



Retiree HRA

Understanding Your Retirement Benefit

Presented by Robbie Russell

Retiree HRA 101



Interest-bearing account in your name



Employer deposits money



Money invested in a fixed annuity, currently guaranteeing a 2.00% interest rate through 2026*



Use for medical expenses and premiums to offset your out-of-pocket costs

Guarantees are subject to the claims-paying ability of American United Life Insurance Company.

* American United Life Insurance Company's unallocated group Fixed Annuity Not FDIC insured. Based on the claims-paying ability of the investment provider.

Why Use an HRA?



Contributions
are **not taxed**.



Distributions
are **not taxed**.



Interest is
not taxed.

HRA: Your Rainy Day Fund

- If you need it, it's there
- If you don't need it, it rolls over every year
- And grows tax-free
- Expenses do not expire—you can submit expenses that were incurred after you retired or separated from service at any time



Eligible Medical Expenses

- Physician visits
- Prescription medication
- Dental Care
- Nursing home care
- Eye care
- Co-pays or deductibles
- Medical insurance premiums
- Etc.



Qualifying Insurance Premiums

- Health, Dental, Vision, and Long-Term Care Insurance
- Medicare Part B, Part C, and Part D and Medicare Supplements
- Individual Policies on and off the Exchange
- Employer-Sponsored Group Health Coverage (as long as not paid with pre-tax payroll deductions)



Who Can Benefit from Your HRA?

- Individuals who qualify for reimbursement:
- You
- Your spouse
- Qualifying dependents
- Surviving spouse and qualifying dependents



Claim Submission Options

ONLINE



Submit claim
securely online
through the
MidAmerica
Journey
Participant
Portal

APP



Submit claim
securely
through the
Journey mobile
app

CARD



Pay for claims
at the point of
sale with the
Journey
Benefits Card

MAIL



Mail claim form
to:
PO Box 24927
Lakeland, FL
33802

Accessing Your Online Account

Logging into MidAmerica Journey for the First Time



Go to www.myMidAmericaJourney.com.



Select **Get Started**.

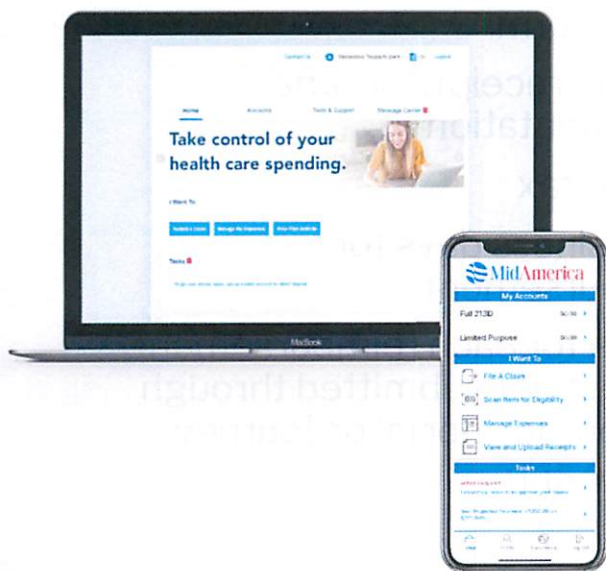


Enter your identifying details*, retrieve and enter the One-Time Password (OTP) sent to your email address, and choose a username and password.

*Your identifying details must include a valid email address in order to retrieve the OTP required to complete your registration.

MidAmerica Journey

Portal Resources



- 24/7 Account Access
- Online Claims Submission
- Debit Card Management
- Journey mobile app
- Manage personal information and communication options (Manage direct deposit, sign up for text and email communications)

Debit Card: Documentation

- Eliminates need for claim forms and out-of-pocket payments at the point-of-sale
- Can be used anywhere from a doctor's office to a local pharmacy for eligible medical expenses
- **Supporting documentation may still be required** to substantiate debit card purchases/adjudicate a claim
- Balances and transactions accessible via MidAmerica Journey or via the Journey mobile app



Submitting Paper Claims

[illegible]

- Claim Form
- Include receipts or other documentation
- Mail or fax
- 10 business days for reimbursement
- \$5 fee for each reimbursement request not submitted through the Journey portal or Journey mobile app

Documentation: Good vs. Bad

Good!

- ✓ Itemized statement (left), Explanation of Benefits (EOB), Co-Pay receipts, or invoices if no insurance
- ✓ Contains date of service, type of service, service amount and participant name*

FORWARD SERVICE REQUESTED

For Billing Inquiries Call:
Sample Medical Care Provider
(800) 000-0000

Sample Participant
1234 ABC Street
Somewhere, State 12345

Messages:

- PAYMENT DUE DATE: 90 DAYS FROM THE STATEMENT DATE
- You may now access your account online

Statement Detail Statement Date: 2017-12-17 Account No: 1234

Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
12345	2017-09-01	2017-01-01	6297 Sample Testing	150.00		
12345	2017-09-01	2017-01-01	6237 Sample Testing	75.00		
12345	2017-09-01	2017-01-01	2347 Sample Testing	207.00		
12345	2017-09-01	2017-01-01	Patient Payment		45.00	
12345	2017-09-01	2017-01-01	Sample Insurance Payment		150.00	
12345	2017-09-01	2017-01-01	Sample Insurance Adjustment		125.00	
12345	2017-09-01	2017-01-01	Your Balance Due on These Services			112.00

Payment Due
112.00

*identifying details have been removed from example.

Documentation: Good vs. Bad

Bad

- ✗ Only includes total amount paid
- ✗ Doesn't include breakdown of services

Sample Doctor's Office
1234 ABC Street
Somewhere, State 12345

01/01/01 08:20:35

Merchant ID: *****0000

Device ID: 0000

Terminal ID: ABCD

CREDIT SALE:

Transaction #: 8

Card Type: VISA

Account: 0000

Entry: Swiped

AMOUNT: \$50.00

Auth Code: 0000

Response: AUTH

CUSTOMER COPY

*identifying details have been removed from example.

Documentation: Premiums



Premium Notice from your insurance company that includes:

- Type of Premium
- Premium Amount
- Effective Date of Coverage
- Name of insured—you, your spouse, or another qualifying dependent



Insurance Premiums must be due or incurred **before** reimbursement. Exception is Long-Term Care premiums—these must be paid before reimbursement and proof of payment must be included with supporting documentation.



Recurring premium reimbursements remain in effect for the earlier of 12 months or when your premium changes*

*New claim form or online submission with required documentation must be submitted to renew recurring claim after 12 months

Recurring Premium Claim Process

- **Step One** – decide how to pay your insurance premiums directly to providers/employer in retirement
 - Automatic payments from your personal checking or savings account?
- **Step Two** – set up Recurring Premium Claim with U.S. BENCOR/MidAmerica
 - Set up Recurring Premium Claim online at www.myMidAmericaJourney.com, through the MidAmerica Journey mobile app, or complete a paper claim form. Supporting documentation is required when using any method and **supporting documentation is critical!**
 - Once you set up your recurring premium claim, U.S. BENCOR/MidAmerica will send you a monthly payment each month for up to the next 12 months
 - Monthly payments will be sent to you one month in advance
 - U.S. BENCOR/MidAmerica can send funds to you via direct deposit to the same checking/savings account you use to pay your insurance premiums as outlined in Step One
- **Step Three** – **After 12 months, payments will cease until you submit a new Recurring Premium Claim and supporting documentation!**

Documentation Example Premium Notice

Your TPA
2913 Administration Lane
Your Town, MN 98765

5/31/2020

Ms. Sally Test
4321 Front Street
Happy Valley, USA

Dear Ms. Sally Test,

We are confirming your monthly premium due for the ABC Area Schools retiree coverage(s) as of 7/1/2020.

Your monthly premiums and coverages are as noted below:

Plan Name	Coverage Level	Premium Amount
Medical High Plan	EE Only	\$804.51
Dental	EE Only	\$29.40
Total Premium Amount		\$833.91

Here is a monthly listing of the next 12 monthly premium amounts due for your retiree coverage(s).

Premium Due Date	Total Amount Owed
7/1/2020	\$833.91
8/1/2020	\$833.91
9/1/2020	\$833.91
10/1/2020	\$833.91
11/1/2020	\$833.91
12/1/2020	\$833.91
1/1/2021	\$833.91
2/1/2021	\$833.91
3/1/2021	\$833.91
4/1/2021	\$833.91
5/1/2021	\$833.91
6/1/2021	\$833.91

- Provided by Retiree Billing/COBRA TPA
- Contains:
 - Coverage period
 - Name of covered individual
 - Premium amount
 - Coverage type
 - Name of insurance provider

*Identifying details have been removed from example.

Documentation Example Premium Invoice

ABC Benefits Administration
7805 Benefits Blvd.
Your Town, MN 98765

Invoice

Invoice Date: 09/10/2020 Invoice: 1002500

Terms and Conditions

Please review this invoice carefully and notify us of any discrepancies. As a reminder, please pay your invoice as billed. Any changes will be reflected on your next invoice.

Please note, premium credits will only be allowed 90 days back from the date of this invoice. Thank you.

Due Date: 09/25/2020 Invoice Amount: \$1,637.24

Bill To: Doe, John
1234 Main Avenue
Happy Valley, USA

Make Check Payable To:	Send Payments To:	Bill Contact:
ABC Benefits - Or pay online at www.abc.biz	ABC Benefits Administration 7805 Benefits Blvd. Your Town MN 98765	Jane Doe 800-555-XXXX

Charge Summary

Date	Product	Coverage	Amount
10/01/2020	Med Adv Value BCBS	Emp + Spouse	\$1,637.24
Total			\$1,637.24

- Provided by insurance provider
- Contains:
 - Coverage period
 - Name of covered individual
 - Premium amount
 - Coverage type
 - Name of insurance provider

*Identifying details have been removed from example.



Customer Service Hours:

Monday through Friday,
8:30 a.m. – 6 p.m. ET



Online Inquiry through
myMidAmerica.com

Send All Forms To:

U.S. BENCOR/MidAmerica
Attn: HRA Dept.
PO Box 24927
Lakeland, FL 33802-0149



healthaccountservices@myMidAmerica.com

Fax: (863) 577-4460



Call (855) 329-0095