



# 2022 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](https://marketplace.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

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



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

An 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've qualified for an OPERS Health Reimbursement Arrangement (HRA). The OPERS HRA is an account you can use to request reimbursement for any eligible post-tax expenses you and your eligible dependents incur.

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 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 OPERS HRA. Use the app to review expenses, get reimbursed, monitor the progress of a request, and get important updates. See pages 32 - 37 for details.



Via Benefits is proud to administer the OPERS HRA for both Medicare and Pre-Medicare Benefit Recipients. If you're a Pre-Medicare Benefit Recipient, you may see references to items that are only relevant to individuals who are Medicare-eligible. You can disregard those for now, but these will be helpful features once you become Medicare-eligible.

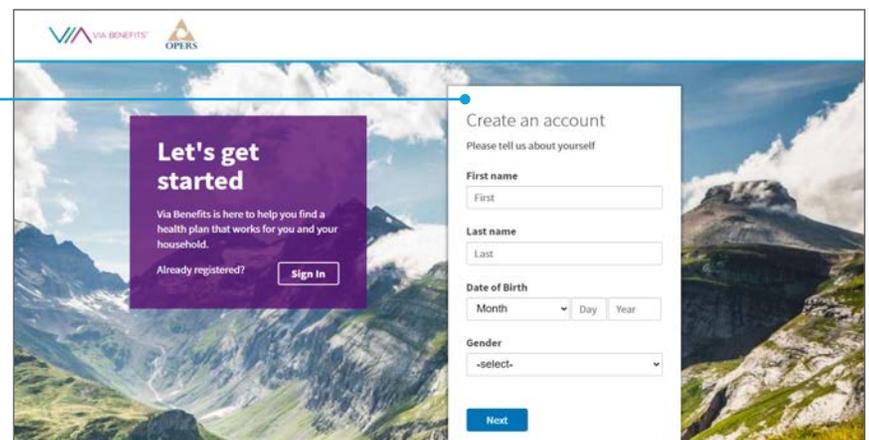
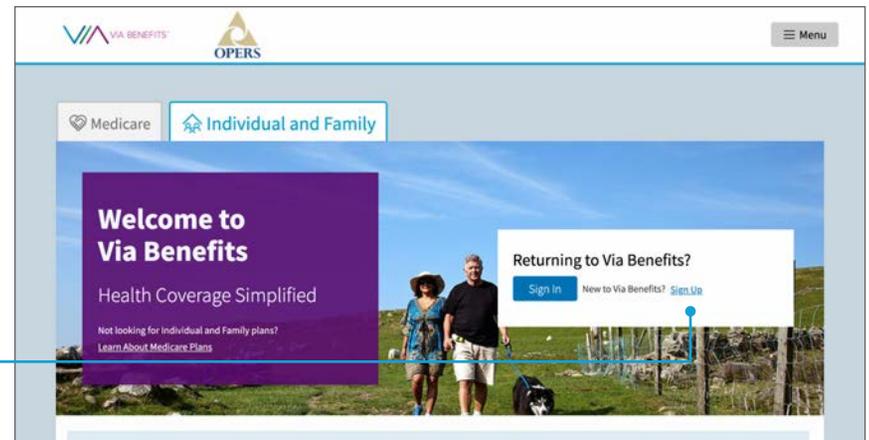


# Step 1: **Get to Know** Your OPERS HRA

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.

## 1. Create your account online

- Go to [marketplace.viabenefits.com/opers](https://marketplace.viabenefits.com/opers)
- If you're a Medicare-eligible Benefit Recipient, select the **Medicare** tab; Pre-Medicare Benefit Recipients should select the **Individual and Family** tab
- Select **Sign Up**
- Under **Create an account**, provide all the information requested and follow the onscreen directions



## Sign into your online account

- Go to [marketplace.viabenefits.com/opers](https://marketplace.viabenefits.com/opers)
- Select **Sign In**
- 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

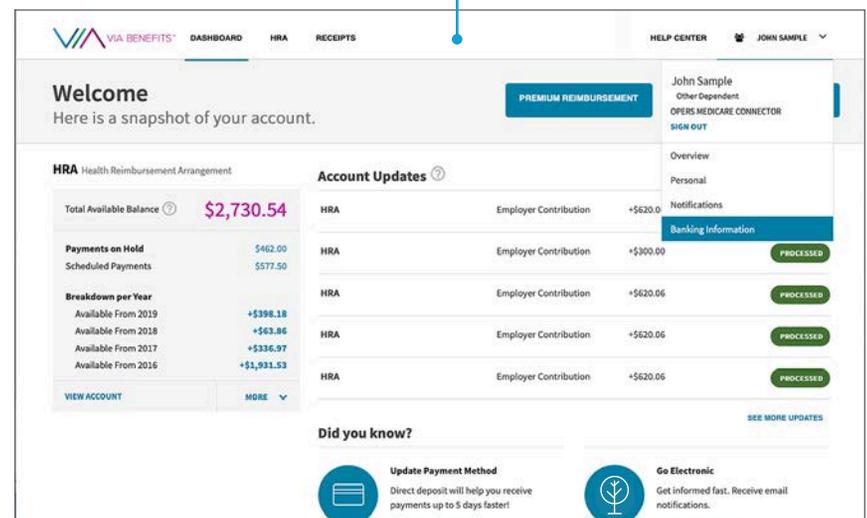
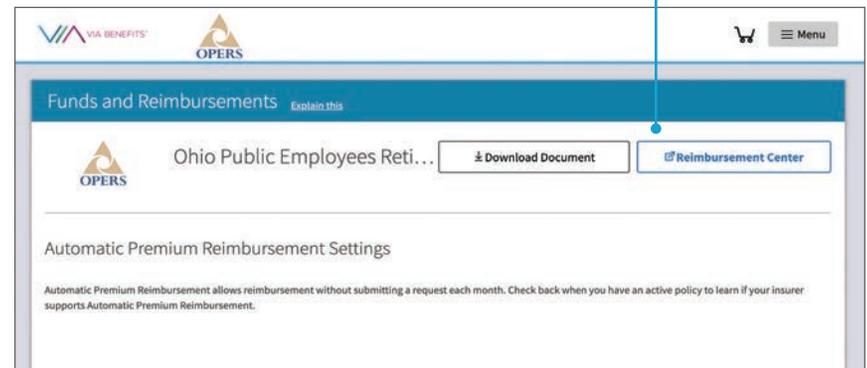
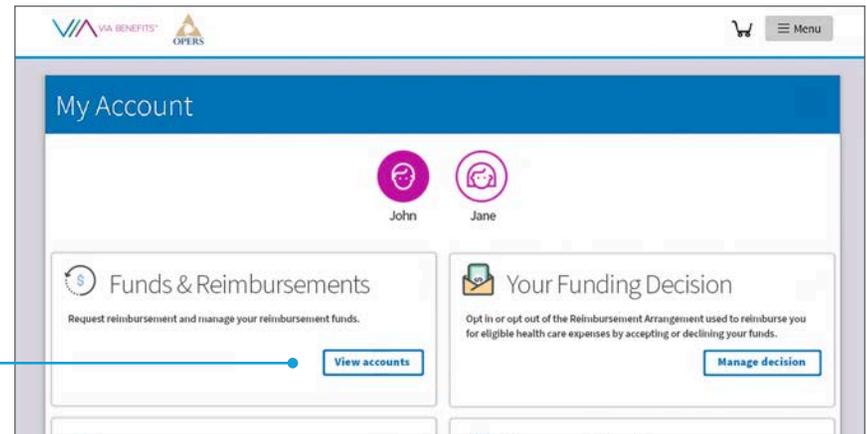
- Follow the voice prompts and select the number requested on your phone keypad



## 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 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 need to add or update your bank account information, make sure to notify Via Benefits since OPERS will not provide us with ongoing changes. You can make updates on our website or by calling us (you won't be able to update bank information on our mobile app).

### Set up direct deposit online

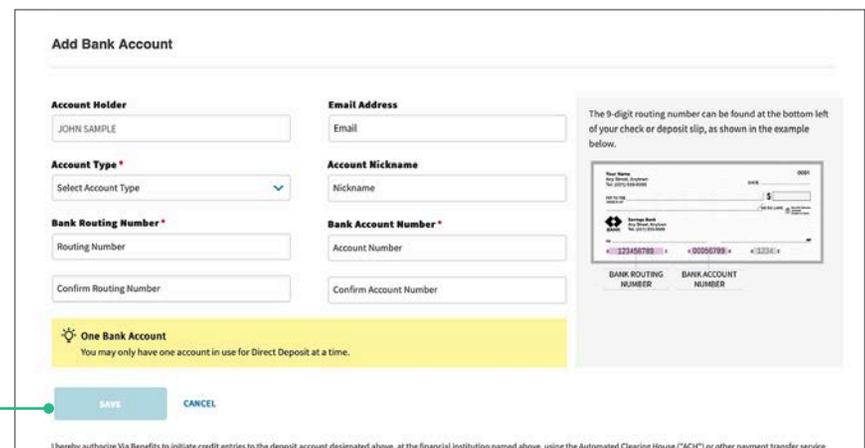
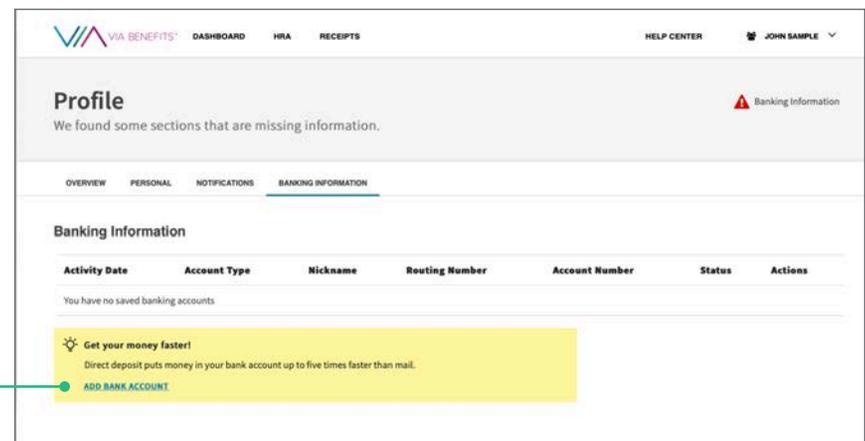
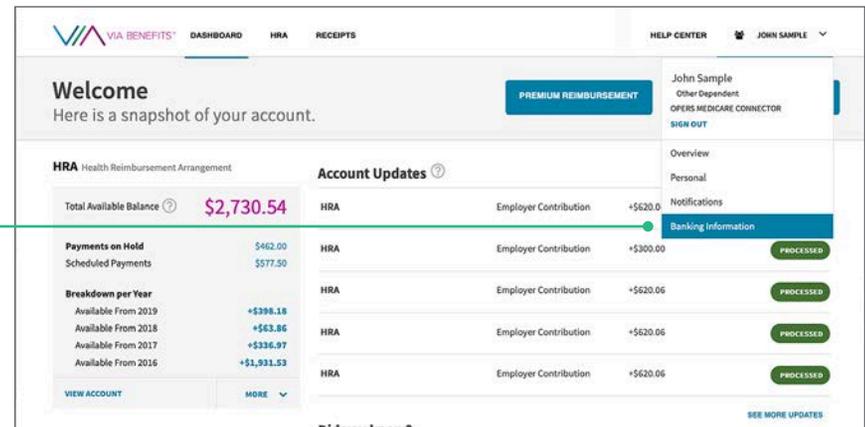
- Sign into [marketplace.viabenefits.com/opers](https://marketplace.viabenefits.com/opers) and navigate to the Reimbursement Center (see page 10)
- Select the account holder name and navigate to the **Banking Information** tab
- Select **Add Bank Account**
- Enter your bank account information, verify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

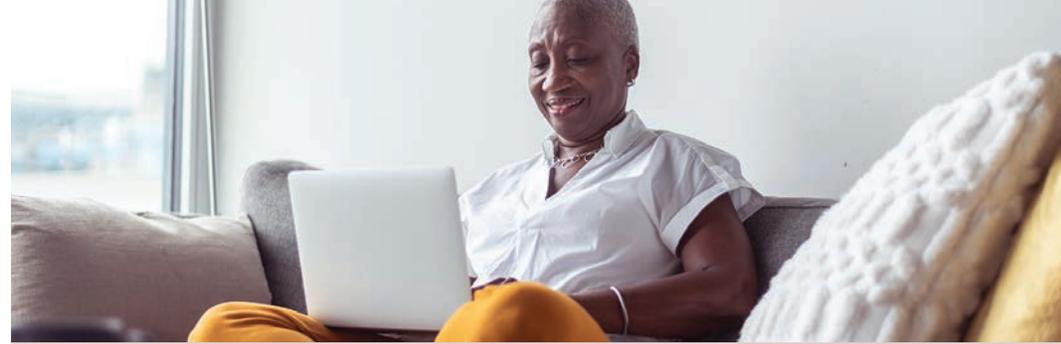


# Step 3: **Understand** the Reimbursement Process

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



**!** 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.



## Eligible Expenses

You can use your OPERS HRA to request reimbursement for 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 of eligible expenses:

### Post-tax Premiums

- Medical, prescription
- Medicare Part B drug, dental and/or vision
- 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 aids
- Acupuncture fees
- Smoking cessation programs



You can find more details on eligible expenses at [marketplace.viabenefits.com/opers](https://marketplace.viabenefits.com/opers) under **Important Information**.

## Automate your premium reimbursement

Via Benefits offers two ways to automate your premium reimbursements.

- **Automatic Premium Reimbursement** is available for **Medicare Benefit Recipients** for most medical and prescription drug policies as well as Medicare Part B premiums. Plus, both Medicare and Pre-Medicare Benefit Recipients can use this method to get reimbursed for 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.

- **Recurring Premium Reimbursement** is available when Automatic Premium Reimbursement is not an option. This includes medical plans for **Pre-Medicare Benefit Recipients** and Medicare plans that don't allow Automatic Premium Reimbursement. 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 OPERS HRA.

### OPERS dental and vision premiums

As a convenience to you, OPERS and Via Benefits will set up Automatic Premium Reimbursement with no action required from you. You must contact OPERS if you want to opt out. See page 22 for more details.

### Set it and forget it!

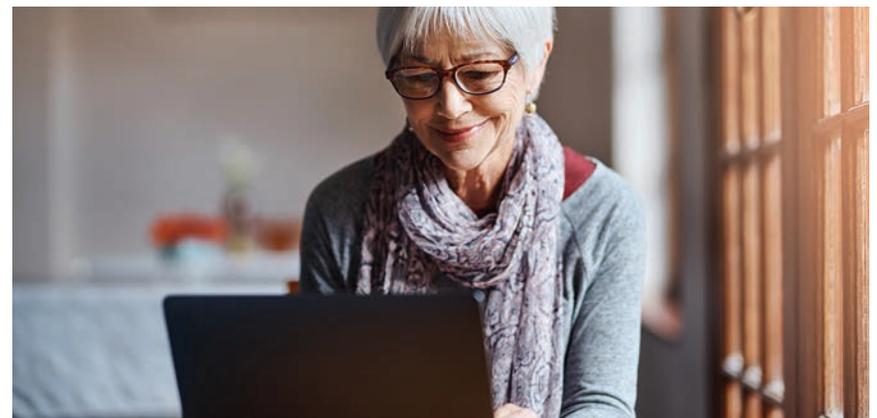
During your call with a Via Benefits licensed benefit advisor, you may have already established Automatic Premium Reimbursement. If so, no further action is required.



|   | Automatic Premium Reimbursement   | Recurring Premium Reimbursement   |
|---|---|---|
| <b>For which premiums can this be used?</b>                 | <ul style="list-style-type: none"> <li>Medicare medical and prescription drug plan premiums</li> <li>Medicare Part B</li> <li>OPERS dental and vision premiums</li> </ul>   | <ul style="list-style-type: none"> <li>Pre-Medicare medical plan premiums</li> <li>Medicare medical and prescription drug plan premiums</li> <li>Medicare Part B</li> <li>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 mobile 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>  |



**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.



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

The first thing to do when preparing your reimbursement request is to gather your supporting documents. Without supporting documents, 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 documents for premium reimbursements**

If you haven't turned on Automatic or Recurring Premium Reimbursement 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. 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.

#### **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 either being reimbursed directly from OPERS through your pension benefit, or to request reimbursement from your OPERS HRA. Through the pension, Benefit Recipients are eligible to have 100% of their Part A premiums reimbursed, while spouses can be reimbursed for up to 50%. To be reimbursed for any part of the Part A premiums not submitted to OPERS, including the uncovered 50% of the spousal premium, submit a reimbursement request with supporting documents indicating your Medicare Part A effective date(s) and premium amount(s) to Via Benefits. For more information about being reimbursed from your OPERS monthly benefit, contact OPERS.



## Automatic Premium Reimbursement for Dental and Vision

For your convenience, OPERS will turn on Automatic Premium Reimbursement on your behalf for OPERS dental and vision plans with no action required from you. If you want to opt out of Automatic Premium Reimbursement for dental and vision premiums, you'll need to contact OPERS.

If you wish to submit a recurring reimbursement request for OPERS dental and vision plan premiums instead of using Automatic Premium Reimbursement, you'll need to submit the OPERS Health Care Premium Receipt as your supporting document. 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 • [www.opers.org](http://www.opers.org)

December 1, 2021

John Sample 0000000  
1234 Street Name  
Any Town, State 00000  
United States

**Health Care Premium Receipt**

The below reflects premium paid by John Sample as of 12/01/2021

Receipt Period Start Date: 01/01/2022

Receipt Period End Date: 12/31/2022

| Coverage Period         | Type of Coverage | Covered Participant | Relationship | Total Monthly Premium |
|-------------------------|------------------|---------------------|--------------|-----------------------|
| 2022/01/01 - 2022/12/31 | Vision           | John Sample         | Spouse       | 2.41                  |
| 2022/01/01 - 2022/12/31 | Dental           | John Sample         | Self         | 20.37                 |
| 2022/01/01 - 2022/12/31 | Dental           | John Sample         | Spouse       | 20.37                 |
| 2022/01/01 - 2022/12/31 | Vision           | John Sample         | Self         | 2.41                  |
| 2022/01/01 - 2022/12/31 | Vision           | John Sample         | Spouse       | 2.41                  |

## Automatic Premium Reimbursement for Medicare Part B

If you enroll in medical coverage through Via Benefits, you can turn on Automatic Premium Reimbursement for Medicare Part B. You won't need to submit supporting documents because 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'll need to submit your IRMAA adjustment through a separate reimbursement request, including the following supporting documents.

The Social Security Administration (SSA) will send 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.



**Social Security Administration**

Date: November 15, 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.)



## Collect your supporting documents 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 expenses, 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/31/2022      Member Name: John Sample  
Document Number: 0000020000      Address: 1234 Street Name  
Any Town, STATE 00000

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

---

Patient Name: John Sample      Relation: Dependent      Claim Number: 10000000000001  
Date Received: May/31/2022      Provider: Dr. Martha Wonder      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 |
|-----------------|---------------------|------------------|-----------------|-------------|-------------|------------|--------------|----------------------|------------------------|-------------|
| 05/05/2022      | Follow-up Visit     | \$150            | \$110           | \$40        | \$30        | -          | -            | \$80                 | \$30                   | 1           |
| 05/13/2022      | Labwork             | \$70             | \$50            | \$20        | -           | -          | \$10         | \$40                 | \$10                   | 1           |
| <b>TOTAL</b>    |                     | <b>\$220</b>     | <b>\$160</b>    | <b>\$60</b> | <b>\$30</b> | <b>-</b>   | <b>\$10</b>  | <b>\$120</b>         | <b>\$40</b>            |             |

**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**

STATEMENT DATE: JUNE 7, 2022  
PATIENT # 111111  
ACCOUNT # 111111  
TAX ID # 111111

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

| PAYMENT METHOD           | CHECK NO. | JOB       |
|--------------------------|-----------|-----------|
| VISA- XXX-XXXX-XXXX-4444 | N/A       | 111111222 |

| DATE         | #        | DESCRIPTION | CHARGE   | INSURANCE | PATIENT BALANCE |
|--------------|----------|-------------|----------|-----------|-----------------|
| May 7, 2022  | 3333-335 | Evaluation  | \$120.00 | \$0.00    | \$120.00        |
| May 17, 2022 | 3333-45  | Procedure   | \$75.00  | \$0.00    | \$75.00         |
|              |          |             |          |           |                 |

!

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.

### 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, 2022

**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> |       |

#### 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.

#### 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-pocket expenses:

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

#### For Benefit Recipients living outside the United States

When you submit an expense to the OPERS HRA, be sure to translate it into English and convert the amount to US currency.

Note that OPERS Pre-Medicare retirees are not required to use Via Benefits to enroll in coverage to get access to the OPERS HRA, but OPERS Medicare retirees residing in the United States are required to do so. For that reason, if you return to the United States as a Medicare retiree, please notify OPERS of your change of address and contact Via Benefits to let us help you enroll in a medical plan.

# 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 through the Via Benefits Accounts mobile app or website. You can also request reimbursement by fax or by mail.

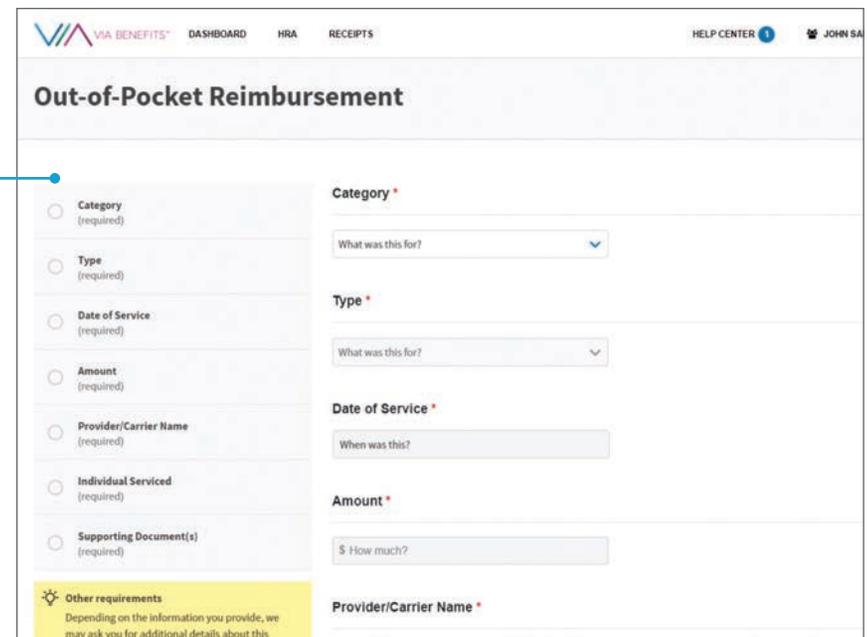
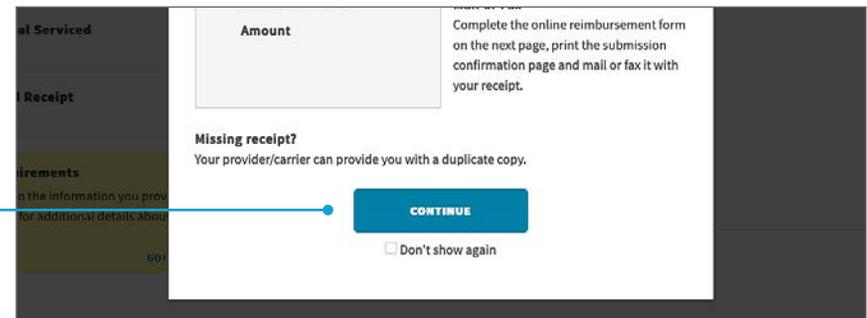
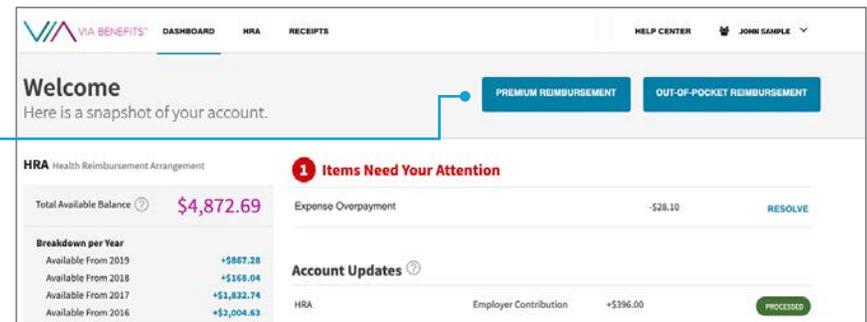
## Submit your reimbursement request online

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

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

### What types of files can I upload?

Taking a photo with your smartphone's camera in the mobile app is the easiest way to attach supporting documents to a reimbursement request. If you're using your computer, 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 attach to your request.



Continued from previous page

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

VIA BENEFITS DASHBOARD HRA RECEIPTS HELP CENTER 1 JOHN SAMPLE

Category: Medical (HUMANA)

Type: THERAPY

Date of Service: Dec 19, 2020 (JOHN SAMPLE)

Amount: 5200

Provider/Carrier Name: HUMANA

Individual Serviced: 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. [WHAT ARE SUPPORTING DOCUMENTS?](#)

**Other requirements**  
Depending on the information you provide, we may ask you for additional details about this expense. [GET IT, THANKS](#)

FASTEST WAY TO GET YOUR REIMBURSEMENT

UPLOAD FILE FAX OR MAIL

CANCEL ADD ANOTHER EXPENSE REVIEW & SUBMIT

## 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 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 documents for your request. Don't mail original receipts or statements.

### Watch this!

Want more information?

Go to [my.viabenefits.com/opers](https://my.viabenefits.com/opers) and check out the "Managing Your HRA through Via Benefits" video.



## Tap into the advantages of our digital solutions

Via Benefits online tools and mobile app let you check your balance, submit reimbursement requests, track your payments, and more, with just a few taps. Our digital tools have many advantages over managing your account through the mail. Here's a quick look at how they compare.



For direct access, just scan the QR code with your smartphone's camera.

### Access your account balance and reimbursement status

### Submit reimbursement requests quickly and easily

### Follow reimbursements as they are processed in real time

### Receive notifications “on the go” if your request is missing information

### Take pictures of supporting documentation using your phone

### Manage supporting documentation

### Sign up for direct deposit

|  | Mobile App | Website | Mail |
|--|------------|---------|------|
| Access your account balance and reimbursement status                     | ✓          | ✓       |      |
| Submit reimbursement requests quickly and easily                         | ✓          | ✓       |      |
| Follow reimbursements as they are processed in real time                 | ✓          |         |      |
| Receive notifications “on the go” if your request is missing information | ✓          |         |      |
| Take pictures of supporting documentation using your phone               | ✓          |         |      |
| Manage supporting documentation  | ✓          | ✓       |      |
| Sign up for direct deposit   | ✓          | ✓       | ✓    |

### 1. Download the Via Benefits Accounts app

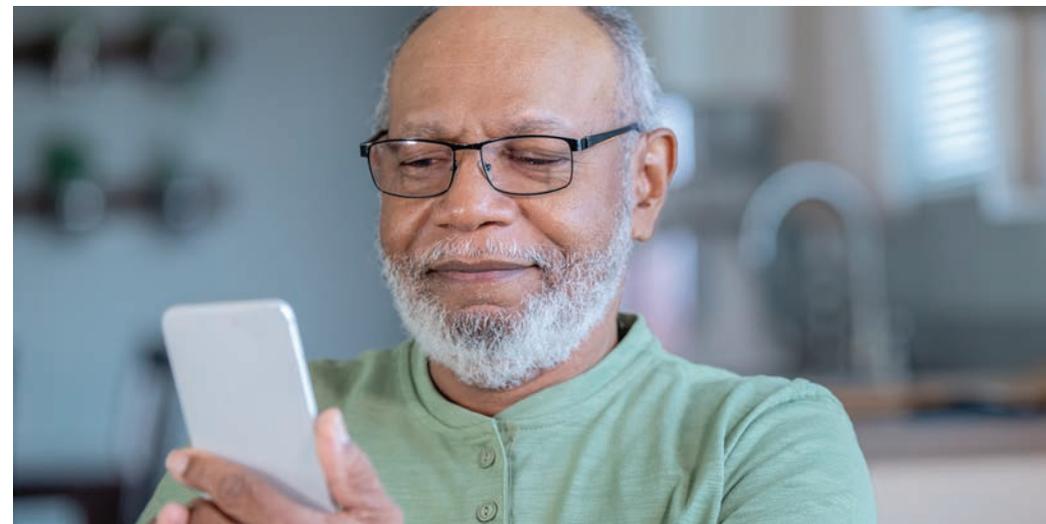
Search for “Via Benefits Accounts” in the App Store or Google Play, and download it to your smartphone or tablet.

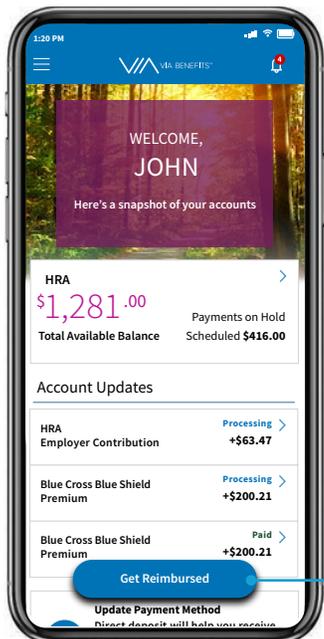
### 2. Sign into your account

If you already have a Via Benefits account, open the mobile app and sign in with your existing Via Benefits website username and password. If you don't, you'll be able to create one with the mobile app.

### 3. Set up push notifications

This allows Via Benefits to keep you informed of the progress of your requests every step of the way.





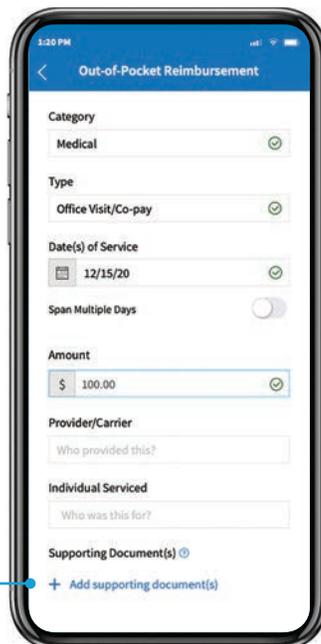
## Submit your reimbursement requests with the app

### Step 1

Select **Get Reimbursed**, then choose whether you want to submit a premium or out-of-pocket expense.

### Step 2

Fill out the requested information for the expense at hand.

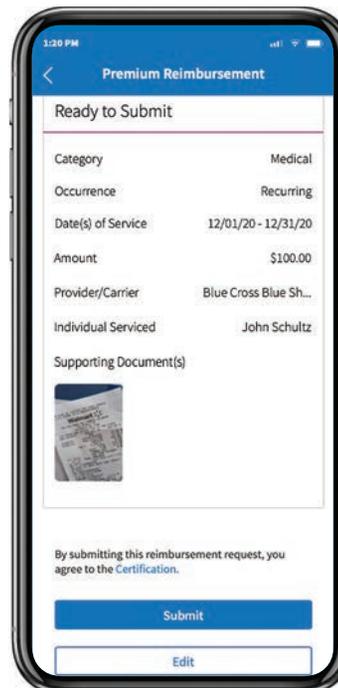


### Step 3

Select **+ Add supporting document(s)**, then choose to either use your **Camera** to take a picture of your documentation, or **Photos** if the documentation is already saved on your phone.

### Step 4

The app will request permission to access your Photos or Camera. Grant permission, then take a picture of your document(s) or select the photo from your phone. Select **Done** to attach it to your request.



### Step 5

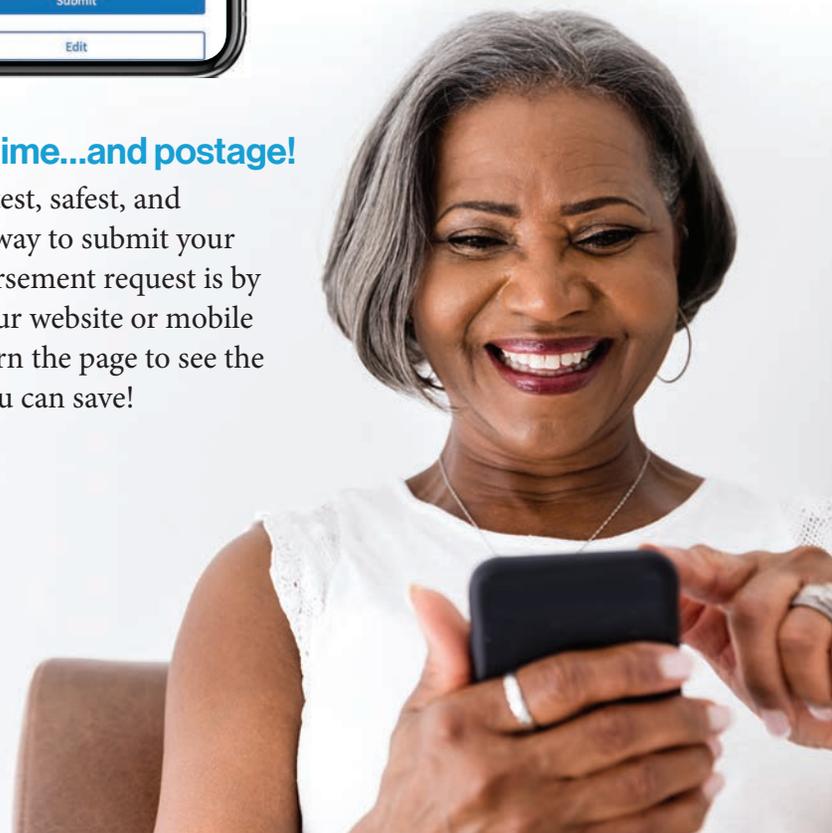
You can add more supporting documents by selecting **Add** and repeating steps 3 and 4.

### Step 6

When you have attached all your supporting documents to the request, select **Review**. Verify the information on the review page is correct, then select **Submit**.

## Save time...and postage!

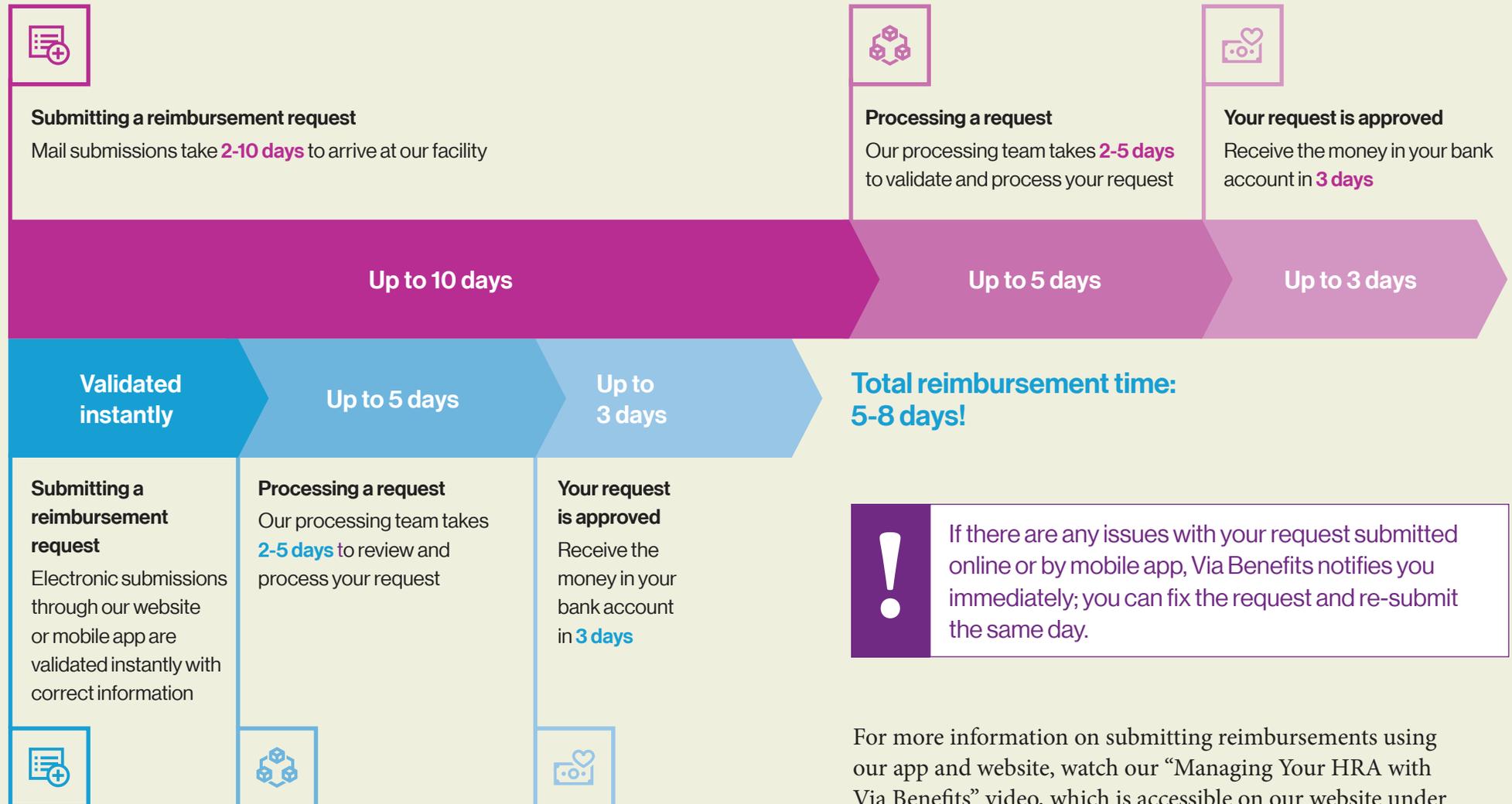
The fastest, safest, and easiest way to submit your reimbursement request is by using our website or mobile app. Turn the page to see the time you can save!



## How valuable is your time?

 **Mail** versus  **Online or Mobile App**

Time is a precious commodity, so it pays to make smart choices to save it. Use the Via Benefit tools on our website or mobile app to process your reimbursements, and save valuable time over traditional mail!



For more information on submitting reimbursements using our app and website, watch our “Managing Your HRA with Via Benefits” video, which is accessible on our website under [Important Information](#).

## Step 6: **Get Approved** and Reimbursed

After you submit your expense, you may receive an Explanations of Payment (EOPs) or Explanations of Unpaid Expenses (EOUEs). These 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 when your expense is paid; an EOP will also be available in your online account.
- 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 paid when your OPERS HRA balance is sufficient.
- If you've turned on 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. To set your communication preferences, follow these steps.

1. Sign into your account and go to the **Reimbursement Center** (see page 10).
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 – like updates that we've received your reimbursement request or supporting documents. We do this because it's more efficient and reduces paper waste. And if you're looking for your EOP or EOUE, know you can always find them on your online account.

### Keep tabs on your HRA balance



**App** – Gives you access from your mobile device



**Online** – Sign into your account at [my.viabenefits.com/opers](https://my.viabenefits.com/opers) and navigate to the **Reimbursement Center**



**Over the phone: 1-844-287-9945 (TTY: 711)** – Take advantage of voice-activated information. After identifying yourself, get instant results by saying:

- **“Balance”** – Hear your current HRA balance
- **“Forms”** – Request HRA-related forms be mailed to your mailing address on file
- **“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 not submitted a reimbursement request in the past 90 days.

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, including a partial account number for your direct deposit. 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) it's referring to. We may show reimbursements of multiple requests on a single document
- **Denied** includes any expenses that weren't reimbursed. Look at the subsequent tables to understand why and what you can do to appeal a denied expense
- **Not Approved** are eligible expenses that may be approved if you follow the action steps described in the subsequent table
- **On Hold** are expenses that have been approved, but are not yet paid because you don't have enough money in your OPERS HRA to cover the reimbursement. When your OPERS HRA balance is replenished by your next contribution, you may then receive this reimbursement. Expenses may also be on hold if they are approved but you don't have direct deposit set up (when set up, you would receive reimbursement)
- **Used for Offset** are expenses that have been approved, but that are being applied to pay back a previous overpayment. When that happens, future requests for reimbursement will be reduced until the overpayment is resolved



VIA BENEFITS™  
Via Benefits  
PO Box 12345  
City Name, PA 67890-1234  
Electronic Service Requested  
111223334445556667770  
John Sample  
1234 Street Name  
Any Town, OH 12345  
United States

**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 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](https://marketplace.viabenefits.com/opers) for account details.

07/01/2022

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 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 |
|-----------------|------------|---------|---------|------------------|-------------|
| 01/01/2022      | 232170689  | HRA     | Premium | AARP             | \$140.00    |
| 02/01/2022      | 232170689  | HRA     | Premium | AARP             | \$140.00    |



The EOPs and EOUEs also include tables providing details about the status of your expenses.

- **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.

An explanation is provided beneath the expenses regarding why a reimbursement was not paid, and if any actions need to be taken.



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

1112223334445556667770

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

07/01/2022

**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

  
1112223334445556667770  
**Identifier:** 00000000\_00000000  
 OPERS 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 [marketplace.viabenefits.com/opers](https://marketplace.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 |
|-----------------|------------|---------|--------------|------------------|------------------|--------------|-----------------|
| 03/23/2022      | 234007327  | HRA     | Prescription | CVS              | \$233.00         | \$233.00     | 1.              |

1. **Missing Supporting Documentation.** No supporting documentation was provided for the submitted expense.



## 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 Payment (EOP), the Explanation of Unpaid Expenses (EOUE) or via email, depending on your communication preferences.

The most common reasons expenses are denied are because they were ineligible for reimbursement according to your plan, or were submitted outside your coverage period. If your expense is denied, you can appeal the denial.

If you have questions or need help, 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 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 and speak with a representative about your options.





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

As a part of managing your OPERS 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                                  | ✓  | ✓  | ✓   |
| Opt you into the HRA  | ✓  | ✓  |   |
| Establish a Via Benefits online profile                             | ✓  | ✓  |   |
| Update bank account information                                     | ✓  | ✓  |   |
| Confirm OPERS 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 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 the OPERS HRA's forfeiture. For more information, refer to the OPERS HRA Summary Plan Description which can be found on [www.opers.org](http://www.opers.org).

# Notes

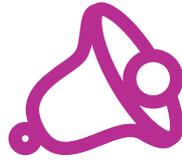


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11SP 0.900  
\*\*\*\*\*SNGLP T1P1

John Sample  
1234 Street Name,  
Any Town, STATE 12345



## Important!

Time-Sensitive Information Regarding Your OPERS  
Health Reimbursement Arrangement (HRA) Enclosed