



## Health reimbursement arrangements for public employees in the Northwest

*Presented by Kristen Dickman & Jaqie Mandy*



Save Tax. Keep More.

# Topics

- What is an HRA
- Plan Features
- Average cost of post-employment health care
- Covered Expenses
- Using your HRA
- Investments



# What is the HRA VEBA Plan?

- Tax-free money for out-of-pocket medical costs
  - Can be used for spouse and dependents, too
- Eligibility and funding sources vary by employer and by employee group
  - Medical Opt Out Dollars
- No individual choice (IRS rule)
  - Group decision; all employees defined as eligible must participate

Plan administrative fees are \$1.50 (if 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.

# HRA

Health  
Reimbursement  
Arrangement

# Key Benefits

## No Taxes

**Best tax advantage**  
(no income taxes; no FICA taxes)

## Use Anytime

**Use before and/or during retirement**  
(after becoming claims eligible)

## Investments

**Choose from available portfolios or funds**

## Carries Over

**Unused balance carries over**  
(no “use-it-or-lose-it” or carryover limitations)

## Beneficiaries

**Can transfer to spouse, children, beneficiaries,  
or other eligible survivors**



# Retiree Medical Premiums

Projected cost if you retire today at:

Age 55 ..... \$197,000

Age 60 ..... \$149,000

Age 65 ..... \$87,000

These are retiree-only cost projections for 2023. The basic assumptions are: (1) employee retires at age 55, 60, or 65 and lives to age 84; (2) retiree enrolls in the PEBB-sponsored UMP Select medical plan for non-Medicare retirees until age 65 (\$729.13/month); (3) retiree enrolls in Medicare Supplement Plan G at age 65 (\$98.53/month); (4) retiree becomes covered by Medicare Part B at age 65 (\$164.90/month standard); and (5) annual inflation of 5% for UMP Select and Medicare Supplement premiums and 2% for Medicare Part B premium. The medical coverage assumptions used for these cost projections are merely examples, not recommendations. Your individual circumstances may warrant different coverage choices.

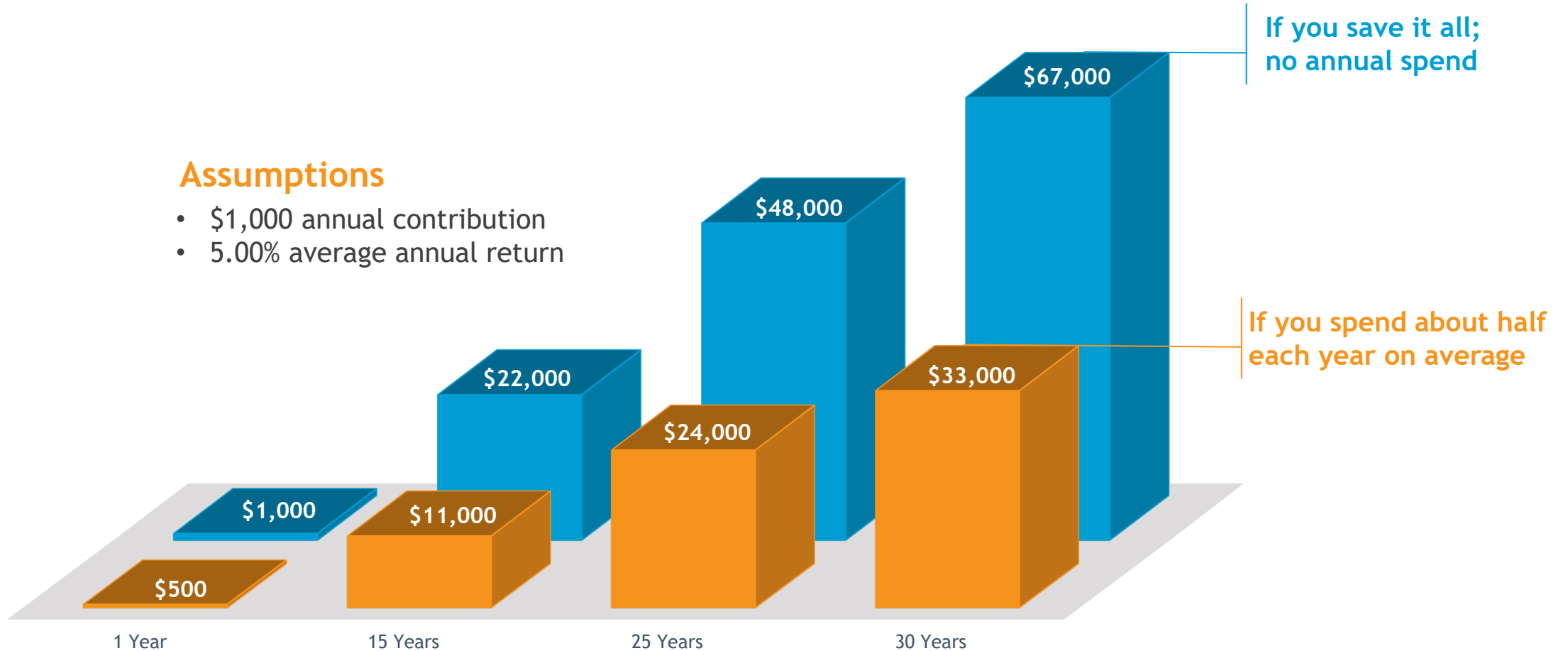


# Accumulation Examples

After 25-30 Years

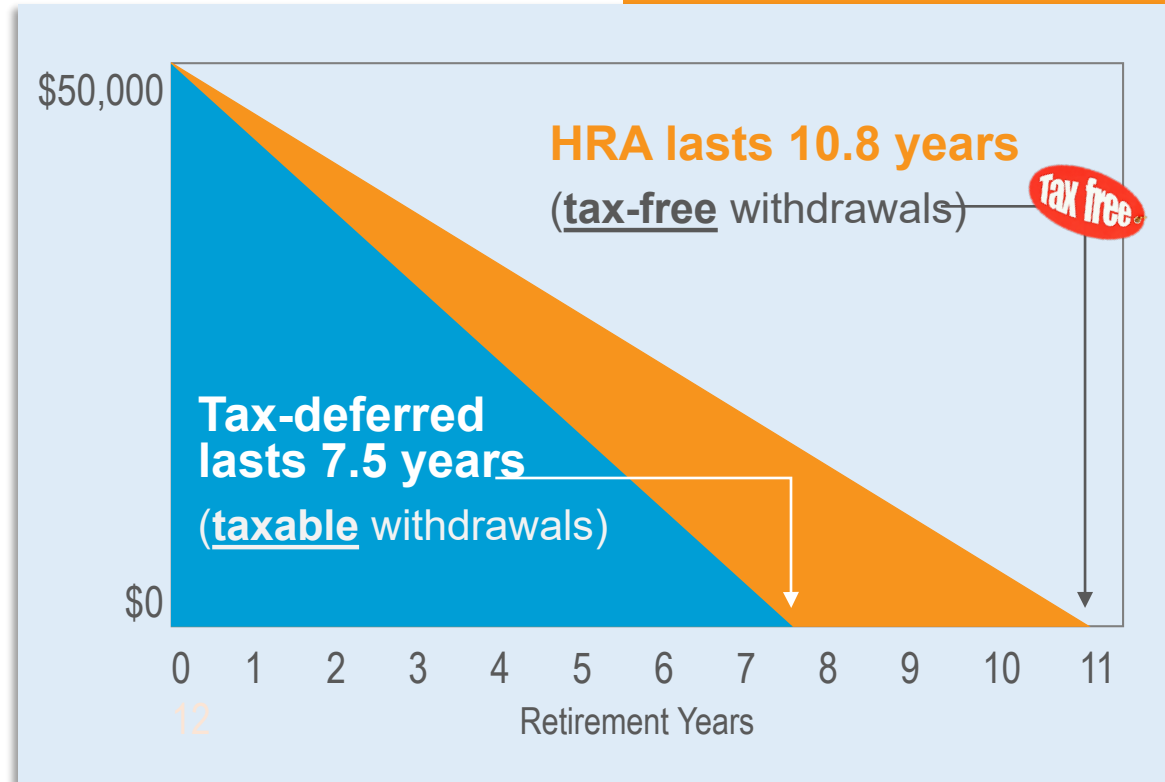
## Assumptions

- \$1,000 annual contribution
- 5.00% average annual return



# Make Your Money Last Longer

HRA may last over 40% longer than an equivalent tax-deferred investment



Assumes each account (1) holds \$50,000 at time of retirement; (2) is used to pay \$500 per month for medical expenses; and (3) earns a 5% annualized investment return net of fees.

# Using Your HRA

## Who's covered?

- You
- Spouse
- Qualified dependent(s)

## Expenses

- Deductibles
- Copays
- Prescriptions

## Premiums

- Medical, dental, vision
- Long-term care
- Medicare plans

NOTE: Premiums deducted pre-tax by an employer through a Section 125 cafeteria plan are not eligible for reimbursement.





# Using Your HRA

## General expenses

- Acupuncture
- Alcoholism and drug treatment center costs
- Birth control pills
- Chiropractic
- Christian Science
- Contact lenses, solutions, etc.
- Co-pays
- Coinsurance
- Deductibles
- Dental
- Eye glasses
- Fertility treatments
- Gynecology/Obstetrics
- Hearing aids and batteries
- Immunizations
- Laser eye surgery
- Lifetime care at medical facility
- Medical supplies and equipment
- Naturopathic
- Organ transplants
- Orthodontia
- Osteopathy
- Physical therapy
- Prescription medicines
- Preventive care
- Psychiatric
- Retirement home (*costs allocable to medical care*)
- Stop smoking programs
- Transportation (*subject to IRS limits*)

# Common Examples of Eligible Expenses

## Over-the-counter (OTC)

**NO PRESCRIPTION REQUIRED (effective 01-01-20)**

**(medicines and drugs):**

- Acne medications
- Allergy medicines
- Antacids
- Aspirin
- Cold medicines
- Cough suppressants
- Dietary supplements
- Eye products (*Visine®*)
- First aid creams/liquids
- Herbal medicines
- Nicotine gum/patches
- Pain relievers
- Sinus medications
- Sleeping aids
- St. John's Wort
- Weight loss drugs

**(non-medicine items):**

- Bandages
- Crutches
- Insulin
- Diagnostic devices (*blood sugar kits*)
- Menstrual products (*effective 01-01-20*)

**OTC ITEMS NOT ELIGIBLE**

- Cosmetics; face creams
- Medicated shampoos
- Tooth brushes (*including electronic*)
- Vitamins (*most cases*)

## Insurance premiums

- Medical\*
  - Dental
  - Vision
- } *After-tax*
- Long-term care (*tax-qualified; subject to IRS limits*)
  - Medicare Part B
  - Medicare Part D
  - Medicare supplement plans

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

## Medicare

- Co-pays
- Coinsurance
- Deductibles
- Home health care
- Hospice care
- Hospital stay
- Outpatient hospital services
- Skilled nursing facility stay

## Military retiree coverage

- Deductibles
- Medicare Part B premiums
- Medicare Part D premiums
- Office visit copays
- Miscellaneous medical, dental, and vision expenses
- TRICARE premiums (*medical and dental plans*)

# Using Your HRA



## Online Access

Claims  
Submit and track

Direct deposit  
sign up / update

Request a Benefits Card

Send secure messages and  
attachments to Customer  
Care Center

go

## Mobile App HRAgo®

Submit and track your  
claims

Snap pics of  
supporting documents and  
submit online

Check your balance, view  
investments, update  
contact information



## Benefits Card (debit card)

Instantly pay for  
medical care items  
and services directly  
from your HRA

Auto-substantiation  
of most copays and  
prescriptions

Save your supporting  
documents



## Automatic Premium Reimbursement (APR)

Automatic reimbursement  
of qualified premiums

Direct deposit from  
your HRA to bank

No direct payments  
to insurance  
companies or providers

Set up online or  
submit paper form

# Online Registration and Login

The screenshot displays the HRAveba.org website interface. At the top, a navigation bar includes links for Home, About, FAQ, Contact Information, and Site Map. The main content area features a 'Log In' modal window with fields for Username and Password, a 'Register' button, and a 'Log In' button. To the right, a sidebar contains buttons for Participant Login, Employer Login, Claims, Benefits Card, and Participant Services. Below the login modal, a 'Participant Verification' form is shown, which includes instructions for employers and participants, and fields for Last Name, Date of Birth, Last Four of SSN, and Account Number. A 'Missing Account Number?' link is also present. The bottom of the page contains several informational banners regarding secure messaging, profile updates, and multifactor authentication.

Home About FAQ Contact Information Site Map

## Log In

Username

Password

Register Log In

[Forgot Username?](#) | [Forgot Password?](#)

### Participant Verification

**Employers:** If you need to create an online account, please contact your web administrator, or call the Customer Care Center at 1-888-659-8828.

**Participants:** Please enter the following information so we can verify your identity.

Last Name\*

Date of Birth\*

Last Four of SSN\*

Account Number\*  [Missing Account Number?](#)

[Cancel](#) [Continue](#)

**Use secure messaging instead of regular email.**  
Secure messaging is recommended in place of regular email, e... information. Just [log in](#) or from **HRAgo®** (mobile app) and click...

**We don't want to lose track of you! Make sure you have a current address.**  
[Log in](#) and click **My Profile** to check and update your mailing a...

**We've implemented multifactor authentication.**  
Protecting your personal information is something we take very... multifactor authentication (MFA) for all online logins. After enter... follow the directions and choose how you'd like to set up MFA...

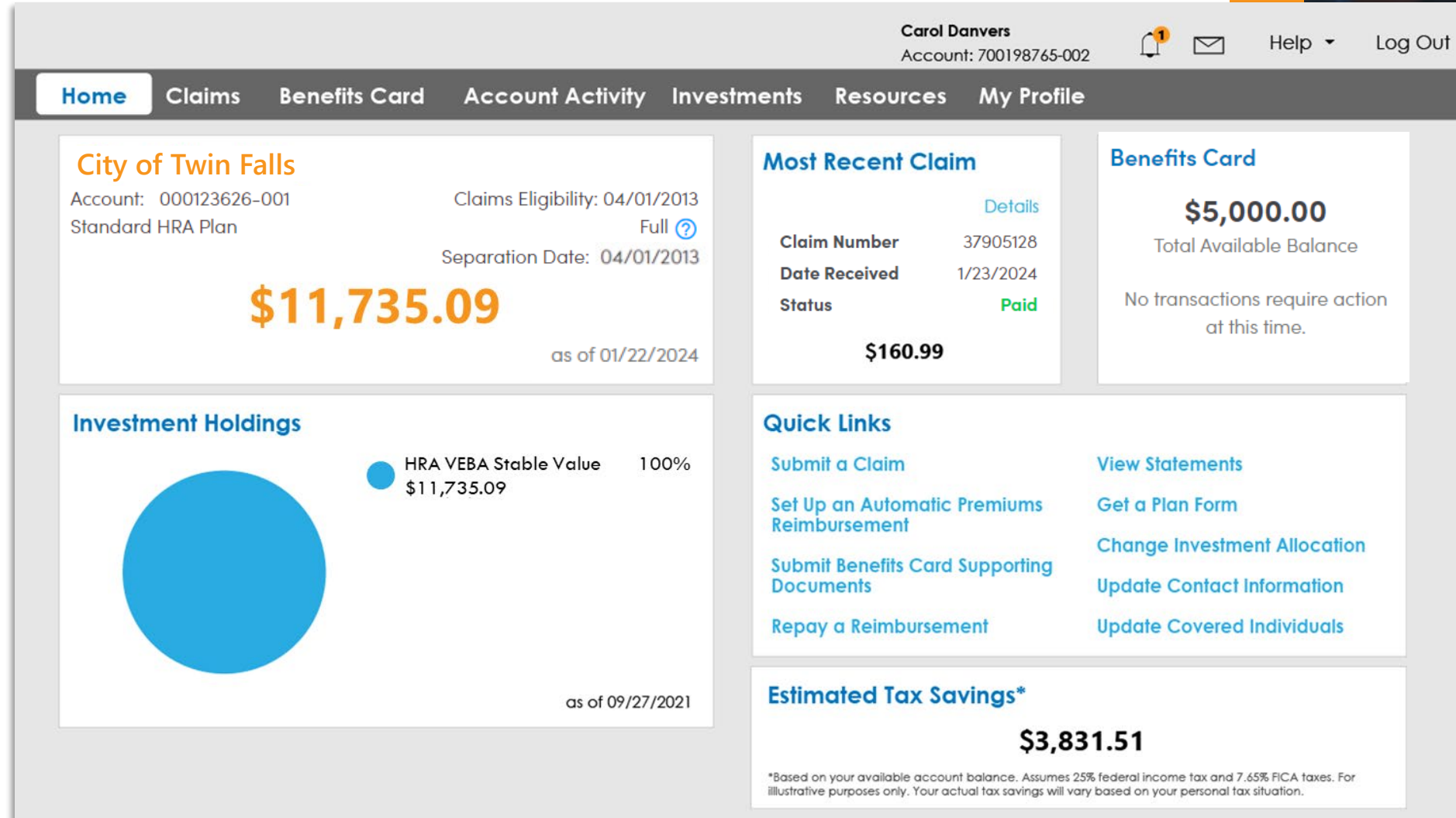
1 Go to **HRAveba.org**.

2 Click the **Participant Login** button and enter your username and password.

3 If you're a new user, click **Register** and enter the required information.

If you don't have your account number (included in your welcome packet), click "Missing Account Number?" and provide your email address.

# Online Dashboard



# Claims Submission

The screenshot displays the HRAveba Claims Submission interface. At the top, a navigation bar includes links for Home, Claims (active), Benefits Card, Account Activity, Investments, Resources, and My Profile. Below this, the 'Actions' section contains two orange buttons: 'Submit a Claim' and 'Set up an Automatic Premium Reimbursement'. To the right, the 'Automatic Premium Reimbursements' section features a table with columns: APR Number, Premium Type, Amount, Start Date, End Date, and Status. It lists two active reimbursements for Medical and Dental premiums. The 'Claim Search' section includes filters for 'Search By' (set to Claim), 'Received Within' (set to Last Month), 'Claim Number', and 'Status' (set to All), with a 'Search' button. Below the filters, there are buttons for 'Excel', 'PDF', and 'Print'. A table at the bottom shows two claims with columns: Claim Number, Date Received, Amount Submitted, Amount Paid, Amount Not Paid, Status, and a 'View' link. The first claim is for \$868.68 and the second for \$144.00, both dated 09/20/2021 and marked as 'Paid'. A pagination bar at the bottom indicates 'Showing 1 to 2 of 2 claims' and shows page 1 of 1.

APR Number	Premium Type	Amount	Start Date	End Date	Status
402347001	Premium – Medical	\$868.68	April – 2021		Active <a href="#">View</a>
402347002	Premium – Dental	\$144.00	March – 2021		Active <a href="#">View</a>

Claim Number	Date Received	Amount Submitted	Amount Paid	Amount Not Paid	Status	
402347001	09/20/2021	\$868.68	\$868.68	\$0.00	Paid	<a href="#">View</a>
402347002	09/20/2021	\$144.00	\$144.00	\$0.00	Paid	<a href="#">View</a>

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.



# Claims Submission

Submit a Claim

Getting Started

Expense Details

Supporting Documents

Payment Method

Review & Submit

You can submit expenses for you, your spouse, and dependents. Please don't combine expenses! Enter the **Expense Details** for each expenses separately. Click the **Add Expense** button after each one. Enter as many as you want. When you're all done, click the **Next** button.

**Is your expense eligible?** Read [Medical Care Expenses](#) to find out.

Expense Details

Date of Service\*

Covered Individual\*

Service Provider\*

Expense Type\*

Amount\*

01/02/2020

Carol Danvers

Select Expense Type

\$0.00

+ Add Expense

Claim Expenses

Date of Service	Covered Individual	Service Provider	Expense Type	Amount	
01/02/2020	Carol Danvers	UPMC	Medical Expense	\$50.00	<a href="#">Edit</a> <a href="#">Remove</a>

Cancel

◀ Back

Next ▶

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

# Benefits Card

HomeClaimsBenefits CardAccount ActivityInvestmentsResourcesMy ProfileSwitch Accounts

Actions

Submit Supporting Documentation

Action Items

4  
Unsupported

1  
Denied

Available Balance

\$5,000.00

Transaction Search

Occurred Within

Last Month

Status

All

10

Rows Per Page

Transaction ID

Transaction Date

Transaction Information

Transaction Date

09/08/2015

Transaction ID

1166

Category

Dentists and Orthodontists

Status

Unsupported

Description

326 Raleigh Street - uffaloUS

Cardholder

Edward Sissorhands

Type

Debit

Card Number

402758\*\*\*\*\*1174

Amount	Amount Supported	Amount Unsupported	Days Outstanding	Funding
\$70.00	\$0.00	\$70.00	2436	HRA Full

Submit Documentation

Repay

Done

Review our [video library](#) to learn more about using the Benefits Card

# Benefits Card Supporting Documentation


Benefits Card - Submit Supporting Documentation


Getting Started

Select Transactions

Supporting Documentation

Review & Submit

Select the transactions for which you want to submit supporting documentation. For "Denied" transactions, click "View" to see the reason(s) for the denial and how you may be able to correct it. Transactions marked with the  icon are more than 60 days old. These transactions require immediate action to keep your **benefits card** from being turned off.

Select	Transaction Date	Description	Amount	Amount Unsupported	Status	Days Outstanding	
<input type="checkbox"/>	08/17/2015	326 Raleigh Street - Holly Spring	\$46.25	\$6.25	Denied	1261	 Notes

☐ Transaction 390 Details

Transaction Date	Description	Amount	Amount Supported	Amount Unsupported	
08/17/2015	326 Raleigh Street - Holly Spring	\$46.25	\$40.00	\$6.25	Notes

Covered Individual

Edward Sissorhands

Comments

☐ Recurring Payment ?

Applied Credits

Credits

Upload Documents

The documentation you submitted did not include provider's name.

Do you use your Benefits Card for a **recurring medical expense or premium**? Mark it as a Recurring Payment. Then, **if approved**, you won't have to submit documentation for future identical transactions.

HRAveba

# Benefits Card Repayment

- 1 Review the bank account
- 2 Select the transaction(s) that will be repaid
- 3 4-5 business days for the repayment to be applied

Repay Reimbursements

Getting Started

Select Reimbursements

Review & Submit

Thanks for using our quick and easy online process!

Repaying any outstanding claim reimbursements or debit card transactions online is the fastest and most secure way to return funds to the **HRA VEBA PLAN Plan**. It is important to repay or support all outstanding balances on your account in a timely manner to avoid tax implications and suspension of your benefits card.

Once you're ready, confirm your **Banking Information** below. This bank account will be used to deposit funds back into your **HRA VEBA PLAN Plan** account. Once submitted, processing your deposit can take 4-5 business days before funds are applied to any outstanding reimbursements. If you have any questions, contact the Customer Care Center and we will be happy to help.

If you would prefer to repay by mailing a check, you can do that too. Just mail us a completed Repayment Form along with a personal check or money order. We'll put the money back in your account, and you'll be good to go.

Banking Information

Please confirm your **Banking Information** listed below you would like to repay.

Click **Update** to make any change to your Banking Information or add a new bank account.

Name of Financial Institution

Bank

Account Type

Check

Account Number

\*\*\*\*\*

Cancel

Back

Repay Reimbursements

Getting Started

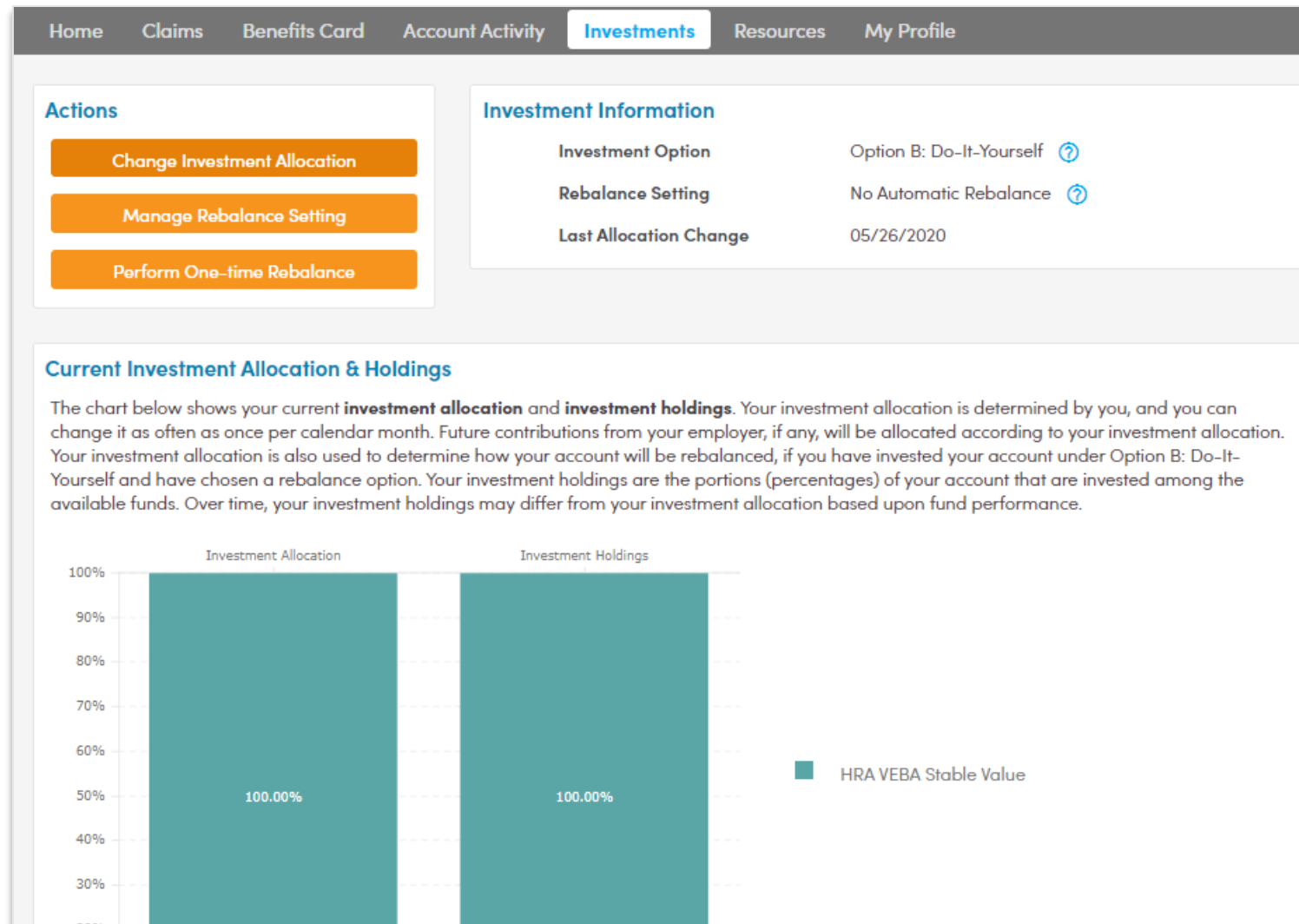
Select Reimbursements

Review & Submit

Check the box next to the reimbursement(s) you want to repay. Once you have verified the **Total Repayment Amount** click **Next** to continue.

Select	Date	Reimbursement Type	Reimbursement Number	Service	Repayment Reason	Reimbursement Amount	Balance Due
<input type="checkbox"/>	08/17/2015	Benefits Card	390	326 Raleigh Street - Holly Spring	Denied	\$46.25	\$6.25

# Investments





# Change Investment Allocation

## Change Investment Allocation

**Which investment option is right for you?** Select **Option A: Choose a Pre-Mix** if you want a pre-mixed asset allocation portfolio designed and managed by investment professionals. Select **Option B: Do-It-Yourself** if you are comfortable making your own investment decisions and want to build your own portfolio. You can change your investment allocation up to once per calendar month.

Read our [Choosing Your Investment Allocation](#) brochure and the most recent [Investment fund Overview](#) (updated quarterly) to learn more about the available investment funds. You should consult with a professional financial advisor before making investment decisions. The Board of Trustees and its team of service providers do not give investment advice.

### Option A: Choose a Pre-Mix

A suite of low-cost, custom pre-mixed portfolios are available to accommodate a variety of asset allocation strategies from conservative to aggressive. Many investment advisors recommend the use of pre-mixed portfolios because they are well diversified, are designed to meet specific goals and objectives, and are automatically rebalanced. These pre-mixed portfolios use a combination of Fidelity stock and bond funds. Read our [Choosing Your Investment Allocation](#) brochure for more details.

To choose a pre-mixed portfolio, select one of the options below. Then, Click "Next". Your change will be applied to your current account balance and future contributions.

#### Pre-mixed Portfolio Name Risk / Target Allocation

- ☐ HRA VEBA Income Portfolio  
Low to Moderate Risk / 80% Bonds; 20% Stocks
- ☒ **HRA VEBA Conservative Portfolio**  
Moderate Risk / 60% Bonds; 40% Stocks
- ☐ HRA VEBA Moderate Portfolio  
Moderate to High Risk / 40% Bonds; 60% Stocks
- ☐ HRA VEBA Growth Portfolio  
High Risk / 20% Bonds; 80% Stocks

Default Investment\*



### Option B: Do-It-Yourself

Listed below are the available asset classes and underlying funds you can use to build your own portfolio. Performance results are contained on the most recent [Investment fund Overview](#) (updated quarterly).

#### Investment Funds

HRA VEBA Stable Value	<input type="text" value="100"/>	%
Metropolitan West Total Return Bond	<input type="text" value="0"/>	%
Vanguard Balanced Index Institutional	<input type="text" value="0"/>	%
Vanguard Institutional Index Plus	<input type="text" value="0"/>	%
Carillon Scout Mid Cap	<input type="text" value="0"/>	%
Champlain Small Company Institutional	<input type="text" value="0"/>	%
American Funds EuroPacific Growth	<input type="text" value="0"/>	%
<b>Total</b>	<input type="text" value="100"/>	%

\*The plan's default investment is subject change based on recommendation by the Trust investment consultant and approval by the Board of Trustees.

# Online Participant Portal – My Profile

[Home](#) [Claims](#) [Benefits Card](#) [Account Activity](#) [Investments](#) [Resources](#) [My Profile](#)

## My Profile

[Contact Information](#) [Covered Individuals](#) [Beneficiaries](#) [Account Preferences](#) [User Information](#)

Please review your contact information to make sure it is current. To make a change, click the "Update" button below.

Mailing Address		Phone Numbers	
<b>Address</b>	9876 Best Avenue	<b>Phone Number</b>	(509) 987-6543
<b>Address 2</b>		<b>Secondary Phone Number</b>	
<b>City</b>	Blue Valley	<b>E-Mail Address</b>	
<b>State</b>	WA	<b>E-Mail Address</b>	peterquill@
<b>Zip Code</b>	99201-6919		

## Add/Update/Change:

- Phone number
- Email Address
- Mailing Address
- E-communication
- Covered Individuals
- Beneficiaries

# Secure Message Center

The screenshot shows the 'Secure Message Center' interface. At the top, a navigation bar includes links for Home, Claims, Benefits Card, Account Activity, Investments, Resources, and My Profile. The user is identified as Carol Danvers with account number 700198765-002. A magnifying glass highlights an envelope icon in the top right corner. Below the navigation bar, there are sections for 'City of Blue Valley' (Account: 700198765-002, Claims Eligibility: Full), 'Most Recent Claim', and 'Benefits Card' (Total Available Balance: \$2,297.55). The 'Secure Message Center' section features a 'Compose New Message' button and a 'My Messages' table with a 'Rows Per Page' dropdown set to 10. A 'New Message' modal is open, displaying a form with fields for 'Account\*', 'Topic\*', and 'Message\*'. Below the form is an 'Upload Documents' button and a 'Send' button. A 'Cancel' button is also visible at the bottom left of the modal.

Carol Danvers  
Account: 700198765-002

Home Claims Benefits Card Account Activity Investments Resources My Profile

City of Blue Valley  
Account: 700198765-002 Claims Eligibility: Full

Most Recent Claim

Benefits Card  
\$2,297.55  
Total Available Balance  
No transactions require action at this time.

Secure Message Center

Actions

Compose New Message

Have a question about one of your accounts?  
Send a secure message to our customer care center.

My Messages

10 Rows Per Page

Account

New Message

Please complete the form below with the information pertaining to your question. All reply notifications from the customer care center will be sent to your email at: caroldanvers@guardian.com [Edit](#)

Account\*

Topic\*

Message\*

Click the "Upload Documents" button to browse for files to upload and attach to the message. Valid file types are .jpg, .jpeg, .gif, .png, and .pdf. Maximum file size accepted is 10MB.

Upload Documents

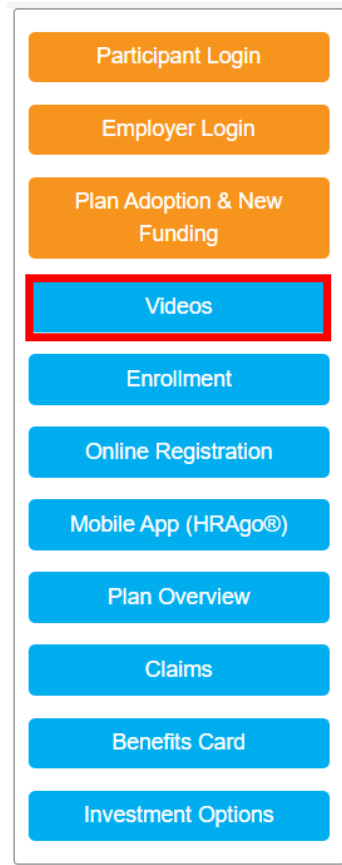
Cancel Send

1 Click the envelope icon

2 Click the Compose New Message button

3 Select a topic from the drop down; type message and upload any documents

# Video Library



Take some time to click through these short videos. They contain a wealth of information to help you understand and get the most out of your HRA VEBA Plan benefit.

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Welcome! HRA Overview

Online Registration Instructions

How to File a Claim

Supporting Documentation for Claims *(and Benefits Card transactions)*

Using Your Benefits Card

How to Set Up an Automatic Premium Reimbursement

How Your HRA Coordinates with Other Benefits

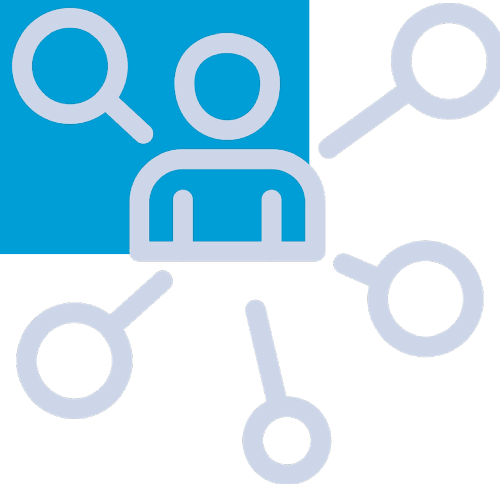
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# Summary

**Use HRA VEBA to help  
cover your out-of-pocket  
medical care costs**

1-888-659-8828

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



- You pay no tax on contributions, earnings, or reimbursements (claims)
- You choose your investment options
- You can use your account anytime (after becoming claims eligible)
- Your spouse and qualified dependents are covered
- Your unused account balance carries over



# Customer Care Center

In a recent survey, participants and employers overwhelmingly rated our services “Excellent” or “Very Good”

Claims  
Processing

**91%**

Telephone  
Service

**93%**

Online  
Participant Portal

**91%**

*“Always pleasant,  
professional, and knowledgeable.  
Communication is exemplary.”*

*“Walked me  
through the steps in  
real time!”*

*“Nothing but great things  
to say about my call.”*

*“The representative was  
amazing and solved my  
problem much faster than  
expected!”*

*“Friendly, knew  
information immediately.”*

**1-888-659-8828**



# Connect with us!



1-888-659-8828

HRAveba.org



Secure messaging  
available after  
logging in online!

