



# 2026 Getting Reimbursed Guide

How to use your Health Reimbursement  
Arrangement (HRA) –

a guide for both Pre-Medicare  
and Medicare Benefit Recipients



# We're Here to Assist You

## Mobile App

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

## Online

[marketplace.viabenefits.com/opers](http://marketplace.viabenefits.com/opers)

## By Phone

1-844-287-9945 (TTY: 711)  
Monday through Friday,  
8:00 a.m. - 7:00 p.m. Eastern Time

When you call Via Benefits, your call will first be answered by our automated system. By sharing basic details—such as your ZIP code, date of birth, and if prompted, the last four digits of your Social Security number—you'll receive priority routing to the right service center representative. This helps us verify your identity quickly and efficiently.

You can review our privacy policy anytime at [marketplace.viabenefits.com/about/privacy-policy](http://marketplace.viabenefits.com/about/privacy-policy). If you have any questions or concerns, please contact us.



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The majority of the information in this guide applies to all OPERS Benefit Recipients. However, if you see the symbols below, the corresponding information will be relevant to just Pre-Medicare or Medicare Benefit Recipients.



Pre-Medicare



Medicare

## What's a Health Reimbursement Arrangement (HRA)?

An HRA is a tax-free account that you can use to seek reimbursement for any qualified expenses that you and your eligible dependents may incur. (You will not receive any additional contribution amount for your dependents.) The monthly contributions can accumulate from month to month, and the unused balance will roll over from year to year.

# Welcome to **Via Benefits!**

Congratulations! You've qualified for an OPERS Health Reimbursement Arrangement (HRA). The OPERS HRA is an account you can use to request reimbursement for any qualified after-tax medical expenses.

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

Via Benefits is here to help you get reimbursed. Keep this guide as a reference.

## We're here to assist you

Contact Via Benefits at 1-844-287-9945 (TTY: 711), Monday through Friday, 8:00 a.m. - 7:00 p.m. Eastern Time.

## Managing your HRA at your fingertips!

Download the Via Benefits Accounts mobile app for easy access to your OPERS HRA. Use the app to review qualified expenses, get reimbursed, monitor the progress of a request and get important updates.



For direct access to our app, scan the QR code.



## Planning ahead for Medicare

Via Benefits proudly administers the OPERS HRA for both Pre-Medicare and Medicare Benefit Recipients. While plan enrollment isn't required as a Pre-Medicare retiree, once you are Medicare-eligible, you must enroll in an individual Medicare medical plan through Via Benefits to continue receiving HRA contributions.



## Important: Report Medicare eligibility promptly

If you become Medicare-eligible due to a disability, you must notify OPERS of your entitlement to Medicare within 30 days of being notified by the Social Security Administration. Failure to do so may result in the removal of previous HRA contributions. **This means you may be required to repay all HRA reimbursements you have received since you were first entitled to Medicare.** See page 40 for important details.

## Step 1: Get to Know Your OPERS HRA

The quickest and easiest way to manage your OPERS 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 account online

- Go to [marketplace.viabenefits.com/opers](http://marketplace.viabenefits.com/opers)
  - If you're a **Pre-Medicare** Benefit Recipient, select the **Individual and Family** tab; **Medicare-eligible** Benefit Recipients should select the **Medicare** tab
- Select **Sign Up**
- Provide all the information requested and follow the on-screen directions. When you sign up for the first time, you will need to verify your email address and create a password that meets the requirements.
- In some cases, the website may require you to call a Via Benefits representative to verify your personal information. This is an added security measure.



## Access and manage your online account

Once you've signed in, follow these steps to navigate to the Reimbursement Center. The Reimbursement Center is where you can see your contribution amount, your total available balance, and your reimbursement history. You'll also find links to submit your qualified expenses for reimbursement online.

- Select **View Accounts** under **Funds and Rebursements**
- Select **Visit the Reimbursement Center**
- This will open your **Dashboard**, providing a snapshot of your account



## Get the Via Benefits Accounts mobile app

The Via Benefits Accounts mobile app makes it simple to manage your HRA and submit reimbursement requests. You'll be able to sign in as soon as your HRA becomes active—any time after the date listed on page 4 of this guide.

- 1. Download.** Search for "Via Benefits Accounts" in the App Store or Google Play and download it to your smartphone or tablet.
- 2. Sign in.** If you already have a Via Benefits account, open the mobile app and sign in with your existing Via Benefits website username and password. Your Via Benefits account is separate from your OPERS account. If you haven't yet registered with Via Benefits, you'll be able to create a username and password in the mobile app.
- 3. Set up push notifications.** This allows Via Benefits to keep you informed of the progress of your requests at every step.



## HRA Best Practices

For the highest efficiency and lowest effort on your part, we suggest all Benefit Recipients follow these simple steps to managing your HRA.

- 1. Understand your HRA contribution amount.** Your monthly contribution is listed on page 4 of this guide.
- 2. Set up direct deposit.** See page 13 for instructions.
- 3. Understand what expenses are eligible for reimbursement.** See page 16.
- 4. Use our automatic reimbursement features to get your premiums reimbursed most quickly.** For many, that means setting up Automatic Premium Reimbursement or Express Reimbursement. See page 18.
- 5. Consider getting some of the smaller items reimbursed** if you have leftover HRA contributions after your premiums. Remember you can neither designate your HRA contributions to a beneficiary nor withdraw them as cash. They cannot be rolled over to another HRA or HSA. Take advantage of your HRA while you can. Using it as a "rainy day fund" for future medical expenses doesn't make the most sense. If you really want to save that money, consider setting up a separate bank account to channel your reimbursement deposits.



## Step 2: Set Up Direct Deposit

OPERS requires that you receive reimbursements from your OPERS 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. If you haven't already established direct deposit when your first expense is approved, notify Via Benefits. You can make updates on our website, in the mobile app, or by mail.

### Set up direct deposit online

- Sign into [marketplace.viabenefits.com/opers](https://marketplace.viabenefits.com/opers) and navigate to the Reimbursement Center (see page 8)
- Select the account holder name and navigate to the **Banking Information** tab
- Select **Add Bank Account**. Enter your bank information, then **Save**

### Set up by mobile app

- Open and sign into the Via Benefits mobile app
- Select the menu in the top left, then **Profile**
- Select **Banking**. Enter your bank information, then **Save**

### Set up by mail

To update your bank account information by mail, call Via Benefits at 1-844-287-9945 (TTY: 711) and follow the automated prompts to request a form be mailed to you. Updates to your bank account information generally take four business days to process.

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

**Welcome**  
Here is a snapshot of your account.

**HRA** Health Reimbursement Arrangement

Total Available Balance	\$2,730.54
Payments on Hold	\$462.00
Scheduled Payments	\$577.50
Breakdown per Year	
Available From 2019	+\$398.18
Available From 2018	+\$63.86
Available From 2017	+\$326.97
Available From 2016	+\$1,931.53

**Account Updates**

HRA	Employer Contribution	+\$620.00
HRA	Employer Contribution	+\$300.00
HRA	Employer Contribution	+\$620.06
HRA	Employer Contribution	+\$620.06
HRA	Employer Contribution	+\$620.06

**HELP CENTER** JOHN SAMPLE

**Profile**  
We found some sections that are missing information.

**Banking Information**

Activity Date	Account Type	Nickname	Routing Number	Account Number	Status	Actions
You have no saved banking accounts.						

**Get your money faster!**  
Direct deposit puts money in your bank account up to five times faster than mail.

**ADD BANK ACCOUNT**

## Step 3: The Reimbursement Process

You can use your OPERS HRA to reimburse yourself for any qualified after-tax medical expenses, including post-tax premiums and out-of-pocket costs. Understanding how the process works will help you receive your reimbursements as soon as possible.



You qualify for the OPERS HRA either by opting in (if you're a Pre-Medicare Benefit Recipient) or enrolling in a medical plan through Via Benefits (if you're Medicare-eligible).



OPERS makes a monthly contribution to your account.



You pay for your premiums and other qualified expenses.



You request reimbursement. Refer to page 25 for a list of the information your supporting documents must show to ensure your request is approved.



Via Benefits approves your request and reimburses you.



## Qualified Expenses

You can use your OPERS HRA to request reimbursement for qualified after-tax medical expenses incurred by you, your spouse, and your eligible dependents for medical care as defined in IRS Code section 213(d). Here are some examples:

### Post-tax Premiums

- Medical, prescription drug, vision, or dental
- Medicare Part A\*
- Medicare Part B
- Long Term Care

\*You may not submit a reimbursement request for Medicare Part A if OPERS has reimbursed you in full.

### Out-of-Pocket Expenses

- Deductibles
- Copays
- Coinsurance
- Medical equipment
- Chiropractic services
- Orthodontic services
- Eye exams, eyeglasses, and contact lenses
- Hearing exams and hearing aids
- Acupuncture fees
- Smoking cessation programs



### **IMPORTANT: Only Post-Tax Premiums are Eligible for Reimbursement**

If you're enrolled in employer-sponsored health coverage, you can only receive reimbursement for premiums that are deducted **post-tax**. Most employer-sponsored health plans use **pre-tax payroll deductions**, which means you cannot receive a second tax benefit by reimbursing those premiums through your non-taxable HRA, per IRS regulations. Review your pay stub to confirm your deductions are post-tax.

For the same reason, any expenses paid for with pre-tax dollars are not eligible for reimbursement from the OPERS HRA. This includes expenses paid for with a Flexible Spending Account (FSA) or a Health Savings Account (HSA). Contact Via Benefits for more information.

## Set it and forget it!

Automate your monthly premium reimbursement using our handy features. Once enabled, pay your premium directly to the insurance carrier (or OPERS for OPERS vision or dental plans), and Via Benefits takes care of the rest—transferring funds from your HRA to your bank account.

### **M** Automatic Premium Reimbursement

#### Eligible premiums

- Medicare medical and prescription drug
- Medicare Part B
- OPERS vision and dental

#### How to turn it on

Turn on Automatic Premium Reimbursement on our mobile app, website, or by calling us. When submitting expenses, the app or website will alert you if your plan supports this feature.

If you keep the same plan, **Automatic Premium Reimbursement automatically renews** every year.

### **P** Express Reimbursement

#### Eligible premiums

- Pre-Medicare medical
- Medicare plans that don't accept Automatic Premium Reimbursement

#### How to turn it on

Turn on Express Reimbursement on our mobile app, website, or by calling us. After signing in, you'll see a notification if your plan supports this feature.

This feature **does not** automatically renew. You'll need to submit a new request each year or if your premium changes.

## Recurring Reimbursement

#### Eligible premiums

- Pre-Medicare medical
- Medicare medical and prescription drug
- Medicare Parts A and B
- Vision and dental

Use this option if other methods aren't available. When you submit premiums for reimbursement, we'll consider them for Recurring Reimbursement based on your documentation and plan rules.

This feature **does not** automatically renew. You must submit a new request each year or if your premium changes.

#### Learn more

Learn more about our automatic reimbursement options by visiting [help.viabenefits.com](http://help.viabenefits.com) and searching for "Reimbursement Quick Start Guide" or scan this QR Code.



## Step 4: Prepare Your Request

Review the details on the following pages to understand what expenses require supporting documentation and what documents are considered acceptable for both premium and out-of-pocket expense reimbursements.

### Supporting documents for premium reimbursements

If you haven't turned on one of our automatic reimbursement features and you want to be reimbursed for your 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 documents.

### **M** Getting reimbursed for Part A premiums

For those Benefit Recipients and spouses who do not qualify for premium-free Medicare Part A, you have the option of being reimbursed directly from OPERS with your pension benefit if you are both enrolled in medical plans through Via Benefits. Benefit Recipients can have 100% of their Part A premiums reimbursed, while spouses can be reimbursed for up to 50%. For more information, confirm both Benefit Recipient and spouse are enrolled in Medicare medical plans with Via Benefits, then contact OPERS.

### Automatic Premium Reimbursement for Vision and Dental

For your convenience, OPERS and Via Benefits set up Automatic Premium Reimbursement for your OPERS vision and dental premiums with no action needed. If you prefer not to receive Automatic Premium Reimbursement for a specific plan, opt out after your first reimbursement. To opt out, call Via Benefits or sign in online. Select **View Accounts** under **Funds and Reimbursements**, then **View Automatic Premium Reimbursement** to view and change your settings.

Automatic Premium Reimbursement is the simplest way to receive your reimbursements. However, if you miss a payment or need to be reimbursed for past premiums, use the traditional method (see page 26). Be sure to submit the OPERS Health Care Premium Receipt as your supporting document. This is the only accepted proof for OPERS premiums deducted from your pension. You can find this receipt in your OPERS online account at [opers.org](http://opers.org) or by calling 1-800-222-PERS (7377).

 Ohio Public Employees Retirement System 277 East Town Street • Columbus, Ohio 43215-4642 • 1-800-222-7377 • <a href="http://opers.org">opers.org</a>				
December 1, 2011				
John Sample 1234 Street Name Any Town, State 00000 United States	0000000			
<b>Health Care Premium Receipt</b>				
The below reflects premium paid by John Sample as of 12/01/2011				
Receipt Period Start Date: 01/01/2011				
Receipt Period End Date: 12/31/2011				
Coverage Period	Type of Coverage	Covered Participant	Relationship	Total Monthly Premium
01/01/11 - 12/31/11	Vision	John Sample	Spouse	2.41
01/01/11 - 12/31/11	Dental	John Sample	Self	20.37
				22.78

## M Automatic Premium Reimbursement for Medicare Part B

If you enroll in Medicare medical coverage through Via Benefits, you can enable Automatic Premium Reimbursement for Medicare Part B. There's no need to submit supporting documents—Via Benefits will verify the standard Part B premium for you.

If your Part B premium is reduced by a Medicare Advantage plan with a Part B Giveback, you can't use this feature and must pay your Part B premiums manually—see page 26.

If you pay a higher Medicare Part B premium due to the Income Related Monthly Adjusted Amount (IRMAA), you'll need to submit a separate reimbursement request for the IRMAA adjustment. Be sure to include one of the following supporting documents:

- A benefit verification letter from the Social Security Administration (SSA). This may also be called a Budget Letter, Benefits Letter, Proof of Income Letter, or Proof of Award Letter.
- A monthly or quarterly statement from the Centers for Medicare and Medicaid Services (CMS). The statement must show the Benefit Recipient's name, indicate it is for Medicare Part B, and list the Part B premium amount.



**Social Security Administration**

Date: November 15,  
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 [REDACTED], 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.)

## Supporting documents for out-of-pocket expenses

For many Benefit Recipients, premium reimbursements exhaust their monthly HRA balance. If you still have funds left, you can request reimbursement for qualified out-of-pocket expenses. To do this, provide one of these three types of supporting documents.

### 1. Explanation of Benefits (EOB)

After your health insurance carrier processes a claim, they provide an Explanation of Benefits (EOB). This document usually includes all the details you need for out-of-pocket costs, such as:

- The total cost of the expense
- The amount your plan covered
- The amount you owe

Most carriers mail EOBs to your home, but you can also access electronic versions on your carrier's member website. If you need help finding or understanding an EOB, contact your insurance carrier.

**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/ [REDACTED]  
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/ [REDACTED]

Relation: Dependent  
Provider: Dr. Martha Wonder

Claim Number: 1000000000000000  
Date Paid: May/31/2022

**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
1 05/05/	Follow-up Visit	\$150	\$110	\$40	\$30	-	-	\$80	\$30	1
2 05/13/	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 delivers health care services, such as a physician, dentist, surgeon, podiatrist, acupuncturist, optician, or hospital. The invoice, usually given at the time of service, acts as a receipt and shows any payment you made during your visit.

Statement of Account					
Internal Medicine Group 2 Main Street Any Town, STATE, 00000 (000) 000-0000			STATEMENT DATE: JUNE 7, 2023 PATIENT # 11111111 ACCOUNT # 11111111 TAX ID # 11111111		
<b>THE FIRST PHARMACY</b> 1234 Main St, Yourtown, OH 43002 416.555.5555 Mar 11, 2023					
<b>OFFICIAL PRESCRIPTION RECEIPT</b> JOHN SAMPLE 1234 Street Name Any Town, STATE 00000 (000) 000-0000					
Prescriptions 11337692		28.42			
Prescriptions 11337693		20.41			
Prescriptions 11337694		16.45			
SUBTOTAL 65.28					
TOTAL: \$65.28					
Pharmacist's Signature _____					
PAYMENT METHOD CHECK NO. JOB					
VISA- XXX-XXXX-XXXX-4444		N/A		111111222	
DATE	#	DESCRIPTION	CHARGE	INSURANCE	PATIENT BALANCE
May 7, 2023	3333-335	Evaluation	\$120.00	\$0.00	\$120.00
May 17, 2023	3333-45	Procedure	\$75.00	\$0.00	\$75.00

## 3. Prescription drug receipt

An acceptable receipt must come from the retail or mail-order pharmacy for your covered medications. Credit card receipts alone are not sufficient.

**!** If you have a qualified vision or dental 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.

## What your supporting documents should include

Whether you are submitting an EOB, a provider invoice, or a prescription drug receipt as your supporting document, please make sure the following information is displayed:

### For premiums:

- Coverage period
- Premium type
- Carrier
- Individual serviced
- Monthly amount

### For out-of-pocket expenses:

- Date of service
- Expense type
- Provider
- Individual serviced
- Amount

## 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.

## Getting COBRA premiums reimbursed

If you are currently enrolled in COBRA for medical, vision, or dental coverage, you can use your HRA to be reimbursed for your post-tax COBRA premiums. COBRA premiums are not eligible for any of our automatic reimbursement features. You must submit these premiums to Via Benefits with proof of payment for reimbursement.

## For Benefit Recipients living outside the United States

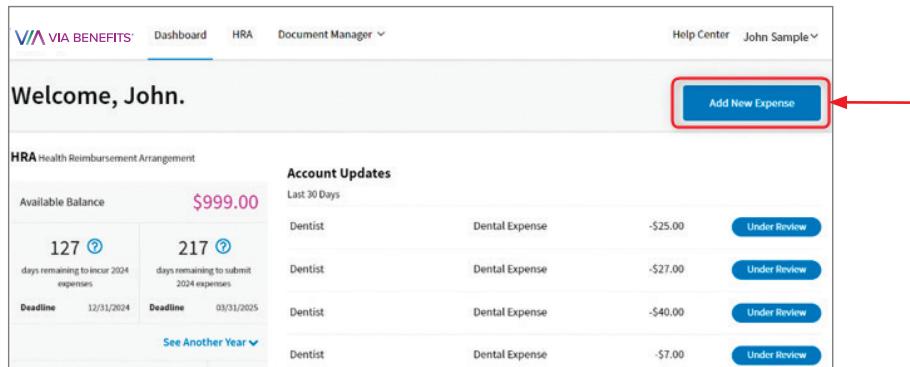
Submit qualified expenses incurred outside the US to Via Benefits with supporting documents translated into English and amounts converted to US dollars.

**M** Medicare Benefit Recipients living abroad are not required to enroll in a medical plan with Via Benefits to qualify for the OPERS HRA. However, you must do so if you move back. Be sure to notify both OPERS and Via Benefits when you return so we can help you enroll in an individual Medicare medical plan to maintain your HRA.

## Step 5: Submit Your Request

If you weren't able to automate your reimbursements (pages 18-19), or you need to submit an out-of-pocket reimbursement request, use this method. The fastest, safest, and easiest way to complete your reimbursement is through the Via Benefits Accounts mobile app. See pages 28-29 for step-by-step instructions.

You can also request reimbursements on our website or by mail.



The screenshot shows the Via Benefits mobile app dashboard. At the top, there are navigation links: 'Dashboard', 'HRA', and 'Document Manager'. On the right, there are 'Help Center' and 'John Sample' options. Below this, a 'Welcome, John.' message is displayed. Underneath, there's a section for 'HRA Health Reimbursement Arrangement' showing an 'Available Balance' of '\$999.00'. To the right, there's a 'Account Updates' section for the last 30 days, listing dental expenses with status buttons like 'Under Review'. A red box and arrow highlight the 'Add New Expense' button at the top right of the dashboard area.

### Submit your reimbursement request online

- Sign into [marketplace.viabenefits.com/opers](https://marketplace.viabenefits.com/opers) and navigate to the **Reimbursement Center** (see page 8).
- On the Dashboard, select **Add New Expense**.
- Enter the expense details. The website leads you through the process.
- When requested, provide supporting documents. Examples are shown onscreen.
- Review your request and submit. A success message appears.

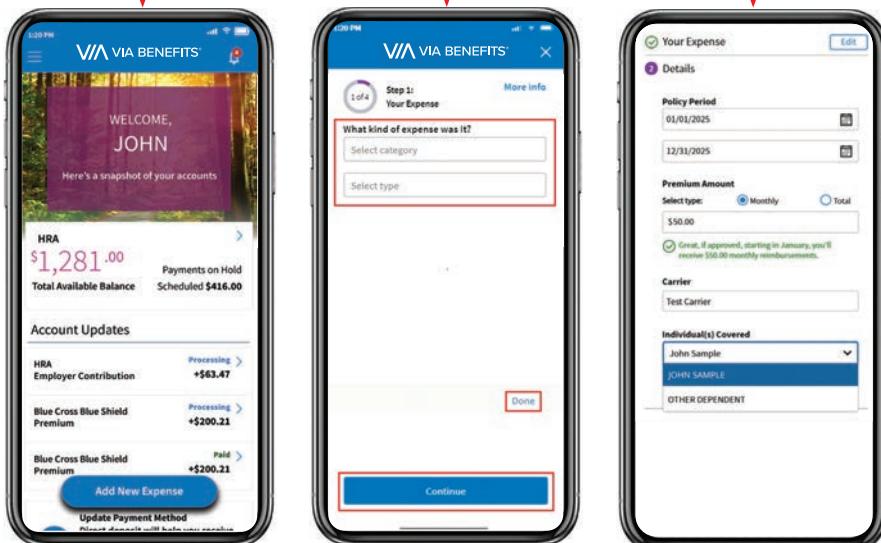


For more details on how to submit a reimbursement request on our website, visit [help.viabenefits.com](https://help.viabenefits.com) and search for "Submitting a Reimbursement Request" or scan this QR Code.



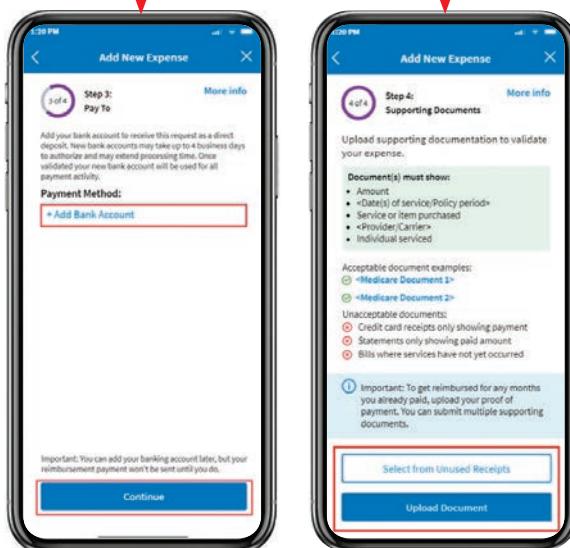
## Submit your reimbursement requests with the app

- Open and sign into the mobile app. Select **Add New Expense**.
- Select the expense category** (medical, dental, vision, etc.) and type (premium, out-of-pocket), then select **Done** and **Continue**.
- Enter the expense details**. The app leads you through the process. Under **Individual Covered**, select the Benefit Recipient's name or Other Dependent.



- Under Payment Method**, select the bank account where your reimbursement should be deposited, then **Continue**. If you don't have one on file, select **Add Bank Account**.

- Upload your supporting documents**. Acceptable document examples are shown onscreen for the most commonly reimbursed expenses.
- Review your request and select **Submit**. When completed, a success message appears.



## Submit your reimbursement request by mail

If you're unable to complete your request through the website or mobile app, you can submit it by mail. 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. The paper forms may be photocopied for your convenience, but please don't share them since they are personalized for you.



## Use our app and website for fastest service

Manage your account anytime with the Via Benefits website and mobile app. Check your balance, submit reimbursement requests, and track payments—all in just a few taps. Here's how our digital options compare with managing your account by mail.

	MOBILE APP	WEBSITE	MAIL
<b>Access your account balance and reimbursement status</b>	X	X	
<b>Submit reimbursement requests quickly and easily</b>	X	X	
<b>Follow reimbursements as they are processed in real time</b>	X	X	
<b>Receive notifications "on the go" if your request is missing information</b>	X	X	
<b>Take pictures of supporting documentation using your phone</b>	X		
<b>Manage supporting documentation</b>	X	X	
<b>Sign up for direct deposit</b>	X	X	X
<b>Total Reimbursement Time</b>	<b>5-8 days</b>	<b>5-8 days</b>	<b>7-18 days</b>



For direct access to our app, scan the QR code.

## Step 6: Get Approved and Reimbursed

After you submit your qualified expense, you may receive an Explanation of Payment (EOP) or Explanation of Unpaid Expenses (EOUE). These provide details about expenses that have been paid, not approved, or denied.

- If any part of your reimbursement request is denied or not approved, Via Benefits will provide the reason either via mail or email, depending on your communication preferences. You may need to take action, such as providing additional supporting documents.
- If you don't have a sufficient balance in your OPERS HRA, Via Benefits will reimburse as much of the reimbursement request as possible. The remaining amount will be placed on-hold and paid when your OPERS HRA balance is sufficient.



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

Your expense may be denied if information is missing or the reimbursement request was completed incorrectly. If this happens, you'll receive instructions on how to resolve the issue. These details will appear in your EOP, EOUE, or in an email, depending on your communication preferences.

Common reasons for denial include:

- The expense is not eligible for reimbursement under your plan.
- The expense was submitted outside your coverage period.

If your expense is denied for these reasons, you have the right to appeal the decision. Need help or have questions?

Call 1-844-287-9945 (TTY: 711) and say "funding" when prompted.

### Overpayments

An overpayment usually occurs when you're reimbursed for an expense that is later determined to be ineligible. 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 there is still an existing overpayment after you have received three notices from us, OPERS will send you a letter regarding reducing your monthly benefit payment to recover the overpayment. If you have questions about an overpayment, please contact Via Benefits.

**VIA VIA BENEFITS®**

Via Benefits  
PO Box 12345  
City Name, PA 67890-1234  
Electronic Service Requested  
1112 3 23334 4 4555666770  
John Sample  
1234 Street Name  
Any Town, OH 12345  
United States  
07/01/2024

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.

**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).

**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 7:00 p.m. Eastern Time.

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

Date of Service	Expense ID	Account	Type	Provider/Carrier	Amount Paid
01/01/2024	232170689	HRA	Premium	AARP	\$140.00

**Explanation of Payment**

Identifier: 00000000\_00000000  
OPERS CONNECTOR

**Amount Paid | Direct Deposit**  
Bank account ending in #0987  
**\$280.00**

**HRA Available Balance** **\$0.00**

**Reimbursement Summary**

	Amount
Amount Requested	\$1,073.00
Paid	\$280.00
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 [marketplace.viabenefits.com/opers](http://marketplace.viabenefits.com/opers) for account details.



When you receive an EOP or EOUE, you'll notice a summary section in the top right corner that includes your available OPERS HRA balance and reimbursement summary. Here's what the line items in the box mean.

- **Amount Requested** is the total amount you've submitted for reimbursement.
- **Paid** is any amount that is paid to you toward this reimbursement request. Check your online account history to help you understand which expense(s) the line items are referring to. We may show reimbursements of multiple requests on a single document.
- **Denied** includes any expenses that don't meet the plan rules for reimbursement. This may happen if an ineligible expense is submitted or a qualified expense was incurred outside the coverage period. Look at the subsequent tables to understand why and what you can do to appeal a denied expense.
- **Not Approved** are qualified expenses that may be approved if you follow the action steps described in the subsequent table.
- **On Hold** are approved expenses that haven't been reimbursed yet because your HRA balance is too low. Once your account is replenished with the next contribution, your reimbursement can be processed. Expenses may also be on hold if you haven't set up direct deposit.
- **Used for Offset** are approved expenses applied to repay a previous overpayment. Future reimbursements will be reduced until the overpayment is fully resolved.

## Setting your Via Benefits communication preferences

To set your communication preferences, follow these steps.

1. Sign into your account and go to the [Reimbursement Center](#) (see page 8).
2. Select the account holder's name in the top right corner of the screen, then [Notifications](#).
3. Select [Edit Notification Settings](#), then select email or paper preferences.

Please note there are certain notifications that are only emailed, such as updates that we've received your reimbursement request or supporting documents.

### Text alerts

If you haven't signed up for text alerts, a [Receive Text Alerts](#) message appears on your Reimbursement Dashboard.

By providing your mobile text number and agreeing to the Terms and Conditions, Via Benefits sends you mobile text messages about your reimbursement status and when changes are made to your account.

### Keep tabs on your HRA balance

**App** – Access your account from your mobile device

**Online** – Sign into your account at and navigate to the [Reimbursement Center](#)

**Over the phone: 1-844-287-9945 (TTY: 711)** – Get instant results by saying:

- **"Balance"** – Hear your current HRA balance
- **"Forms"** – Request HRA-related forms be mailed to your mailing address
- **"Status"** – Hear the amount, date, and status for your three most recent reimbursement requests

**Balance reminder letters** – You'll receive one in the spring and one in the fall if you have a balance and if you have not submitted a reimbursement request in the past 90 days.

## Re-entering the Workforce

**P** If you are a Pre-Medicare Benefit Recipient and re-employed in an OPERS-covered position, you can continue receiving monthly contributions in a Re-employed Accumulated HRA while you are working, as long as you have opted into the OPERS HRA. You are not required to enroll in a plan with Via Benefits no matter your employment status.

**M** If you are Medicare-eligible and re-employed in an OPERS-covered position, you can maintain your Medicare plan enrollments through Via Benefits while re-employed. You can also continue receiving monthly contributions in a Re-employed Accumulated HRA as long as you remain enrolled in an individual Medicare medical plan through Via Benefits.

It's important you notify OPERS of any re-employment as soon as possible. Because employers can report re-employment up to two months late, delays can lead to HRA overpayments you are responsible for repaying.

While you won't be able to be reimbursed for qualified expenses incurred during re-employment, the funds will be available when your re-employment ends.

If you are considering re-employment, it may be best to stop any automatic reimbursement to help avoid overpayments. You can learn about your Re-employed Accumulated HRA amounts during re-employment by contacting OPERS at 1-800-222-7377 or by signing into your OPERS account.

## Giving Caregivers **Access to Your OPERS HRA**

As a part of managing your OPERS 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 without your permission. Making someone an authorized representative grants them permission to access your Via Benefits account. If something happens to you, your authorized representative can help handle your affairs.

### **You can:**

- Appoint an authorized representative for any length of time.
- Change or remove a representative at any time.
- Designate more than one person—for example, one to help manage your HRA and another to assist with health plan choices.

To set up an authorized representative on your account, provide verbal authorization by contacting us; 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.

**Important:** Authorized representatives for OPERS do not automatically transfer to Via Benefits, and vice versa. If you want someone to represent you with both organizations, you must set them up separately.

## **There are three levels of access you can grant a caregiver**

### **Power of Attorney**

Allows representative to take action on your behalf and make decisions

- **Discuss health plan enrollments**
- **Share protected health information**
- **Establish a Via Benefits online profile**
- **Enroll on your behalf**

### **Full Authorization to Release Personal Information**

Allows representative to take action on your behalf

- **Discuss health plan enrollments**  
(without making changes)
- **Share protected health information**
- **Establish a Via Benefits online profile**

### **Limited Authorization to Release Personal Information**

Allows representative to get information only

- **Discuss health plan enrollments**  
(without making changes)
- **Share protected health information**

## P Early Medicare Eligibility and Avoiding Overpayments

Your Health Reimbursement Arrangement (HRA) benefits change once you become eligible for Medicare. As an OPERS Medicare Benefit Recipient, your contribution will decrease from what you received before Medicare eligibility due to Medicare's more expansive coverage.

If you are under 65, you must notify OPERS and Via Benefits within 30 days of receiving your Medicare eligibility notification from the Social Security Administration (SSA). This ensures you have the right coverage and that updates to your contribution can be made prospectively. Failure to do so may result in HRA overpayments, which you would be responsible for repaying.

### If you become eligible for Medicare before age 65:

- Contact OPERS to inform them of your Medicare eligibility within 30 days of receiving notification from the SSA.
- Contact Via Benefits to ensure you enroll in a Medicare medical plan to maintain your HRA as a Medicare Benefit Recipient.



### Meet Devin

Devin, an OPERS Benefit Recipient, has a \$900-per-month Pre-Medicare HRA he uses entirely for medical premiums. In January, at age 62, he becomes eligible for Medicare due to a health condition. While focusing on his health, he forgets to notify OPERS and Via Benefits about his Medicare eligibility.

Three months later, he enrolls in a Medicare plan through Via Benefits so he can keep his HRA. His coverage begins in April, and his new Medicare HRA amount becomes \$300 per month. Soon after, he receives notice that his Pre-Medicare HRA was retroactively terminated for the months he was Medicare-eligible but not enrolled—causing his overpayments to accumulate quickly. (For simplicity, the \$2.60 monthly administrative fee is not shown.)

Date	HRA Balance	Note
January	\$0	\$900 is allocated and reimbursed.
February	\$0	\$900 is allocated and reimbursed.
March	\$0	\$900 is allocated and reimbursed.
March	-\$2,700	Devin notifies OPERS/Via Benefits of his early Medicare and \$2,700 is retracted for January–March. He's eligible for \$300/month as a Medicare Benefit Recipient starting in January, but he has to enroll to qualify and Medicare enrollments can only be prospective. He enrolls effective April.
April	-\$2,400	Devin is enrolled and qualified for a Medicare HRA of \$300 that's applied to the overpayment.

By the time Devin is enrolled in a Medicare plan, he's already \$2,400 in debt.

## Forfeitures

Money in the OPERS HRA does not pass on to other family members following the death of a Benefit Recipient. Any unused amount in the OPERS 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 expenses incurred prior to forfeiture. For more information, refer to the OPERS HRA Summary Plan Description found on [opers.org](https://opers.org).

## Disability forfeitures

If you receive an OPERS HRA benefit because of a disability and you recover or your benefit is terminated, OPERS will discontinue your HRA contributions. You can continue to spend down your HRA balance for the next 24 months before it is forfeited. The qualified expense period, however, closes on the disability termination date.

For instance, if Peter's disability benefits are terminated on June 1, 2028, he may submit reimbursement requests for any qualified after-tax medical expenses incurred during his disability period up to that date. He will have 24 months (until May 31, 2030) to submit those expenses for reimbursement.

For more information on what happens to your HRA when your disability terminates (including if you refund your OPERS account), refer to the Health Care Information for OPERS Disability Benefit Recipients fact sheet at [opers.org/health-care/resources.shtml](https://opers.org/health-care/resources.shtml).



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