



Making Your Via Benefits Reimbursements Easier

IF YOU'RE ENROLLED in a medical insurance plan—and often a prescription drug coverage plan—through Via Benefits, you pay a monthly premium for each plan to each insurance company. If you use your coverage to go to the doctor or get a prescription, you may have to pay deductibles or copays to the doctor or pharmacy.

If you're eligible for ACERA's Monthly Medical Allowance (MMA), you can get reimbursed for some or all of those premiums, deductibles, and copays, depending on how much MMA you're eligible for. Instructions and reimbursement forms are available from Via Benefits, but here are some helpful hints from ACERA, as well as some frequently asked questions.

How do I know if I am eligible for the Monthly Medical Allowance (MMA)?

Eligibility for the Medicare Exchange Monthly Medical Allowance is based on how many years of ACERA service credit you earned before you retired:

		Non-Medicare Plans		Medicare Plans	
Years ACERA Service	Portion of MMA	2019 MMA Amount	Annual Total for 2019	2019 MMA Amount	Annual Total for 2019
0-9 yrs.	No MMA	-	-	-	-
10-14 yrs.	1/2	\$279.00	\$3,348.00	\$213.73	\$2,564.76
15-19 yrs.	3/4	\$418.50	\$5,022.00	\$320.59	\$3,847.08
20+ yrs.	Full	\$558.00	\$6,696.00	\$427.46	\$5,129.52

The dollar amount you're eligible for every month can be used for medical premiums, deductibles, and copays for both your medical insurance plan and prescription drug plan (if you're in a separate prescription drug plan). Dependents such as your spouse or domestic partner are not eligible for the MMA.

How do I pay my monthly premiums?

There are two ways to pay your monthly premiums:

- 1. DIRECT PAY** Pay it directly from your bank account automatically each month. You probably set this up already when you called Via Benefits to enroll. If you didn't, but want to set it up now, there's a "coupon" in the "coupon book" your insurance carrier sent you that is called something similar to "Auto Pay Form." You simply mail the completed form with a voided check to your insurance carrier.
- 2. MAIL A CHECK TO YOUR INSURANCE CARRIER EACH MONTH.** If you didn't set up direct pay from your bank account, you received a "coupon book" from your insurance carrier; the "coupons" are monthly reminders of the premium amount you owe that you need to mail to your insurance carrier each month to continue your insurance coverage. Some carriers don't provide coupon books, but simply provide a statement every month. Don't forget to mail your payment in each month to your carrier, or they may drop your coverage.

How do I get reimbursed for the money I'm paying for premiums, deductibles, and copays?


If you're eligible for the MMA, you can get reimbursed for medical premiums, deductibles, and copays for both your medical insurance plan and prescription drug plan up to your annual limit. Reimbursements are paid to you out of a Health Reimbursement Account (HRA) at Via Benefits. Via Benefits manages your HRA because they have the administrative capability to work with hundreds of types of healthcare plans. ACERA provides the funds for your HRA.


There are two types of payments: recurring reimbursements and one-time reimbursements.

Recurring Reimbursements

You are responsible for paying the insurance carrier each month for your healthcare coverage (your medical and prescription drug plans). If you're eligible for the MMA, you can get reimbursed for those premium payments automatically each month by setting up a recurring payment. Simply fill out a **Via Benefits Recurring Premium Reimbursement Request Form**, attach backup documentation, and mail or fax it to Via Benefits.

Backup documentation can be your bank statement showing you made a payment to your insurance carrier, or a statement from your insurance carrier showing that you paid a monthly premium.






Account ID: 1234567890
Alameda County
Employees Retirement
Association (ACERA)

Recurring Premium Reimbursement Request Form

Exclusively for the account of:
First Name Last Name
Address Line 1
Address Line 2
City, State ZIP Code



Save Time and Money!
Go Online to correct
personal information or
call Via Benefits.
My.ViaBenefits.com/Funds

Mail to:
PO BOX 981155
El Paso, TX 79998-1155

Fax to:
1-855-321-2605
Total pages:

Phone number:
1-888-427-8730

What I Need To Do:

- Verify account holder information
- Complete reimbursement form
- Prepare supporting documentation
- Read Certification
- Sign and date form
- Mail or fax your completed form and supporting documents

Your supporting documentation must contain these five items:

- Covered participant (e.g., John Doe)
- Premium type (e.g., medical)
- Date of service (e.g., 01/01/XXXX through 12/31/XXXX)
- Monthly amount (e.g., \$XXX.XX)
- Proof of premium (e.g., AARP)

Action (New)	Covered Participant (John Doe)	Relationship (Self, Spouse)	Premium Type (Medical)	Start Date (01/01/XXXX)	End Date (12/31/XXXX)	Reimbursement (\$XXX.XX)

Certification:
By signing below, I certify that the information provided on this Recurring Premium Reimbursement Request Form is correct and that the premiums for which I am requesting or for which I am providing validation: were incurred for premiums for the covered participant while eligible under the plan on or after its effective date, have not been reimbursed in any other way from any other source, and will not be submitted for future reimbursement. Upon receiving notice of a change in premium or a cancellation of coverage, I will notify Via Benefits within a suitable time period.

Account Holder Signature
Date

18920 100164 92100-180206-Recurring Premium Form

How to Get Forms

Get all of these personalized, barcoded forms by logging into your Via Benefits account:

Early Retirees:

www.acera.org/via

Medicare Retirees:

www.acera.org/via-med

Or call: 1-888-427-8730

- ①
Action: Enter "New Policy", "Premium Change", or "End of Policy".
- ②
Covered Participant: Always write "Self" here. ACERA does not cover spouses.
- ③
Relationship: Write "N/A" here. ACERA does not cover spouses.
- ④
Premium Type: Write "Medical" or "Prescription" here.

One-Time Reimbursements

Your medical or prescription drug insurance plan may have a deductible and/or copays. If you're eligible for the MMA, you can get reimbursed for these deductibles and copays up to your MMA annual limit. Simply fill out a **Via Benefits Reimbursement Request Form**, attach backup documentation, and mail or fax it to Via Benefits. Backup documentation is a receipt for payment from your doctor or pharmacist that must include the following information—Name of the provider, description of the service or product, date of the service or purchase, patient name, AND amount paid or owed after insurance.

Postage-paid return envelopes will not be provided for your reimbursement forms, so you must supply envelopes and postage.

A **deductible** is the amount of expenses that you must pay out-of-pocket before your insurance plan will pay any expenses. Once you've paid the deductible, your insurance carrier will start paying expenses, but you may still owe a copay.



A **copay** is a fixed amount you pay every time you see a doctor, fill a prescription, or use other services such as the emergency room or an ambulance.

Deadline is March 31st of Following Year

You can submit reimbursement claim forms as you incur charges, or you can submit them later. The deadline to submit claim forms for a plan year is March 31st of the following year.

For example, claims for charges incurred in 2018 would have to be submitted by March 31, 2019.

Get your money easily: When you're paying, ask your doctor or pharmacist for two copies of the receipt—that way you'll have one for your records, and one to send with your reimbursement form. It can speed up the reimbursement process.

Account ID: 1234567890
Alameda County
Employees Retirement
Association (ACERA)

Reimbursement Request Form

Exclusively for the account of:
First Name Last Name
Address Line 1
Address Line 2
City, State ZIP Code

Save Time and Money!
Go Online to correct
personal information or
call Via Benefits.
My.ViaBenefits.com/Funds

Mail to:
PO BOX 981155
El Paso, TX 79998-1155

Fax to:
1-855-321-2605
Total pages:

Phone number:
1-888-427-8730

What I Need To Do:

- Make copies of this form for future requests
- Verify account holder information
- Complete Reimbursement Request Form
- Prepare supporting documentation
- Read Certification
- Sign and date form
- Mail or fax your completed form and supporting documentation

Your supporting documentation must contain these five items:

- Covered participant (e.g., John Doe)
- Type of coverage (e.g., medical)
- Date of service (e.g., 01/01/XXXX)
- Proof of payment (e.g., \$XXX.XX)
- Provider name (e.g., AARP)

Covered Participant <i>(John Doe)</i>	Relationship <i>(Self, Spouse)</i>	Type of Coverage <i>(Medical)</i>	Date of Service <i>(01/01/XXXX)</i>	Reimbursement <i>(\$XXX.XX)</i>
1	2	3	4	
Total Amount Requested				

Certification

By signing below, I certify that the information provided on this Reimbursement Request Form is correct and that the expenses for which I am requesting or for which I am providing validation: were incurred for expenses for the covered participant while eligible under the plan on or after its effective date, have not been reimbursed in any other way from any other source, and will not be submitted for future reimbursement.

Account Holder Signature

Date

180929 100144 851002-180206-Reimbursement Form

- 1 **Covered Participant:** Always write "Self" here. ACERA does not cover spouses.
- 2 **Relationship:** Write "N/A" here. ACERA does not cover spouses.
- 3 **Type of Coverage:** Write "Medical" or "Prescription" here.
- 4 **Date of Service:** The date you went to your doctor or picked up your prescription.

How do my reimbursements get paid to me?

Your recurring and/or one-time reimbursements will get paid to you in one of two ways:

Option A: By Direct Deposit

You may have already set this up during your enrollment. If you didn't, and now you want your reimbursement(s) deposited directly into your bank account, simply fill out a **Via Benefits Direct Deposit Authorization Form**, attach a voided check, and mail or fax it to Via Benefits.

Initial Lag Time

Keep in mind that it may take 3 months for Recurring Reimbursements to fully implement with Direct Deposit because it takes time for your insurance carrier to provide backup documentation. If you want to get reimbursed while you're waiting, you can follow the instructions on the middle


page to submit a one-time Reimbursement Form with your own backup documentation.

AARP Lag Time

If you're enrolled in a plan through AARP, your premium payment will be deducted from your account at the beginning of the month, and you will get your reimbursement at the end of the month.

Option B: By Check

If you haven't set up direct deposit to your bank account, Via Benefits will send you a check for your reimbursement.

VIA BENEFITS™  Account ID: 1234567890
Alameda County
Employees Retirement
Association (ACERA)

Direct Deposit Authorization Form

Exclusively for the account of:
First Name Last Name
Address Line 1
Address Line 2
City, State ZIP Code

Save Time and Money!
Go Online to correct
personal information or
call Via Benefits.
My.ViaBenefits.com/Funds

Mail to: PO BOX 981155
El Paso, TX 79998-1155

Fax to: 1-855-321-2605
Total pages:

Phone number: 1-888-427-8730

What I Need To Do:

Obtain and verify your bank routing and account number

Checking Account Requirements:
 Bank routing number
 Account number
 I have voided check

Savings Account Requirements:
 Bank routing number
 Account number

Account Type: (select one)

Checking

Savings

1 Financial Institution

2 Bank Routing Number (9 numbers only)

Account Number

Certification:
I hereby authorize Via Benefits to initiate credit or debit entries to my account with the financial institution indicated above. This authority is to remain in full force and effect until Via Benefits has received written notification from me of its termination in such time and in such manner as to afford Via Benefits and the financial institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my plan.

Account Holder Signature _____ Date _____

John Q. Smith 99999
100 Maple Lane
Home Town, USA 12345
Pay to the order \$ _____ Dollars

Home Town Bank
100 Main Street
Home Town, USA 12345
123456789 1234567890987 99999
Bank Routing Number Account Number Check

Fast. Safe. Secure.
Submit Reimbursement Requests
and enroll in Direct Deposit Online
The fastest, safest and most secure way to be processed and reimbursed.

180920 100164 901002-180206-Direct Deposit Form

- 1 **Financial Institution / Branch:** Write the name of your bank here.
- 2 **Bank Routing Number:** Write the routing number here. It can normally be found on the bottom left hand side of your check and is 9 numbers long.

How do I get cheaper prescription copays?

Each prescription drug plan has its own formulary.

Your prescription drug plan has a list of the drugs it covers. This list is called a preferred drug list, or formulary. Using your plan's formulary will help you save money on your drugs. A group of doctors and other experts choose the drugs on the formulary. The formulary includes common drugs for most health conditions. Plan formularies can be different. To view your plan's formulary, call your health plan and/or go to your plan's website and search for it.

Some drugs on the formulary may cost more than others.

With some formularies, you pay the same amount for each drug you get. But many formularies have 2 or more cost levels, or tiers. The higher the level, the more the drug costs you. Generic drugs usually cost less than brand-name drugs. Some brand-name drugs may cost more than others, and some are not on the formulary at all.

Some kinds of drugs are not on the formulary.

Over-the-counter drugs are usually not on the formulary—unless there is a stronger version that you can get by prescription only. “Lifestyle Drugs” (drugs for cosmetic use, sexual problems, weight loss, etc.) are usually not on the formulary. Your health plan will not pay for these drugs unless your doctor can show that you need them for medical reasons.

Formularies change.

New drugs may be added each year to the plan formulary. If you need a drug that is new, ask your doctor if it has been added to the formulary. A generic version of a drug may replace the brand-name version, or one generic drug may replace another. When this happens, your copay may change or your pills may look different. Some drugs may be removed from the formulary, because they are not safe or they do not work well.

Drugs on the formulary usually cost less.

Drugs that are on the formulary usually cost less than drugs that are not on the formulary. When your doctor writes a new prescription, ask if the drug is on your plan's formulary and if it is a generic drug. Or ask for the least expensive brand-name drug on the formulary. When you fill a prescription, ask the pharmacist if the drug is on your plan's formulary. If it is not, ask if you can get a drug on the formulary instead. In most cases, the pharmacist can replace a brand-name drug with its generic version. Sometimes the pharmacist will need to call your doctor or health plan. Before you change health plans, find out if the drugs you need are on the new plan's formulary.

Shop around for lower drug prices.

Additionally, try shopping around for lower prescription prices. If you call your local pharmacies, they'll quote prescription prices over the phone. Or try www.goodrx.com for an online prices comparison.

What if a drug I need is not on the formulary or is taken off the formulary?

Your doctor can ask your health plan to approve the drug. This is called “prior authorization” or “pre-approval.” Your health plan should approve or deny your request within a few days. If your health plan denies your request, you can file an appeal. Call your plan, or ask your doctor for help. You can also call Medicare at 1-800-MEDICARE and ask what to do. Your health plan may say that you have to try a drug on the formulary before you can get another drug. This is called “step therapy.” If the drug on the formulary does not work for you, then your doctor can ask for the more expensive drug.

What Can I Do to Offset the Cost of Going Into the Medicare Donut Hole?

Medicare prescription drug plans through Via Benefits are subject to coverage phases of Medicare Part D including the Medicare “Donut Hole.” The Donut Hole is a gap in prescription coverage after your total drug costs reach a certain amount.

2019 Medicare Part D Coverage Gap

Out-of-pocket costs include drug copays and drug deductibles (and any drug costs you pay in the donut hole). Total drug costs include out-of-pocket costs plus plan costs (though not monthly plan premiums). If you know what your costs are, you can predict whether and when you may go into the Donut Hole and possibly come out of it into the catastrophic phase. You can find your costs on the Explanation of Benefits sheet that your drug plan sends you each month or quarter.

Keeping Your Costs Steady

To keep your out-of-pocket costs more even between the period before and during (and possibly after) the Donut Hole, you can get reimbursed with your Monthly Medical Allowance for less costs before the Donut Hole, and more costs when you go into the Donut Hole. A good way to even the costs out over the year is to add up the total projected extra costs of drugs during the months in the Donut Hole, and divide this cost over the months prior to the Donut Hole. For example: You project you’ll be in the Donut Hole in November and December and your prescriptions will cost a total of \$300 extra during this time; you can divide that \$300 over the 9 months prior to the donut hole and get reimbursed for less during that 9 months. To find out how much extra your prescriptions will cost in the Donut Hole, call your prescription drug plan or your Via Benefits Benefits Advisor at 1-888-427-8730.

2019 Medicare Part D Coverage Gap

\$0 Initial Phase	\$3,820 (of total drug costs) Donut Hole (Coverage Gap)	\$5,100 (out-of-pocket costs) Catastrophic Phase
Your plan covers 75% of drug costs until total costs reach \$3,820, although you may have to pay an initial deductible.	Your drugs aren’t covered by your plan, but you get discounts of 70% on brand name and 63% on generic drugs. You exit the coverage gap when your out-of-pocket costs reach \$5,100.	Your pay only a small coinsurance amount of copayment for covered drugs for the rest of the year.

The Donut Hole Will Keep Shrinking For 2019 and Will Close By 2020

If you’re a member who has reached or will reach the Medicare Part D coverage gap during 2018, you should know that the percentage you pay for brand name and generic drugs will decrease each year, until the coverage gap closes when both reach 25% in 2020—the same percentage you pay from the time you meet the deductible (if your plan has one) until you reach the out-of-pocket spending limit (\$5,000 in 2018).

	% You Pay for Brand-Name Drugs in Coverage Gap	% You Pay for Generic Drugs in Coverage Gap
2018	35%	44%
2019	30%	37%
2020	25%	25%

The MMA is a Non-Guaranteed Benefit

Just a reminder, the MMA is a non-guaranteed (non-vested) benefit that may be adjusted or eliminated at any time by the Board of Retirement to ensure sustainability of non-vested benefits.