



**2021**

# Getting Reimbursed Guide

How to use your Health Reimbursement  
Arrangement (HRA)



# We're Here to Assist You



## Mobile App

Download the Via Benefits Accounts mobile app from the App Store or Google Play



## 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. to 9:00 p.m. Eastern Time



## By Mail

Via Benefits

PO Box 981155

El Paso, TX 79998-1155



## By Fax

1-866-886-0879

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



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

The HRA is a tax-free account that you can use to seek reimbursement for any eligible expenses that you and your eligible dependents may incur. The monthly contributions can accumulate from month to month, and the balance will roll over from year to year.

# Welcome to Via Benefits!

## Dear John Sample:

You have qualified for an OPERS Health Reimbursement Arrangement (HRA). The HRA is a tax-free account that you can use to seek reimbursement for any eligible expenses that you and your eligible dependents may incur.

Your first monthly contribution in the amount of \$<<HRAAmt>> has been made to your HRA and will be available <<HRAStartDate>>. This guide will walk you through the basics of how to use your HRA.

Via Benefits is always available 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), Monday through Friday, 8:00 a.m. to 9:00 p.m. Eastern Time.



### Managing your HRA at your fingertips!

Download the **Via Benefits Accounts mobile app** for quick and easy access to your HRA. Use the app to review expenses, get reimbursed, monitor the progress of a request, and get important updates. Read the accompanying insert for more information on downloading and using the Via Benefits Accounts mobile app.



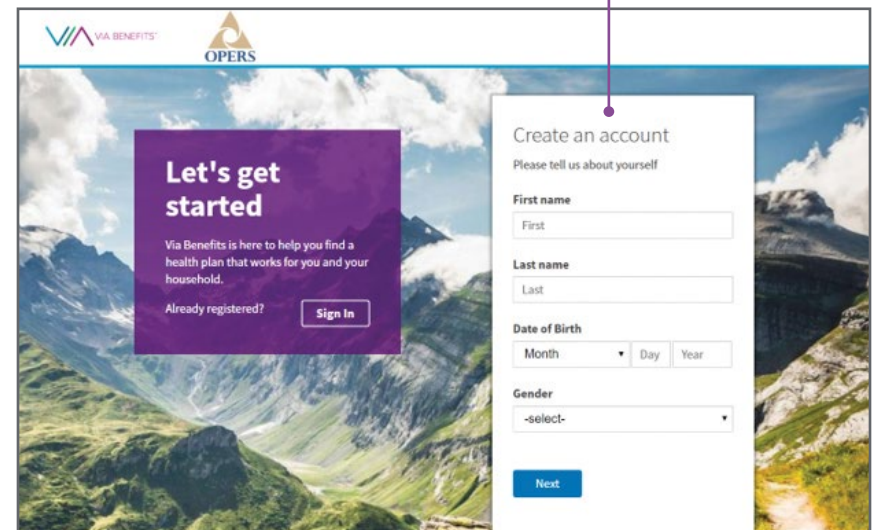
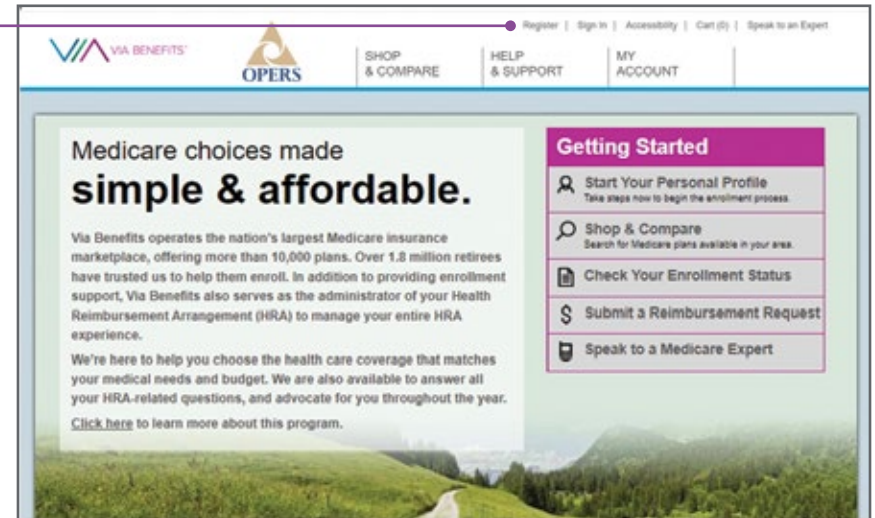


# Step 1: **Get to Know** Your HRA

The quickest and easiest way to manage your HRA is to use the Via Benefits website or mobile app. You'll receive your reimbursements faster since we can begin processing your request right away rather than waiting to receive your request in the mail.

## Create your online account

- Go to [my.viabenefits.com/opers](https://my.viabenefits.com/opers) and select **Register** at the top of the page
- Under **Create an account**, provide all the information requested and follow the onscreen directions



## Sign into your online account

- Go to [my.viabenefits.com/opers](https://my.viabenefits.com/opers)
- Select **Sign In** at the top of the page
- Enter your email address and password, then select **Sign In** to view your account

You're required to verify your account each time you sign in, unless you select **Remember my device**. Selecting **Remember my device** allows you to skip verification for 30 days, if your web browser allows it. Only select this option if you're using a trusted computer.

If asked to verify your account, when prompted select **Text Me** or **Call Me** to receive a code. Verifying your account is a two-step process, which provides an added layer of security for your personal information.



**Text Me:** A verification code will be sent to your mobile phone

- Enter this code into the **Enter code** box on your computer screen



**Call Me:** An automated call will be made to a phone number you choose

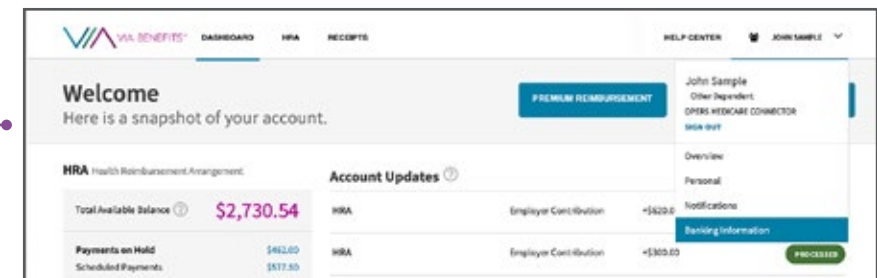
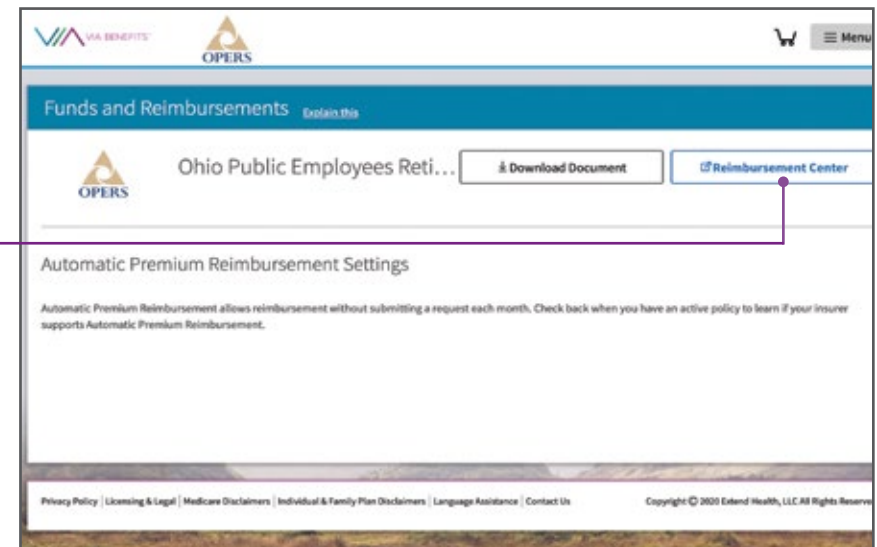
- Follow the voice prompts and select the number requested on your phone keypad



## Access and manage your online account

Once you've signed in, you'll want to go to the **Funds & Reimbursement** section. Here you can see your contribution amount, your total available balance, and your reimbursement and contribution history. You'll also find links to submit your expenses online. Just follow these steps.

- Select **View Accounts** under **Funds & Reimbursements**
- Select **Reimbursement Center**
- This will open your **Dashboard** providing a snapshot of your account



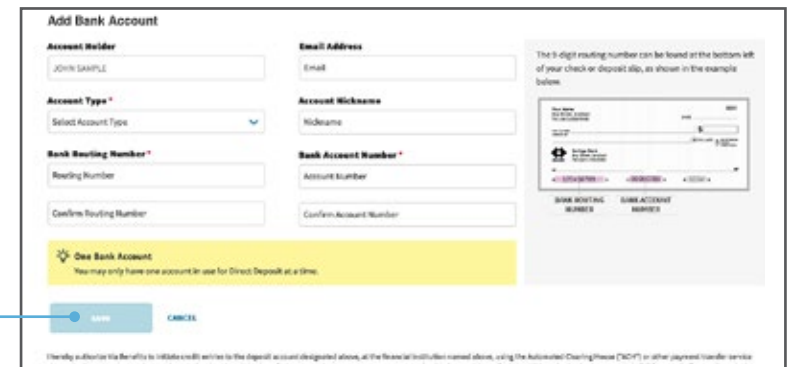
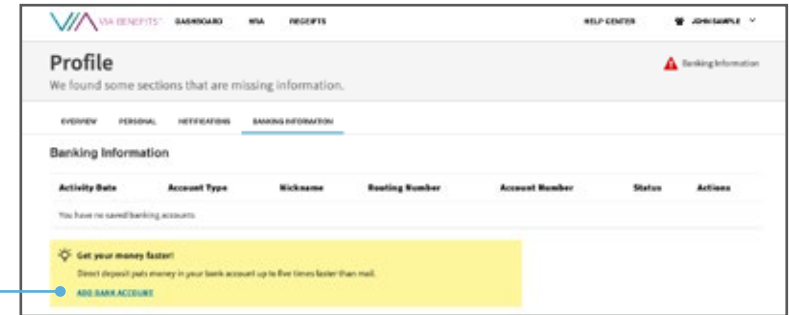


## Step 2: **Set Up** Direct Deposit

OPERS requires that you receive any reimbursements from your HRA by direct deposit into your bank account. This means 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, but if you need to add or update your bank account information, you can do so on our website or app, or by mail or fax.

### Set up direct deposit online

- Sign into [my.viabenefits.com/opers](https://my.viabenefits.com/opers) and navigate to the Reimbursement Center (see page 10)
- Select the account holder name and navigate to the **Banking Information** tab
- Select **Add Bank Account**
- Enter your bank account information, verify it's correct, then select **Save**



### Set up direct deposit by mail or fax

If you prefer to update your bank account information manually, call Via Benefits at 1-844-287-9945 (TTY: 711) and follow the automated prompts to request a form be mailed to you. The address and fax number are printed at the top of the Direct Deposit Authorization Form.

Note that any changes or updates to your bank account information take seven to ten business days to process.

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

## Step 3: **Understand** the Reimbursement Process

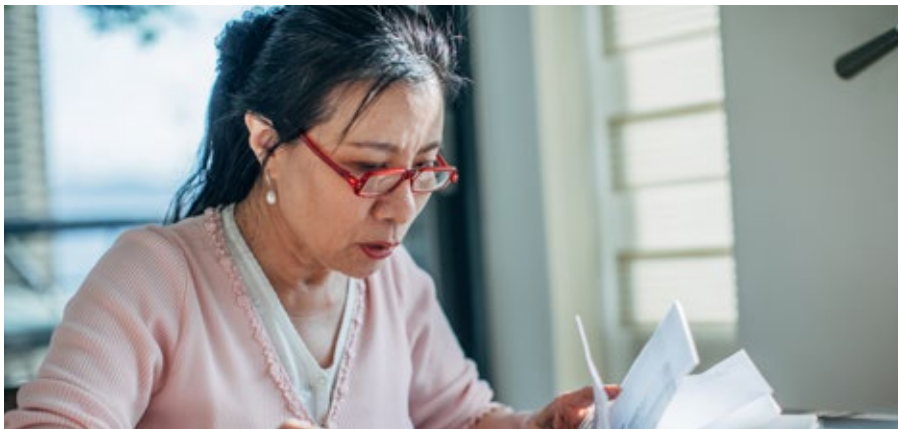
Understanding how the process works will help you receive your reimbursements as soon as possible. To start, think about what types of expenses you'll have.

- For premium expenses, you can use Automatic Premium Reimbursement or Recurring Premium Reimbursement — see page 16 for more information
- For out-of-pocket or one-time expenses, like doctor office visits or prescription drug copays, you can submit a manual reimbursement request

Once you determine which type of expense you have, the process of getting reimbursed works as illustrated on the next page:



For most situations, Via Benefits does not require proof that you've paid your expenses prior to processing your reimbursement request, but it is your responsibility to make sure your expenses are paid.



### For Premiums

Make sure you've signed up for Medicare Part B and then enroll in a medical, prescription drug, dental and/or vision plan.



### For Out-of-Pocket Expenses

Seek care from a provider or pay for a prescription drug or other eligible expense. See page 40 for a list of eligible expenses.



### Collect Your Receipts and Supporting Documentation

Keep copies of documents that confirm the amounts you owe, like premium statements from your insurance carrier. See more about supporting documentation on page 18.



### Request Reimbursement from Via Benefits

Submit reimbursement requests online or through the mobile app for the fastest, safest, and easiest way to be reimbursed. You can also submit by mail or fax. See instructions on page 24-27.



### Via Benefits Reviews Your Reimbursement Request

Via Benefits reviews your request to ensure it meets all IRS and plan guidelines.



### Via Benefits Provides Payment and Notification

Via Benefits will reimburse your approved requests via direct deposit. You'll receive a notice when your reimbursement is complete. Learn more on pages 28-33.



## Automate your premium reimbursement

Via Benefits offers **Automatic Premium Reimbursement** for most medical and prescription drug insurance policies, Medicare Part B premiums, as well as OPERS dental and vision plans. When enabled, this allows your insurance carrier and OPERS to notify Via Benefits that you've paid your monthly premium, and you'll automatically be reimbursed from your account without needing to submit a request.

For plans that don't allow Automatic Premium Reimbursement, use the **Recurring Premium Reimbursement** method. With this approach, you need to submit a request to Via Benefits on our website or app, or by mail or fax, and you'll be reimbursed monthly from your HRA.

### Set it and forget it!

During your call with a Via Benefits licensed benefit advisor, you may have already established Automatic Premium Reimbursement. If so, no further action is required.



**Bottom line:** Both methods are convenient ways to get reimbursed for your monthly premiums. Call Via Benefits if you need help determining which approach makes the most sense based on your needs.

	Automatic Premium Reimbursement	Recurring Premium Reimbursement
<b>For which premiums can this be used?</b>	<ul style="list-style-type: none"> <li>Medical, prescription drug, Medicare Part B, and OPERS dental and vision premiums</li> </ul>	<ul style="list-style-type: none"> <li>Medical, prescription drug, Medicare Part B and OPERS dental and vision premiums</li> </ul>
<b>How do I set this up?</b>	<ul style="list-style-type: none"> <li>Call Via Benefits or sign into your online account, select <b>View accounts</b> under <b>Funds &amp; Reimbursements</b>, and scroll to your <b>Automatic Premium Reimbursement</b> settings*</li> </ul>	<ul style="list-style-type: none"> <li>Submit your request on our website or app, or by mailing or faxing a Reimbursement Request Form to Via Benefits</li> </ul>
<b>Do I need to renew the request each year?</b>	<ul style="list-style-type: none"> <li>No, as long as you stay in the same plan</li> </ul>	<ul style="list-style-type: none"> <li>Yes, you need to submit a new request each year, and whenever your premium changes, even if mid-year</li> </ul>
<b>How long does it take to get my first reimbursement?</b>	<ul style="list-style-type: none"> <li>It typically takes around six weeks to get your first reimbursement after you make your first premium payment</li> </ul>	<ul style="list-style-type: none"> <li>Once we receive your request, your reimbursement request will typically be processed within 10 business days</li> </ul>
<b>How often will I get subsequent reimbursements?</b>	<ul style="list-style-type: none"> <li>Every four to six weeks</li> </ul>	<ul style="list-style-type: none"> <li>Monthly, at the same time each month</li> </ul>

\*For OPERS dental and vision plans, Automatic Premium Reimbursement will be set up automatically for you unless you opt out - see page 19 for details

## STEP 4: **Prepare** Your Request

The first thing to do when preparing your reimbursement request is to gather your supporting documentation. Without supporting documentation, your request may be denied. Review the details below to understand what documents are considered acceptable for both premium reimbursements and out-of-pocket expense reimbursements.

### **Collect your supporting documentation for premium reimbursements**

In order to be reimbursed for any medical, prescription drug, dental or vision plan premiums, you'll need to provide a Proof of Coverage letter or premium statement from your insurance carrier. The premium payment amount must match the amount on your supporting documentation. When submitting a request for your premium reimbursement, the coverage period start date should be used as the date of service, not the date of payment.




### **When do I need to use the OPERS Health Care Premium Receipt?**

For your convenience, OPERS will set up Automatic Premium Reimbursement on your behalf for OPERS dental and vision plans and no action is required from you. However, if you opt out of this automatic process, you'll need to submit the OPERS Health Care Premium Receipt for reimbursement. The Health Care Premium Receipt documents the OPERS group plan premiums that will be deducted from your pension benefit.

The Health Care Premium Receipt is also the required documentation for reimbursement if you have a dependent who is enrolled in an OPERS group medical plan.


You can access this document through your OPERS online account at [www.opers.org](http://www.opers.org) or by calling OPERS at 1-800-222-PERS (7377). This is the only documentation accepted for OPERS premiums deducted from your OPERS pension. Open enrollment statements are not an acceptable proof of enrollment and will be denied.

 Ohio Public Employees Retirement System 277 East Town Street • Columbus, Ohio 43215-4642 • 1-800-222-7377 • <a href="http://www.opers.org">www.opers.org</a>				
December 1, 2020				
John Sample 1234 Street Name Any Town, State 00000 United States			00000000	
<b>Health Care Premium Receipt</b>				
The below reflects premium paid by John Sample as of 12/01/2020				
Receipt Period Start Date: 01/01/2021				
Receipt Period End Date: 12/31/2021				
Coverage Period	Type of Coverage	Covered Participant	Relationship	Total Monthly Premium
2021/01/01 - 2021/12/31	Medical	John Sample	Self	322.34
2021/01/01 - 2021/12/31	Dental	John Sample	Self	20.37

## Collect your supporting documentation for Medicare Part B premium reimbursements

Every year, usually in October or November, the Social Security Administration (SSA) sends a benefit verification 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 Benefit Recipient's name, indicate that it is for Medicare Part B, and list the amount of the Medicare Part B premium.

If you enroll in medical coverage through Via Benefits, you can sign up for Automatic Premium Reimbursement for Medicare Part B and you won't need to submit this supporting documentation. Via Benefits is able to verify the standard Part B premium on your behalf. However, if you're subject to the Income Related Monthly Adjusted Amount (IRMAA) and pay a higher Medicare Part B premium due to your income level, you will need to submit your IRMAA adjustment through a separate reimbursement request, including this supporting documentation.

**Social Security Administration**

Date: January 30, 2021  
Claim Number: XXX-XX-0000A

John Sample  
1234 Street Name  
Any Town, State 00000

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

**Information About Current Social Security Benefits**

Beginning December 2020, the full monthly Social Security benefit before any deductions is \$223.90. We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$223.00.  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the fourth Wednesday of each month.

## Collect your supporting documentation for out-of-pocket expenses

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

### 1. 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 amount that is the patient's responsibility.

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

**EXPLANATION OF BENEFITS (EOB)**  
**THIS IS NOT A BILL**

INSURANCE COMPANY NAME  
Online: [www.insurancecompany.com](http://www.insurancecompany.com)  
Customer Service: 1-800-555-5555

Statement Date: May/31/2021  
Document Number: 0000020000

Member Name: John Sample  
Address: 1234 Street Name  
Any Town, STATE 00000

Member ID: 999-999999-9999  
Group Number: 88888888

Patient Name: John Sample  
Date Received: May/31/2021

Relation: Dependent  
Provider: Dr. Martha Wonder

Claim Number: 1000000000001  
Date Paid: May/31/2021

**CLAIM DETAIL**

Date of Service	Service Description	Provider Charges	Allowed Charges	Discount	Co-Pay	Deductible	Co-Insurance	Paid by Insurer/Plan	Patient Responsibility	Remark Code
05/05/2021	Follow-up Visit	\$150	\$110	\$40	\$30	-	-	\$80	\$30	1
05/13/2021	Labwork	\$70	\$50	\$20	-	-	\$10	\$40	\$10	1
<b>TOTAL</b>		\$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.



## 2. 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, 2021  
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, 2021	3333-335	Evaluation	\$120.00	\$0.00	\$120.00
May 17, 2021	3333-45	Procedure	\$75.00	\$0.00	\$75.00

## 3. Prescription drug receipt

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

**THE FIRST PHARMACY**  
1234 Main St, Yourtown, OH 43002  
416.555.5555  
Mar 11, 2021

**OFFICIAL PRESCRIPTION RECEIPT**  
JOHN SAMPLE  
1234 Street Name  
Any Town, STATE 00000  
(000) 000-0000

Prescriptions	28.42
11337692	
Prescriptions	20.41
11337693	
Prescriptions	16.45
11337694	
SUBTOTAL 65.28	
<b>TOTAL: \$65.28</b>	

Pharmacist's Signature \_\_\_\_\_

### Save your emails!

If you've chosen paperless delivery from your insurance carrier, provider, or pharmacy, make sure you save documents emailed to you to make the reimbursement process quicker and easier.



If you have an eligible dental or vision expense that insurance doesn't cover, include a note with your reimbursement request that says, "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.

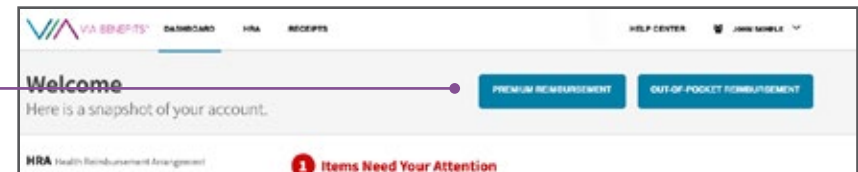
## Step 5: **Submit** Your Request

Once you've gathered your documents, you're ready to submit your request. The fastest, safest and easiest way to complete your reimbursement is online or via our mobile app. You can also request reimbursement by fax or by mail.

### Submit Your Reimbursement Request Online

To submit your reimbursement request online, follow these step-by-step instructions.

- Sign into [my.viabenefits.com/opers](https://my.viabenefits.com/opers) and navigate to the **Reimbursement Center** (see page 10)
- On the **Dashboard**, select either the **Premium Reimbursement** or **Out-of-Pocket Reimbursement** button
- Review the description of supporting documentation and select the **Continue** button
- Fill out the necessary information



Continued from previous page

- Upload your supporting documentation by selecting the **Upload File** button
- Select the **Review & Submit** button to review the information you entered
- On the following page, select the **Submit** button to complete your reimbursement request

### What types of files can I upload?

You can upload any of the following file types: PDF, GIF, JPG, TIF or BMP. There is no limit to the number of files you can upload but each file you upload cannot exceed 5 MB. Most smartphones or desktop scanners can create the files, which you can then email to yourself, download, and attach to your request.

Category: Medical  
Type: THERAPY  
Date of Service: Dec 18, 2020  
Amount: \$200  
Provider/Carrier Name: HUMANA  
Individual Served: JOHN SAMPLE  
Supporting Document(s) (required)  
The Reason for Supporting Document(s): Supporting documents, in the form of itemized receipts, are required when you submit expenses for this reimbursement.  
Other requirements: Depending on the information you provide, we may ask you for additional details about this expense.  
Buttons: UPLOAD FILE, ASK US MAIL, CANCEL, ADD ANOTHER EXPENSE, REVIEW & SUBMIT

### Submit Your Reimbursement Request by Mail

If you're unable to complete your request online or via the mobile app, you can submit it by mail or fax. Call Via Benefits to request a Reimbursement Request Form which will be mailed to your home address on file. Follow the instructions on the Reimbursement Request Form and make sure you provide all the required information. If you have questions, call Via Benefits for help. The paper forms may be photocopied, but please don't share them since they are personalized for you. Follow instructions carefully and be sure to include supporting documentation for your request. Don't mail original receipts or statements.





# Explanations of Payment and Explanations of Unpaid Expenses

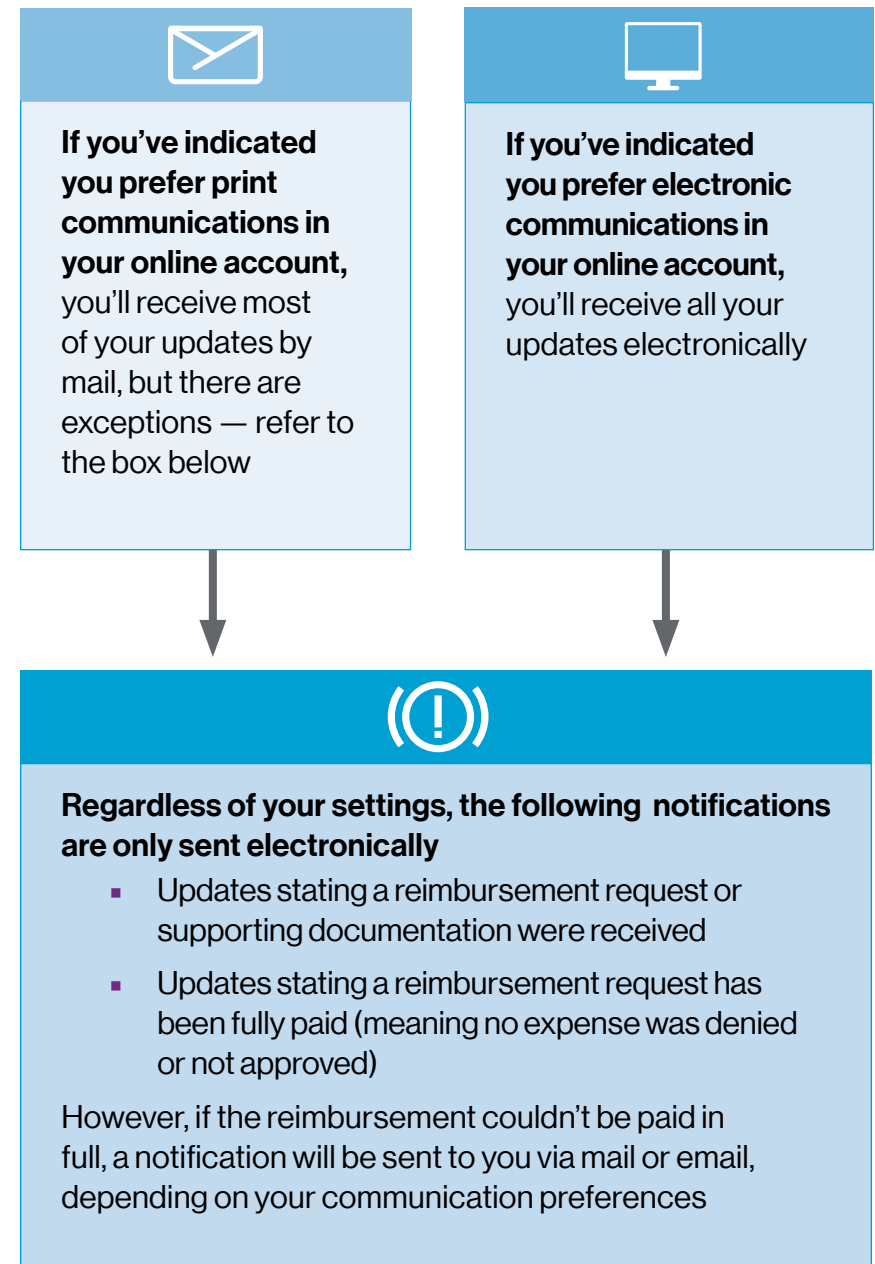
Explanations of Payment (EOPs) and Explanations of Unpaid Expenses (EOUEs) provide details about expenses that have been paid, not approved, or denied.

- If a reimbursement request is approved and paid in full, Via Benefits will notify you and make an EOP available.
- If any part of your reimbursement request is denied or not approved, Via Benefits will provide the reason either via an EOUE or email, depending on your communication preferences. 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.

## Setting your Via Benefits Communication Preferences


Via Benefits wants to communicate with you in the manner you prefer. When you sign into your online account at [my.viabenefits.com/opers](https://my.viabenefits.com/opers), you can indicate if you want to receive updates by email or mail. For email communication, make sure to add your current email address in the Personal Profile of your Via Benefits online account. Via Benefits will use only this email address and not any other email address that you may have on file with OPERS.

Please note that there are certain notifications that are only emailed because it's quicker, more efficient, and reduces paper waste. Review the information below to learn more.




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 including a partial account number for your direct deposit. 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™


Via Benefits  
PO Box 981918  
EL Paso, TX 79998  
Electronic Service Requested



1112 2 23334 4 45556667 7 70 00001 T-1-1

John Sample  
1234 Street Name  
Any Town, OH 12345  
United States

**Explanation of Payment**



11122333444556667770

Identifier: 00000000\_00000000  
OPERS MEDICARE CONNECTOR

**Amount Paid | Direct Deposit**  
Bank account ending in #0987  
**\$4,170.00**

**HRA Available Balance \$0.00**

**Reimbursement Summary**

Amount Requested	\$4,170.00
Paid	\$4,170.00

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

07/01/2021

This direct deposit 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.** Your payment includes additional expense(s) that you can view by signing into [my.viabenefits.com/opers](https://my.viabenefits.com/opers).

**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.

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


Date of Service	Expense ID	Account	Type	Provider/Carrier	Amount Paid
06/05/2021	181170689	HRA	Premium	AARP	\$140.00
06/05/2021	233090239	HRA	Prescription	CVS	\$80.00
06/05/2021	233025674	HRA	Orthodontia	Dr. Banner	\$20.00
05/05/2021	181170689	HRA	Premium	AARP	\$140.00



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

- **Amount Requested:** The amount you’re 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 regarding why a reimbursement was not paid, and if any actions need to be taken.



Via Benefits  
PO Box 981918  
EL Paso, TX 79998  
Electronic Service Requested

1112 2 23334 4 45558667 770

John Sample  
1234 Street Name  
Any Town, OH 12345  
United States

07/01/2021

**Action Required**  
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). **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 Unpaid Expenses**



Identifier: 00000000\_00000000  
OPERS MEDICARE CONNECTOR

<b>HRA Available Balance</b>	<b>\$0.00</b>
<b>Reimbursement Summary</b>	
Amount Requested	\$793.00
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 [my.viabenefits.com/opers](https://my.viabenefits.com/opers) for account details.

**These expense(s) are not approved, but you can take action**  
(Submit this letter with the documentation referenced in Reason Not Paid. See the end this letter to learn more.)

Date of Service	Expense ID	Account	Type	Provider/Carrier	Amount Requested	Not Approved	Reason Not Paid
03/23/2021	234007327	HRA	Prescription	CVS	\$233.00	\$233.00	1.

**1. Missing Supporting Documentation** No supporting documentation was provided for the submitted expense. Submit an Explanation of Benefits or letter from your insurance carrier, or an itemized receipt from your service provider.

**What should I do if my reimbursement request is denied or not approved?**

Expenses may not be approved because of missing information or an incorrectly completed reimbursement request. If your expense wasn't approved, you can take action to resolve the issue. Instructions will be provided in the Explanation of Unpaid Expenses (EOUE) or via email, depending on your communication preferences.

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.

**Overpayments**

An overpayment usually occurs when you're 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 will be included in these communications. You can also view information about any overpayments on our website or app. If you have questions about an overpayment, please contact Via Benefits and speak with a representative about your options.



# Giving Caregivers Access to Your HRA

As a part of managing your Health Reimbursement Arrangement (HRA), we recommend you establish a family member or loved one as an authorized representative.

For your protection, we're restricted from sharing your personal health information, even with a spouse or close family member, without your permission. Making someone 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.

You may designate an authorized representative for any length of time and can change your representative any time. You can also designate more than one individual as a representative on your account. For example, you may want one representative to help in managing your HRA, and another representative to assist with your health plan choices.

## There are three levels of authorization you can grant:

- Power of Attorney (POA)
- Authorization to Release Personal Information – FULL
- Authorization to Release Personal Information – LIMITED



	Power of Attorney	Authorization to Release Personal Information - FULL	Authorization to Release Personal Information - LIMITED
	Allows representative to take action on your behalf and make decisions	Allows representative to take action on your behalf	Allows representative to get information only
Discuss health plan enrollments (without making changes)	✓	✓	✓
Enroll you in a plan	✓		
Share protected health information	✓	✓	✓
Establish a Via Benefits online profile	✓	✓	
Update bank account information	✓	✓	
Confirm HRA contribution amount/ balance	✓	✓	✓
Submit reimbursement requests on your behalf	✓	✓	
Discuss HRA details (status of reimbursement, denial reasons, etc.)	✓	✓	✓

To set this up, provide verbal authorization by contacting Via Benefits at 1-844-287-9945 (TTY: 711), Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern Time. A Via Benefits representative can walk you through the process.

If you're unable to come to the phone, a Via Benefits representative can provide details to the person who calls on how to submit documentation for review.

## Forfeitures

Money in the HRA does not pass on to other family members following the death of a Benefit Recipient. Any unused amount in the HRA will be forfeited 24 months following the Benefit Recipient's date of death. An authorized representative may submit a request for reimbursement of any qualifying medical expenses incurred prior to the HRA's forfeiture (24 months following the Benefit Recipient's date of death). For more information, refer to the OPERS HRA Summary Plan Description which can be found on [www.opers.org](http://www.opers.org).

# Eligible Expenses

This is an overview of eligible expenses allowed for reimbursement under your HRA for yourself, your spouse, or an eligible dependent.

## 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.

Benefit Recipients with spouses who've been partially reimbursed for their Medicare Part A premiums can submit the remainder to Via Benefits for reimbursement through the Benefit Recipient's HRA.





## 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. For more information on eligible expenses covered by your specific program refer to the Summary Plan Description (SPD) or contact Via Benefits.

 Medical	
<ul style="list-style-type: none"> <li>Abdominal supports</li> <li>Ambulance</li> <li>Anesthetist</li> <li>Blood tests</li> <li>Blood transfusions</li> <li>Cardiographs</li> <li>Chiropractor</li> <li>Convalescent home (for medical treatment only)</li> <li>Crutches</li> <li>Dermatologist</li> <li>Diagnostic fees</li> <li>Gynecologist</li> <li>Hearing aids and batteries</li> <li>Hospital bills</li> </ul>	<ul style="list-style-type: none"> <li>Hydrotherapy</li> <li>Insulin treatment</li> <li>Lab tests</li> <li>Nursing services</li> <li>Operating room costs</li> <li>Organ transplant (including donor's expenses)</li> <li>Orthopedic shoes</li> <li>Orthopedist</li> <li>Osteopath</li> <li>Oxygen and oxygen equipment</li> <li>Physician</li> <li>Physiotherapist</li> </ul>

 Medical	
<ul style="list-style-type: none"> <li>Podiatrist</li> <li>Practical nurse for medical services</li> <li>Psychiatrist</li> <li>Psychoanalyst</li> <li>Psychologist</li> <li>Psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Registered nurse</li> <li>Spinal fluid test</li> <li>Surgeon</li> <li>Vaccines</li> <li>Wheelchair</li> <li>X-rays</li> </ul>
 Pharmacy	
<ul style="list-style-type: none"> <li>Menstrual products</li> <li>Over-the-counter medicines</li> </ul>	<ul style="list-style-type: none"> <li>Prescription drugs</li> </ul>
 Dental	
<ul style="list-style-type: none"> <li>Dental treatment</li> <li>Dental X-rays</li> <li>Dentures</li> </ul>	<ul style="list-style-type: none"> <li>Fluoridation unit</li> <li>Gum treatment</li> </ul>
 Vision	
<ul style="list-style-type: none"> <li>Contact lenses</li> <li>Eyeglasses</li> <li>Ophthalmologist</li> </ul>	<ul style="list-style-type: none"> <li>Optician</li> <li>Optometrist</li> </ul>

# Notes



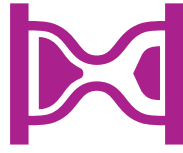
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\*Extend Insurance Services, LLC is changing its d/b/a from Towers Watson's OneExchange to Via Benefits Insurance Services.



JOHN SAMPLE  
1234 Street Name  
Any town, STATE 00000



## Important!

Time-Sensitive Information Regarding Your  
2021 Health Reimbursement Arrangement (HRA) enclosed.