



Funding Guide to Reimbursement

<Plan Name>

<Health Reimbursement Arrangement>

<HRA>

Greetings From 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>.

This guide contains instructions for managing your funding account and explains how to be reimbursed for your eligible expenses. Via Benefits Insurance Services is the administrative service provider for your funding account. You will submit your reimbursement requests to Via Benefits and be reimbursed from your available funds.

IMPORTANT!

Please retain this guide, as it contains important information about your <HRA>

Resources

Website

My.ViaBenefits.com/Funds

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>



Funding Guide Contents

This guide has important information and is designed to help you understand how to be reimbursed, access your funding account online and answer important questions.

Inside this guide you will find information on:

- Accessing Your Funding Account Online
- [Automating Your Premium Reimbursement](#)
- How To Request A Reimbursement Online?
- How To Request A Reimbursement By Mail Or Fax?
- [How To Read An <Via Benefits Explanation of Benefits \(EOB\) /Explanation of Payment \(EOP\)> Statement?](#)
- Helpful Suggestions For Filing Reimbursement Requests
- Which Documents Do You Need To Save?
- Which Expenses Are Eligible?
- [What Is Pre-Medicare Information?](#)
- Frequently Asked Questions

Forms included with this funding guide:

- [<Reimbursement Request Form>](#)
- [<Direct Deposit Authorization Form>](#)
- [<Recurring Medicare Part B Reimbursement Request Form>](#)
- [<Catastrophic Coverage Insert>](#)
- [<Special Payment Benefit Insert>](#)
- [<Special Payment Benefit Form>](#)
- [<Recurring Premium Reimbursement Request Form>](#)

How to Read This Funding Guide

Throughout this guide you'll find these two helpful boxes.

What I Need To Do provides a streamlined approach to the guide, outlining each aspect in the process of reimbursement.

This section is indicated by the following icon:



What I Need to Do:

What I Need To Know provides a more in-depth review of the What I Need To Do steps.

This section is indicated by the following icon:



What I Need to Know:

As you read through this guide, there is a section in the back in which we encourage you to write down questions for Via Benefits.

If this guide does not answer your questions, please call Via Benefits to speak with one of our customer service representatives. As always, we look forward to assisting you in accessing and managing your funding account.



Accessing Your Funding Account Online



What I Need to Do:

- Register your funding account online
- Log into your funding account online



What I Need to Know:

- How to register your funding account online?
- How to log into your funding account online?

Your online funding account is the fastest, easiest way to access your funding information, reduces the amount of time spent on the phone, and helps you manage your funding account.

How to register your funding account online?

1. Go to My.ViaBenefits.com/Funds
2. Click **Register**
3. Enter **Name, SSN, Username, Password, and Email**
4. Check **Terms of Service** box
5. Click the green **Submit** button

How to log into your funding account online?

1. Go to My.ViaBenefits.com/Funds
2. Enter in your **Username and Password**
3. Click the green **Log in** button

IMPORTANT!

Information that appears in your online account about you or the plans you have selected was collected during your enrollment process.



Automating Your Premium Reimbursement



What I Need to Do:

- Set up premium payment
- Set up Automatic Premium Reimbursement
- Set up direct deposit



What I Need to Know:

- How to automate your premium payment?
- How to automate your premium reimbursement?
- How to set up direct deposit?

Automating your premium payment and premium reimbursement will save you time each month, and direct deposit is a secure way to get the reimbursement into your bank account.

Follow these steps to set up Direct Deposit online

1. Go to My.ViaBenefits.com/Funds
2. Log into your Via Benefits online account
3. Click **Funds & Reimbursement**
4. Click **Reimbursement Center**
5. Click **Profile/Enroll in Direct Deposit**

Direct Deposit can also be set up by calling Via Benefits at <VB Client Phone Number> or by filling out the Direct Deposit Authorization Form. Make sure you have your bank routing and account number ready.

How to automate your premium payment and reimbursement

1. How to automate your premium payment?

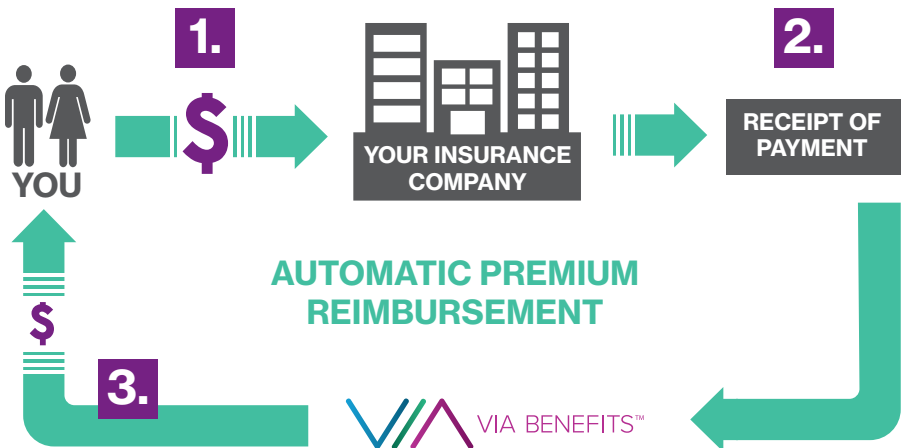
This can be set up by contacting your insurance company. Most insurance companies offer an automatic premium payment option where they draft your monthly premium payments from your bank account.

2. How to automate your premium reimbursement?

Via Benefits offers an Automatic Premium Reimbursement feature for most insurance policies. The reimbursement request and proof of payment come directly from your insurance company and are submitted automatically to Via Benefits. This can be set up online or by calling Via Benefits.

3. How to set up direct deposit?

Via Benefits provides direct deposit that will send your reimbursements directly to your bank account. The following page has the steps to set up direct deposit online.



Once established, reimbursements will usually arrive about the same time each month. It takes 2 to 3 billing cycles to be established by the insurance company.

How to Request a Reimbursement?



What I Need to Do:

- Set up premium payment
- Set up premium reimbursement
- Set up direct deposit
- Submit support documentation



What I Need to Know:

- How to pay your health care expenses?
- How to submit a reimbursement request?
- Receive reimbursement for your approved reimbursement request

This section provides information for submitting a reimbursement request online and manually.

How to pay your health care expenses?

The first step toward reimbursement is for you to pay your health care expenses. You will make your payments directly to your insurance company. Your insurance company may have options on how to pay for your health care expenses.

Retain your receipts and supporting documentation for Reimbursement Requests.

How to submit a reimbursement request?

There are two ways to submit a reimbursement request. You can submit the request online or manually by mail or fax.

Submit a reimbursement request online

1. Prepare supporting documentation for the reimbursement request
2. Go to My.ViaBenefits.com/Funds
3. Log into your Via Benefits online account
4. Click **Funds & Reimbursement**
5. Click **Reimbursement Center**
6. Enter the reimbursement information
7. Add another expense, if needed
8. Upload supporting documentation
9. Confirm the information is correct

Submit a reimbursement request by mail or fax

1. Prepare supporting documentation for the reimbursement request
2. Fill out the Reimbursement Request Form
3. Submit the form to Via Benefits by fax or mail with supporting documentation

Receive reimbursement for your approved reimbursement requests

Via Benefits will process your Reimbursement Request form and, once approved, reimburse you from your available funds. You may receive your reimbursement by direct deposit or check, along with your <Explanation of Benefits (EOB)/Explanation of Payment (EOP)> statement.

IMPORTANT!

Do not mail original receipts or documents; provide copies for reimbursements.

What is on a Via Benefits <EOP/EOB>-Statement?



What I Need to Know:

- When will I receive a Via Benefits <EOP>?
- What is included on a Via Benefits <EOP>?
- What to do with a denied reimbursement request?

When will I receive a Via Benefits <EOB/EOP>?

A Via Benefits <Explanation of Payment (EOP)> statement will be provided each time a reimbursement request has been processed.

What is included on a Via Benefits <EOB/EOP>?

- Account name
- Plan year
- Payment summary
- Contributions
- Available balance
- Claim number
- Date of reimbursement
- Expense type
- Amount paid/denied
- Denial reason
- Total amount paid
- <Pending Reimbursements>

What to do with a denied reimbursement request

If a reimbursement request has been denied, a denial reason will be listed on the <EOB/EOP> with instructions on how to refile for reimbursement. Follow the Action Steps on the <EOB/EOP> to resubmit your reimbursement request.

Helpful Suggestions for Filing a Reimbursement Request



What I Need to Know:

- What Via Benefits looks for on reimbursement requests?
- International reimbursement request

What Via Benefits looks for on a reimbursement request?

Instructions for submitting your reimbursement requests are printed on the back of each form.

- Check off each step as you fill out the form.
- Via Benefits will verify these five items:
 1. **Who received the service**
 2. **Who provided the service**
 3. **What service was provided**
 4. **When service was provided**
 5. **Proof of payment/expense**

Via Benefits does not look for a specific document but looks for the specific information required to verify the expense in the request.

- More than one document may need to be provided to show all five pieces of information.
- **Do not mail original receipts or documents; provide copies for reimbursements.**
- Refer to the instructions on the Reimbursement Request Form or call Via Benefits for assistance.

International reimbursement request

Contact Via Benefits customer service to request special instructions for reimbursable eligible expenses incurred outside of the United States.

Which Documents Do You Need To Save?



What I Need to Know:

- What are premium payment statements?
- What are Explanation of Benefits (EOB) statements?
- What are monthly prescription drug plan summaries?
- <What is a Social Security Benefit Award/Proof of Income Letter?>

Below is a list of important documents that you should watch for in the mail and save once they arrive. It is a good practice to keep these documents until you are sure they are no longer needed.

From your insurance company:

What are Premium Payment Statements?

Your insurance company will prepare a policy statement or a monthly premium statement containing your monthly premium amount and your payment schedule.

Save all policy statements, premium statements, invoices, premium coupons, and receipts you receive from your insurance company for use as supporting documentation when submitting your reimbursement requests.

If you have not received or are unable to locate an invoice or statement, you may call your insurance company.

What are Explanation of Benefits (EOB) Statements?

Your insurance company will provide an EOB stating the amount of the expense covered by the plan, the remaining account balance, and the amount of your responsibility. Keep these EOBs as documentation of your health care expenses.

If you have not received or are unable to locate an EOB, contact your insurance company.

What are Monthly Prescription Drug Plan Summaries?

Each statement summarizes important information related to your coverage that may be needed to support your reimbursement request. If you do not enroll in a prescription drug plan, you will not receive these documents.

From the Social Security Administration:

What is a Social Security Benefit Award/Proof of Income Letter?

The Social Security Administration issues an annual Social Security Benefit Award Letter/Proof of Income Letter usually during October or November. This letter specifies the amount of your Social Security benefit for the coming year and any deductible amounts. This letter should be saved and will be required for supporting documentation.

If you are missing your Benefit Award/Proof of Income Letter, you may call Social Security Administration at 1-800-772-1213 and follow the prompts to request another Benefit Award/Proof of Income Letter.

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 B, and long term care premium expenses incurred while you are eligible for your funding program. ... premiums are not included.> Generally, you will pay your insurance premiums to the insurance company on a monthly basis before requesting a reimbursement.

Out-of-pocket expenses

Your funding program allows you to be reimbursed for your eligible out-of-pocket health care 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. ... Out-of-pocket expenses are not included.> 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 your former employer or benefits provider, or call Via Benefits.

Sample list of eligible out-of-pocket expenses

The list on the next page is 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

Individual And Family Plan (Pre-Medicare) Participants



What I Need to Know:

- What is Pre-Medicare?
- Who is the family reimbursement payee?
- What is Recurring Premium Reimbursement?

What is Pre-Medicare?

You are a Pre-Medicare participant if you are not yet 65 years of age and are enrolled in an Individual and Family Plan.

Who is the Family Plan Reimbursement Payee?

Family plans may have more than the primary account holder on the insurance policy, such as a spouse and/or dependents. For these policies, reimbursements will be in the primary account holder's name. Reimbursements must be submitted in the primary account holder's name.

What is Recurring Premium Reimbursement?

Via Benefits offers a feature called Recurring Premium Reimbursement. This feature provides a simple way to be reimbursed monthly for insurance premiums. Premiums must be a fixed monthly amount for a set period of time. Recurring Premium Reimbursement requests must be resubmitted each calendar year.

The premiums are paid to the insurance company. As long as you stay eligible for your funding program, you may be reimbursed for those premium payments each month by setting up Recurring Premium Reimbursement. If there is a change in the premium amount, notify Via Benefits by completing another Recurring Premium Reimbursement Request Form and mark in the Action column "Change." Via Benefits will update your file and reimburse you the new amount.

This is how Recurring Premium Reimbursement works:

- ❑ Pay your premium to your insurance company
- ❑ Fill out the Recurring Premium Reimbursement Request Form
 - Go online and submit the request
 - Call Via Benefits and request the form
- ❑ Complete the request and provide supporting documentation
- ❑ Via Benefits will reimburse you the first business day of each month

IMPORTANT!

Individual and Family Plans do not offer Automatic Premium Reimbursement, where your insurance company notifies Via Benefits of your premium payment.

Frequently Asked Questions

Via Benefits has helped hundreds of thousands of retirees access and manage their reimbursement funding. We understand that many people have similar concerns. Below are answers to some of our most frequently asked questions.

Which health care expenses are eligible?

A sample list of eligible expenses is included in this guide. To view a printable sample list of the health care expenses that are eligible for reimbursement, visit your Via Benefits online account.

Why was my reimbursement request denied?

A reimbursement request can be denied for a number of reasons, including an incorrect or incomplete document or an ineligible expense. If a reimbursement you submit is denied, you can learn why on your [<Explanation of Benefits \(EOB\)/Explanation of Payment \(EOP\)>](#). Follow the Action Steps on the [<EOB/EOP>](#) to resubmit your reimbursement request.

What are funding qualification requirements?

Participants have qualification requirements to access reimbursement funds. If you want to make changes to your current coverage, we encourage you to contact Via Benefits for assistance to make sure that you understand all the implications of making the change.

When should I receive my reimbursement?

If you have elected direct deposit, your reimbursement should be issued within three (3) business days of the request approval. If you receive a reimbursement check, you should receive your reimbursement within fourteen (14) days of the request approval.

How do I authorize someone of my choosing to assist me with my reimbursements or access my information?

An Authorization to Release Protected Information (ARPI) form allows you to designate someone of your choice to see your allocation and funding balance, and submit and check on the status of reimbursement requests. The ARPI form permits the person you designate to speak on your behalf without your presence on the telephone.

You may call Via Benefits to give verbal authorization or request the ARPI form be sent to you. Send the completed form to Via Benefits using the contact information on the form. You may cancel this authorization at any time by calling Via Benefits or in writing.

Who do I contact if I have questions?

If you have questions that are not answered in this guide or online, or if you simply prefer to speak to someone, Via Benefits' trained customer service representatives are always happy to hear from you.

Our customer service representatives are available Monday through Friday, **<from 8:00 a.m. to 9:00 p.m. Eastern Time>**. Call us using the toll-free phone number printed at the front of this guide or at the bottom of the page.

To verify your identity, you may be asked a few questions before you are connected to a representative. Please be prepared to provide your ZIP Code and the last four digits of your Social Security Number.



Contents ©2004–2018 Towers Watson. All Rights Reserved. The information offered on our website and provided in this mailing is believed to be true and correct.

Extend Insurance Services, LLC* is Towers Watson’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

CLIENT LOGO

11 SP 0.900
*****SNGLP T1 P1
<First Name> <Last Name>
<Address Line 1>
<Address Line 2>
<City>, <State> <ZIP CODE>