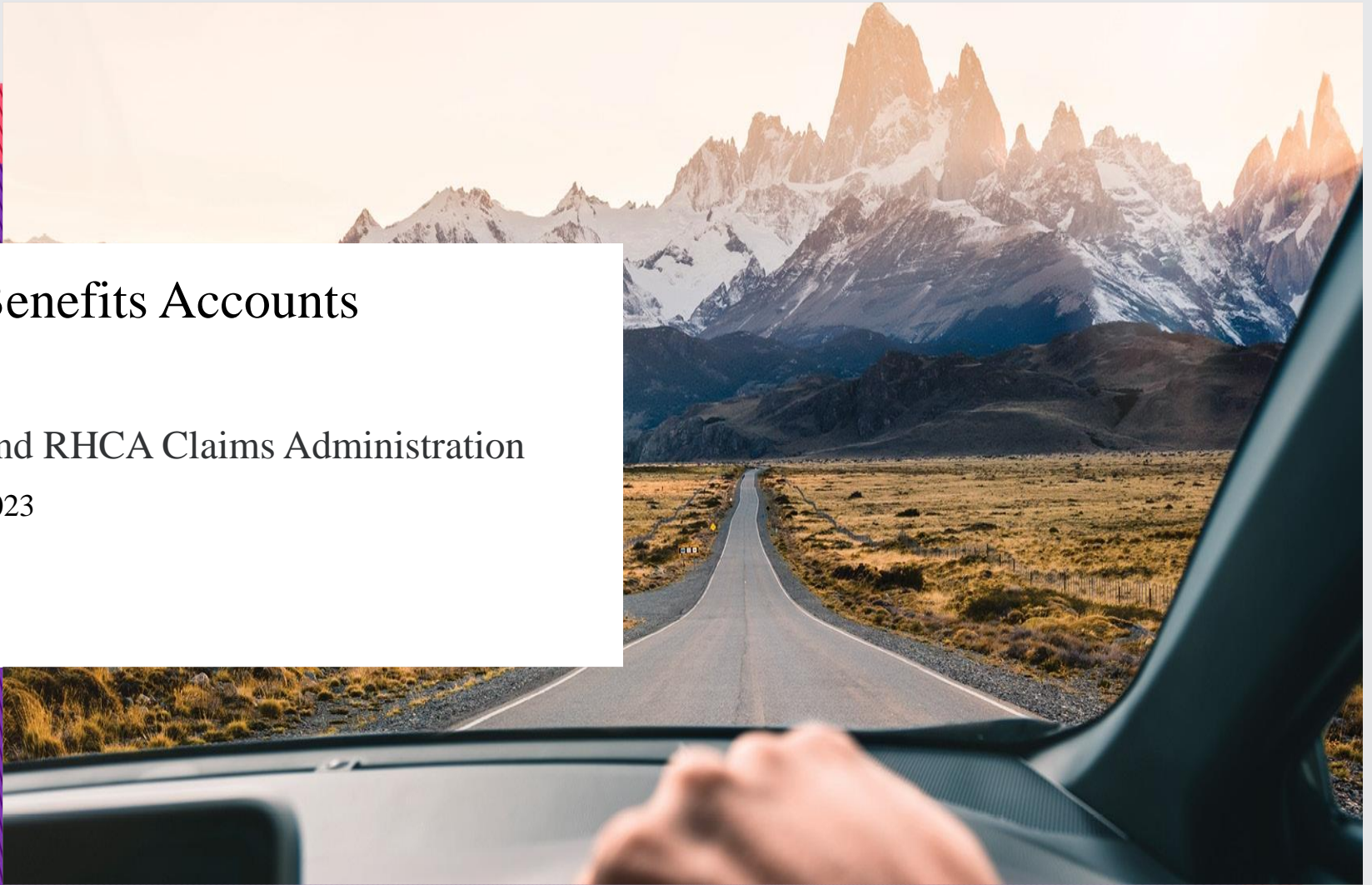




# Via Benefits Accounts

HRA and RHCA Claims Administration

March 2023



## Your Speaker for Today

Steve Durso  
Client Service Team Leader  
Via Benefits Accounts



# 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?
	Spousal Access for Retiree Accounts
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
	Pended Approved Claims
	Duplicate Claims
	Uploading a Receipt
	HRA Auto-pay Function
Setting up Direct Deposit	Direct Deposit Requirement
	Direct Deposit Setup
	Direct Deposit Portal View
Requesting Assistance	Questions?
	Submitting a Help Ticket



# Portal and mobile application login

# Login From Benefit Connect – Single Sign On

**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**
- Retirement and Savings Summary Plan Descriptions (SPDs)
- Access HealthEquity (formerly WageWorks): FSA, HRA, RHCA
- View My Pension Payments
- Health and Welfare Summary Plan Descriptions (SPDs)
- View/Update My Beneficiaries
- View My Service History
- Billing

**This method does not require creating a login with Via Benefits Accounts directly**

## Login Directly to Via Benefits Accounts

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.

# 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

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 \*

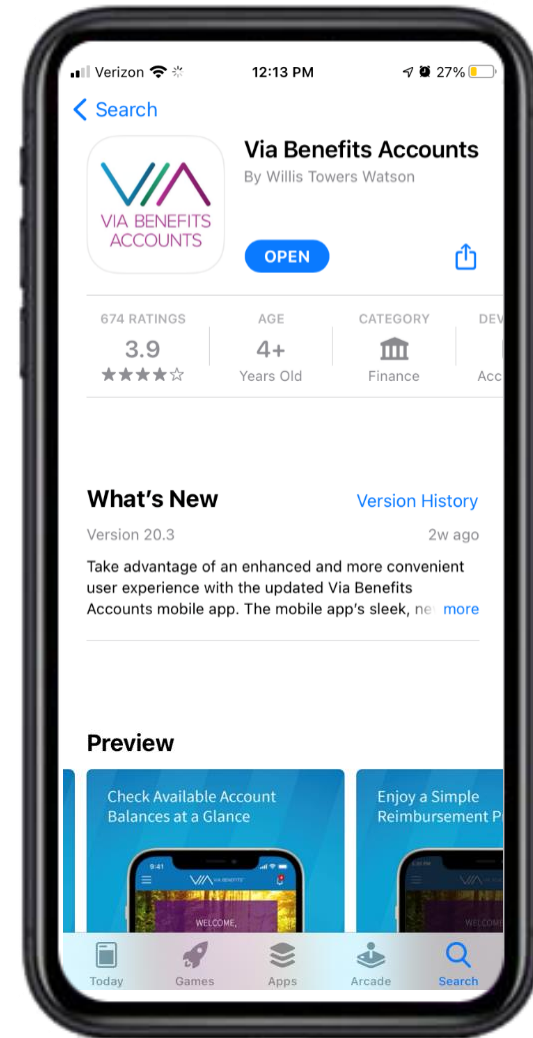
Confirm SSN \*

**CONTINUE**

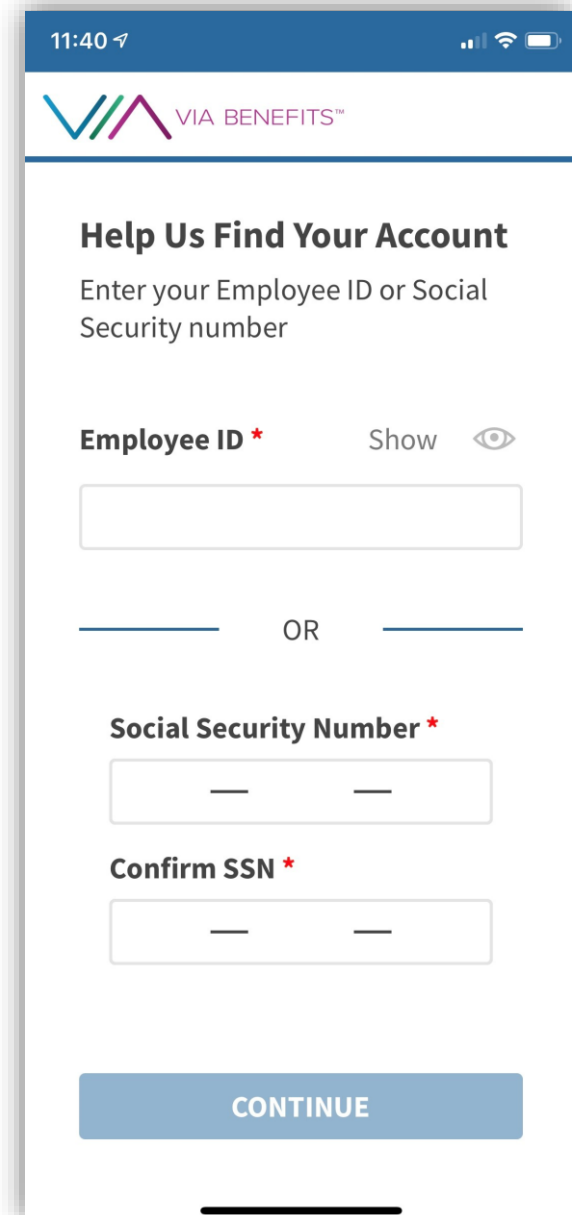
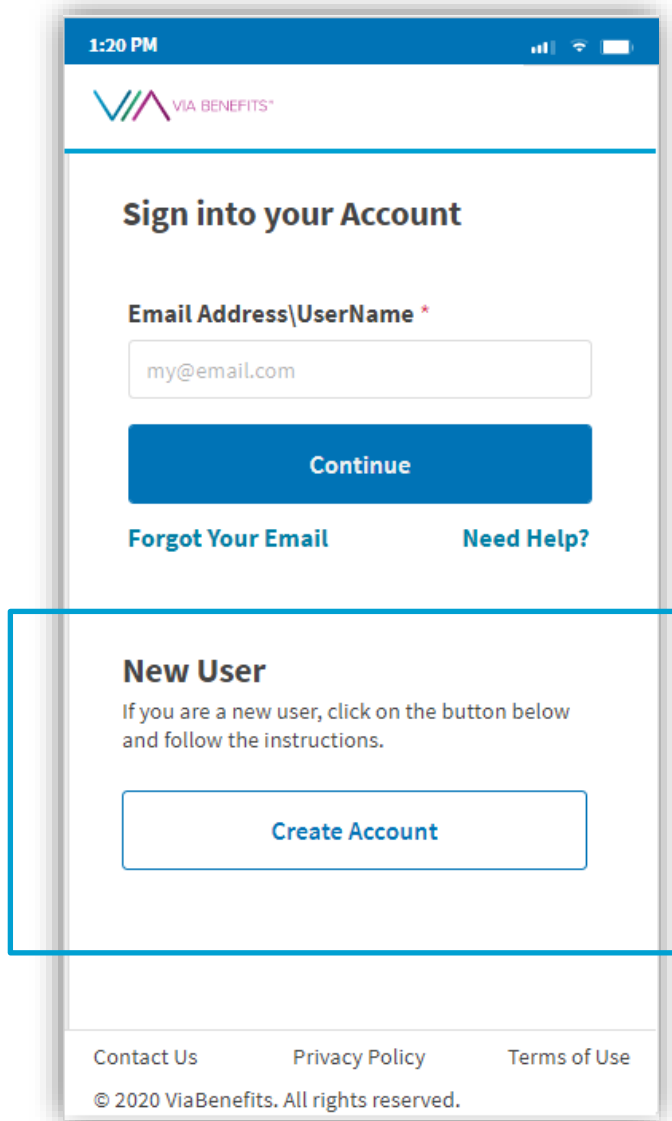


# Downloading the Mobile App

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?



## Spousal Access for Retiree Accounts

Retirees who would like their spouse to have access to the account should obtain and submit a HIPAA authorization form as soon as possible

The screenshot displays the HRA (Healthcare Retirement Account) interface. At the top, the title 'HRA' is followed by the subtitle 'Healthcare Retirement Account'. Below this, there is a navigation menu with four tabs: 'Overview', 'Activity', 'Payments', and 'Forms'. The 'Forms' tab is highlighted in yellow. Underneath the navigation menu, the section 'Documents' is visible, showing a list of five documents. The first three documents are 'RMRA Eligible Expenses List', 'FCA Healthcare Retirement Accounts Guide', and 'FCA Healthcare Retirement Accounts Reimbursement Request Form'. The fourth document, 'HIPAA Authorization Form', is highlighted in yellow. A red arrow points from the 'Forms' tab to the 'HIPAA Authorization Form' document. To the right of each document is a blue link that says 'View & Download PDF'.

Document Name	Action
RMRA Eligible Expenses List	<a href="#">View &amp; Download PDF</a>
FCA Healthcare Retirement Accounts Guide	<a href="#">View &amp; Download PDF</a>
FCA Healthcare Retirement Accounts Reimbursement Request Form	<a href="#">View &amp; Download PDF</a>
<b>HIPAA Authorization Form</b>	<a href="#">View &amp; Download PDF</a>

# HIPPA Authorization Form



## AUTHORIZATION FOR RELEASE OF PERSONAL HEALTH INFORMATION

This document, at your request, authorizes us to use and disclose Protected Health Information ("PHI") we currently maintain, subject to the specifications listed below. You may revoke authorization at any time. This authorization continues until you revoke it or replace it with another authorization for as long as the account is active.

All fields are required. Incomplete forms cannot be processed.

### SECTION A: PARTICIPANT INFORMATION

Last Name:		First Name:		MI:
Employee ID or Last 4 of Social Security Number:		Employer or Previous Employer:		Date of Birth:

### SECTION B: RECIPIENT INFORMATION

This document authorizes the use and/or disclosure of confidential protected health information about the above Participant.

Check box and complete additional form(s) if there is more than one recipient to authorize.

Last Name:		First Name:			MI:
Address:	City:	State:	Zip Code:	Phone #	

\*Legal Representative  Spouse  Dependent  Parent  Friend  Other: \_\_\_\_\_  
\* If the participant is unable to complete this form and you are the participant's Legal Representative, complete Section F.

### SECTION C: DIRECTIONS FOR RELEASE

Select only one:

- Grant Full Account Privileges** - Equivalent to that of the Participant, allows the Recipient to receive all account information, submit reimbursement requests and required documentation, and make changes to the account such as setting web login and password, requesting debit cards (if applicable) and changing bank information.
- Grant Limited Account Privileges** - For informational purposes only, will not allow Recipient to make or authorize changes for account.

### SECTION D: AUTHORIZATION AND SIGNATURE

I authorize the release of my confidential protected health information, as described in my directions in Section C. I understand that this authorization is voluntary, that the information to be disclosed is protected by law, and the use/disclosure is to be made to conform to my directions. The information that is used and/or disclosed pursuant to this authorization may be redisclosed by the recipient unless the recipient is covered by state law which prohibits redisclosure or other laws that limit the use and/or disclosure of my confidential protected health information. Redisclosure by the recipient may occur without my knowledge or consent and the privacy of my personal health information may no longer be protected. My treatment, payment, enrollment, and eligibility are not conditioned on signing this authorization but the information authorized may be necessary for claim review and appeal purposes.

# 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.

The screenshot shows the 'VIA BENEFITS' app interface. At the top, there are logos for 'VIA BENEFITS', 'Benefit Connect', and 'DASHB'. Below the header, it says 'Welcome, Colleen' and 'Here is a snapshot of your account.' The main content area is divided into sections for 'HRA Healthcare Retirement Account' and 'RHCA Retirement Health Care Account'. The HRA section shows a 'Total Available Balance' of '\$1,281.00' and a 'HEALTH PLAN AUTO PAY' toggle set to 'ON'. There are 'VIEW ACCOUNT' and 'MORE' links for both HRA and RHCA. A yellow notification box at the bottom states: 'View Your Balance at Merrill. Via Benefits cannot access your RHCA balance and it is not displayed on the Via Benefits site. Merrill, a Bank of America company, holds all balance information for your RHCA. Contact Merrill at benefits.ml.com or call 1-800-483-SAVE (7283) for your RHCA balance. When you submit a reimbursement request from your RHCA, the requested amount is withdrawn from your Institutional Money Market Portfolio II ("Institutional") Fund.' A 'GOT IT, THANKS!' button is at the bottom right of the notification.

# 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

Bcbsm



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

# Uploading a Receipt – Portal View

VIA BENEFITS<sup>SM</sup> DASHBOARD HRA RECEIPTS HELP CENTER Ava Smith

## Premium Reimbursement

**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 \***

\$ How much?

**Category** (required)

**Occurrence** (required)

**Date of Service** (required)

**Amount** (required)

**Provider/Carrier Name** (required)

**Individual Serviced** (required)

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

# Uploading a Receipt – Portal View

**Provider/Carrier Name \***

Who provided this?

**Individual Serviced \***

Who was this for? ▾

**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?](#)

**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](#)

[UPLOAD FILE](#)

[CANCEL](#) [ADD ANOTHER EXPENSE](#) [REVIEW & SUBMIT](#)

# Uploading a Receipt – Portal View

VIA BENEFITS<sup>SM</sup> 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)

**Category \***  
Pharmacy

**Occurrence \***  
Recurring premium

**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

**Provider/Carrier Name \***

HUMANA

**Individual Served \***

Ava Smith



**Supporting Document(s) \***

**Individual Served**  
Ava Smith

**Supporting Document(s)**  
File Attached

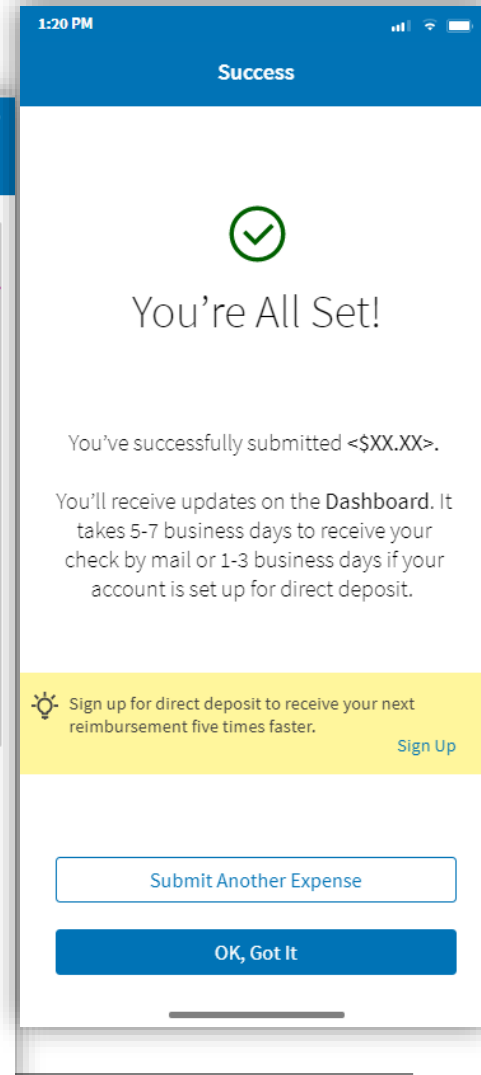
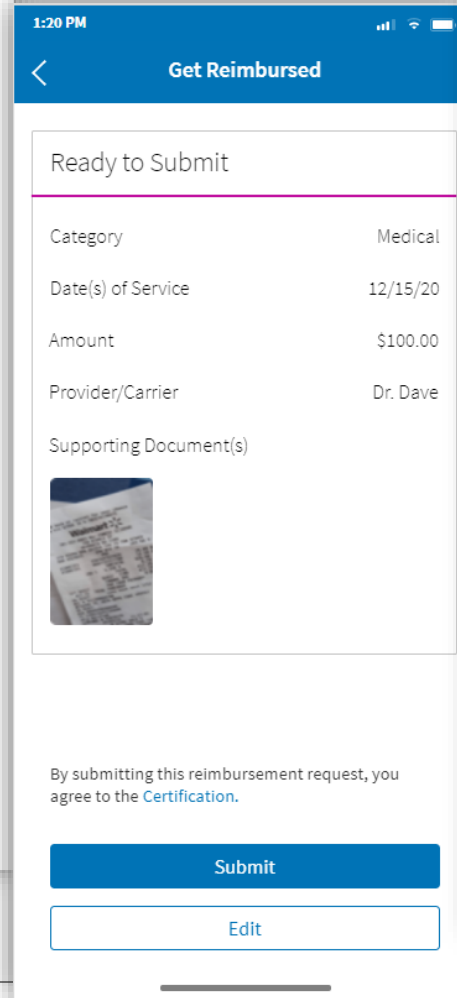
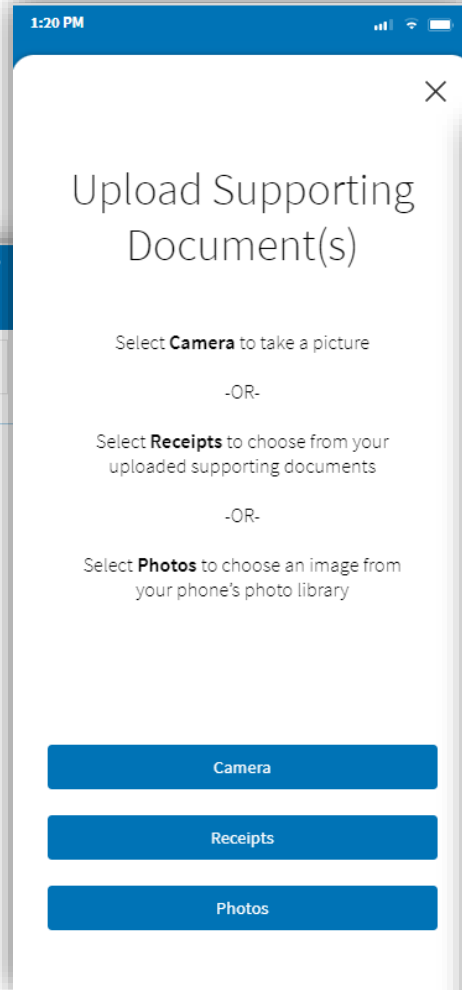
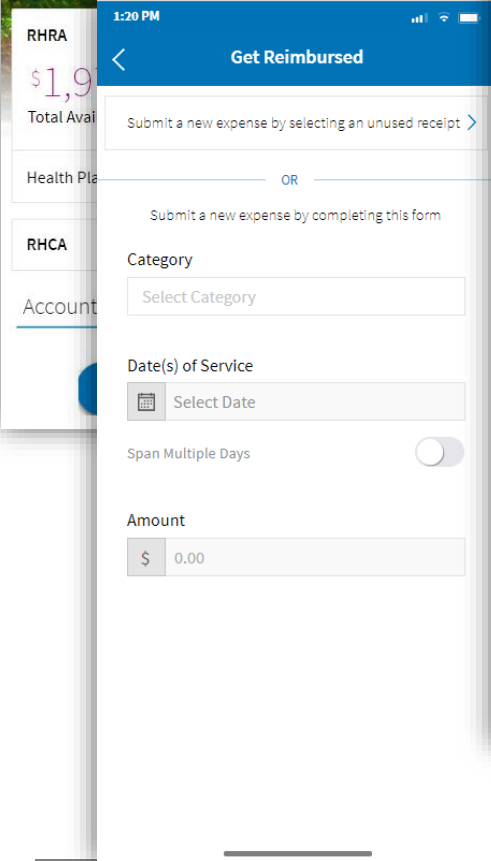
**Other requirements**  
Depending on the information you provide, we may ask you for additional details about this expense.

[GOT IT, THANKS](#)

  
[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]	
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>	
Paid by check or Direct deposit \$ [REDACTED]		NONE	
Medicare Part B premiums deducted from your benefits \$ [REDACTED]		[REDACTED]	
Medicare Prescription Drug premiums (Part D) deducted from your benefits \$1 [REDACTED]		[REDACTED]	
Total Additions \$1 [REDACTED]		[REDACTED]	
Benefits for 2021 \$1 [REDACTED]		[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 style="border: 1px solid black; padding: 5px;"><p>^ Social Security (Retirement) How we calculated this payment...</p><table><tr><td>Monthly Benefit Amount:</td><td>\$</td><td></td></tr><tr><td>Credits &amp; Adjustments:</td><td>\$</td><td></td></tr><tr><td>Medicare Premium(s):</td><td>-\$</td><td></td></tr><tr><td>Overpayment Withholding:</td><td>-\$</td><td></td></tr><tr><td>Other Deductions:</td><td>-\$</td><td></td></tr><tr><td><b>Total Payment:</b></td><td><b>\$</b></td><td></td></tr></table></div>	Monthly Benefit Amount:	\$		Credits & Adjustments:	\$		Medicare Premium(s):	-\$		Overpayment Withholding:	-\$		Other Deductions:	-\$		<b>Total Payment:</b>	<b>\$</b>		\$
Monthly Benefit Amount:	\$																			
Credits & Adjustments:	\$																			
Medicare Premium(s):	-\$																			
Overpayment Withholding:	-\$																			
Other Deductions:	-\$																			
<b>Total Payment:</b>	<b>\$</b>																			
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	Fca US LLC Pn Prmts/Ca	[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 [REDACTED] 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

# Incomplete Supporting Documentation

**Requested for the month of January 2023 to December 2023 for \$538.80**

**The claim was processed in February, so the premium for the month of January and February 2023 has been approved while March 2023 was denied for needing Payment Proof.**

**MetLife**  
PO Box 2568  
Frisco, TX 75034

MetLife TakeAlong Dental  
1-844-2METDEN (1-844-263-8336)

**1/26/2023**

Re: Membership ID # [REDACTED]

Effective Date(s) of plan: **04/01/2022 to 03/31/2023**  
Coverage-Type: **MEMBER**  
Plan: **MetLife TakeAlong Dental PPO High**  
Amount paid for plan: **\$44.90 month**  
Next Payment Due Date: **03/01/2023**

If you have billing questions or need to update your payment information, please contact us toll-free at 1(844)263-8336 between 8:00 a.m. to 8:00 p.m. EST, Monday through Friday.

Sincerely,

MetLife Billing  
7400 Gaylord Parkway  
Frisco, TX 75034

## 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#:  
PHYSICIAN NAME: HIRSHBERG A

VISIT DATE: 04/23/2019  
CLERK: EDW1  
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 ██████████

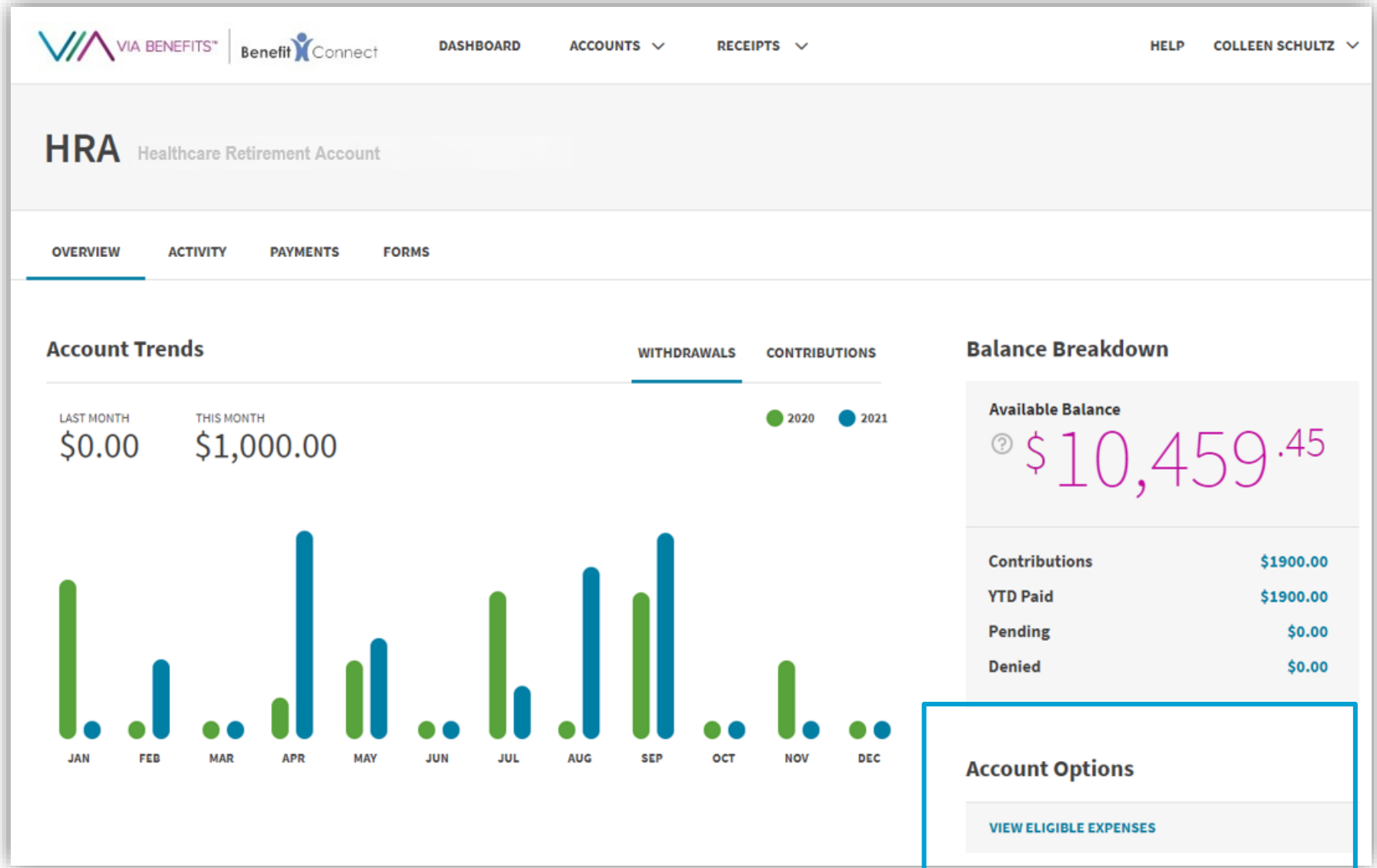
██████████  
██████████

**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	MEJER # 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

## 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



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 Serviced	Status	Amount
Feb 11	Feb 6	Dental	Premium	CIGNA	John	<b>ON HOLD</b> <i>Payment awaiting funds</i>	-\$51.41
Feb 6	Feb 2	Medical	Premium	BSBC	Colleen	<b>PAID</b>	-\$46.18

# Claim Status – Historical View

The screenshot displays the 'RHCA Retirement Health Care Account' interface. At the top, there is a navigation bar with logos for 'VIA BENEFITS' and 'Benefit Connect', and menu items for 'DASHBOARD', 'ACCOUNTS', 'RECEIPTS', 'HELP', and 'COLLEEN SCHULTZ'. Below the navigation bar, the account name 'RHCA Retirement Health Care Account' is shown. A secondary navigation bar contains tabs for 'OVERVIEW', 'ACTIVITY', 'PAYMENTS', and 'FORMS', with 'ACTIVITY' highlighted. The main section is titled 'Your Account Activity' and features a table of transactions. A 'FILTER' dropdown menu is open, showing options for 'Download', 'CSV Filtered', and 'PDF'. The table contains two rows of activity data.

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

# Pended Approved Claims

A pended approved claim is one where you submitted a reimbursement request for the HRA and it was approved, however you no longer have any funds in your account to be reimbursed for the expense.

These claims will add up over the course of the year as you continue to submit for allowable expenses.

Each year in January when a new annual contribution amount is posted to your account, the pended approved claims will pay out at once. If you have a large amount of pended approved claims this could exhaust your full annual contribution amount.

The payment for the pended approved claims will be made by the middle of January.

## Balance Breakdown

Amount Remaining

ⓘ \$0.00

Contributions	\$7,450.00
Paid	\$7,450.00
Pending	\$18,971.50
Denied	\$0.00

# Duplicate Claims

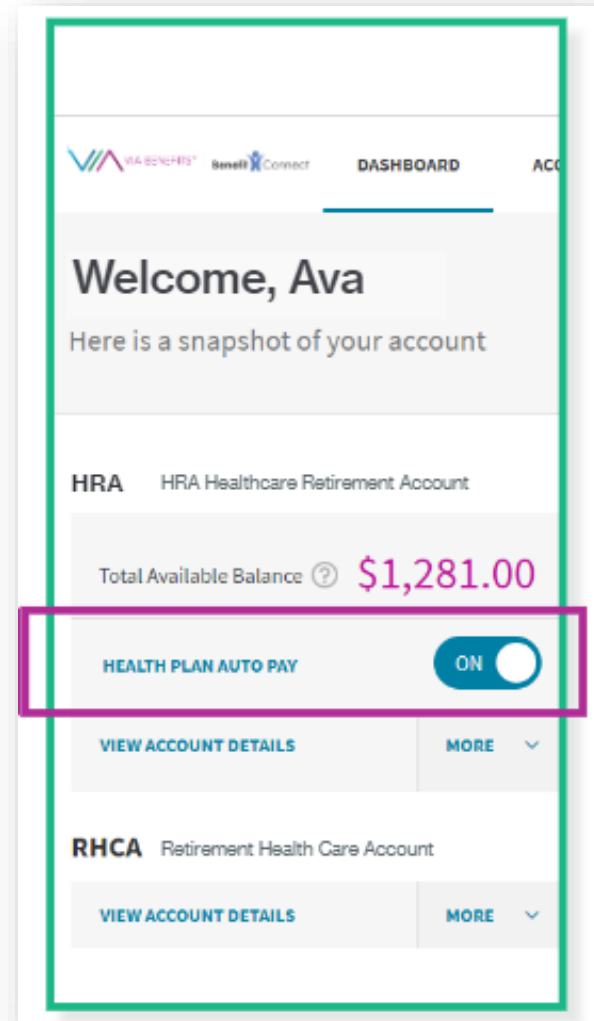
**Always try to avoid submitting a claim more than once.**

**Common reasons someone may submit a duplicate claim are when:**

- The balance is exhausted, and a claim is approved but pended due to lack of balance.
- Auto-pay for Medicare Part B is turned on, but the participant still submits for that expense.
- A claim is currently still in processing and the participant resubmits before the processing is completed.
- A participant faxes/mails the same form multiple times.

# 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 composite screenshot of the VIA BENEFITS user interface. The main dashboard displays the user's name, Colleen, and a snapshot of their account. Under the 'HRA Healthcare Retirement Account' section, the 'Total Available Balance' is \$1,281.00. The 'HEALTH PLAN AUTO PAY' toggle 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. In the background, a notification banner indicates '6 Items Need Your Attention' with the message 'Expense needs a receipt for eligibility'. Below this, the 'Account Updates' section shows a 'Security Question' update from AUG-21-2019. To the right, another view of the dashboard shows the 'HEALTH PLAN AUTO PAY' toggle turned OFF.

VIA BENEFITS™ DASHBOARD ACCO

## Welcome, Colleen

Here is a snapshot of your account

### HRA Healthcare Retirement Account

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

HEALTH PLAN AUTO PAY

[VIEW ACCOUNT DETAILS](#) [MORE](#) ▾

**6 Items Need Your Attention**

Expense needs a receipt for eligibility

### Account Updates

Security Question AUG-21-2019 [UPDATED](#)

[APPROVED](#)

[PROCESSED](#)

[PROCESSED](#)

[PROCESSED](#)

[PROCESSED](#)

[SEE MORE UPDATES](#)

#### 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](#)

# Where can I find a claim form?

The screenshot shows the HRA (Healthcare Retirement Account) dashboard. At the top, there are navigation links for DASHBOARD, ACCOUNTS, RECEIPTS, HELP, and COLLEEN SCHULTZ. The main header displays 'HRA Healthcare Retirement Account'. Below this, there are tabs for OVERVIEW, ACTIVITY, PAYMENTS, and FORMS, with 'FORMS' highlighted by a blue box. The dashboard is divided into three main sections: Account Trends, Balance Breakdown, and a Documents section. Account Trends shows a bar chart comparing 'LAST MONTH' (\$0.00) and 'THIS MONTH' (\$1,000.00) for the years 2020 and 2021. Balance Breakdown shows an Available Balance of \$10,459.45, with Contributions of \$1900.00, YTD Paid of \$1900.00, and Pending of \$0.00. The Documents section is partially visible, showing a list of documents.

This close-up view of the Documents section shows a list of 5 documents. A red arrow points from the 'FORMS' tab in the dashboard to the 'FCA Healthcare Retirement Accounts Reimbursement Request Form' entry. The document is highlighted with a red border. The other documents listed are 'RMRA Eligible Expenses List' and 'FCA Healthcare Retirement Accounts Guide'.

Document Name	Action
RMRA Eligible Expenses List	<a href="#">VIEW &amp; DOWNLOAD PDF</a>
FCA Healthcare Retirement Accounts Guide	<a href="#">VIEW &amp; DOWNLOAD PDF</a>
<b>FCA Healthcare Retirement Accounts Reimbursement Request Form</b>	<a href="#">VIEW &amp; DOWNLOAD PDF</a>

# Filling Out a Paper Form



## Reimbursement Request Form

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

Submit requests online at [viabenefitsaccounts.com](https://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 Served (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.)

# Incorrect Way to Fill Out a Paper Form – No Account Selected

## 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 Served (e.g., John Doe)	Total Amount (e.g., \$200)	Payment Account (Check one)
01-01-2022 to 12-31-2022	Blue Cross / Blue Shield		\$ 2,550.00	<input type="checkbox"/> HRA Only <input type="checkbox"/> RHCA Only* <input type="checkbox"/> HRA Then RHCA*
01-01-2023 to 12-31-2022	Blue Cross / Blue Shield		\$ 1,480.00	<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)
10-13-2022 to 12-31-2022	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			\$ 675.00	<input type="checkbox"/> HRA Only <input type="checkbox"/> RHCA Only* <input type="checkbox"/> HRA Then RHCA*
01-2-2023 to 12-31-2023	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			\$ 120.00	<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 served while eligible under the plan on or after its effective date. (Continued on next page.)

# Incorrect Way to Fill Out a Paper Form – Unclear Account Selected

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 Served (e.g., John Doe)	Total Amount (e.g., \$200)	Payment Account (Check one)
1/01/22 2/09/23				<input checked="" type="checkbox"/> HRA Only <input checked="" 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*

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)
1-1-2022 12-31-2023	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			754.25	<input checked="" type="checkbox"/> HRA Only <input checked="" type="checkbox"/> RHCA Only* <input type="checkbox"/> HRA Then RHCA*
	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision				<input checked="" type="checkbox"/> HRA Only <input checked="" 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](https://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](https://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 Requirement

As of 12/01/2022, the Healthcare Retirement Account (HRA) and the Retirement Health Care Account (RHCA) only use direct deposit for reimbursements.

### Why use direct deposit? It's safe and convenient

Direct deposit has many benefits, including:

- Reduces the risk of identity theft
- Eliminates the possibility of losing a check or having one stolen
- Faster than waiting for a paper check to arrive in the mail
- Removes the hassle of traveling to your bank to deposit a check

Account Updates			
Last 30 Days			
Medicare Part B	Premium Expense	-\$164.90	<b>Bank Account Required</b>

#### Direct Deposit Needed

Account Updates

Reimbursement requests must be processed through direct deposit to your designated bank account. No bank account has been added. Do you want to add a bank account now?

Direct Deposit Change  No, Remind Me Later  **Add Bank Account**

Activity Date	Date(s) of Service	Category	Provider/Business	Status	Amount
Feb 1, 2023	Feb 1, 2023	Premium	Medicare Part B	<b>Bank Account Required</b> ADD BANKING INFORMATION	-\$164.90

# 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.

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](https://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 \*

### Account Nickname \*

### Bank Routing Number \*

### Bank Account Number \*

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



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

# Requesting Assistance

# Questions?



## Who can I contact if I have questions?

- Access Benefit Connect at [fcabenefits.ehr.com](https://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](https://viabenefitsaccounts.com)
  - Do not go to [myViaBenefits.com/FCA](https://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](https://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](#)