

This is an overview of eligible expenses that are allowed for reimbursement under your Health Reimbursement Arrangement (HRA).

## Premium Expenses

The funds provided in your reimbursement program can be applied toward the following premium expenses incurred while you are eligible for your funding program.

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

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 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.

## Paying Your Premiums and Automatic Premium Reimbursement

Most insurance carriers offer Automatic Premium Reimbursement options. Using this service, your insurer will draft your premium payments directly from your bank account and submit your request for premium reimbursement to Via Benefits automatically. If you choose not to take advantage of Automatic Premium Reimbursement or if your insurance carrier does not offer it, you may send your request and its supporting documentation online, by fax, or through the mail each month.

## How to Activate Automatic Premium Reimbursement

To update your Automatic Premium Reimbursement preferences, sign into your online account, select the **Funds & Reimbursements** tab, and review the Automatic Premium Reimbursement settings section. There is no form to fill out.

## 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](http://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 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