



# HRA VEBA Plan Benefits Guide

## What's inside:

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



## HRA Basics



### Health Reimbursement Arrangement

An HRA is a **tax-free account** that **puts you in control** of your family's healthcare spending<sup>1</sup>. It's easy to use, and it's a smart way to save up for medical bills, including retiree insurance premiums. Plus, you never pay any taxes on the money going in or coming out. That's the **best tax advantage** there is—even better than tax-deferred 457, 403(b), and 401(k) plans!

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



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

HRA Participant



### How It Works

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

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



## How It Helps

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

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

HRA Participant

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



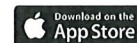
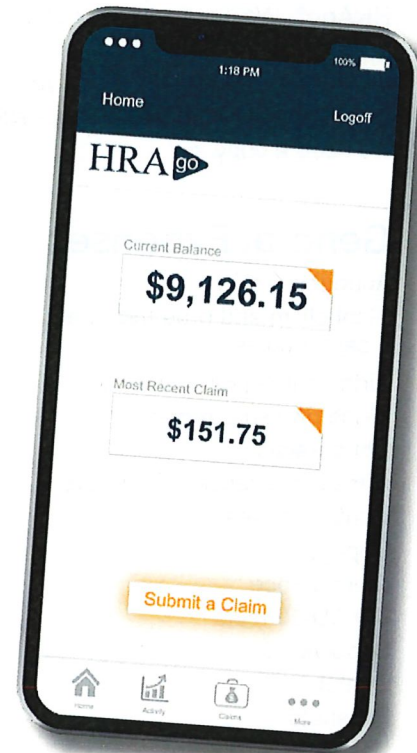
## Using Your HRA

Managing and using your HRA is now easier than ever!

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

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

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



### More Information

[HRAveba.org](http://HRAveba.org)

### Ask Questions

1-888-659-8828



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



## Medical Care Expenses

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

When you're ready to file a claim, log in at [HRAveba.org](http://HRAveba.org) and click **Claims**, or use our handy mobile app, **HRAgo**<sup>®</sup>. We'll process your claim in about five to seven business days.

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

### General Expenses

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

\*Letter of medical necessity required.

### Premiums

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

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

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

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

## Over-the-counter (OTC)

### Medicines and Drugs\*

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

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

### Miscellaneous Items

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

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

## Medicare

Copays  
Coinsurance  
Deductibles  
Home health care

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

Medicare Supplement premiums  
Outpatient hospital services  
Skilled nursing facility stay

## Military Retirees

Copays  
Deductibles  
Medicare Part B Premiums

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

TRICARE premiums  
(medical and dental plans)

## Ineligible Expenses

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

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

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

\*May be reimbursed with a letter of medical necessity.

### More Information

[HRAveba.org](http://HRAveba.org)

### Ask Questions

1-888-659-8828



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



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

## How to File a Claim

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

### Can I submit my claim online?

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

### What if I would rather use a paper form?

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

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

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

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

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

### What documentation do I need to include?

The documentation you submit should contain these five things:

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

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

### What's the best kind of documentation?

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

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

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

### What common types of expenses require different or additional documentation?

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

#### • **Vitamins and supplements**

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

Read our **What is a Letter of Medical Necessity?** handout for more information. To get a current copy, log in at [HRAveba.org](http://HRAveba.org) and click **Resources**.

#### • **Orthodontia**

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

#### • **Insurance premiums**

Proof of qualified insurance premiums must include:

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

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

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

### Can you reimburse my insurance premiums automatically?

Yes, automatic premium reimbursement is available. To set this up, log in at [HRAveba.org](http://HRAveba.org) and click **Claims**.

### How will I know when my claim has been processed?

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



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

#### More Information

[HRAveba.org](http://HRAveba.org)

#### Ask Questions

1-888-659-8828





## Benefits Card Frequently Asked Questions



### Easy to Use. Saves you time.

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

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

### Save your supporting documentation.

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

Scan with your mobile device to view **Using Your Benefits Card** video:



**More Information**  
HRAveba.org

**Ask Questions**  
1-888-659-8828

#### How can I get a Benefits Card?

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

#### Is there a monthly fee?

No, there is no monthly fee.

#### What types of expenses can be paid with my card?

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

#### Can I use my card for my spouse or dependents?

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

#### How much can I spend each day?

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

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

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



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## Benefits Card Frequently Asked Questions

### Can I use my card to purchase vitamins or supplements?

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

### Should I save my supporting documentation?

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

### Why might you need copies of my documentation?

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

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

### What types of transactions are usually verified automatically without documentation?

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

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

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

### What if my card gets suspended?

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

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

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

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

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

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

### What's the best kind of supporting documentation?

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

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

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

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

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

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

### What if my card gets lost or stolen?

You should immediately call us at 1-888-659-8828. Our friendly customer care team is available to assist you during normal business hours. If calling after hours, follow the recorded instructions.

### How can I cancel my card?

Just give us a call at 1-888-659-8828 during normal business hours and ask us to cancel your card. You will need to resolve any unsupported transactions before we can cancel your card.

**More Information**  
HRAveba.org

**Ask Questions**  
1-888-659-8828





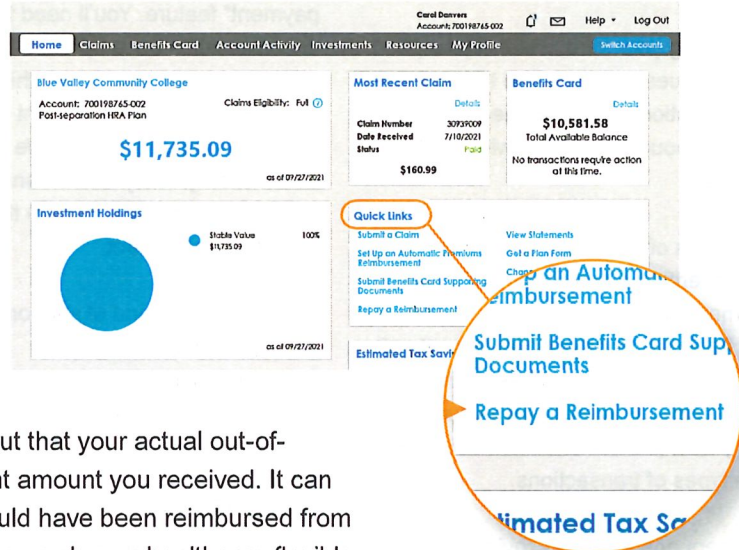
## Online Repayment Available Now

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

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

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

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



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

[More Information HRAveba.org](http://More Information HRAveba.org) [Ask Questions 1-888-659-8828](http://Ask Questions 1-888-659-8828)

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## Check Out Our New Videos

We're building a new video library! Scan the QR code below or visit [HRAveba.org](https://HRAveba.org) and click the **Videos** button.

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

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

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

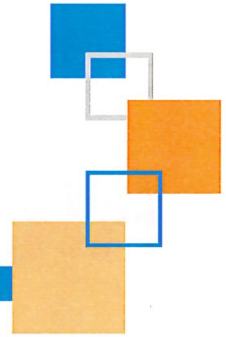
### More Information

[HRAveba.org](https://HRAveba.org)

### Ask Questions

1-888-659-8828





## Customer Care Center

1-888-659-8828

[www.HRAveba.org](http://www.HRAveba.org)

Download our mobile app, HRAgo<sup>®</sup>, today!



### Local Service

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

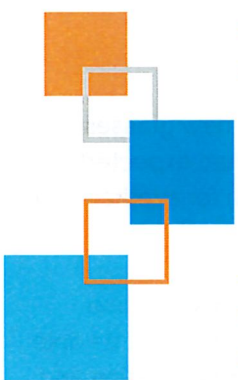


[HRAveba.org](http://HRAveba.org)

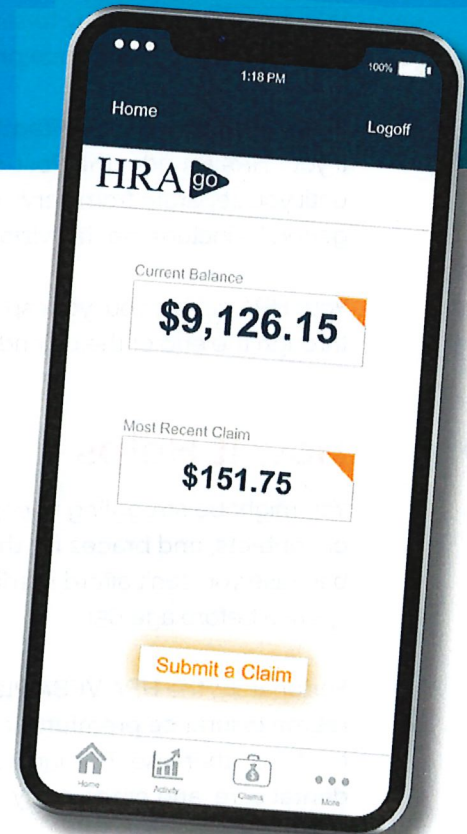


## Save up Tax-free Money for Medical Bills

A funded health reimbursement arrangement for public employees in the Northwest

- 
- Copays
  - Deductibles
  - Prescriptions
  - Dental
  - Vision
  - Orthodontia
  - Chiropractic
  - Medicare premiums
  - Retiree medical premiums

...and hundreds more





## Health Reimbursement Arrangement

A health reimbursement arrangement (HRA) is a **tax-free savings account** for health care. This valuable employee benefit is funded with contributions from your employer. It's easy to use, and it's a smart way to save up for future out-of-pocket **medical, dental, and vision bills**, including **retiree insurance premiums**.

If your HRA is under the **Standard HRA Plan**, you can use it now or later, even during retirement. If your HRA is under the **Post-separation HRA Plan**, you can use it for "excepted benefits" until you separate from service or retire and become fully claims eligible. Excepted benefits generally include dental, vision, and long-term care.

Your HRA covers you, your spouse, and dependents, including your young-adult children through the end of the calendar year in which they turn age 26.



## How It Helps

You might be struggling to cope with the cost of **doctor visits, prescriptions, new glasses or contacts, and braces for the kids**. Maybe you're working longer than you had expected because you can't afford medical insurance—up to \$1,000 or more per month for a retiree and spouse before age 65!

Fortunately, the **HRA VEBA Plan<sup>1</sup>** can help. Many participants use their HRAs to reimburse **retiree insurance premiums** and the cost of medical items and services they wouldn't be able to afford otherwise. This includes things like **power chairs, hearing aids, expensive vision and dental care, and emergency medical bills**.

<sup>1</sup> The HRA VEBA Plan is offered by HRA VEBA Trust, a voluntary employees' beneficiary association (VEBA). This non-profit Trust is managed by a Board of Trustees elected by Plan participants, participating employers, or the Board itself, depending on the Trustee position.



## How It Works

1. Your employer **sends tax-free money** to your HRA. Often, these funds would have otherwise been paid to you as taxable income. This means you're exchanging taxable income for tax-free money in your HRA—a *much better deal!* Your employer might also contribute funds in place of some other tax-free employee benefit.
2. You choose how you want to **invest your HRA funds** using the available fund lineup.
3. Depending on your HRA plan design<sup>2</sup>, you can **use your money right away or save it up for later**, such as during retirement. Either way, you won't pay any taxes.

HRA eligibility and funding are usually subject to collective bargaining or employer policy. Check with your employer if you need to know more about your group's participation.



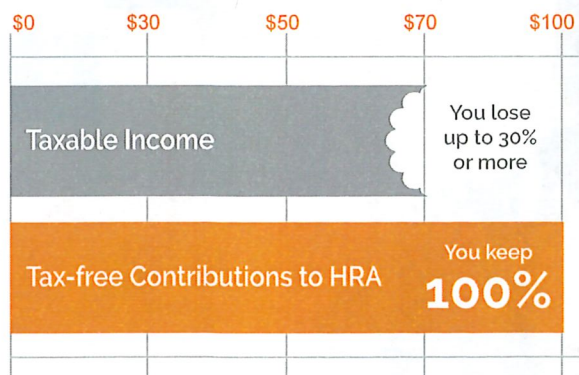
## Best Tax Advantage

With an HRA, you get the **best possible tax advantage**—*even better than tax-deferred 457, 403(b), and 401(k) plans with taxable withdrawals.*

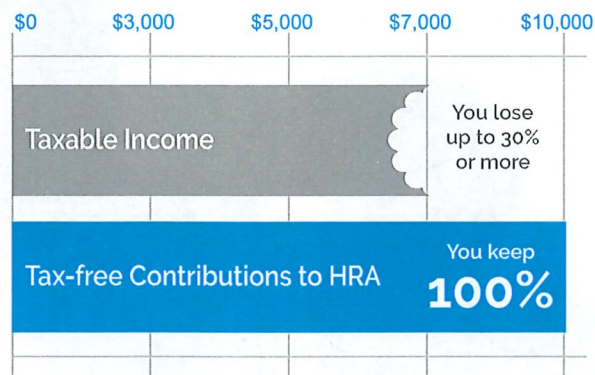
- No taxes on employer contributions;
- No taxes on investment earnings (if any); and
- No taxes on claim reimbursements (withdrawals).

This is sometimes called "triple" tax savings. You might save up to 30% or more, depending on your individual tax situation. With no tax bite, you get to keep a lot more for yourself! Tax savings includes state income tax (if applicable), federal income tax, and FICA taxes (Social Security and Medicare).

### \$100 Monthly Contribution Example



### \$10,000 Lump-sum Contribution Example



<sup>2</sup> Your HRA may be subject to vesting, post-separation benefits only, or other limitations depending on your employer's plan design or any limited HRA coverage elections you may make.



## Investment Options

You get to choose from a menu of available investment funds, kind of like your deferred comp or similar retirement plan. You can make changes monthly.

**Option A: Choose a Pre-mix** lets you pick a professionally-managed pre-mixed portfolio. This is a great choice if you're not comfortable building your own portfolio. Many investment advisors recommend pre-mixes.

**Option B: Do It Yourself** lets you build your own portfolio. This is for those who know how to pick their own funds.

You can get more information online, including our **Choosing Your Investment Allocation** brochure, quarterly **Investment Fund Overview**, and links to fund fact sheets and prospectuses. You should read the fund prospectuses before making an investment decision.

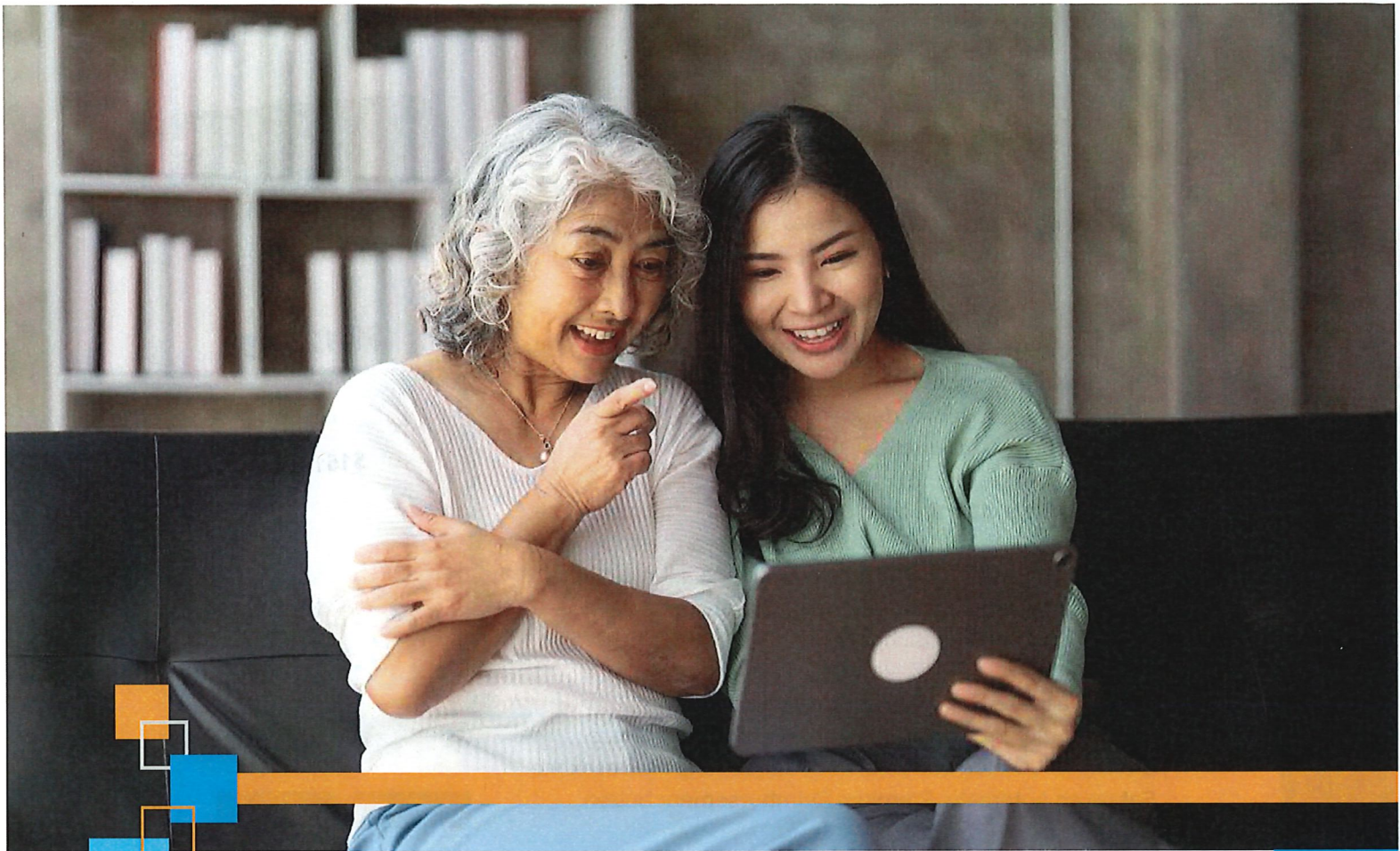


## HRA Advantages

HRAs have several advantages compared to **health savings accounts (HSAs)** and **flexible spending accounts (FSAs)**.

1. Your HRA **does not require coverage under a high-deductible health plan (HDHP)**. You can enroll in the medical plan of your choice.
2. Your HRA **covers retiree medical premiums before and after age 65**, including Medicare Part B, Part D, and supplement premiums.
3. There are **no annual use-or-lose or carryover limits** to worry about. All unused HRA funds roll over from year to year.
4. There are **no IRS contribution limits**. Contributions are usually determined by collective bargaining or employer policy.





## Medical Care Expenses

Qualified "medical care" expenses and premiums are defined in Section 213(d) of the Internal Revenue Code. Several common examples are listed below. There are hundreds more.

### Expenses

Copays	Laser eye surgery
Deductibles	Eye glasses
Prescriptions	Contacts
Preventative care	Hearing aids
Chiropractic	Physical therapy
Dental care	CPAP machines
Orthodontia	Insulin
Vision exams	Emergency services

### Premiums

Retiree medical, dental, vision
Qualified long-term care <i>(subject to IRS limits)</i>
Medicare Part B
Medicare Part D
Medicare supplement plans
TRICARE medical and dental

For a more detailed list, log in at [HRAveba.org](http://HRAveba.org) and click **Resources**.

## Survivor Benefit

If you pass away, your HRA can transfer to your surviving spouse, children, designated beneficiaries, or other eligible survivors. This is a unique survivor benefit most other HRA plans can't offer. For more information, or to name a beneficiary, log in online, click **My Profile**, then click **Beneficiaries**.





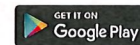
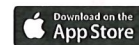
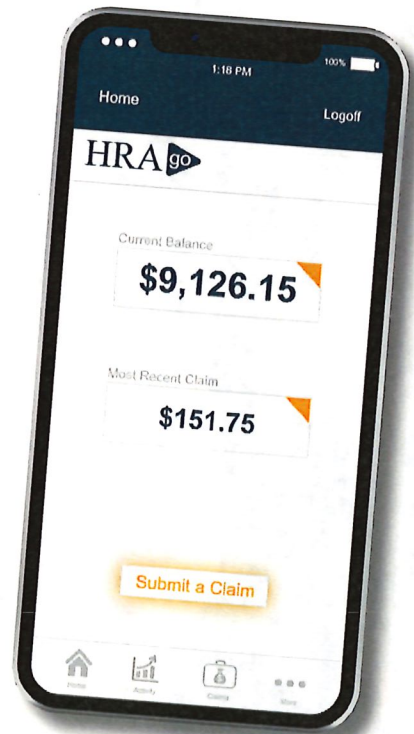
## Using Your HRA

Using and managing your HRA is now easier than ever! We provide an effortless online experience and several convenient services.

- Easy **online and mobile** claims submission
- Handy mobile app, **HRAgo®**
- Free **debit card**
- Convenient **direct deposit**
- Secure **e-statements**

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

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



“ I like being able to take pictures of documents with my phone and send them to you when I make a claim. ”



## Amazing Customer Care

We work hard to provide you with top-notch service. If you get stuck or have a question, our friendly customer care team is located in Spokane. Live representatives answer 98% of all phone calls **within 30 seconds**. You don't have to put up with annoying phone trees that get you nowhere. We're here to take good care of you and your family!

“ I never have to wait very long, and the people are knowledgeable as well as courteous. I love talking to a human! ”

[More Information](http://HRAveba.org) HRAveba.org

[Ask Questions](tel:1-888-659-8828) 1-888-659-8828



## Fees

Your HRA is a group health plan. Plan administrative expenses include claims processing, customer service, account administration, printing, postage, legal, consulting, local servicing, auditing, etc. To cover these costs, a monthly per participant fee of \$1.50 (if claims-eligible) or \$0.75 (if not claims-eligible), plus an annualized asset-based fee that averages around 1.00%, is charged to your account. The monthly fee is waived if your account balance is more than \$5,000. In addition, a 0.25% asset-based fee discount applies to any portion of your account balance in excess of \$10,000. Your account value changes daily based on activity, which includes investment earnings or losses, contribution and claims activity, and assessment of the asset-based fee.

To the extent permitted or required by law, certain fees, assessments, or other amounts payable to the federal government may also be deducted from your account. Fund operating expenses vary by fund. You can view these fees on our quarterly **Investment Fund Overview** available online.



### Customer Care Center

1-888-659-8828

[www.HRAveba.org](http://www.HRAveba.org)

**Local Service** To learn more about the HRA VEBA Plan, or to schedule a group presentation, contact a Gallagher office near you.

1-800-888-8322





## Definition of Dependent

Your spouse and dependents are eligible for coverage under your health reimbursement arrangement (HRA). Dependents must meet the definition of Qualifying Child or Qualifying Relative. These requirements are defined by Internal Revenue Code Sections 105(b) and 152.

A **Qualifying Child** is someone who:

1. Is the participant's son or daughter, stepchild, foster child; and
2. Is a citizen, national, or resident of the U.S. or a resident of Canada or Mexico; and
3. Is either:
  - a. Age 26 or younger at the end of the calendar year in which expenses were incurred; or
  - b. Permanently and totally disabled.

**OR** \_\_\_\_\_

1. Is a brother, sister, stepbrother, stepsister, or a descendent of the participant's son, daughter, stepchild or foster child; and
2. Is either:
  - a. Under age 19; or
  - b. Under age 24 and a full-time student; or
  - c. Permanently and totally disabled; and
3. Is younger than the participant; and
4. Lives with participant for more than half the year; and
5. Does not provide more than half of his or her own support; and
6. Will not file a joint tax return for the year in which the expense was incurred; and
7. Is a citizen, national, or resident of the U.S. or a resident of Canada or Mexico

**Qualifying Child of Divorced or Separated Parents.** A participant's child is treated as the dependent of both parents for the purposes of health plan coverage if during the calendar year in which expenses were incurred: (1) the participant's child is in the custody of the participant or their other parent for more than half the year; (2) the participant's child receives over half of his or her support during the year from the participant or their other parent.

A **Qualifying Relative** is someone who:

1. Is the participant's:
  - a. Son, daughter, stepchild, foster child, or a descendant of any of them (for example, a grandchild); or
  - b. Brother, sister, or a son or daughter of either of them; or
  - c. Father, mother, or an ancestor or sibling of either of them (for example, the participant's grandmother, grandfather, aunt, or uncle); or
  - d. Stepbrother, stepsister, stepfather, stepmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law; or
  - e. Any other person (other than the participant's spouse) who lived with the participant all year as a member of the household if such relationship did not violate local law; and
2. Will not be a qualifying child (see Qualifying Child above) of any other person as of the last day of the calendar year in which expenses were incurred; and
3. For whom the participant provided over half the support for the calendar year; and
4. Is a citizen, national, or resident of the U.S. or a resident of Canada or Mexico

**Domestic Partners.** Unless your domestic partner qualifies as a legal spouse under state law, a domestic partner must meet all of the **Qualifying Relative** requirements to be eligible for coverage under your HRA. If you need to list your domestic partner as a dependent, please give us a call.



## **STOP! Read this first.**

Much of the information contained in the enclosed Summary of Benefits and Coverage (SBC) does not directly apply to your health reimbursement arrangement (HRA). SBCs are mandated by federal health care reform to help consumers understand and compare health insurance plans. While your HRA is a group health plan, it is not insurance. Some of the information and defined terms in the enclosed SBC are not applicable to your HRA. Nevertheless, they are required to be included.


When reading through the enclosed SBC, keep in mind:

- **Your HRA is not an insurance plan. It is an account you can use to reimburse your qualified out-of-pocket medical care expenses.**
- **Your HRA is funded with employer contributions, which may include mandatory salary reductions.**
- **With your HRA, you do not have co-pays or deductibles, and you do not pay a premium for HRA coverage unless you have elected COBRA continuation of coverage. However, you can use funds in your HRA to reimburse these types of qualified expenses if your HRA is claims-eligible.**
- **Qualified expenses, as defined by the IRS, include services received from any licensed healthcare provider.**
- **Your maximum benefit (reimbursement) amount is equal to your available HRA account balance at the time your claim is processed.**

If you have a question about the enclosed SBC, contact the HRA VEBA Plan's Customer Care Center by phone or send a secure message (see instructions below).

To learn more about your HRA VEBA Plan benefits, your best resource is the **HRA VEBA Plan Summary**. To get a copy, log in at **HRAveba.org** and click **Resources**, or call the HRA VEBA Plan's Customer Care Center at **1-888-659-8828**. You can also use our **Secure Message Center**: (1) Log in at **HRAgo®** (mobile app) or **HRAveba.org**; (2) Click the **envelope icon** (✉); and (3) Click **Compose New Message**.

**Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services**      **Coverage Period: Beginning on or after 01/01/2025**  
**HRA VEBA Plan: HRA VEBA Board of Trustees**      **Coverage for: Participant + Dependents | Plan Type: HRA**

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, please log into [www.HRAveba.org](http://www.HRAveba.org) or call 1-888-659-8828. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
What is the out-of-pocket limit for this plan?	This plan has no out-of-pocket limit.	There is no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out-of-pocket limit?	This plan has no out-of-pocket limit.	There is no limit on how much you could pay during a coverage period for your share of the cost of covered services.
Will you pay less if you use a network provider?	No.	This plan treats providers the same in determining payment for the same services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without permission from this plan.

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All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	<u>Specialist</u> visit	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	<u>Preventive care/screening/immunization</u>	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	Imaging (CT/PET scans, MRIs)	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at <a href="http://www.HRAveba.org">www.HRAveba.org</a>	Generic drugs	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	Preferred brand drugs	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	Non-preferred brand drugs	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	<u>Specialty drugs</u>	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	Physician/surgeon fees	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
If you need immediate medical attention	<a href="#">Emergency room care</a>	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	<a href="#">Emergency medical transportation</a>	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	<a href="#">Urgent care</a>	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
If you have a hospital stay	Facility fee (e.g., hospital room)	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	Physician/surgeon fees	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
If you need mental health, behavioral health, or substance abuse services	Outpatient services	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	Inpatient services	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	Childbirth/delivery professional services	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	Childbirth/delivery facility services	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	<a href="#">Rehabilitation services</a>	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	<a href="#">Habilitation services</a>	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	<a href="#">Skilled nursing care</a>	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	<a href="#">Durable medical equipment</a>	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	<a href="#">Hospice services</a>	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	Children's glasses	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*
	Children's dental check-up	May be reimbursed up to 100%	May be reimbursed up to 100%	Once claims-eligible, reimbursement is limited by your current account balance and coverage elections*

\* If you use up your account balance, any remaining unpaid expenses may be re-submitted if you receive additional contributions into your account.

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)**

- Cosmetic surgery and procedures

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan document](#).)**

- Acupuncture
- Bariatric surgery (if prescribed to treat a specific medical condition)
- Chiropractic care
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care (if qualifies as medical care)
- Non-emergency care when traveling outside of the U.S. (if primarily for medical care and is legal in the U.S. and the other country)
- Private-duty nursing (if providing nursing services; not household or personal services)
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs (if prescribed to treat a specific medical condition)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

HRA VEBA Plan  
 PO Box 4389  
 Clinton, IA, 52733-4389  
 Phone: 1-888-659-8828

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Additionally, a consumer assistance program can help you file your appeal. Contact your local Consumer Assistance Program if you are a resident of Washington using the information below.

Washington Consumer Assistance Program  
500 Capitol Blvd  
Tumwater, WA 98501

Phone: 1-800-562-6900  
Email: [cap@oic.wa.gov](mailto:cap@oic.wa.gov)

#### Does this plan provide Minimum Essential Coverage? Yes

This plan or policy does provide minimum essential coverage, except in the case where a participant has elected limited HRA coverage to qualify for the premium tax credit or for Medicare coordination purposes. Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

#### Does this plan meet the Minimum Value Standards? No

This plan is an account-based health reimbursement arrangement that is not designed to meet, and does not meet, the minimum value standard for the benefits it provides. [Minimum Essential Coverage](#) generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If your plan doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a plan through the [Marketplace](#).

#### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-659-8828.  
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-659-8828.  
Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-659-8828.  
Navajo (Dine): Dinekegho shika at'ohwol ninisingo, kwijijigo holhe' 1-888-659-8828.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1146. The time required to complete this information collection is estimated to average 0.08 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

The HRA VEBA Plan reimburses your out-of-pocket medical care expenses. It is an account-based health reimbursement arrangement (HRA); it is not an insurance plan. You do not pay a premium for coverage. Your account is funded with employer contributions, which may include mandatory salary reductions. The maximum benefit (reimbursement) amount is equal to your available account balance at the time your claim is processed. Qualified expenses, as defined by the IRS, include services received from any licensed health care provider or specialist. If your plan is a post-separation plan, your benefits may be limited to expenses incurred after separation from service from your employer. Additional benefit limitations may apply based upon any applicable vesting or coverage limitations during the coverage period.

**About these Coverage Examples:**



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- Peg's current HRA account balance \$5,000
- The plan's overall deductible N/A
- Specialist [cost sharing] N/A
- Hospital (facility) [cost sharing] N/A
- Other [cost sharing] N/A

This EXAMPLE event includes services like:

- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

**Total Example Cost** \$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	N/A
Copayments	N/A
Coinsurance	N/A

What isn't covered

Limits or exclusions	\$0**
<b>Total Example Cost</b>	<b>\$12,700</b>
<b>Total out-of-pocket amount reimbursable by this Plan</b>	<b>\$12,700</b>

**Managing Joe's Type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- Joe's current HRA account balance \$5,000
- The plan's overall deductible N/A
- Specialist [cost sharing] N/A
- Hospital (facility) [cost sharing] N/A
- Other [cost sharing] N/A

This EXAMPLE event includes services like:

- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

**Total Example cost** \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	N/A
Copayments	N/A
Coinsurance	N/A

What isn't covered

Limits or exclusions	\$0**
<b>Total Example Cost</b>	<b>\$5,600</b>
<b>Total out-of-pocket amount reimbursable by this Plan</b>	<b>\$5,600</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- Mia's current HRA account balance \$5,000
- The plan's overall deductible N/A
- Specialist [cost sharing] N/A
- Hospital (facility) [cost sharing] N/A
- Other [cost sharing] N/A

This EXAMPLE event includes services like:

- Emergency room care (including medical supplies)
- Diagnostic test (x-ray)
- Durable medical equipment (crutches)
- Rehabilitation services (physical therapy)

**Total Example Cost** \$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	N/A
Copayments	N/A
Coinsurance	N/A

What isn't covered

Limits or exclusions	\$0**
<b>Total Example Cost</b>	<b>\$2,800</b>
<b>Total out-of-pocket amount reimbursable by this Plan</b>	<b>\$2,800</b>

\*\* NOTE: This plan is a health reimbursement arrangement (HRA). The plan reimburses participants for out-of-pocket medical care expenses. Reimbursements in this example are not limited, except up to the account balance of the HRA. If you use up your account balance, any remaining unpaid expenses may be re-submitted if you receive additional contributions into your account.

The HRA VEBA Plan reimburses your out-of-pocket medical care expenses. It is an account-based health reimbursement arrangement (HRA); it is not an insurance plan. You do not pay a premium for coverage. Your account is funded with employer contributions, which may include mandatory salary reductions. The maximum benefit (reimbursement amount) is equal to your available account balance at the time your claim is processed. Qualified expenses, as defined by the IRS, include services received from any licensed health care provider or specialist. If your plan is a post-separation plan, your benefits may be limited to expenses incurred after separation from service from your employer. Additional benefit limitations may apply based upon any applicable vesting or coverage limitations during the coverage period.