

HRA Premium Process

Understanding Health Reimbursement Arrangement Premium Reimbursement Process

The premium reimbursement process may seem overwhelming at times, but we're here to help you understand the compliance requirements and timing so you can rest assured your request is being processed as quickly as possible.

Premium Documentation Examples

In order to comply with Internal Revenue Services (IRS) regulations and to properly handle the funds in your plan, supporting documentation for premium expenses must include:

- Name of covered individual
- Premium type
- Premium amount
- Effective date of coverage
- Name of provider

If you are requesting reimbursement of a long-term care premium, you must also provide proof of payment (in addition to the items listed above.) Long-term care premiums cannot be set up for recurring reimbursements due to IRS annual limitations based on the year in which the payment was made. For this reason, proof of payment is required for all long-term care claims.

To help you further understand what this documentation looks like, we've provided examples of common pieces that can satisfy IRS substantiation requirements.



December 15, 2019

Sally Sample
123 Sample Street
City, State 12345

Dear Sally,

Please include this letter with your premium reimbursement request with MidAmerica.

Beginning January 1, 2020, your monthly insurance premiums are as follows:

Dental—Employee	\$60.00
Total Premium	\$60.00

Please contact me if you have any questions.

Sincerely,

Jane Doe
Benefits Administrator
(XXX) XXX-XXXX
jane.doe@abcschooldistrict.org

ABC SCHOOL DISTRICT

Letter from the Employer

Your employer can supply you with a letter (on employer letterhead) that includes the necessary information. For an example of this, see the letter to the left. The highlighted area contains the necessary information to properly adjudicate the reimbursement request.

Your New Benefit Amount

BENEFICIARY'S NAME: SALLY SAMPLE

Your Social Security benefits will increase by 1.6% in 2020 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or engery assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

• Your monthly amount (before deduction) is	\$1,500.00
• The amount we deduct for Medicare Medical Insurance is (If you did not have Medicare as of November 22, 2019, or if someone else pays your premium, we show \$0.00)	\$140.00
• The amount we deduct for your Medicare Prescription Drug Plan is (We will notify you if the amount changes in 2020. If you did not elect withholding as of November 1, 2019, we show \$0.00)	\$0.00
• The amount we deduct for voluntary Federal tax withholding is (If you did not elect voluntary tax withholding as of November 22, 2019, we show \$0.00)	\$0.00
• After we take any other deductions, you will receive on or about January 15, 2020.	\$1,360.00

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit www.ssa.gov/non-medical/appeal to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of Treasury's Go Direct website at www.godirect.org online.

Award Letter

The award letter that you receive from the Social Security Administration showing the amount deducted for Medicare Medical Insurance is also an acceptable form of documentation and contains the need-to-know information highlighted in the example to the left.

Premium Stub

The premium stub you receive from your insurance provider also provides the information we need to substantiate the reimbursement request according to IRS guidelines.

PAYMENT NO.	COVERAGE PERIOD	DUE DATE	TOTAL PREMIUM DUE
3	01/01/20 TO	11/01/20	\$100.00

123456789 123 1234567891 12345678 12345 1

MEMBER NAME:
SALLY SAMPLE

PLEASE MAKE YOUR PAYMENT TO
ABC INSURANCE CO.
123 SAMPLE STREET
CITY, STATE 12345

PREMIUM AMOUNT \$100.00
Please write the below billing ID on your
check.

123456789-910

Return this coupon with your payment.



ABC
Insurance

Recurring Premium Reimbursement

How-To and Example Timeline



How to establish your recurring premium reimbursement

- Fill out the appropriate Recurring Claim Details on the Web Portal or download and complete Option 2 of the **MidAmerica Claim Form**. To find the form, simply go to **www.myMidAmerica.com**, select **Forms** from the upper left-hand side, then select **Health Reimbursement Arrangement (HRA)**.
- Submit the appropriate documentation, as outlined on pages 1 and 2.

Important note! Forms and documentation should be received at least six weeks before the premium effective date. If you can't meet this timeline, please contact us using the contact information below.



Sample timeline

The following sample timeline is based on a recurring premium reimbursement request for coverage that begins January 1.

November 17

Submit your MidAmerica Claim Form with supporting documentation to MidAmerica.

December 1

Check is cut or direct deposit issued (if applicable) one month prior to premium date.

Claim is adjudicated and payment is processed.

Premium effective date.

January 1

November 17–30



Questions?

If you have questions on the recurring premium reimbursement process, please contact our Participant Services team at (855) 329-0095 or healthaccounts@myMidAmerica.com.