbursements?</p>	<ul style="list-style-type: none">▪ It takes 2 - 3 months to receive your first reimbursement.▪ Via Benefits cannot reimburse you until they receive notice from the insurance company.▪ You'll receive subsequent reimbursements every 4 - 6 weeks.

Recurring Reimbursement

- Option that allows for monthly reimbursement for eligible premiums by completing and submitting a Recurring Reimbursement Form each calendar year.
- You need to complete a new reimbursement form each calendar year. It does not automatically renew.
- You need to complete a new reimbursement form if your premium changes during the calendar year.
- Medical, prescription drug, vision, and dental.
***Please note:** Medicare Part B Premium Reimbursement is a different form.*
- It takes about 10 business days for the Recurring Reimbursement Form to be processed.
- You'll receive your reimbursement the same time every month.

STEP

4

HOW TO GET REIMBURSED

Now that you have qualified for your reimbursement funds, 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 health care expenses

This payment is made directly to your insurance company or health care provider. To learn which expenses are eligible, see pages 32 - 33.

2. Retain your receipts and supporting documentation

Your insurance company 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

Request reimbursement for eligible expenses by submitting a Reimbursement Request form and supporting documentation. Follow step-by-step instructions found on pages 22 - 25.

For premium reimbursement you can use Automatic Premium Reimbursement, when available, or submit a Recurring Premium Reimbursement form. For more information about premium reimbursements, see the chart found on pages 12 - 13.

4. Via Benefits approves your request and provides reimbursement


Direct Deposit is required for the reimbursement process. You will receive an Explanation of Payment (EOP) at the same time as your reimbursement via your chosen method (email or mail). Learn more about your EOP statements on pages 27 - 30.

Submitting the correct form saves time

Please make certain your form fits the requested reimbursement. This will ensure faster processing time and improved accuracy. Documentation sent with the form must include:

- Covered participant
- Type of coverage
- Date of service
- Proof of payment
- Provider name

A checklist titled, “*What I Need To Do*” is on every form to help ensure that your request includes the correct documents and information for a successful submission.

 What I Need To Do:	
<input type="checkbox"/> Make copies of this form for future requests	Your supporting documentation must contain these five items:
<input type="checkbox"/> Verify account holder information	
<input type="checkbox"/> Complete Reimbursement Request Form	
<input type="checkbox"/> Prepare supporting documentation	
<input type="checkbox"/> Read Certification	
<input type="checkbox"/> Sign and date form	
<input type="checkbox"/> Mail or fax your completed form and supporting documentation	
<input type="checkbox"/> Covered participant (e.g., John Doe)	
<input type="checkbox"/> Type of coverage (e.g., medical)	
<input type="checkbox"/> Date of service (e.g., 01/01/XXXX)	
<input type="checkbox"/> Proof of payment (e.g., \$XXX.XX)	
<input type="checkbox"/> Provider name (e.g., AARP)	

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

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

What type of documents are approved for reimbursement requests?

Of the many documents you will receive in the mail or electronically, it is important to understand which you should retain. You may need to use these materials as supporting documentation for your 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.

Please note: If you've chosen paperless delivery, you should retain documents delivered electronically for later reference.

To ensure a smooth reimbursement process, be sure to include with your request an Explanation of Benefits (EOB) or other itemized statement that lists the following information:

- Your name
- Your provider's name
- Date of service
- Description of service
- Final patient portion of the payment from your insurer

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

These three receipts are approved for reimbursement for out-of-pocket eligible-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

Doctor Wanda Worker
Internal Medicine Group
2 Main Street Anytown, CA 99999
555-555-1212

STATEMENT DATE: JUNE 7, 2018
PATIENT # 111111
ACCOUNT # 111111
TAX ID # 111111

Wanda Worker

111 Main Street
Ashley, OH, 43003
(000)000-1234

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

DATE	#	DESCRIPTION	CHARGE	INSURANCE	PATIENT BALANCE
June 17, 2016	3333-335	Evaluation	\$120.00	\$0.00	\$120.00
June 17, 2016	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
1234 MAIN STREET, YOURTOWN, OH 43002
416.555.5555 STORE # 1345

OFFICIAL PRESCRIPTION RECEIPT

Rx: 21754888 March 1, 2018

Wanda Worker
111 Main Street,
Ashley, OH 43003

(000) 000-1234

3. Explanation of Benefits (EOB)*

Provided by your health insurance company once they have paid their portion of the fees, an EOB will typically include all of 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. You can choose to receive your EOB electronically or via the mail.

If you have not received your EOB within 30 days of your date of service, contact your insurance company to request one.

*EOBs can also be used to seek reimbursement for out-of-pocket costs for medical, prescription drug, vision, or dental.

EXPLANATION OF BENEFITS (EOB)		INSURANCE COMPANY NAME							
THIS IS NOT A BILL		Online: www.insurancecompany.co							
		Customer Service: 1-800-XXX-XXXX							
Statement Date: XXX/XX/20XX	Member Name: Wanda Worker								
Document Number: XXXXXXXXXXXXX	Address: 111 Main Street, Ashley, OH, 43003								
Member ID: XXX-XXXXXXXX-XX									
Group Number: XXXXXXXX									
Patient Name: Wanda Worker	Relation: Dependent	Claim Number: XXXXXXXXXXXXX							
Date Received: XX-XX-20XX	Provider: Dr. Martha Wonder	Date Paid: XX/XX/20XX							
CLAIM DETAIL									
Date of Service	Service Description	Provider Charges	Allowed Charges	Discount	Co-Pay	Deductible	Co-Insurance	Paid by Insurer/Plan	Patient Responsibility
1 XXX/XX/XX	Follow-up Visit	\$150	\$110	\$40	\$30	-	-	\$80	\$30
2 XXX/XX/XX	Labwork	\$70	\$50	\$20	-	-	\$10	\$40	\$10
TOTAL		\$220	\$160	\$60	\$30	-	\$10	\$120	\$40
Remarks: 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*, a *Benefits Letter*, a *Proof of Income Letter*, or a *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.

You may use the *Benefit Award* or *Proof of Income Letter* as documentation when submitting your request for Medicare Part B reimbursement.

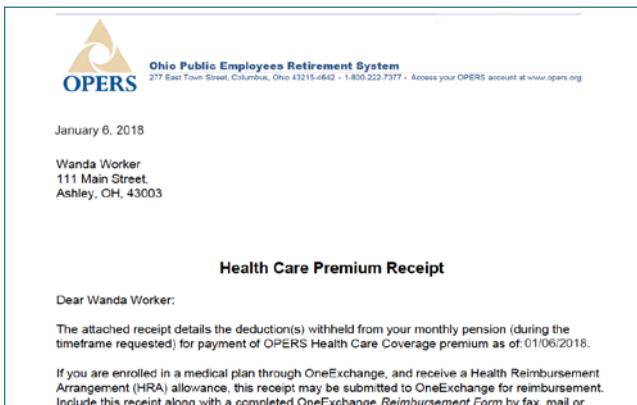
	Your payment would be about \$X,XXX a month at full retirement age
Wanda Worker 111 Main Street Ashley, OH, 43003	April 7, 2018
Your Social Security Statement	
Are you thinking about retirement? Are you ready for retirement? We have tools that can help you! • Estimate your future retirement benefits	To view your <i>Social Security Statement</i> online anytime create a my Social Security account today!

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

If you are enrolled in a Medicare plan, medical and/or prescription drug plan, you will receive a *Proof of Coverage* letter each year from your insurance company, 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.

If you are enrolled in an OPERS vision or dental plan or have a spouse's medical premium deducted from your OPERS pension, you can obtain a Health Care Premium Receipt for those plans through your OPERS online account or by calling OPERS at 1-800-222-PERS (7377). OPERS also sends out the Health Care Premium Receipt to all benefit recipients automatically at the end of the year. This will be sufficient proof for your reimbursement from your HRA, and you will not need to get a *Proof of Coverage* from the insurance company for those expenses. This is the only documentation accepted for premiums deducted from your OPERS pension.

Please note: Open enrollment statements are **not** 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 claim form, "No vision/dental insurance/no EOB."

Make sure to include the receipt for the request. This will prevent your request from being denied. Statements from the vision or dental provider should not say "claim submitted to insurance" or "insurance pending" – this will also cause reimbursement requests to be denied.



How to Submit for Reimbursement: Online, by Fax, or by Mail

You can submit your Reimbursement Request online, by fax, or by mail.

With all three methods of submitting requests, you must make certain that you include a completed and signed reimbursement form and all the supporting documentation needed to verify the request. 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. Do not mail the originals.

Please note: When you choose to submit your request online and then fax documents, you must use the fax number and fax cover sheet generated by the website, which contains the claim number and electronic signature. If you misplace your fax cover sheet you may locate it by accessing **My Documents** on the **My Dashboard** tab.



How to Submit Reimbursement Requests Online

1. Sign on to your Via Benefits Account and follow the instructions on page 6 to the **Reimbursement Center**.
2. Select the **Financial Center** tab.
3. Select **File a Spending Account Claim**.
4. Enter claim details.
5. Select the **Add Another Expense** button to add more than one expense.
6. Select **Next**.

Instructions continue on the next page.

Welcome, Wendy Worker MY NOTIFICATIONS CONTACT US RETURN TO VIA BENEFITS

VIA BENEFITS™

My Dashboard Financial Center **2. Financial Center**

File a Claim

Step 1: Claim Details Add a line for each expense

Step 2: Confirmation Confirm all expense details

Step 3: Documentation How would you like to send in your receipts

Step 4: Send Receipts

To begin submitting your claims follow the instructions below:

- Expense Type, Expense Begin Date and Amount are required for all claim items.
- Expense End Date and Dependent First Name are only required for certain Expense Types.
- Click on the "Add Another Expense" button to enter additional expenses.
- If you have completed entering all your expenses, click "Next" to proceed to the next step.

Note: If you have more than one expense, please enter them separately. Click "Add Another Expense" to add more expenses.

3. File

View My Accounts

File a Spending Account Claim

Enroll in Direct Deposit

Need Help? Contact Us

Expense Type Please Select

Expense Begin Date

Expense End Date

Amount \$0.00

4. Enter Claim Details

5. Add Another Expense

ADD ANOTHER EXPENSE

6. Next

NEXT

Continued from page 23

- Digitally sign the request by checking the box.
- Follow the directions to upload your supporting documentation.
- Select the **Upload** button.

Welcome, Wendy Worker | MY NOTIFICATIONS | CONTACT US | RETURN TO VIA BENEFITS

VIA BENEFITS™

My Dashboard | **Financial Center** | Resource Center

Quick Links

- My Resources
- Common Eligible Expense Items
- File a Spending Account Claim
- Return to Via Benefits

FAQ Quick Links

- Filing A Claim
- All About Reimbursement Accounts
- My PayFlex Card®

See more FAQs

My Account Actions

- View My Accounts
- File a Spending Account Claim
- Enroll in Direct Deposit

My Account

Transactions

File a Claim

Step 1: Claim Details
Add a line for each expense

Step 2: Confirmation
Confirm all expense details

Step 3: Documentation
How would you like to send in your receipts

Step 4: Send Receipts

Please select a method to submit your receipts for this claim. We recommend uploading your receipts, as this will expedite the processing of your claims.

Receipts must be in JPEG, GIF, PNG, or PDF format and less than 10MB in order to upload them.

By checking this box, I certify that I or my eligible spouse or dependent incurred these eligible expenses. I also certify the health care expenses are not for cosmetic purposes but for the treatment of an illness, injury, trauma, or medical condition. I understand "incurred" means an eligible individual received the service for that expense, regardless of when I'm billed, charged, or pay for the service. I also certify I haven't received reimbursement for the expenses and I won't seek reimbursement elsewhere. I understand that if I receive reimbursement for an expense, I can't claim that amount on my or my spouse's income tax returns.

For Health Reimbursement Arrangement (HRA) members : I understand that an Internal Revenue Service (IRS) rule only lets me use my HRA for eligible individuals if they're covered by a compliant group health plan*. I certify that the patient noted on my claim (myself, spouse, or eligible dependent) is covered under my Employer's group health plan or another compliant group health plan*.

I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

*The group health plan must be compliant with the Affordable Care Act (ACA). It can't have annual or lifetime dollar limits on essential health benefits. And it can't exclude coverage because of pre-existing conditions.

Signature (You must check this box to electronically sign your claim form)

If Faxing | **FAX** | **UPLOAD**

7. Digital Signature

9. Upload to Submit

Submit Supporting Documentation Online

On the signature and documentation screen, select the **Upload** button to provide your supporting documentation online. Your supporting documentation must be a PDF file and smaller than 10 megabytes to successfully upload. Most smartphones or desktop scanners are able to 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 Supporting Documentation by Fax

To submit by fax you must create a 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. On the **Signature and Documentation** screen, select the **Fax** button (see page 24) and follow the directions provided. Your browser's pop-up blocker must be disabled to create a fax cover sheet.
3. Sign the document and include all of your receipts and supporting documentation.
4. Print and sign your cover sheet, and then fax it and your documentation to the number printed on the cover sheet.

Submit Requests by Mail

A paper reimbursement form was included with this mailing, which includes the mailing address and the fax number if you wish to fax requests. Follow the instructions on the reimbursement 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. **Do not mail original receipts or statements.**

STEP

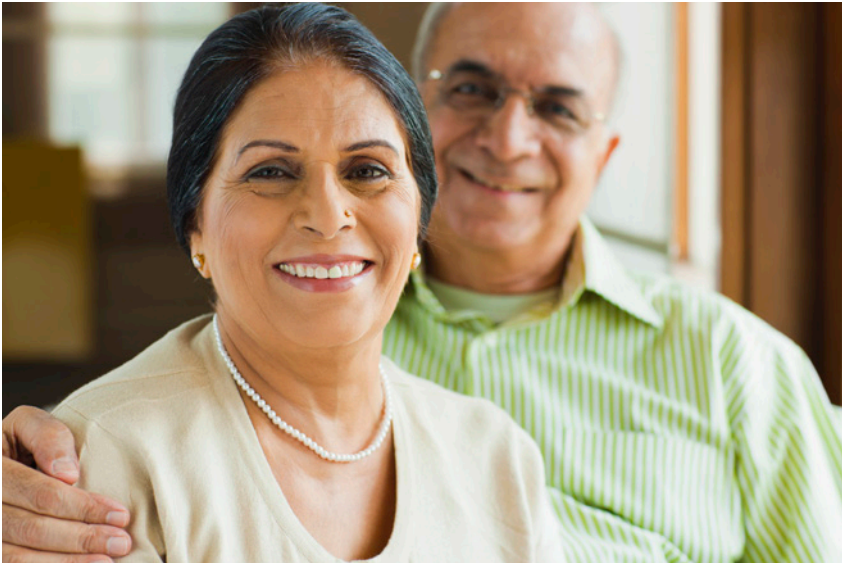
5

WHAT TO DO IF YOUR REIMBURSEMENT REQUEST IS DENIED

When a claim is denied, you will receive an Explanation of Payment (EOP) that lists the reason the claim was denied. The most common reasons for denial are missing information, an incorrectly completed form, or an ineligible expense. Follow the directions to resubmit your reimbursement request and when indicated on the denial form, include additional information or supporting documentation.

Once a request is denied, you must resubmit a new request with supporting documentation.

We will work with you to identify the reason for the denied claim. If you need more help, please contact Via Benefits at 1-844-287-9945 and say **“funding”** when prompted. A funding specialist will help you determine why the claim was denied.





HOW TO READ YOUR EXPLANATION OF PAYMENT (EOP)

Each time a reimbursement request is processed, you will receive an EOP statement. An EOP provides details on claims that have been paid, denied, or adjusted. Each statement includes a summary of reimbursement requests that have been paid, your available balance, and the amount you have been reimbursed. EOP statements also alert you to problems with your account.


EOP statements are available electronically when you access your account, otherwise expect them in your mail. You may change your delivery method by calling Via Benefits.

- If a reimbursement request is denied, the EOP will list the reason for denial. You may need to take action, such as resubmit paperwork or provide additional documentation.
- If your reimbursement funds are insufficient, you may receive an EOP for a request not fully paid. Via Benefits will reimburse as much of the request as possible. The remainder will be released when funds become available.
- If you have activated Automatic Premium Reimbursement, you'll receive EOP statements without filing a request, since your insurance company automatically submits the request on your behalf.

When you receive the EOP, you'll notice that the information is divided into three sections.

1. **An image of the check** that was deposited directly to your designated bank account.
2. **Your Balance After this Payment**
3. **This Payment Includes**

The check image will appear in all EOPs, even if your request was denied. In the case of a denial, the amount will be \$0.00.

* THIS IS NOT A CHECK *		NO. 284428954
	PayFlex Systems USA, Inc. VIA BENEFITS PO BOX 981155 EL PASO, TX 79998-1155	
PAY *** ONE HUNDRED FIFTY DOLLARS AND SEVENTY-TWO CENTS *** TO THE ORDER OF Wanda Worker 111 Main Street Ashley, OH, 43003	DATE 02/10/2018	AMOUNT *****\$150.72
		** Deposit Advisement ** The above amount has been deposited into your account.
NON-NEGOTIABLE		

Your Balance After this Payment lists the following information:

- **Account Name:** The name of your HRA.
- **Contributions:** Money that has been deposited to your account annually.
- **Total Paid:** How much money has been reimbursed to you this year.
- **Available Balance:** The amount available for future reimbursements.
- **Amount this Payment:** The amount paid on this statement.

<u>Explanation of Payment</u>				
(Reimbursement)				
<p>Thank you for submitting your claim(s) to Via Benefits. We have processed your claim(s) and our determination is below. If further action is required, please provide the requested documentation or payment to Via Benefits via fax or mail as soon as possible but no later than the end of your plan's run out period. You are responsible for verifying receipt of funds with your bank before executing any transactions.</p>				
Draft #: 284428954	Date: 02/10/2018	Total Amount: *****\$150.72		
<u>Your Account Balance After This Payment</u>				
Account Name	Contributions	Total Paid	Available Balance	Amt This Payment
(2018) Health Reimbursement Arrangement	\$975.00	(\$246.10)	\$1,221.10	\$150.72

This Payment Includes lists the following information, highlighted in green for this example:

- **Account Name:** The name of your reimbursement program.
- **Expense Type:** The category of expense for which you are being reimbursed.
- **Service Dates:** The date service was provided, not the date an expense was paid. Premium reimbursements generally list the first day of the month as both start and end date.
- **Amount Requested:** The amount you have requested for reimbursement.
- **Amount Paid:** The amount of the request eligible for reimbursement. If funds are insufficient, requests are pended and the “Amount Paid” is listed as zero dollars. The request will be completed if more funds become available.
- **Amount Not Paid:** The amount of the request that is not eligible for reimbursement.
- **Claim Number (#):** A system-generated number used to identify your reimbursement.
- **Amount this Payment:** The amount paid to you.

Your Account Balance After This Payment								
Account Name	Contributions	Total Paid	Available Balance	Amt This Payment				
(2018) Health Reimbursement Arrangement	\$975.00	(\$246.10)	\$1,221.10	\$150.72				
This Payment Includes								
Account Name	Expense Type	Service Dates		Amt Requested	Amt Paid	Amt Not Paid	Claim #	Amt This Payment
		Begin	End					
(2018) Health Reimburseme	Premium	01/01/2018	01/01/2018	\$48.25	\$48.25	\$0.00	518227188	\$48.25
(2018) Health Reimburseme	Premium	02/01/2018	02/01/2018	\$102.47	\$102.47	\$0.00	518294586	\$102.47
Total:								\$150.72

If your EOP is a denial, the section titled **This Payment Includes** will also include a **Remark**. The Remark describes the reason your request was denied.

In the example below the denial states: *“Additional information required. We did not receive any documentation for this expense. Please resubmit your claim with this information.”*

WANDA WORKER OPERS Medicare Connector		Page 1 of 1 Please Retain for Future Reference					
Explanation of Payment (Denial)							
Thank you for submitting your claim(s) to Via Benefits. Via Benefits is unable to provide reimbursement due to the reason(s) provided below. Please note that reimbursement may be available for denied claim(s) which may require additional information. Please provide the requested documentation to Via Benefits via fax or mail.							
Date: 02/16/2018				Total Amount: *****\$0.00			
Account Name	Expense Type	Service Dates		Amt Requested	Amt Paid	Amt Not Paid	Claim #
(2018)Health Reimbursement	Premium	01/01/2018	12/01/2018	\$1,461.60	\$0.00	\$1,461.60	520290840
Remark: Additional information required. We did not receive any documentation for this expense. Please resubmit your claim with this information.							

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

Overpayments

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

If you have an unresolved overpayment, Via Benefits will send you a reminder letter approximately 30 days after the occurrence. Via Benefits will continue to send you a reminder letter monthly until the matter is resolved.

In order to resolve an overpayment, please contact the Via Benefits Funding Department and speak with a representative about your options.

Deceased and Incapacitated Beneficiaries

We understand that dealing with a deceased or incapacitated family member is a difficult thing to do and that it may be hard to know what steps to take next.

To gain access and utilize the remaining HRA balance for a deceased or incapacitated beneficiary, authorized caregivers should contact Via Benefits for next steps and guidance.





WHICH EXPENSES ARE ELIGIBLE?

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

Premium Expenses

The funds provided in your reimbursement program can be applied toward the **Medical, Prescription Drug, Dental, Vision, Medicare Part A, Medicare Part B and Long Term Care** premium expenses incurred while you are eligible for your funding program. Generally, you will 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 for Medicare Part A or B, if OPERS has reimbursed you for them.

Out-of-Pocket Expenses

Your funding program allows you to be reimbursed for your eligible out-of-pocket medical expenses to the degree that funds are available. Eligible out-of-pocket expenses 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/pub/irs-pdf/p502.pdf), the Summary Plan Description (SPD) provided by OPERS, or call Via Benefits.

Sample List of Eligible Out-of-Pocket Expenses

The following list is generally considered a sample of eligible expenses for reimbursement based on IRS Code Section 213(d). It is not 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 funding program. For more information on eligible expenses covered by your specific program refer to your 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.

Extend Insurance Services, LLC* is Extend Health, Inc.'s licensed insurance agency. Extend Insurance Services, LLC is a Utah resident insurance agency (Utah License No. 104741) and licensed as a nonresident insurance agency or otherwise authorized to transact business as an insurance agency in all states and the District of Columbia. Extend Insurance Services, LLC represents, and receives payment of commissions from the insurance companies for which Extend Insurance Services, LLC is an agent and sells insurance products and services, and may receive other performance-based compensation for its sale of the insurance products and services provided to you. Insurance rates for the insurance products and services offered by Extend Insurance Services, LLC are subject to change. All insurance products and services offered by Extend Insurance Services, LLC may not be available in all states. It is your responsibility to enroll for coverage during the annual Medicare Open Enrollment period.

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

	<p><Client Logo></p> <p><First Name> <Last Name> <Address Line 1> <Address Line 2> <City>, <State> <ZIP Code></p>
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