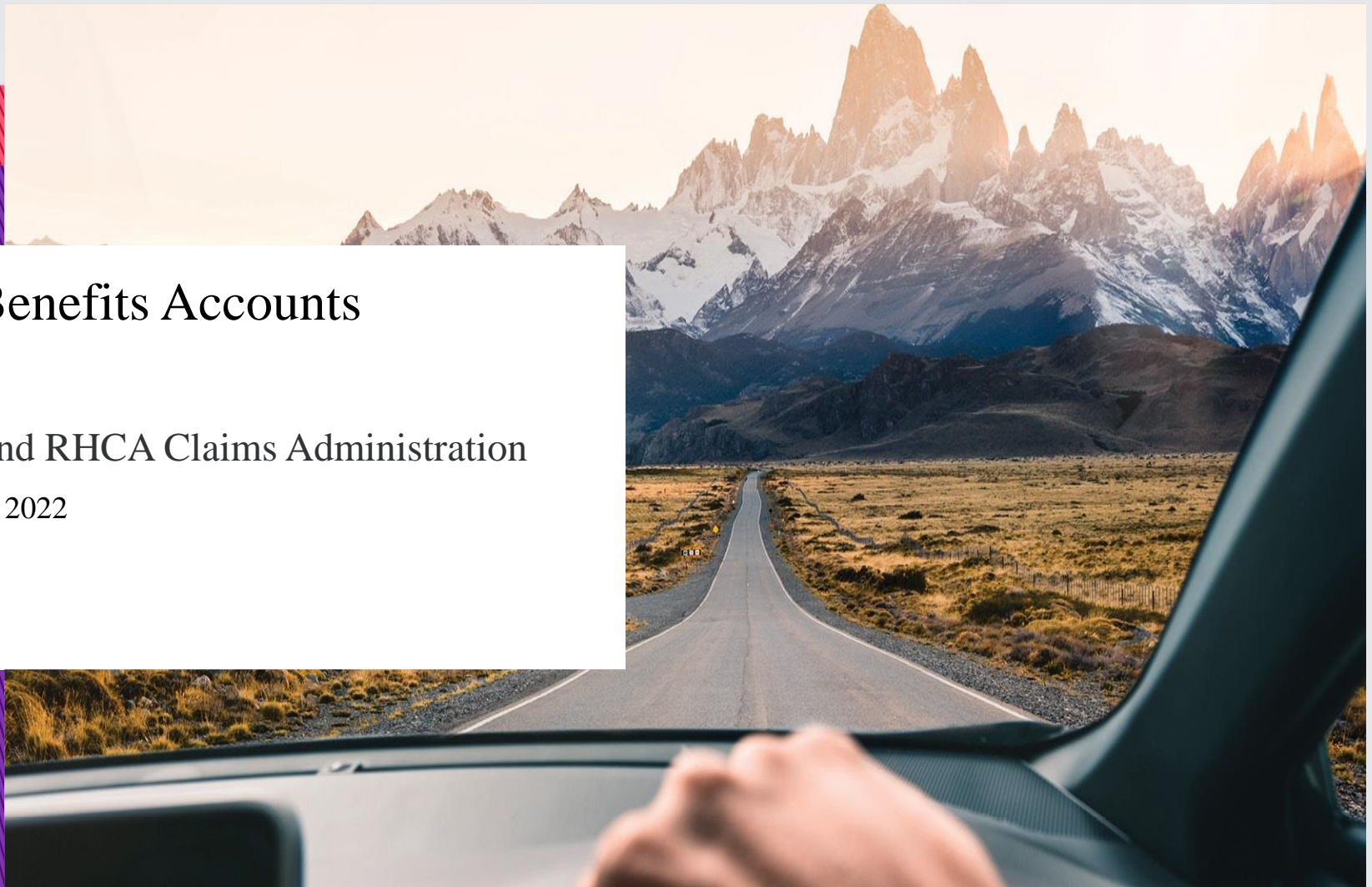




Via Benefits Accounts

HRA and RHCA Claims Administration

February 2022



Who is Via Benefits Accounts?



?

Who is Via Benefits Accounts? Effective January 1, 2022, Via Benefits Accounts is the administrator for the Healthcare Retirement Account (HRA) and Retirement Health Care Account (RHCA).


Agenda

Section	Topic
Portal & Mobile App Login	What if I don't already have an account?
	Is there a mobile app?
	How do I log in using the mobile app?
Claims	Available balance for RHCA Claims
	How do I submit a claim?
	Supporting Documentation
	Where can I find a list of eligible expenses?
	Account Payment Order
	Claim Status
	Uploading a Receipt
	HRA Auto-pay Function
	Paper Claim Form
Setting up Direct Deposit	Direct Deposit Setup
	Direct Deposit Portal View
Requesting Assistance	Questions?
	Submitting a Help Ticket



Portal and mobile application login


Login From Benefit Connect

 **My Profile** >

Retired Participant [View/Edit](#)
123 Clone St.
Suite 456
Clone City, OH 43604
USA
Communication Preference:
Paper

My Dependents [View/Edit](#)

My Beneficiaries [View/Edit](#)

 **Send a Message** >

My Benefits

<

Has There Been A Change In Your Family?

As your life changes, your benefit needs may also change. When you experience a qualifying life event, such as marriage or a birth, you may need to change your benefit choices.

Please note that most life events must be completed within 31 days of the event occurring.

Get Started

>

My Pension Payments


>


My Pension Payment Options


Resources & Tools


Vendor Links


Video Library


 **Access Via Benefits Accounts**
(beginning January 1, 2022): FSA, HRA, RHCA


 **Access HealthEquity** (formerly WageWorks): FSA, HRA, RHCA


 **Health and Welfare Summary Plan Descriptions (SPDs)**

 **View My Service History**

 **Retirement and Savings Summary Plan Descriptions (SPDs)**

 **View My Pension Payments**

 **View/Update My Beneficiaries**

 **Billing**

Login Directly to Via Benefits Accounts

Via Benefits | Sign In

viabenefitsaccounts.com/benefits/logindisplay.jsp

VIA BENEFITS™

Welcome to Via Benefits

Helping millions of people, one at a time, to optimize today's health and wealth opportunities for a better tomorrow.

Sign into your Account

Email Address *

CONTINUE

[FORGOT YOUR EMAIL](#)

New User

If you are a new user, click on the button below and follow the instructions.

[CREATE ACCOUNT](#)

All rights reserved.

[NEW! Our Privacy Commitment](#)

Login Directly to Via Benefits Accounts

Via Benefits | New User Setup x +

viabenefitsaccounts.com/benefits/servlets/LoginServlet?_y_=b26f58f8092bbb97a8de9b0882bcb28b00e8c293b52b6f61c6d65530482ff545e4d0f4e4d61d2733c72e0010ba01fd51aa15f9767e9c...

Apps JIRA Acclaris Intranet Home - Int... Mobile App_sharea... App Store Connect Pluralsight Product - Confluence Via Benefits | Sign I... Benefit Connect PSD

VIA BENEFITS™

Welcome to Via Benefits

Helping millions of people, one at a time, to optimize today's health and wealth opportunities for a better tomorrow.

Add Identifying Information

Enter your Employee ID or Social Security Number.

Employee ID * Show

OR

Social Security Number *

Confirm SSN *

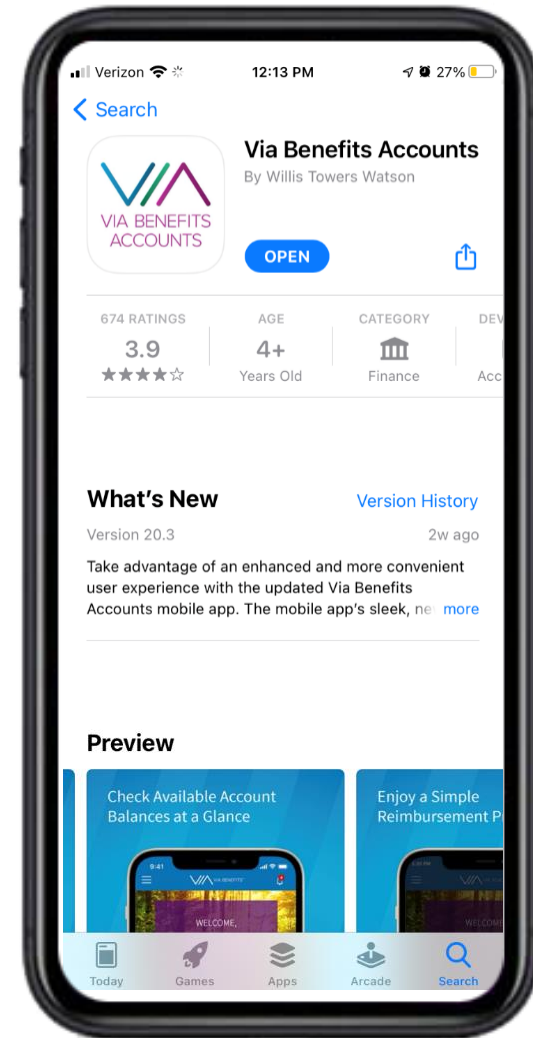
CONTINUE

How do I log into the online portal?

1. Visit **viabenefitsaccounts.com** or use the Via Benefits Accounts mobile app and select Create Account under New User.
2. Enter your Social Security Number, Date of Birth, and ZIP Code.
3. You'll then be prompted to enter your email address as a User ID (you may be prompted to validate your email address if it's new to our system). Next you'll be prompted to create and verify a secure password.
4. After signing in, you'll receive a code via email that you'll need to enter. You'll also be asked to set up a secondary contact method (phone or text) to ensure account security. You can update these settings on the Via Benefits Accounts mobile app or website.
5. You're now ready to view your account, set notification preferences, and enter your direct deposit information.

Downloading the Mobile App

Download the Via Benefits Accounts mobile app from either the Apple App Store or the Google Play Store



How do I log in using the mobile app?

1:20 PM

VIA BENEFITS™

Sign into your Account

Email Address\UserName *

my@email.com

Continue

[Forgot Your Email](#) [Need Help?](#)

New User

If you are a new user, click on the button below and follow the instructions.

Create Account

Contact Us Privacy Policy Terms of Use

© 2020 ViaBenefits. All rights reserved.

11:40

VIA BENEFITS™

Help Us Find Your Account

Enter your Employee ID or Social Security number

Employee ID * Show

OR

Social Security Number *

Confirm SSN *

CONTINUE

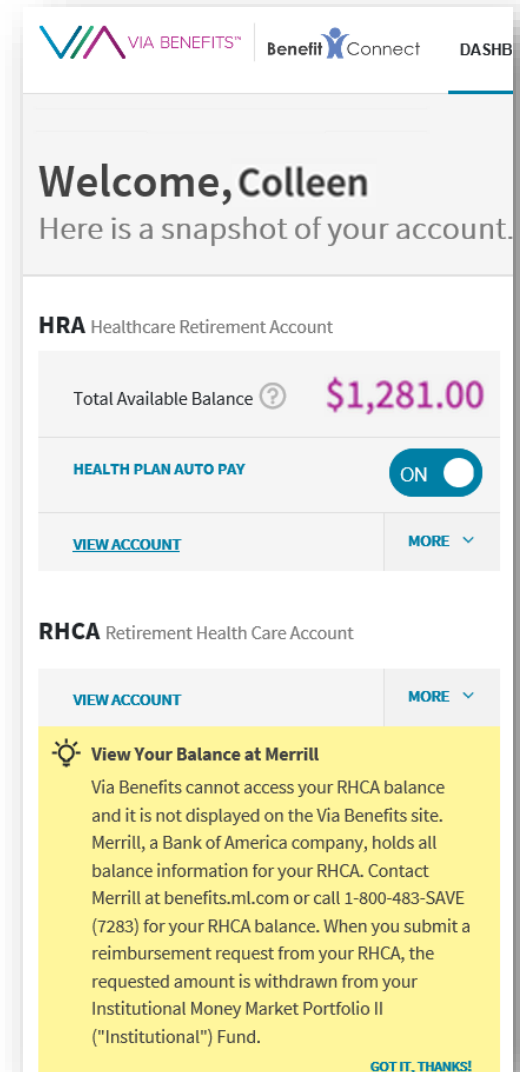
Claims Processing

Available balance for RHCA claims

You can check the available funds in your RHCA, managed by Merrill, a Bank of America company, at **benefits.ml.com** or call **1-800-483-SAVE (7283)**

To receive reimbursement, you must have the requested amount in your Merrill Institutional Money Market II Fund (the Fund) or transfer enough funds into the Fund to cover the amount requested **prior** to submitting the reimbursement request. **Reimbursements from your RHCA are processed weekly.**

You can request reimbursement from your RHCA and track its status through our website or the Via Benefits Accounts mobile app. If you choose to be reimbursed from your RHCA only, but there are not sufficient funds in your Merrill Institutional Money Market II Fund, the reimbursement request will be denied.



RHCA Claim Timing

Weekly RHCA Cycle

- Claim approved on a Wednesday
- Claim sent to Merrill on Thursday for confirmation of Balance
- Merrill balance response comes on Friday
- Monday the claim is submitted to Merrill for reimbursement
- Thursday Merrill confirms reimbursement
- Friday the claim is processed for payment
- Monday the claim is paid

Mailed vs Electronic Claims

- A mailed claim could take up to ten days to be received and processed before being reviewed
- An electronic claims submission is processed and reviewed within two business days

How do I submit a claim?

Get Reimbursed



Category

Premium



Date of Service

Jan 1, 2022 - Jan 31, 2022



Amount

\$200



Provider Name

Bcbstm



Individual Served

Ava Smith



Supporting Document(s) (required)

Category *

Premium



Date of Service *

01/01/2022





01/31/2022




Amount *

\$ 200

How do I submit a claim?

<input checked="" type="checkbox"/> Category Premium	Provider Name * <input type="text" value="BCBSM"/>
<input checked="" type="checkbox"/> Date of Service Jan 1, 2022 - Jan 31, 2022	Individual Serviced *
<input checked="" type="checkbox"/> Amount \$200	<input type="text" value="Ava Smith"/> 
<input checked="" type="checkbox"/> Provider Name Bcbsm	Supporting Document(s) *
<input checked="" type="checkbox"/> Individual Serviced Ava Smith	<div> The Reason for Supporting Document(s) Supporting documents, in the form of itemized receipts, are required when you submit expenses for this reimbursement WHAT ARE SUPPORTING DOCUMENTS?</div>
<input type="radio"/> Supporting Document(s) (required)	<div><input type="button" value="UPLOAD FILE"/></div>

Uploading a Receipt – Portal View




[DASHBOARD](#)

[HRA](#)

[RECEIPTS](#)

[HELP CENTER](#)

 Ava Smith ▾

Premium Reimbursement

☐ **Category**
(required)

☐ **Occurrence**
(required)

☐ **Date of Service**
(required)

☐ **Amount**
(required)

☐ **Provider/Carrier Name**
(required)

☐ **Individual Served**
(required)

☐ **Supporting Document(s)**
(required)

Let's Get Started

Have your supporting document(s) ready...

Supporting document(s) are required to complete your reimbursement request.

Your provider/carrier can provide you with acceptable supporting document(s):

They must show:

- ✓ Premium coverage period (e.g., 01/01/2021 - 01/31/2021)
- ✓ Premium type (e.g., Medical, Medicare)
- ✓ Provider/Carrier (e.g., Humana, AARP)
- ✓ Individual serviced (e.g., John Doe)
- ✓ Amount (e.g., \$100.00)


CONTINUE

☐ Don't show again

Amount *

Uploading a Receipt – Portal View

☐ Supporting Document(s)
(required)

 **Other requirements**


Depending on the information you provide, we may ask you for additional details about this expense.

[GOT IT, THANKS](#)

Provider/Carrier Name *

Individual Serviced *

Supporting Document(s) *

 **The Reason for Supporting Document(s)**

Supporting documents, in the form of itemized receipts, are required when you submit expenses for this reimbursement

[WHAT ARE SUPPORTING DOCUMENTS?](#)

UPLOAD FILE

CANCEL

ADD ANOTHER EXPENSE

REVIEW & SUBMIT

Uploading a Receipt – Portal View

The screenshot shows the 'Premium Reimbursement' form in the VIA BENEFITS portal. A dashed white box highlights the central area where a receipt can be uploaded. Inside this box, there is a large white icon of a document with a dollar sign and a checkmark, and the text 'Drag Your Supporting Document(s) Here' followed by '(PDF, GIF, JPG, TIF, TIFF, JPEG and BMP)' and '5 MB Maximum Upload Size'. Below the dashed box, there are two buttons: 'BROWSE FOR FILE' and 'CANCEL'. The form also includes a left sidebar with fields for Category, Occurrence, Date of Service, Amount, Provider/Carrier Name, and Individual Served. At the bottom, there are date pickers for the start and end months of the plan.

VIA BENEFITS™ DASHBOARD HRA RECEIPTS HELP CENTER Ava Smith

Premium Reimbursement

Category *
Pharmacy

Occurrence *
Recurring premium

Date of Service
Jan 01, 2022 - Dec 31, 2022

Amount
\$50

Provider/Carrier Name
HUMANA

Individual Served
Ava Smith

Supporting Document(s)
(required)

5 MB Maximum Upload Size

Drag Your Supporting Document(s) Here
(PDF, GIF, JPG, TIF, TIFF, JPEG and BMP)

BROWSE FOR FILE **CANCEL**

Select the start and end months of the plan.

01/01/2022 12/31/2022

Recurring Premium Payments
For recurring premium reimbursements, you only need to submit one reimbursement request per year for each plan.
GOT IT, THANKS!


Review & Submit Claim

✓

Individual Serviced
Ava Smith

✓

Supporting Document(s)
File Attached



 **Other requirements**
Depending on the information you provide, we may ask you for additional details about this expense.
[GOT IT, THANKS](#)



Provider/Carrier Name *

Individual Serviced *

Ava Smith

Supporting Document(s) *

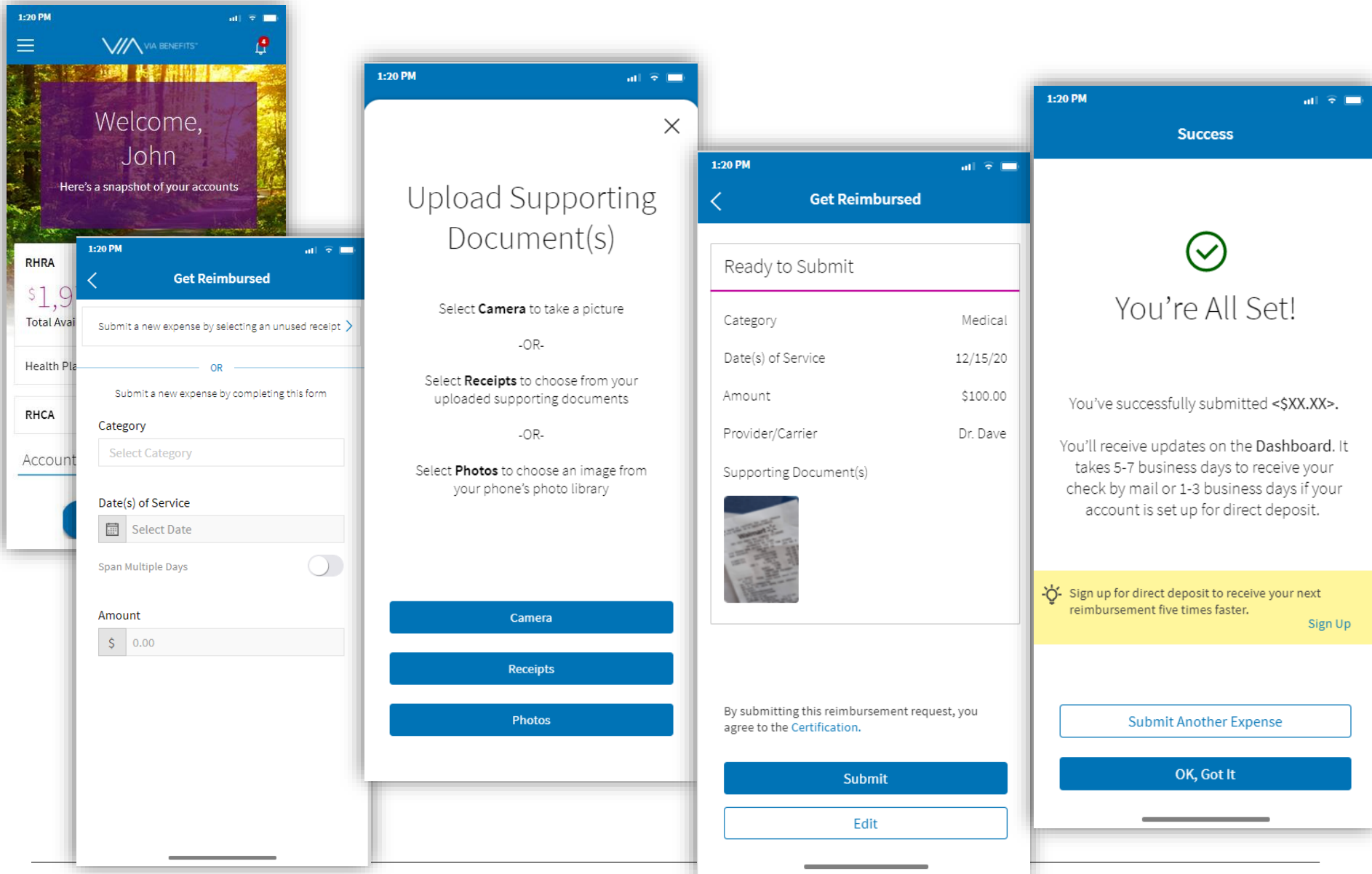


[UPLOAD ANOTHER FILE](#)

CANCEL

ADD ANOTHER EXPENSE

REVIEW & SUBMIT

Uploading a Receipt – Mobile App View



Supporting Documentation

Examples of acceptable documents include:

- Premium statements
- Social Security Benefit Award letter
- Notice of Medicare Payment Due
- Explanation(s) of Benefits
- Itemized receipts

For paid premium expenses, provide a supporting document that shows:

- Premium coverage period (e.g., 01/01/2022 – 01/31/2022)
- Premium Type (Medical/Dental/Vision)
- Provider/carrier (e.g., Humana, AARP)
- Individual serviced (e.g., John Doe)
- Premium amount (e.g., \$100.00)
- Proof of payment (e.g., Paid in Full)

Good Supporting Documentation

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2021 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name [REDACTED]		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2021 \$ [REDACTED]	Box 4. Benefits Repaid to SSA in 2021 NONE	Box 5. Net Benefits for 2021 (Box 3 minus Box 4) \$ [REDACTED]
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or Direct deposit \$ [REDACTED]		NONE
Medicare Part B premiums deducted from your benefits \$ [REDACTED]		
Medicare Prescription Drug premiums (Part D) deducted from your benefits \$ [REDACTED]		
Total Additions \$1 [REDACTED]		
Benefits for 2021 \$1 [REDACTED]		
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address [REDACTED]

Good Supporting Documentation

AARP Supplemental and Personal Health
from UnitedHealthcare

PO BOX 30607
Salt Lake City, UT 84130-0607
Toll-Free # 1-800-523-5800

December 9, 2021
AARP Membership Number: [REDACTED]
Insured Member: [REDACTED]

[REDACTED]

Dear [REDACTED]

I'm writing to you about your AARP* Supplemental or Personal Health Insurance Plan, from UnitedHealthcare.

At UnitedHealthcare, we try to provide the best possible experience to our insured members.

Why did you receive this letter?
UnitedHealthcare recently received a request regarding the status of this account.

You are currently insured under AARP Medicare Supplement Plan F. The monthly rate for this plan is \$ [REDACTED]

A payment in the amount of \$ [REDACTED] will pay this account through January 2022.

The chart below summarizes coverage and payments for active coverage on the account.

Plan Name	Coverage Period	Monthly Amount	Number of Months	Total Amount Received
AARP Medicare Supplement Plan F	01/01/2021 through 05/31/2021	\$ [REDACTED]	5	\$ [REDACTED]
AARP Medicare Supplement Plan F	06/01/2021 through 12/31/2021	\$ [REDACTED]	7	\$ [REDACTED]

Please call UnitedHealthcare Customer Service if you have questions or need more information:

Incomplete Supporting Documentation

**Missing
who the
payment
was for**

Date	Payment Type	Amount
12/22/2021	<div><div>^ Social Security (Retirement) How we calculated this payment... Monthly Benefit Amount: Credits & Adjustments: Medicare Premium(s): Overpayment Withholding: Other Deductions: Total Payment:</div><div>\$ \$ \$ -\$ -\$ -\$ \$</div></div>	\$
11/24/2021	Social Security (Retirement)	\$
10/27/2021	Social Security (Retirement)	\$
09/22/2021	Social Security (Retirement)	\$

Incomplete Supporting Documentation

Missing who
the payment
was for as well
as the coverage
period

October 30, 2021 through November 30, 2021
Account Number: [REDACTED]

CHECKING SUMMARY

Beginning Balance	\$ [REDACTED]
Deposits and Additions	[REDACTED]
Checks Paid	[REDACTED]
Electronic Withdrawals	[REDACTED]
Ending Balance	\$ [REDACTED]

Annual Percentage Yield Earned This Period [REDACTED] %
Interest Paid This Period \$ [REDACTED]
Interest Paid Year-to-Date \$ [REDACTED]

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	PPD ID	AMOUNT
11/01	Foa US LLC Pn Pmts/Cs	[REDACTED]	\$ [REDACTED]
11/01	Benefit Payments Deposit	[REDACTED]	[REDACTED]
11/17	[REDACTED]	[REDACTED]	[REDACTED]
11/30	Interest Payment		[REDACTED]
Total Deposits and Additions			\$ [REDACTED]

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
[REDACTED]	Check # [REDACTED] State Farm Arc ID [REDACTED]	[REDACTED]	[REDACTED]
Total Checks Paid			\$ [REDACTED]

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.
* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.
^ An image of this check may be available for you to view on Chase.com.

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
11/05	Unitedhealthcare Premium	[REDACTED]
11/12	[REDACTED]	[REDACTED]
11/17	[REDACTED]	[REDACTED]
11/18	[REDACTED]	[REDACTED]
11/23	[REDACTED]	[REDACTED]
11/29	[REDACTED]	[REDACTED]
Total Electronic Withdrawals		\$3,593.50

Supporting Documentation

For out-of-pocket healthcare expenses, provide a supporting document that shows:

- Date of service (e.g., 01/01/2022)
- Expense category (e.g., Medical, service description)
- Provider/carrier (e.g., Dr. Smith, AARP)
- Individual serviced (e.g., John Doe)
- Amount (e.g., \$100.00)

Good Supporting Documentation

THE MILTON S HERSHEY MEDICAL CENTER

OUTPATIENT HOSPITAL STATEMENT

PAGE: 1

PATIENT NAME: ERIC [REDACTED]
PATIENT ACCT#:

VISIT DATE: 04/23/2019
CLERK: EDW1

PHYSICIAN NAME: HIRSHBERG A

DIAGNOSIS CODES: 7999

UNIT	SERVICE CODE	DESCRIPTION	AMOUNT
-1	900006	HOSP PAY VISA	25.00-

TOTAL CHARGES:	0.00
PAYMENT RECEIVED:	25.00-
BALANCE DUE:	25.00-

THIS STATEMENT MAY NOT REFLECT ALL CHARGES

Incomplete Supporting Documentation

Credit Union

06/16/2019 11:18 AM

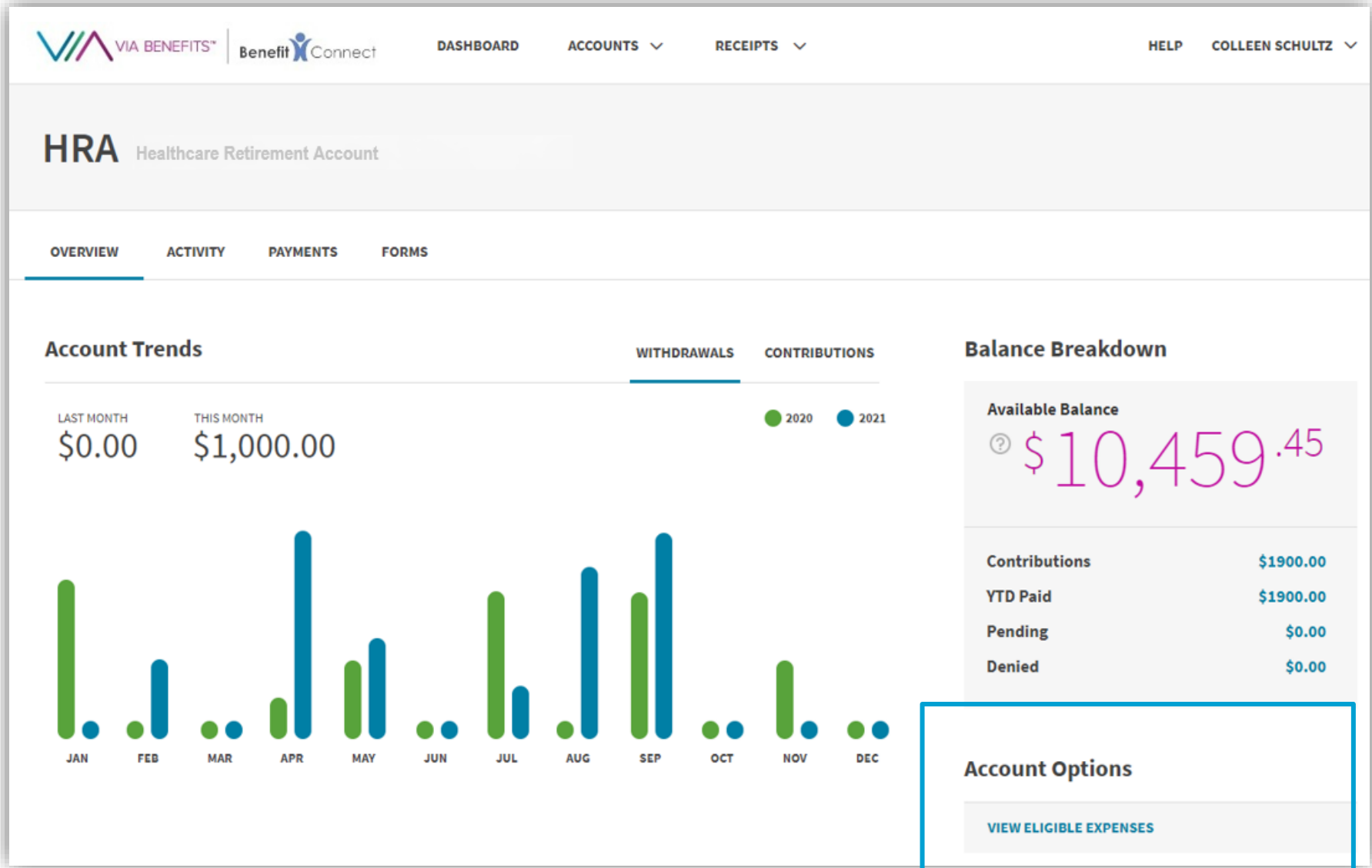
Free Checking

May 18, 2019 - Jun 16, 2019 30 days

Date	Description	Amount	Balance
Pending	APL*ITUNES.COM/BILL / APL*ITUNES.COM/BIL	-\$0.99	
Pending	XXSOC SEC SSA TREAS	\$1,665.00	
06/11/2019	Tfr from XXXXXX0100 /	\$200.00	\$328.02
06/10/2019	Check # re Draft / Share Draft	-\$135.56	\$128.02
06/10/2019	MEIJER # 271 / POS Purchase	-\$15.00	\$263.58
06/10/2019	KILWINS CHOCOLATES SOU / POS Purchase KILWINS CHOCOLATES	-\$13.20	\$291.48

Missing the service date, who it was for, and what service was rendered.

Where can I find a list of eligible expenses?




Reimbursement Process and Payment Order


From the **main page**, select **Get Reimbursed** to submit reimbursement requests for paid premium expenses or out-of-pocket healthcare expenses, like doctor office visits or prescription drug copays.

If you only have an HRA or RHCA, your reimbursement will be paid from that account. If you have both an HRA and a RHCA, you **must** indicate from which account you wish to be paid, including from your HRA and then (when your HRA is exhausted) your RHCA.

However, if you submit for a claim manually (mail or fax) without indicating the desired account, your claim will be denied and a new claim will need to be submitted.

Account Payment Order – Portal View

 VIA BENEFITS™

 Benefit Connect

[DASHBOARD](#) [ACCOUNTS ▾](#) [RECEIPTS ▾](#) [HELP](#) [COLLEEN SCHULTZ ▾](#)


Get Reimbursed

✓ **Category**
Medical

✓ **Date of Service**
Sep 30, 2016

✓ **Amount**
\$ 100.00


☐ **Pay From Account(s)**
(required)

 **Other Requirements**
Depending on the information you provide, we may ask you for additional details about this expense.

Category *

Medical ▾

Date(s) of Service *

Sep 30, 2016 

☐ Spans multiple days

Amount *

\$ 100.00

Pay from Account(s) *

HRA Only
RHCA Only
HRA and then RHCA

CANCEL


ADD ANOTHER EXPENSE


CONTINUE

Claim Status for HRA?

- When your reimbursements are paid, Via Benefits will notify you and make an Explanation of Payment available online.
- That reimbursement will appear as “Via Benefits” in your direct deposit account.
- If any part of your reimbursement request is denied or not approved, Via Benefits will provide an Explanation of Unpaid Expenses via email or mail, depending on your notification preferences.
- You may need to take action, such as providing additional supporting documents.
If you don't have a sufficient balance in your HRA, Via Benefits will pay as much of the reimbursement request as possible.
- The remaining amount will be paid when your HRA balance is sufficient.

Claim Status – Portal View

 **VIA BENEFITS™**

 **Benefit Connect**

DASHBOARD

ACCOUNTS ▾

RECEIPTS ▾

HELP

COLLEEN SCHULTZ ▾

RHCA Retirement Health Care Account

OVERVIEW

ACTIVITY

PAYMENTS**FORMS**


Your Account Activity


FILTER ▾

Download ▾

Activity Date	Date of Service	Category	Type	Carrier/ Provider	Individual Served	Status	Amount
Feb 11	Feb 6	Dental	Premium	CIGNA	John	<div>ON HOLD</div> <div>Payment awaiting funds</div>	-\$51.41
Feb 6	Feb 2	Medical	Premium	BSBC	Colleen	<div>PAID</div>	-\$46.18

Claim Status – Historical View

 VIA BENEFITS™

 Benefit Connect

DASHBOARD

ACCOUNTS ▾

RECEIPTS ▾

HELP

COLLEEN SCHULTZ ▾

RHCA

Retirement Health Care Account

OVERVIEW

ACTIVITY

PAYMENTS

FORMS

Your Account Activity

FILTER ▾

Download ▾

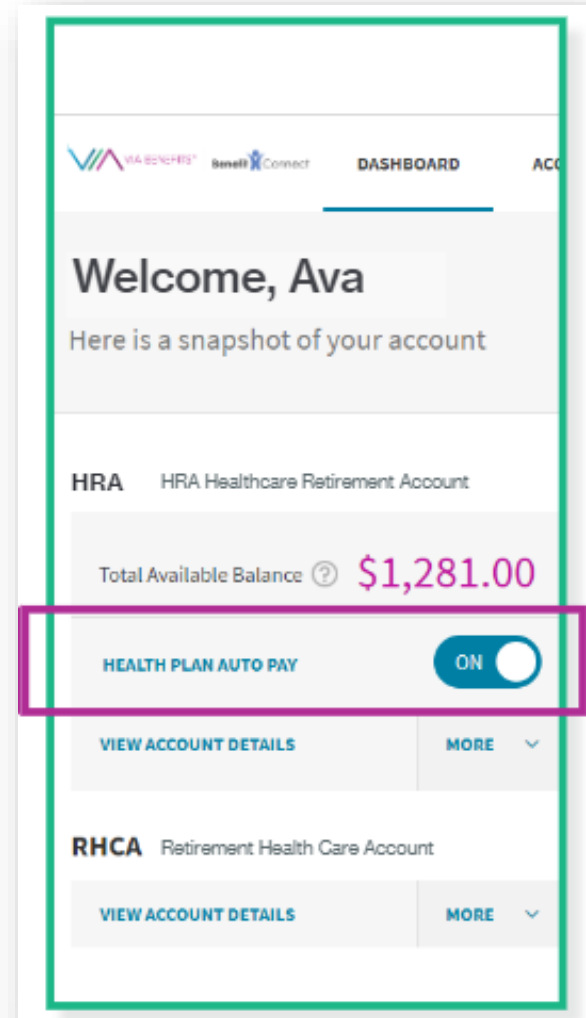
CSV Filtered

PDF

Activity Date	Date of Service	Category	Type	Carrier/ Provider	Individual Served	Status	
Feb 11	Feb 6	Dental	Premium	CIGNA	John	ON HOLD	-\$51.41
Payment awaiting funds							
Feb 6	Feb 2	Medical	Premium	BSBC	Colleen	PAID	-\$46.18

HRA Auto-Pay Function

Your account includes a handy Health Plan Auto Pay feature that will automatically process a Medicare Part B premium reimbursement request and deposit the payment in the account you set up for direct deposit. If you'd like to submit premium reimbursements yourself, you can turn off this feature using the slider in the **Dashboard**



Can I turn off the auto-pay function for Medicare Part B premiums?

The image shows a screenshot of the VIA BENEFITS dashboard for a user named Colleen. The dashboard displays the HRA (Healthcare Retirement Account) balance of \$1,281.00 and the 'HEALTH PLAN AUTO PAY' toggle, which is currently turned ON. A modal window titled 'Turn Off Auto Pay' is open, providing instructions on how to handle premium reimbursements if the auto-pay feature is disabled. The modal includes a 'CANCEL' button and a 'YES, SAVE CHANGES' button. The background dashboard also shows a notification for 'Items Need Your Attention' and a list of account updates.

VIA BENEFITS™ DASHBOARD

Welcome, Colleen
Here is a snapshot of your account

HRA Healthcare Retirement Account

Total Available Balance ⓘ **\$1,281.00**

HEALTH PLAN AUTO PAY **ON**

[VIEW ACCOUNT DETAILS](#) [MORE](#) ▾

6 Items Need Your Attention

Expense needs a receipt for eligibility

Account Updates

Security Question AUG-21-2019

Turn Off Auto Pay

If this feature is turned off, you may choose to have premium reimbursements paid from your account(s) by submitting an online reimbursement request. Click **Get Reimbursed** and supply the information required, including supporting documents. Status updates will be available in the **Dashboard**.

[CANCEL](#) [YES, SAVE CHANGES](#)

VIA BENEFITS™ DASHBOARD

Welcome, Colleen
Here is a snapshot of your account

HRA Healthcare Retirement Account

Total Available Balance ⓘ **\$1,281.00**

HEALTH PLAN AUTO PAY **OFF**

[VIEW ACCOUNT DETAILS](#) [MORE](#) ▾

Account Updates

Security Question AUG-21-2019

[UPDATED](#)

[APPROVED](#)

[PROCESSED](#)

[PROCESSED](#)

[PROCESSED](#)

[PROCESSED](#)

[SEE MORE UPDATES](#)

Where can I find a claim form?

The screenshot displays the HRA (Healthcare Retirement Account) portal interface. The top navigation bar includes links for DASHBOARD, ACCOUNTS, RECEIPTS, HELP, and the user name COLLEEN SCHULTZ. The main header shows 'HRA Healthcare Retirement Account'. Below this, a secondary navigation bar has tabs for OVERVIEW, ACTIVITY, PAYMENTS, and FORMS. The FORMS tab is highlighted with a blue border. The main content area is divided into three sections: Account Trends, Balance Breakdown, and Documents. The Account Trends section shows a bar chart for the last four months (JAN, FEB, MAR, APR) with data for 2020 (green) and 2021 (blue). The Balance Breakdown section shows the Available Balance as \$10,459.45, with Contributions of \$1900.00, YTD Paid of \$1900.00, and Pending of \$0.00. The Documents section lists 5 Documents, including the FCA Healthcare Retirement Accounts Reimbursement Request Form, which is highlighted with a red border and a red arrow pointing to it from the FORMS tab.

HRA Healthcare Retirement Account

OVERVIEW ACTIVITY PAYMENTS **FORMS**

Account Trends

LAST MONTH: \$0.00 THIS MONTH: \$1,000.00

WITHDRAWALS CONTRIBUTIONS

2020 2021

Balance Breakdown

Available Balance: \$10,459.45

Contributions: \$1900.00
YTD Paid: \$1900.00
Pending: \$0.00

OVERVIEW ACTIVITY PAYMENTS **FORMS**

Documents

5 Documents

RMRA Eligible Expenses List [VIEW & DOWNLOAD PDF](#)

FCA Healthcare Retirement Accounts Guide [VIEW & DOWNLOAD PDF](#)

FCA Healthcare Retirement Accounts Reimbursement Request Form [VIEW & DOWNLOAD PDF](#)

Filling Out a Paper Form



Reimbursement Request Form

Healthcare Retirement Account (HRA) and Retirement Health Care Account (RHCA)

Submit requests online at viabenefitsaccounts.com or on our app for processing up to **10 days faster**.

Step 1. Prepare your request

Complete the fields below and collect **required supporting documents**, as it's required to process your request.
(See back for details.)

Full Name	SSN
Address	

Step 2. Add your expenses to the correct table

Enter premium expenses

Coverage Period (e.g., 01/01/2022-01/31/2022)	Carrier (e.g., Humana)	Individual Serviced (e.g., John Doe)	Total Amount (e.g., \$200)	Payment Account (Check one)
				<input type="checkbox"/> HRA Only <input type="checkbox"/> RHCA Only* <input type="checkbox"/> HRA Then RHCA*
				<input type="checkbox"/> HRA Only <input type="checkbox"/> RHCA Only* <input type="checkbox"/> HRA Then RHCA*

Filling Out a Paper Form

				<input type="checkbox"/> HRA Only <input type="checkbox"/> RHCA Only* <input type="checkbox"/> HRA Then RHCA*	
Enter out-of-pocket expenses					
Date of Service (e.g., 01/01/2022)	Expense Category	Provider (e.g., Dr. Smith)	Individual Served (e.g., John Doe)	Amount (e.g., \$200)	Payment Account (Check one)
	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision				<input type="checkbox"/> HRA Only <input type="checkbox"/> RHCA Only* <input type="checkbox"/> HRA Then RHCA*
	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision				<input type="checkbox"/> HRA Only <input type="checkbox"/> RHCA Only* <input type="checkbox"/> HRA Then RHCA*

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. (Continued on next page.)

Where to Send the Paper Form

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 viabenefitsaccounts.com or 1-800-953-5395 (TTY: 711).**

Step 3. Submit this form and supporting documentation:

- By Mail: Via Benefits
PO Box 25172
Lehigh Valley, PA 18002-5172
(**Note:** Mailed documents won't be returned.)
- By Fax: 1-813-387-0744
- Online: Submit requests online at viabenefitsaccounts.com or on our mobile app for processing up to **10 days faster**.

*By requesting payment from my RHCA of any portion of this reimbursement, I am requesting funds from my account managed by Merrill, a Bank of America company, be held to pay this request, should it be approved. If there aren't sufficient funds in my Merrill cash account, to cover this request, I understand that I'm responsible for contacting Merrill to request funds from my other investment options to be moved to the cash account. I acknowledge my RHCA reimbursement requests will only be paid up to the amount available in the account when my reimbursement is approved (less any amounts held for previously submitted reimbursement requests or premiums).

Direct Deposit

Direct Deposit

Direct deposit is the fastest and most convenient way to receive payments.

That is why it is important to set up your direct deposit information with Via Benefits as soon as possible. If you need to add or update your bank account information, you can do so on our website or with our mobile app. So far 72% of HRA payments have been by check. For RHCA only 9% have been check and 91% have been direct deposit.

1. Look up the account number and routing number for the bank account you'd like to use for direct deposit and have it handy
2. Sign into viabenefitsaccounts.com
3. You can set up direct deposit in the Banking Information section of your Profile.
4. Fill out the fields on the Add Bank Account page and click Save.

Direct Deposit – Portal View

SIGN OUT

Overview

Personal

Cards

Notifications

Banking Information

Dependents

Beneficiaries



DASHBOARD

ACCOUNTS ▾

RECEIPTS

HELP CENTER

Katie Smith ▾

Welcome, Katherine.
Here is a snapshot of your account.

GET REIMBURSED



DASHBOARD

ACCOUNTS ▾

RECEIPTS

HELP CENTER

Edit Bank Account

Account Holder

Email Address *

Account Type *

Checking ▾

Account Nickname *

Nickname

Bank Routing Number *

Bank Account Number *



Only One Account for Direct Deposit

You can have multiple accounts saved for making contributions, but only one account can be used for direct deposit. If you choose to use this account for direct deposit your other accounts will be disabled for direct deposit.

Use This Account For

☒ Direct Deposits

☐ Contributions

SAVE UPDATES

DELETE ACCOUNT

CANCEL

The 9-digit routing number can be found at the bottom left of your check or deposit slip, as shown in the example below.



Requesting Assistance

Questions?



Who can I contact if I have questions?

- Access Benefit Connect at fcabenefits.ehr.com to learn more about the Healthcare Retirement Account (HRA) or the Retirement Health Care Account (RHCA).
 - Single Sign On to Via Benefits Accounts located on Benefit Connect.
 - For questions related to HRA funding or eligibility including account coverage start date contact Benefit Connect 1-888-409-3300
- For submitting claims go to viabenefitsaccounts.com
 - Do not go to myViaBenefits.com/FCA
 - Do not Google “via benefits” as that will take you to a different site
- For questions or assistance with your claims, contact Via Benefits Accounts 1-800-953-5395, representatives are available Monday through Friday from 8:00 a.m. to 7:00 p.m. Eastern Time; or
- Open a **Help Ticket** on your account through the Via Benefits Accounts website at www.viabenefitsaccounts.com

How do I open and submit a help ticket on the portal?

PROFILE

Overview

Personal

Notifications

Banking Information

Dependents

CONTACT US

1-800-953-5395 (TTY 711)

Mon. - Fri. 8 a.m. to 7 p.m.
Eastern Time

Accounts Customer Care
PO BOX 25172
Lehigh Valley, PA
18002-5172

OPEN HELP TICKET