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 Monthly Medical Allowance is based on how many years of ACERA service credit you earned before you retired:

Years ACERA Service	Portion of MMA	Non-Medicare Plans		Medicare Plans	
		2023 MMA Amount	Annual Total for 2023	2023 MMA Amount	Annual Total for 2023
0-9 yrs.	No MMA	-	-	-	-
10-14 yrs.	1/2	$308.06	$3,696.72	$236.00	$2,831.94
15-19 yrs.	3/4	$462.09	$5,545.08	$353.99	$4,247.91
20+ yrs.	Full	$616.12	$7,393.44	$471.99	$5,663.88

* 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.

The dollar amount you're eligible for every month can be used for 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 premiums (the monthly cost of your plan), 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 3 types of reimbursement options: automatic premium reimbursements, recurring premium reimbursements, and out-of-pocket medical expense reimbursements.

Automatic Premium Reimbursements

If you're eligible for the MMA, you can get reimbursed for your monthly premium payments automatically each month. The easiest option is an automatic reimbursement. If your insurance carrier offers this reimbursement option, they'll communicate with Via Benefits each month to automatically process your reimbursement—no paperwork needed. Ask your Via Benefits Representative to set this up.

Recurring Premium Reimbursements

If your carrier doesn't offer automatic premium reimbursement, you can set up a recurring premium reimbursement with Via Benefits. Simply fill out the "Enter Premium Expenses" section of the **Reimbursement Request Form**, attach backup documentation, and mail or fax it to Via Benefits.

Reimbursement Request Form

VIA BENEFITS™

Account ID: 1234567899
GROUP NAME, LLC

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

Submit requests online
Submit requests online at **my.viabenefits.com/Funds** for processing up to **10 days faster**.

Step 1. Prepare your request
- Check your name and address above, as you can only use your own form.
- Collect your **required supporting documentation**, as we need it to process your request. (See back for details.)

Step 2. Add your expenses to the correct table

Enter premium expenses
(Your request will be considered for recurring reimbursement based on your documentation and plan rules.)

Coverage Period (e.g., 01/01/2020 - 12/31/2020)	Premium Type (e.g., Medical)	Carrier (e.g., Humana)	Individual Serviced (e.g., John Doe)	Monthly Amount (e.g., $200.00)
1	2	3	4	5

Enter out-of-pocket medical expenses

Date of Service (e.g., 01/01/2020)	Expense Type (e.g., Copay)	Provider (e.g., Dr. Smith, CVS)	Individual Serviced (e.g., John Doe)	Amount (e.g., $100.00)

Certification
By submitting this Reimbursement Request Form, I certify that the information provided is correct and complete. I also certify that the expenses provided were incurred for the individual serviced while eligible under the plan on or after its effective date. I certify the expenses haven't been reimbursed in any other way from another source, and the expenses won't be submitted for future reimbursement from another source. **I certify that I'll notify Via Benefits if my coverage is changed or cancelled** at **my.viabenefits.com/funds** or 1-800-888-8888 (TTY: 711). (Continue on next page.)

951001-200506-ReimbursementRequestForm

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 **Coverage Period:** Write the current calendar year, e.g., 01/01/2023 - 12/31/2023.

② **Premium Type:** Write "Medical" or "Prescription Drug".

③ **Carrier:** Write the name of your insurance carrier.

④ **Individual Serviced:** Always write "Self" here. ACERA does not cover spouses.

⑤ **Monthly Amount:** Write the monthly premium amount from your insurance carrier.

Out-of-Pocket Medical Expense 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 the "Enter Out-of-Pocket Medical Expenses" section of the **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 2022 would have to be submitted by March 31, 2023.

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.

VIA BENEFITS™ | Reimbursement Request Form

Account ID: 1234567899
GROUP NAME, LLC

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

Submit requests online
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Step 2. Add your expenses to the correct table

Enter premium expenses
(Your request will be considered for recurring reimbursement based on your documentation and plan rules.)

Coverage Period (e.g., 01/01/2020 - 12/31/2020)	Premium Type (e.g., Medical)	Carrier (e.g., Humana)	Individual Serviced (e.g., John Doe)	Monthly Amount (e.g., $200.00)

Enter out-of-pocket medical expenses

Date of Service (e.g., 01/01/2020)	Expense Type (e.g., Copay)	Provider (e.g., Dr. Smith, CVS)	Individual Serviced (e.g., John Doe)	Amount (e.g., $100.00)
(1)	(2)	(3)	(4)	(5)

Certification
By submitting this Reimbursement Request Form, I certify that the information provided is correct and complete. I also certify that the expenses provided were incurred for the individual serviced while eligible under the plan on or after its effective date. I certify the expenses haven't been reimbursed in any other way from another source, and the expenses won't be submitted for future reimbursement from another source. **I certify that I'll notify Via Benefits if my coverage is changed or cancelled** at **my.viabenefits.com/funds** or 1-800-888-8888 (TTY: 711). (Continue on next page.)

651001-200506-ReimbursementRequestForm

Receive reimbursements faster!

Rather than mailing or faxing these forms, get reimbursed faster by submitting your expenses online at my.viabenefits.com/funds.

(1) **Date of Service:** The date you went to the doctor or picked up your prescription.

(2) **Expense Type:** Describe the expense, e.g., copay, deductible, hearing aids, etc.

(3) **Provider:** Write the name or your doctor or the pharmacy where you filled your prescription.

(4) **Individual Serviced:** Always write "Self" here. ACERA does not cover spouses.

(5) **Amount:** Write the amount of the expense you're requesting reimbursement for.

How do my reimbursements get paid to me?

Your recurring premium and/or out-of-pocket medical expense 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 Reimbursement Request 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

Complete

What I Need To Do:

☐ Obtain and verify your bank routing and account number

Checking Account Requirements:
☐ Bank routing number
☐ Account number
☐ Include voided check

Savings Account Requirements:
☐ Bank routing number
☐ Account number

Account Type: (select one)

☐ Checking

☐ Savings

Financial Institution

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.

Sign

Account Holder Signature

Date

John Q. Smith
100 Maple Lane
Home Town, USA 12345
Pay to the order

VOID

$

99999

Home Town Bank
100 Main Street
Home Town, USA 12345

123456789
Bank Routing Number

1234567890987
Account Number

99999
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 **Account Type:** Select either checking or savings.

② **Financial Institution:** Write the name of your bank here.

③ **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.

④ **Account Number:** Write your account number here. It can be found on your check to the right of your routing number.

⑤ If you selected Checking, include a voided check.

How can 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 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

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.

Shop around for lower drug prices.

Additionally, try shopping around for lower prescription prices. Here are three ideas:

1. Call local pharmacies, and they will quote prescription prices over the phone.
2. Search www.goodrx.com for price comparisons and coupons.
3. Search for your generic drugs at www.costplusdrugs.com. Drugs can be ordered directly, and they arrive by mail. Be aware that you would not be using your insurance, but it is possible you might find a cheaper price than you would through your insurance plan.

Understanding the 2023 Medicare Part D Coverage Phases

Medicare prescription drug plans through Via Benefits are subject to coverage phases of Medicare Part D based on your total out of pocket costs that you accrue each plan year.

Out-of-pocket costs include drug copays and drug deductibles. If you know what your costs are, you can predict whether and when you may go 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.

Since 2020: You Experience No Coverage Gap

In years past, if you spent a certain amount out of pocket, you'd leave the Coverage Phase and go into the Coverage Gap Phase where your prescriptions would get more expensive. Since 2020, you pay 25% of your prescription costs in both phases, which effectively closes the coverage gap for you.

You Pay 5%

$7,400
Out of Pocket

15% Paid by Plan
80% Paid by Medicare

Catastrophic Phase

"Coverage Gap" Phase

(You still pay 25% like in the Coverage Phase)

You Pay 25%

BRAND NAME

70% Manufacturer Discount
5% Paid by Plan

GENERICS

75% Paid by Plan

$1,543.75
Out of Pocket
($4,660 Total Costs)

You Pay 25%

75% Paid by Plan

Coverage Phase

$505 Deductible
Out of Pocket

You Pay 100%

Deductible Phase