



VEBA Plan Benefits Guide

What's inside:

- **HRA Basics:** Summarizes key information, including what an HRA is
- **Medical Care Expenses:** Lists the most common types of expenses eligible for reimbursement
- **How to File a Claim:** Covers supporting documentation requirements and how to file claims
- **Benefits Card FAQ:** Describes how to request and enjoy the convenience of our free debit card
- **Online Repayment:** Explains how to pay back Benefits Card transactions and overpaid claims online
- **Check out our NEW videos:** Designed to help you understand and use your HRA benefit



HRA Basics



Health Reimbursement Arrangement

An HRA is a **tax-free account** that **puts you in control** of your family's healthcare spending¹. It's easy to use, and it's a smart way to save up for medical bills, including retiree insurance premiums. Plus, you never pay any taxes on the money going in or coming out. That's the **best tax advantage** there is—even better than tax-deferred 457, 403(b), and 401(k) plans!

- Pay no income or FICA taxes
- Choose your investments
- Get your money fast
- No use-or-lose or carryover limits



I didn't have enough money to purchase my contact lenses and my prescription medication. I was able to use my HRA money. What a relief!

HRA Participant



How It Works

1. Your employer **sends tax-free money** to your HRA². Often, these funds would have otherwise been paid to you as taxable income. Your employer might also contribute funds in place of some other tax-free employee benefit.
2. You choose how you want to **invest your HRA funds** using the available fund lineup.
3. Depending on your plan³, you can **use your money right away or save it up for later**, such as during retirement.
4. If you pass away, your HRA can transfer to your surviving spouse, children, or other survivors. Most other HRA plans can't offer this.

¹ Your HRA covers you, your spouse, and dependents, including your adult children through the end of the calendar year in which they turn age 26. ² IRS rules require all eligible employees to participate (no individual elections). ³ Your HRA may be subject to post-separation benefits only or other limitations depending on your employer's plan design or any limited HRA coverage elections you may make.



How It Helps

Are you struggling to cope with the cost of **doctor visits, prescriptions, new glasses or contacts, or braces for the kids**? Will you and your spouse be able to afford medical premiums up to **\$1,000 or more per month** if you want to retire before age 65?

Many participants use their HRAs to reimburse **retiree insurance premiums** and the cost of medical care items and services they wouldn't be able to afford otherwise, like **power chairs, hearing aids, expensive vision and dental care, and emergency medical bills**.

“*This plan helped me retire a few years early and pay insurance premiums until Medicare kicks in.*”

HRA Participant



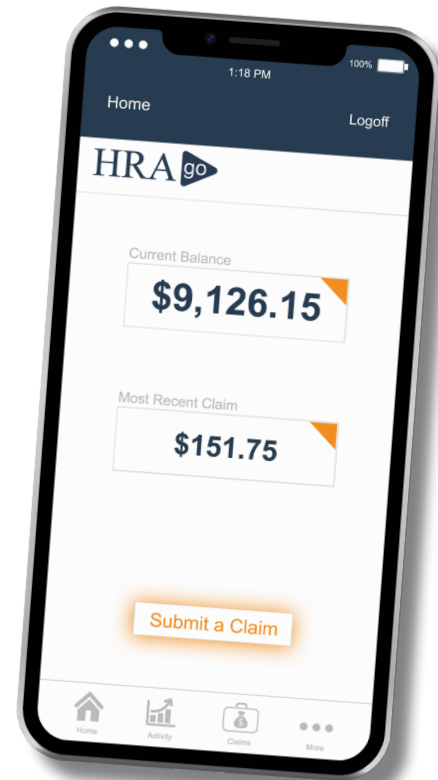
Using Your HRA

Managing and using your HRA is now easier than ever!

- Fast online and mobile claims
- Handy mobile app (HRAgo®)
- Free debit card
- Secure e-statements

Ready to file a claim? Log in online and click **Claims**, or use **HRAgo** and do it “on the go.” With HRAgo, you can quickly snap pics of supporting documentation and submit claims right from your mobile device. We'll process your claim in about five to seven business days.

Are you a retiree? We can automatically reimburse your monthly insurance premiums, including Medicare premiums. Log in online and, click **Claims**. Then, click the **Set up an Automatic Premium Reimbursement** button.



Ask Questions

1-888-828-4953

More Information

veba.org



The VEBA Plan is a group health plan. Plan administrative fees are \$1.50 (if claims-eligible) or \$0.75 (if not claims eligible) per month, plus an annualized asset-based fee of about 1.00%. The monthly fee is waived if your account balance is more than \$5,000. In addition, a 0.25% asset-based fee discount applies to any portion of your account balance in excess of \$10,000. Please refer to the VEBA Plan Summary for more details.



Medical Care Expenses

You can use your health reimbursement arrangement (HRA) to pay or reimburse hundreds of eligible medical, dental, or vision expenses and premiums. Your HRA covers you, your spouse, and dependents. IRS-qualified “medical care” expenses and premiums are outlined in Section 213(d) of the Internal Revenue Code. Examples include, but are not limited to, those listed below.

When you’re ready to file a claim, log in at **veba.org** and click **Claims**, or use our handy mobile app, **HRago**®. We’ll process your claim in about five to seven business days.

With our free **Benefits Card**, you don’t have to file claims and wait to get reimbursed. Just swipe your card and save the explanation of benefits (EOB) or detailed invoice from your provider. We’ll let you know when we need a copy.

General Expenses

- | | | |
|--|--------------------------------|--|
| Acupuncture | Fertility treatments | Physicals (annual, DOL) |
| Alcoholism and drug treatment center costs | Gynecology/Obstetrics | Prescription medicines |
| Birth control (male and female) | Hearing aids and batteries | Preventive care |
| Blood pressure monitor | Immunizations | Psychiatric |
| Chiropractic | Lactation aids, consultation | Retirement home (medical care costs) |
| Christian Science office visits | Laser eye surgery | Stem cell therapy |
| Contact lenses | Massages* | Stop smoking programs |
| Copays | Medical supplies and equipment | Transportation |
| Coinsurance | Naturopathic office visits | Vaccines |
| COVID-19 tests | Organ transplants | Vasectomy |
| Deductibles | Orthodontia | Vision (exams, glasses, prescription sunglasses) |
| Dental | Orthotics | Wheelchair |
| Flu shots | Osteopathy | |
| | Physical therapy | |

*Letter of medical necessity required.

Premiums

IRS-qualified premiums deducted from your paycheck after taxes are eligible, unless your employer offers a pre-tax option. Premiums deducted from your spouse’s paycheck after taxes may be eligible.

- | | | |
|----------|--------------------------|---------------------|
| Medical* | Qualified long-term care | Medicare Supplement |
| Dental | Medicare Part B | |
| Vision | Medicare Part D | |

*Includes marketplace exchange premiums that are not or will not be subsidized by the Premium Tax Credit.

The OneBridge Visa® Benefits Card is issued by The Bancorp Bank, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. and may be used for qualified expenses wherever Visa debit cards are accepted. See Cardholder Agreement for details.

Over-the-counter (OTC)

Medicines and Drugs*

Acne medications
Allergy and sinus medicines
Antacids
Aspirin
Cold medicines
Cough syrup
Eye drops
First aid creams/liquids
Nasal sprays or drops

Nicotine gum/patches
Pain relievers
Sinus medications
Sleep aids
Stomach remedies
Supplements**

Miscellaneous Items

(no prescription required)
Bandages
Birth control products and devices
Contact lens solution
Crutches
Insulin
Diagnostic devices (blood sugar kits)
Menstrual products (starting 01/01/2020)

*Prescription or letter of medical necessity required if purchased before January 1, 2020. This requirement does not apply to purchases made on or after January 1, 2020. **Supplements require a prescription or letter of medical necessity.

Medicare

Copays
Coinsurance
Deductibles
Home health care

Hospice care
Hospital stay
Medicare Part B premiums
Medicare Part D premiums

Medicare Supplement premiums
Outpatient hospital services
Skilled nursing facility stay

Military Retirees

Copays
Deductibles
Medicare Part B Premiums

Medicare Part D Premiums
Miscellaneous medical, dental, and vision expenses

TRICARE premiums
(medical and dental plans)

Ineligible Expenses

Aromatherapy
Cosmetic products and procedures
Counseling (marriage, general wellbeing)
Facelifts
Food
Gym memberships*

Hair regrowth supplies and services
Hair transplants
Health sharing premiums
Late fees
Marijuana, marijuana-derived CBD products

Massages*
Protein drinks
Shampoo (including medicated)
Tips
Tooth brushes (including electronic)
Vitamins (most cases)
Warranties, protection plans

*May be reimbursed with a letter of medical necessity.

More Information

veba.org

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1-888-828-4953



Certain restrictions may apply. Read our **VEBA Plan Summary** for details. To get a copy, log in online and click Resources. Expenses solely for cosmetic reasons are not qualified medical care expenses. Expenses for items or services intended to maintain good health and not treat a diagnosed medical condition are usually not eligible. Certain "dual-purpose" expenses, such as massages, may require a letter of medical necessity from your licensed healthcare provider. If you're covered by a healthcare flexible spending account (FSA), it must be used up before submitting claims to your HRA.



To find out what types of medical care expenses are eligible for reimbursement and who is eligible for coverage, refer to your **VEBA Plan Summary**. To get a current copy, log in at **veba.org** and click **Resources**.

How to File a Claim

Your health reimbursement arrangement (HRA) is tax-free. The IRS requires us to verify that all reimbursement amounts are for qualified medical care expenses. This means we need you to submit proper supporting documentation for every expense listed on your claim. The below information will help you understand this process. You'll also learn how to submit "clean" claims for quick and hassle-free processing.

Can I submit my claim online?

Yes, most participants submit their claims and documentation online. Log in at **veba.org** and click **Claims**. You can also use our handy mobile app, **HRAgo**®.

What if I would rather use a paper form?

You can download and print a paper **Claim Form** online. Go to **veba.org** and click **Forms**. Submit your completed Claim Form and documentation to the mailing address shown on the form.

How long will it take to process my claim and get my reimbursement?

Standard claims processing time is **five to seven business days** from the day we receive your claim.

To get your money back faster, submit your claim online. Also, sign up for direct deposit. It's faster and more convenient than waiting to receive paper checks in the mail. If you're not signed up for direct deposit, remember to allow adequate mail delivery time for paper checks.

You can check the status of your claim online. Log in at **veba.org** and click **Claims**.

What documentation do I need to include?

The documentation you submit should contain these five things:

1. **Name** (you, your spouse, or dependent);
2. **Date** service was received or item was purchased;
3. **Service provider** name (doctor, pharmacy, clinic, hospital, etc.)
4. **Description** of service received or item purchased; and
5. **Amount** of out-of-pocket expense.

You can help avoid the hassle of denied claims by making sure the documentation you submit clearly contains all five of the above. Missing, incomplete, or illegible forms of documentation are the most common reasons claims are denied.

What's the best kind of documentation?

The **explanation of benefits (EOB)** from your insurance company usually works best. If you don't have one of those, get an itemized statement or detailed receipt from your healthcare provider or merchant. Make sure it

contains all five pieces of information listed earlier. Here are some more good examples:

1. **Itemized statement** of services from your doctor or other service provider;
2. **Stub or “bag tag”** from a prescription (not the cash register receipt); or
3. **Detailed receipt** for over-the-counter (OTC) medicines and drugs.



Add mobile access. Search and download our handy mobile app, **HRAgo**[®], from the App Store or Google Play. Snap and submit pics of your documentation—even submit claims.

What common types of expenses require different or additional documentation?

Certain types of expenses require documentation that is a bit different from the basic requirements. Here are a few of the most common examples.

• **Vitamins and supplements**

Claims for vitamins and supplements require a prescription or letter of medical necessity from your doctor. Among other things, this documentation must show the product is being prescribed or recommended to treat a specific (diagnosed) medical condition.

Read our **What is a Letter of Medical Necessity?** handout for more information. To get a current copy, log in at **veba.org** and click **Resources**.

• **Orthodontia**

We can usually reimburse full or partial pre-payment of orthodontia services if you submit proof of payment and a copy of the treatment plan with costs.

• **Insurance premiums**

Proof of qualified insurance premiums must include:

1. Policyholder name;
2. Premium amount;
3. Policy period (coverage months); and
4. Insurance provider name and address.

This information is typically contained on your premium billing notice, statement of insurance, open enrollment notice, pension benefit direct deposit stub, or similar form of documentation.

For long-term care insurance premiums, include a copy of the policy's Declarations page, which should contain proof that the policy is tax-qualified.

Can you reimburse my insurance premiums automatically?

Yes, automatic premium reimbursement is available. To set this up, log in at **veba.org** and click **Claims**.

How will I know when my claim has been processed?

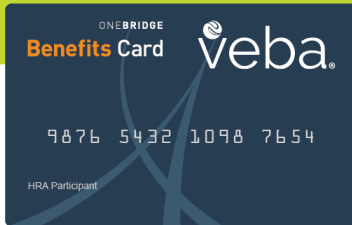
We'll send you an email or a paper **Claim Notice** as soon as we process your claim. If we can't fully reimburse your claim, log in at **veba.org** or from **HRAgo**[®] and click **Claims** to find out why.

Ask Questions
1-888-828-4953

More Information
veba.org



Benefits Card Frequently Asked Questions



Easy to Use. Saves you time.

Use your **OneBridge Visa® Benefits Card** to instantly pay medical care expenses directly from your health reimbursement arrangement (HRA). No filing claims and waiting to get reimbursed!

- No monthly card fee
- Spend up to 90% of your HRA balance every day (\$5,000 daily limit)
- Request separate cards for your spouse or dependents

Save your supporting documentation.

Your HRA is tax-free. The IRS requires us to make sure every transaction is for a qualified medical care expense. Sometimes the electronic transaction data we receive isn't enough. We'll let you know when we need a copy of the **explanation of benefits (EOB)** from your insurance company or **detailed invoice** from your medical provider.

Scan for Video:

"Using Your Benefits Card"



More Information

veba.org

Ask Questions

1-888-828-4953

How can I get a Benefits Card?

You can request a Benefits Card at any time. You must have at least \$50 in your account and a valid U.S. mailing address on file.

Is there a monthly fee?

No, there is no monthly fee.

What types of expenses can be paid with my card?

You can use your card to pay for qualified medical care expenses and premiums. This includes amounts you pay for office visits, prescriptions, over-the-counter (OTC) medicines and drugs, lab work, hospital stays, dental and vision services, etc.

Can I use my card for my spouse or dependents?

Yes, you can use your card to pay medical care expenses for you, your spouse, and qualified dependents. If you want, you can request separate cards for your spouse or dependents.

How much can I spend each day?

You can spend up to 90% of your HRA balance every day (\$5,000 daily limit).

Do I need to keep a minimum balance in my HRA to use my card?

Yes, you must keep at least \$50 in your HRA. Your card will not work if your HRA balance is less than \$50.



Benefits Card Frequently Asked Questions

Can I use my card to purchase vitamins or supplements?

Yes, but you'll need to submit a prescription or letter of medical necessity from your doctor if we don't already have one on file.

Should I save my supporting documentation?

Yes, you should always save your documentation in case we need copies.

Why might you need copies of my documentation?

Your HRA is tax free, and the IRS has some pretty strict rules we have to follow. We're required to make sure every amount paid or reimbursed from your HRA is for a qualified medical care expense. So, when the electronic transaction data we receive isn't enough, we have to ask you for documentation.

When using your card, it's always a good idea to request and hang on to supporting documentation in case we need it. Your provider should be familiar with what's required.

What types of transactions are usually verified automatically without documentation?

Most flat-dollar copays (in increments of \$5) and prescription purchases are verified automatically. This means we usually don't need you to provide documentation for these types of transactions.

What happens if I don't provide documentation when you ask me for it?

IRS rules will require us to eventually suspend your card, but don't worry! We'll give you plenty of time before that happens. We understand you might have to wait until you get your final EOB or other form of proper documentation.

What if my card gets suspended?

We'll turn your card back on after all unsupported transactions have been resolved. To make that happen, you can either submit the documentation we need or pay back your HRA.

How will I know if you need documentation, and how do I submit it?

We'll notify you by email or regular mail within about 10 days if we need documentation.

You can submit documentation online or from our handy mobile app, HRAgo®. Either option is quick and easy. We'll give you instructions when we need you to send us something.

Can I submit documentation just once for an expense I pay all the time?

Yes, you can use our convenient "recurring payment" feature. You'll need to submit documentation once up front, but not every time after that. To set this up, simply check the Recurring Payment box when uploading documentation. We can then automatically verify future transactions for the same dollar amount from the same provider or merchant.

What's the best kind of supporting documentation?

As you might have guessed, the IRS requires more than just a receipt. The explanation of benefits (EOB) from your insurance provider usually works best. If you don't have one of those, get a detailed invoice from your merchant or provider.

Make sure it contains these five things:

1. Name of patient or covered individual;
2. Date item was purchased or service was received;
3. Service provider name (doctor, pharmacy, clinic, hospital, etc.);
4. Description of the item purchased or service received; and
5. Amount paid.

If these options don't work, we'll have to note an "overpayment" on your account equal to your unsupported transaction amounts.

What is an "overpayment," and how can I resolve it?

An "overpayment" is an expense amount paid from your HRA for which we have not yet received proper documentation. If an "overpayment" is noted on your account, it will remain there until resolved.

To resolve an "overpayment," you can either submit the documentation we need or pay back your HRA. You can also submit regular claims. But, instead of approved claim amounts being paid to you, they will be used to reduce your outstanding "overpayment" until it has been resolved.

What if my card gets lost or stolen?

You should immediately call us at 1-888-828-4953. Our friendly customer care team is available to assist you during normal business hours. If calling after hours, follow the recorded instructions.

How can I cancel my card?

Just give us a call at 1-888-828-4953 during normal business hours and ask us to cancel your card. You will need to resolve any unsupported transactions before we can cancel your card.

More Information
veba.org

Ask Questions
1-888-828-4953



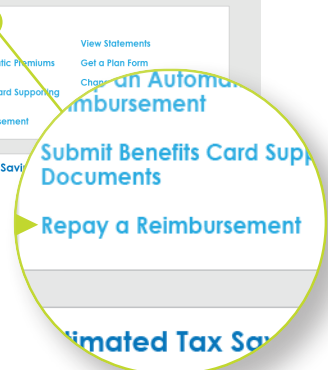
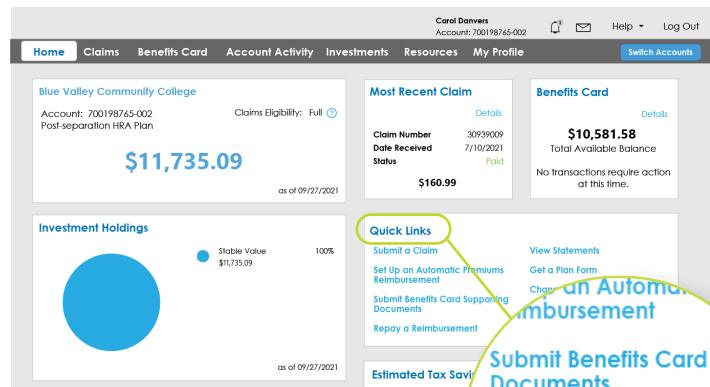
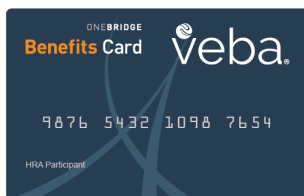
Online Repayment Available Now

Pay back Benefits Card transactions and overpaid claims online—no more mailing paper checks!

To pay back a **Benefits Card transaction** or **claim reimbursement**, log in at **veba.org**, find the **Quick Links** box on the landing page, and click **Repay a Reimbursement**. We'll automatically debit your bank account on file and put the money back in your health reimbursement arrangement (HRA).

Sometimes you might need to pay back part or all of a **Benefits Card transaction**. This can happen if you're unable to provide sufficient documentation to show that a Benefits Card transaction was for a qualified medical care expense.

A **claim overpayment** can occur if it turns out that your actual out-of-pocket cost was less than the reimbursement amount you received. It can also happen if you later find that a claim should have been reimbursed from another source, such as a healthcare flexible spending account (FSA) or health savings account (HSA).



Now, based on participant feedback, you can easily pay back these amounts online. Just follow the directions above.

Ask Questions
1-888-828-4953

More Information
veba.org



Check Out Our New Videos

We're building a new video library! Scan the QR code below or visit veba.org and click the **Videos** button.

These short videos are great learning tools. They cover common questions and key information for both new and longtime participants.

- Supporting documentation requirements
- Benefits Card tips and tricks
- Automatic premium reimbursements
- HRA coordination with FSAs, HSAs, Medicare, and the Premium Tax Credit (subsidy)
- How to file a claim

Each video is just three to five minutes long. Take some time to learn more and get the most out of your health reimbursement arrangement (HRA) benefit.

More Information

veba.org

Ask Questions

1-888-828-4953





Customer Care Center

1-888-828-4953

www.veba.org

Download our mobile app, HRAgo®, today!



Plan education and local service provided by:



To learn more about the VEBA Plan, or to schedule a group presentation, contact Gallagher at 1-800-888-8322 for a representative near you.

veba.org