



# Welcome

Everything you need to know about administering  
your Health Reimbursement Arrangement





# Benefits funding made **simple** for the public sector.

Since 1995, MidAmerica has focused on providing simple, meaningful retirement and wellness funding solutions to the public sector. Our goal is to make the administration of your benefits easy through dedicated account management, total in-house administration, and stress-free plan implementation.

For more than 24 years, we've been champions for the public sector. From our school districts and colleges, to fire departments and city halls—we're here for you because you're always there for us.

Thank you for choosing to partner with MidAmerica. We're happy you're here.

## Contents

Welcome . . . . .	1
Implementation Expectations .	2
Your Online Resources . . . . .	3
Participant Resources . . . . .	4
Claims Process 101 . . . . .	5
Contributions and Data. . . . .	6

# Implementation Expectations

To stay on track and informed, simply follow this 3-step implementation checklist.

## Employer Checklist

\_\_\_ Sign plan documents and return to MidAmerica

\_\_\_ Complete Data Requirements and submit online

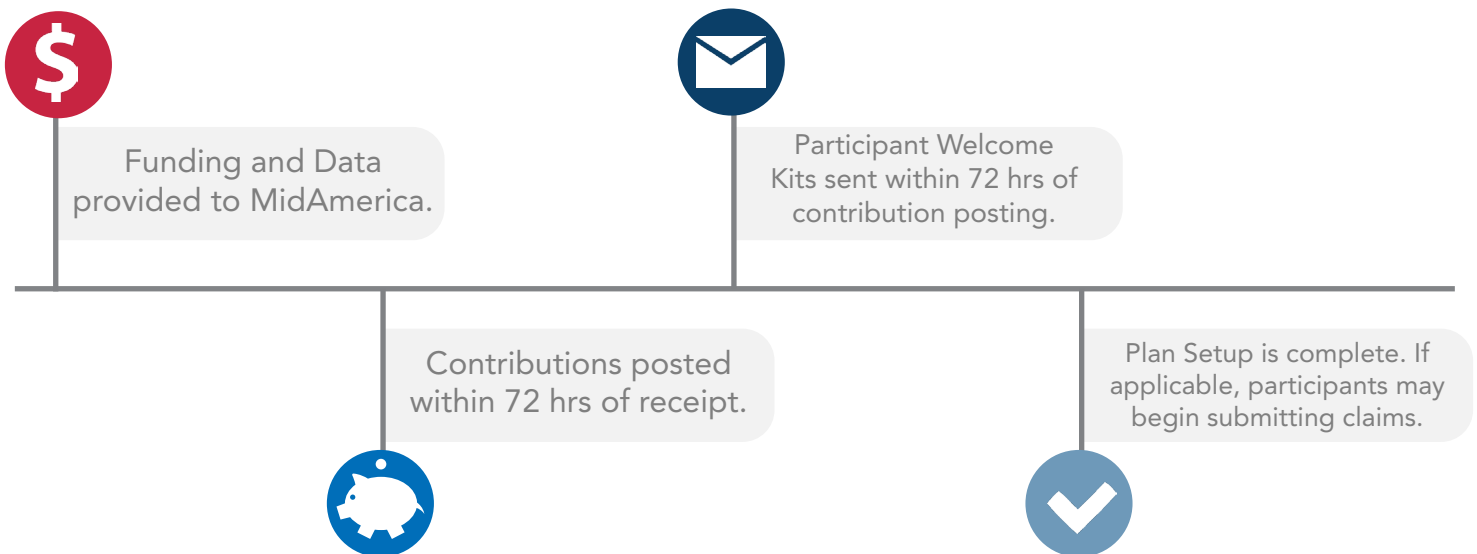
\_\_\_ Send funding via ACH, wire, or paper check

### Quick Tip

For more information on Data Requirements and Funding, refer to page 6 of your Welcome Kit.

## Timeline of Events

Below are a few key details on the timing of your implementation.



# Your Online Resources

## Accessing your Online Account

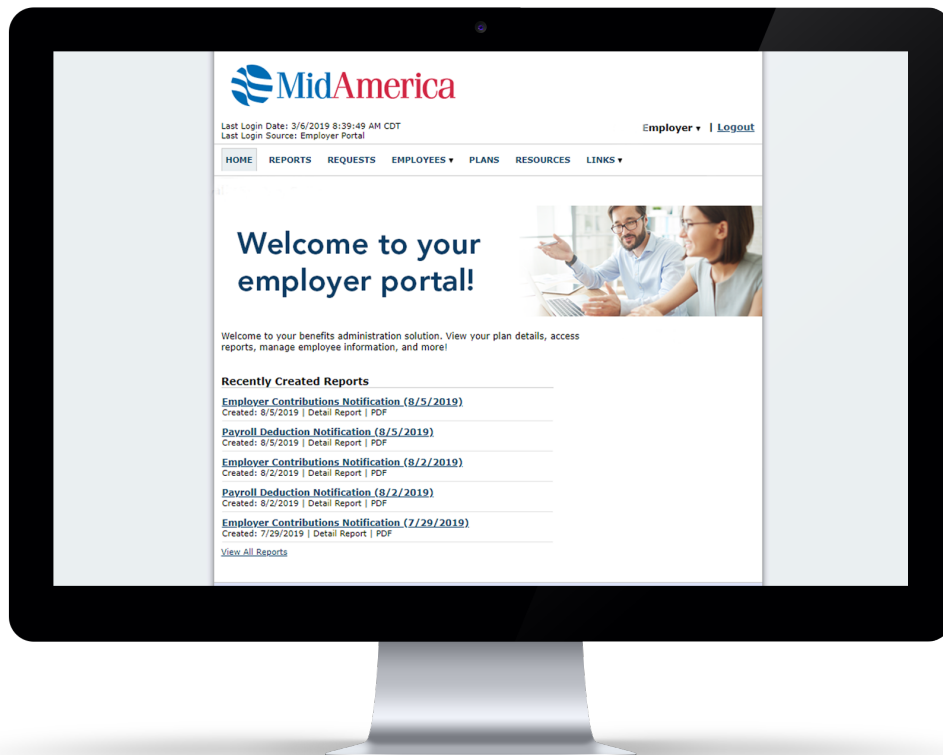
Log into your account through MidAmerica Journey, your benefits management portal, at [www.er.myMidAmericaJourney.com](http://www.er.myMidAmericaJourney.com). Your username and login instructions will be provided by your Account Manager.

## Viewing and Generating Reports

1. Once logged in, from the tabbed choices at the top, select **Reports**.
2. You will then see a full listing of reports from which you can choose.
3. If you click on the report itself, you can view any previously-run report.
4. To run a new report, select **Run New Report** next to the report you wish to generate.
5. You will then be prompted to enter additional details, which will vary depending on the report you have selected. Once complete, select **Request** to run your report.

## Managing Employees and Account Balances

Once logged in, hover over the **Employees** option from the navigation bar at the top. From here, you can search for employees or quickly access recently viewed information.



# Participant Resources

Your participants will receive a Welcome Kit containing all of the below information. However, we want to prepare you in case they come to you with questions. Here's what you need to know about your participants' online resources.

## Accessing their Online Account

Participants log into their account at [www.myMidAmericaJourney.com](http://www.myMidAmericaJourney.com). First time users will select **Create Your New Username and Password**. They would then follow the prompts on the screen to input identifying details and security questions, as well as their preferred username and password.

## Finding Forms

Once logged into their account, participants are able to access plan forms by selecting **Tools & Support** from the Tools & Support dropdown menu. They can submit their form by emailing it to [claims@myMidAmerica.com](mailto:claims@myMidAmerica.com), or via fax at (863) 577-4460.

## Helpful Resources

Once logged into their account online, participants are able to download other helpful materials from the **Tools & Support** area. These resources include:

- Plan Information
- List of common eligible and ineligible expenses
- System guides

## MidAmerica Journey Mobile App & Benefits Card

- Participants can download our Journey mobile app from their app store for free. The app allows on-the-go plan management and claims submission.
- The Journey Benefits Card prevents out-of-pocket payments for eligible medical expenses at the point of sale. **However, participants need to be sure to always request an itemized receipt.** When a participant swipes their card at the point of sale, any transaction with eligible, plan-established Merchant Category Codes (MCC) will be approved; however, when providers are not set up with MCCs, we will require an itemized receipt to verify a transaction's eligibility under your plan design, per IRS regulations.

## Customer Service

Participants can submit customer service inquiries by:

- Email: [healthaccounts@myMidAmerica.com](mailto:healthaccounts@myMidAmerica.com)
- Phone: (855) 329-0095

### Customer Service Hours

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

Friday, 8:30 a.m.–6 p.m. ET



# Claims Process 101

Your participants are able to submit their claims and supporting documentation in a number of ways. Below is a quick overview of the claims submission process.

## Online Claims Submission

Participants can submit claims online at any time through MidAmerica Journey.

- Once logged in, they would select the **Submit a Claim** button in the I Want To section.
- Next, they would simply follow the prompts to complete the online form.
- Participants can also submit claims through the Journey mobile app.

## Paper Claims Submission

Participants can also submit claims via a paper claim form.

- To download a claim form, they select **Tools & Support** from the Tools & Support dropdown menu once logged in.
- Participants can email their claim form to [claims@myMidAmerica.com](mailto:claims@myMidAmerica.com)
- Mail their claim form to **PO Box 24927 Lakeland, FL 33802**
- Fax their claim form to **(863) 577-4460**

## Documentation Requirements

Documentation for claims must include:

- Date of service
- Description of service
- Cost of service
- Individual receiving the service
- Provider of the service

Documentation for Recurring Premium Expenses (if applicable) must include:

- Name/type of recurring claim to be reimbursed
- Amount of claim
- Frequency of claim
- **Example: a copy of the premium notice from the participant's insurance carrier would be acceptable.**

## Reimbursement Turnaround Times

Approved claims are processed within **7–10 business days**. If the necessary documentation is not received with the reimbursement request, a processor will contact the participant to obtain the missing information. This could delay the reimbursement.

# Data and Contributions

By completing your Data Requirements Spreadsheet, we're able to accurately capture your participants' important identifying details. This allows us to not only administer your plan properly, but gives us the opportunity to provide your participants with valuable electronic communications regarding their account.

## Why am I asked to provide my participants' personal email addresses?

Personal email addresses are critical so that communications with the participant are uninterrupted in the event of retirement or separation from service. We want to provide valuable account information, important plan details and periodic updates to your participants as efficiently as possible, and in the way they prefer to receive it.

## How can I upload data?

1. Go to [www.myMidAmerica.com](http://www.myMidAmerica.com)
2. Select **Upload File** from the top right-hand corner, then select **For Employers/Partners**
3. Select **Employer Upload Site**
4. Select your form type (Contributions, Forfeitures or Census)
5. Complete the series of identifying questions. Please note if you have selected the Contributions form, you must enter a funding amount.
6. Upload the appropriate Data Requirements Template (Contributions, Forfeiture or Census) using the blue upload button located below the comments section.
7. Accept the terms of use and hit **Submit**

## Tips for Filling out the Data Requirements Spreadsheet

- **Populate all fields**, including preferred fields.
- **Participant Eligibility Date** is the date that the participant enters the plan. This date can be different from the contribution date.

HRA Type	Eligibility Date
<b>Retiree-Only HRA</b>	Date of retirement or separation from service
<b>Integrated HRA</b> An HRA that's integrated with your group health plan.	First day of the medical plan year
<b>Defined Contribution HRA</b> An HRA that allows you to contribute to the employee's account while they are actively employed, but restricts access to funds until after they retire.	Date of plan entry.

If the participant is currently an active employee, simply select "active" from the dropdown on your template. If they were previously retired and have been rehired, simply state "rehired" along with the rehire date. If you are unsure how to determine the eligibility date, please contact your Account Management team at [accountmanagement@myMidAmerica.com](mailto:accountmanagement@myMidAmerica.com).

- **Date of Separation** applies to those employees who have retired or separated employment. If the individual is still currently employed with you, simply indicate "active."
- **Date of Coverage Termination** applies to integrated plans that may have participants who are still active, or retirees who stay on the group's plan in retirement, who have terminated their group coverage. Report the date that the participant (active employee or retiree) is no longer enrolled in your employer sponsored group health coverage. This date is required to properly administer the participant's account as the plan's reimbursements may change once group coverage is terminated.

## Quick Tip

You must use the Data Requirements Spreadsheet MidAmerica provides. Data is not accepted in any other format.



- **Percent vested** applies to plans that have a vesting schedule in place. Simply use this column to indicate what percent the employee is vested. If no vesting schedule applies, leave the field blank. If you are unsure of your plan’s vesting schedule, please reference your Adoption Agreement beginning on page 3.
- **Class assignment** can be found in your Adoption Agreement beginning on page 3. The document will provide the eligible class and what defines it, as well as the employment status. In the below example, any employee meeting the criteria in the “Defined As” section would be labeled as “RetA” on the Data Requirements Spreadsheet.

To access your Adoption Agreement, locate your plan documents online using the instructions on page 3 of this kit. If you still have questions about the eligible class, please email us at [accountmanagement@myMidAmerica.com](mailto:accountmanagement@myMidAmerica.com).

Health Reimbursement Arrangement for Reti
<b>Eligible Class RetA:</b> Cafeteria Services
<b>Defined as:</b> Any cafeteria service employee not eligible for post-retirement healthcare benefits paid by the employer

## Census and Employment Status Change Updates

If there are changes to your census information, you can use your Data Requirements Spreadsheet to make updates. This includes participant census changes such as last name, address, phone number and email, as well as employment status changes such as when a participant retires or separates. You can also use the spreadsheet to update any participants who have separated from employment without reaching 100% vesting. Once that information is received, MidAmerica is then able to forfeit their balance back to the employer.

To accurately process these requested changes, we can only accept the information in the format provided on the Data Requirements Spreadsheet. You may upload the completed spreadsheet with your contributions online at [www.myMidAmerica.com](http://www.myMidAmerica.com). Be sure to check the box on the contribution upload site indicating that census changes are included. If you are not sending in contribution funding at the time you are submitting changes, simply leave all columns of the spreadsheet that do not apply blank and upload using the Census Upload option located on the Employer Upload Site landing page.

## Funding

We encourage you to submit funding through ACH or wire, as it is the most efficient and secure method. Funds submitted in this manner will be given priority when processing. Funds may be ACH or wired as follows:

- ACH ROUTING NUMBER: 063100277
- WIRE ROUTING NUMBER: 026009593
- ACCOUNT NUMBER: 005561906347
- TITLE ON ACCOUNT: AUL Health Benefit Trust / MidAmerica Administrative & Retirement Solutions, LLC
- BANK NAME: Bank of America, N.A.
- BANK BRANCH: Lakeland, FL
- BANK PHONE NUMBER: (863) 616-5318
- REFERENCE: (Employer Name) AUL Policy Number\*

\*The AUL Policy Number can be found on your New Business Agreement

For hardcopy checks, make payable to: AUL Health Benefit Trust

To send hardcopy checks mail to:  
 MidAmerica Administrative & Retirement Solutions  
 Attn: Contributions Processing  
 PO Box 149  
 Lakeland, FL 33802-0149