

## Frequently Asked Questions for Via Benefits

The FAQs below are intended to help you effectively navigate the enrollment process, make informed decisions, and more efficiently use your Health Reimbursement Arrangement (HRA). If you have questions, please contact Via Benefits toll free at 1-888-598-7545.

### Q1: Who should I call if I have a question or receive confusing material about my health care coverage, benefits, or my Health Reimbursement Arrangement (HRA)?

A: Call Via Benefits with any questions regarding your healthcare, benefits, or HRA. Our representatives are available at 1-888-598-7545 from 5:00 a.m. – 4:00 p.m. Pacific Time.

### Q2: Do I have to choose a plan offered by Via Benefits?

A: You MUST enroll and remain enrolled in a Medicare medical plan through Via Benefits to qualify for your PEBP HRA funds. Note: If you have Tricare you may have a HRA qualification exception available.

### Q3: What are six reasons to consider changing your plan?

- Change in your health status.
- Change in your prescription drugs.
- Significant increase in premium cost
- Moved out of your old zip code.
- Your doctors are no longer in your network.
- Your plan has been discontinued.

### Q4: Can I access support through Via Benefits online?

A: Yes, you can access it. There is no need to register and no password needed to access the Via Benefits website for the purposes of evaluating plan options, just click on **“See Plans”**. If you are eligible for the PEBP HRA, once your account is activated, you will have access to a password-protected site to review your HRA credit balance and reimbursement activity. To set up an account, click on **“Sign Up”**. You will be asked to enter basic information and create a user name and password. The Via Benefits website for Nevada PEBP is [My.ViaBenefits.com/PEBP](http://My.ViaBenefits.com/PEBP). You can also access your HRA account via the **Via Benefits Accounts Mobile App** which is available for download from the App Store or Google Play.

### Q5: What healthcare expenses are eligible for reimbursement?

A: All expenses from the IRS Schedule 213(d) are eligible. Common examples include approved medical, pharmacy, vision, and dental expenses and premiums, including Medicare Part B premiums. Call Via Benefits or visit the website for details.

### Q6: What is the HRA reimbursement process? How can I access my HRA?

A: There are several reimbursement options:

**Automatic Premium Reimbursement** — Most plans on the Via Benefits platform offer the option for retirees to sign up for Automatic Premium Reimbursement (AR). AR is a paperless process where the carrier sends monthly files to Via Benefits confirming that the retiree paid their premium. Once the carrier file is sent, Via Benefits will reimburse the retiree. This can take 1 to 2 months to establish initially. Once established, you will receive your reimbursement consistently every 4 to 5 weeks.

If you are enrolled in a Medicare Medical plan through Via Benefits and pay the standard Medicare Part B premium you can set up AR by accessing your account online or via the Mobile App or by calling Via Benefits.

**Recurring Premium Reimbursement** — This type of reimbursement requires a form to be completed and submitted each year. It is an annual process, usually used for premium reimbursement with insurance companies that cannot support Automatic Premium Reimbursement, or for Medicare Part B premium reimbursement. A paper claim form is submitted confirming the monthly premium cost that will be paid for the next year. If you have a

premium change, it is necessary to submit a new recurring premium reimbursement form with the supporting documentation.

**Reimbursement Request** — You can complete an HRA reimbursement request and submit to Via Benefits as often as you need. This can be used for any eligible healthcare expenses, including premiums, co-pays, or qualified out-of-pocket expenses.

### **Q7: How do I get reimbursement forms?**

A: The reimbursement forms are personalized with your name, address, and a bar code. The forms are available by calling the Via Benefits service center. You can make photocopies of the forms if more are needed. These forms cannot be shared.

### **Q8: Why was my reimbursement request denied?**

A: The Explanation of Payment (EOP) provided will always have the denial reason listed. However, these are the top two reasons:

1. Failure to provide correct supporting documentation.
2. The account holder forgot to sign and date the request form.

If you need more information on the status of a reimbursement, contact Via Benefits.

### **Q9: What supporting documents are needed to receive reimbursement?**

A: For a reimbursement request, include the following documentation:

- *Covered participant name (John Doe)*
- *Provider name (e.g. Dr. Jones)*
- *Date of service (e.g., 1/1/2024)*
- *Description of Coverage (e.g., co-pay, eyeglasses, new crown)*
- *Proof of payment*

A: For Recurring Premium Reimbursement, include the following documentation:

- *Covered Participant's name (John Doe)*
- *Name of the provider (Medicare)*
- *Date of Coverage (1/1/2024 through 12/31/2024)*
- *Description of coverage (Part B)*
- *Premium amount (e.g., \$170.10) — For Medicare premiums deducted from your Social Security check, provide your Proof of Income letter from the Social Security Administration, sometimes called a budget, benefits, or proof of award letter. For Medicare premiums paid out of pocket, provide a copy of the statement (bill or invoice) that you receive from CMS either monthly or quarterly.*

### **Q10: Where can I find additional assistance with the HRA process, i.e. denied claim, one-on-one guidance, unresolved issue?**

A: An HRA Specialist is now available on a full-time basis to assist with these types of HRA related issues. You may call 1-844-266-1395 to leave a message to schedule an appointment for assistance.

### **Q11: What is the Nevada Birthday Rule**

A: Nevada now has a Birthday Rule enrollment period available for Medicare Supplement plans (Medigap plans).

- 1) Allows existing Medicare Supplement policyholders to have a new open enrollment period starting on the first day of their birthday month and extending for at least 60 days after.
- 2) During this time, these policyholders may purchase a new Medicare Supplement plan (with the same or lesser benefits) from their existing carrier or a new carrier without underwriting.