



Retiree HRA

Understanding your retirement benefit



Zerlinda Patrick

Manager of Client
Services

- More than 15 years of client services and operations experience
- Leads the Account Management teams to provide white-glove employer support including new plan onboarding, administration and servicing
- Work closely with our operational leaders to ensure process efficiencies and provide support for our clients and our participants
- BA from State University of New York at Albany

Tracy Vrabel

Account Manager

- Over 20 years of client service and relationship management experience
- Manage multiple HRA, Employer Sponsored and Special Pay retirement plans for the Public Sector across the United States
- Oversees the plan implementation process, administration and service of your plan
- Holds a state of Florida, life, health & variable annuity 2-15 license

Transition Timeline

To accommodate the transfer of assets and any corresponding data related to your HRA, a plan blackout period will begin May 6, 2021 and end May 22, 2021. The blackout period allows TASC to finalize any existing transaction requests and pay out all outstanding reimbursements prior to the plan transition to MidAmerica.



May 4, 2021

Current HRA benefit card with TASC is deactivated.



May 6, 2021

Cease sending docs to TASC. Blackout period begins. Any claims submitted after May 6 must be resubmitted through MidAmerica once the transition is complete.



May 17, 2021

Assets transferred from TASC to MidAmerica. You should receive your new HRA benefit card around or shortly after this date.



May 22, 2021

Blackout period ends. Funds are loaded onto your new benefit card. You can now access your plan online and submit claims.

Employee Welcome Kit



Sent to employee within 24 hours of contribution posting

- Includes:
 - Overview of Plan
 - Online Resources
 - How to Find Plan Forms
 - Customer Service Information
 - Copy of Custom Plan Highlights
- Quarterly statements provided to participants

Questions?

Participant Service Hours

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

Send All Forms To:

MidAmerica Administrative &
Retirement Solutions
Attn: HRA Dept.
PO Box 24927
Lakeland, FL 33802

Fax: 863.577.4460



Online Inquiry through myMidAmerica.com



healthaccountservices@myMidAmerica.com



Call (855) 329-0095

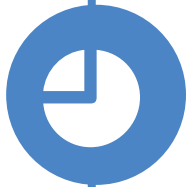
Retiree HRA 101



Interest-bearing account in your name



Employer deposits money



Money invested in a fixed annuity, currently guaranteeing a 1.8% interest rate through 2021



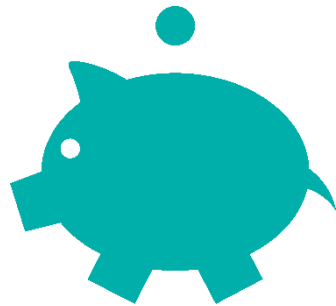
Use for medical expenses and premiums to offset your out-of-pocket costs

Your Plan Details

- Upon retirement, you're accumulated leave will be paid out via a Health Reimbursement Arrangement
- Your funds can be used for full 213d eligible medical expenses
- Funds can be invested in our fixed annuity or diversified in our variable annuities
- Journey Benefits Debit Card, minimizing out of pocket expenses



Why use an **HRA**?



**Contributions
are not taxed.**



**Distributions
are not taxed.**



**Interest is
not taxed.**

HRA: Your Rainy-Day Fund



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

Growing Your Money

- Fixed annuity*
- Credited interest rate is guaranteed not to fall below 1.8% through 2021**
- Not subject to market risk



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

*American United Life Insurance Company's unallocated group Fixed Annuity.

**Not FDIC insured. Based on the claims-paying ability of the investment provider.

Eligible Medical Expenses

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



Qualifying Insurance Premiums

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



Who can benefit from your HRA?



Individuals who qualify for reimbursement:

- You
- Your spouse
- Qualifying dependents
- Surviving spouse and qualifying dependents

Claims Submission Options

ONLINE



Submit claim securely online through MidAmerica Journey

APP



Submit claim securely through the Journey mobile app

CARD



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

EMAIL



Email claim form to claims@myMidAmerica.com

MAIL



Mail claim form to:
P.O. Box 24927
Lakeland, FL 33802

Debit Card: Documentation



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



The Journey mobile app

- Submit claims for your HRA and check status of an existing claim
- Check account balances and account details
- Snap a photo of a receipt and submit with a new or existing claim
- Scan a product bar code to help determine eligibility as a qualified medical expense
- Retrieve a forgotten username or password
- Click to call or email customer service to report a lost/stolen debit card

rHRA Fee Schedule

Administrative Fee	N/A	<ul style="list-style-type: none">• No Admin Fee on Retiree Plans
Distribution Fee	\$5 per paper claim	<ul style="list-style-type: none">• Distribution fee only charged on claims submitted after retirement or separation of service• Distribution fee is capped at six claims per year• No fee for online claims submission
Platform Fee	\$1 per participant per month	

Accessing Your **Online Account**

Logging into **MidAmerica Journey** for the first time



Go to www.myMidAmericaJourney.com.

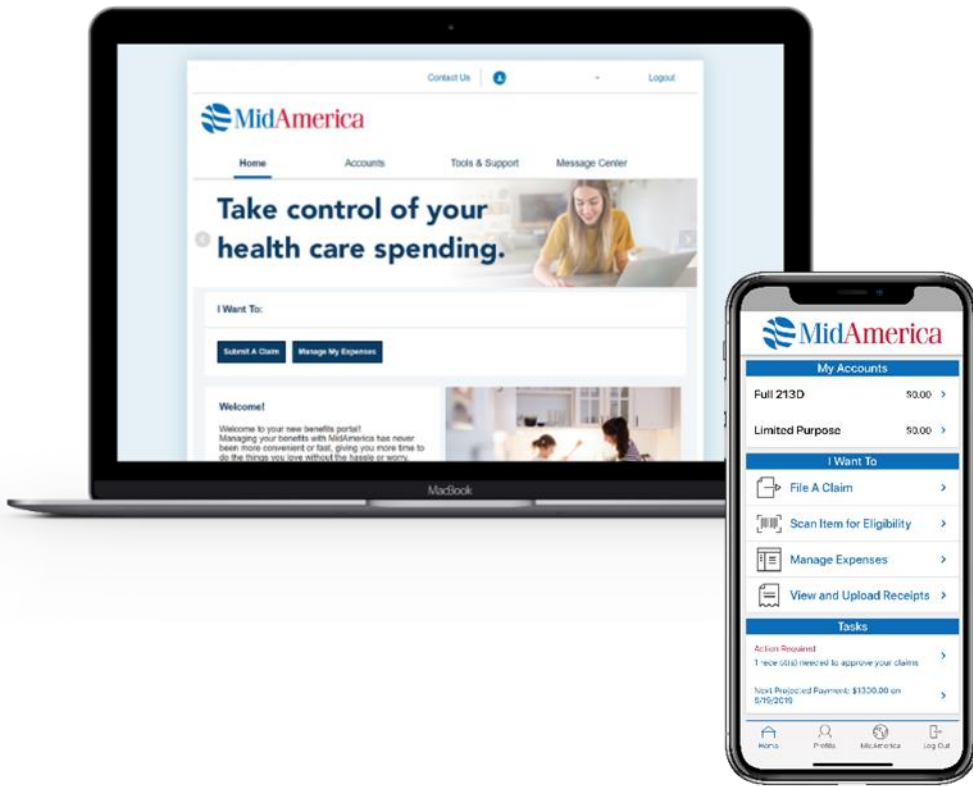


Select **Create Your New Username and Password**.




Enter your identifying details, establish your security questions and choose a username and password.

MidAmerica Journey Portal Resources



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

Submitting Paper Claims



HRA/FSA Consolidated Claim Form

Return this completed form to:
 Mail: MidAmerica Administrative & Retirement Solutions
 Attn: PO Box 24927, Lakeland, FL 33802
 Fax: (863) 577-4460 | Phone: (855) 329-0095

STEP 1 Participant Information

Employer Date of Birth (mm/dd/yyyy)

First Name Last Name M.I. Social Security Number

Mailing Address City State Zip Telephone

Email Address Check if permanent address change: Actively employed with employer? If no, separation date?

STEP 2 Claim Information

NOTE: Choose one or both options.

Approved claims are processed within 7–10 business days. Be sure to attach acceptable documentation as outlined in the [instructions](#). Failure to provide the requested information or acceptable documentation may delay your request. Applicable distribution fees will be deducted from the total eligible claim amount (per IRS guidelines). For PSERS Retirees: If you are receiving PSERS monthly premium assistance, you must reduce your medical premium reimbursement request by this amount.

Option 1 One-Time Expenses

NOTE: Choose one. HRA Only FSA Only FSA then HRA*

Complete the following table for any one-time eligible expenses incurred by the participant, spouse, or eligible dependent. Expenses may include (one-time) premiums, long-term care, prescriptions, medical, dental, or vision. For a complete list of eligible expenses, please visit [IRS Publication 502: Medical and Dental Expenses](#).

Date of Expense	Name of Service Provider	Name of Covered Participant, Spouse, or Eligible Dependent	Service Provided	Payable to: <small>(Set, Provider)</small>	Amount to Reimburse
Total One-Time Claim Expenses:					

*FSA funds used until exhausted, followed by HRA funds.

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

Documentation: Good vs. Bad

FORWARD SERVICE REQUESTED

For Billing Inquiries Call:

Sample Medical Care Provider
(800) 000-0000

Sample Participant
1234 ABC Street
Somewhere, State 12345

Messages:

- PAYMENT DUE DATE: 30 DAYS FROM THE STATEMENT DATE
- You may now access your account online

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

Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
12345	2017-01-01	2017-01-01	8297 Sample Testing	150.00		
12345	2017-01-01	2017-01-01	8237 Sample Testing	75.00		
12345	2017-01-01	2017-01-01	2347 Sample Testing	207.00		
12345	2017-01-01	2017-01-01	Patient Payment		45.00	
12345	2017-01-01	2017-01-01	Sample Insurance Payment		150.00	
12345	2017-01-01	2017-01-01	Sample Insurance Adjustment		125.00	
12345	2017-01-01	2017-01-01	Your Balance Due on These Services			112.00

Payment Due
112.00

Good!

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

*identifying details have been removed from example.

Documentation: Good vs. Bad

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

01/01/01 08:20:35
Merchant ID: *****0000
Device ID: 0000
Terminal ID: ABCD

CREDIT SALE:

Transaction #: 8
Card Type: VISA
Account: 0000
Entry: Swiped

AMOUNT: \$50.00

Auth Code: 0000
Response: AUTH

CUSTOMER COPY

Bad.

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

*identifying details have been removed from example.

Documentation: Premiums



Premium Notice from your insurance company that includes:

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



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



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

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

Documentation Example: Premium Notice

Your TPA
2913 Administration Lane
Your Town, MN 98765

5/31/2020

Ms. Sally Test
4321 Front Street
Happy Valley, USA

Dear Ms. Sally Test,

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

Your monthly premiums and coverages are as noted below:

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

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

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

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

*Identifying details have been removed from example.

Documentation Example: Premium Invoice

ABC Benefits Administration 7805 Benefits Blvd. Your Town, MN 98765		Invoice	
		Invoice Date	Invoice
		09/10/2020	1002500
		Terms and Conditions	
		Please review this invoice carefully and notify us of any discrepancies. As a reminder, please pay your invoice as billed. Any changes will be reflected on your next invoice.	
Bill To: Doe, John 1234 Main Avenue Happy Valley, USA		Please note, premium credits will only be allowed 90 days back from the date of this invoice. Thank you.	
		Due Date	Invoice Amount
		09/25/2020	\$1,637.24
Make Check Payable To:	Send Payments To:	Biller Contact:	
ABC Benefits - Or pay online at www.abc.biz	ABC Benefits Administration 7805 Benefits Blvd. Your Town MN 98765	Jane Doe 800-555-XXXX	
Charge Summary			
Date	Product	Coverage	Amount
10/01/2020	Med Adv Value BCBS	Emp. + Spouse	\$1,637.24
Total			\$1,637.24

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

*Identifying details have been removed from example.

Thank you!

All group variable annuity contracts are issued by American United Life Insurance Company®, a OneAmerica® company (AUL), One American Square, Indianapolis, IN 46206-0368, 800.249.6269. Registered group variable annuity contracts are distributed by OneAmerica Securities, Inc., Member FINRA, SIPC, a Registered Investment Advisor, 433 N. Capitol Ave., Indianapolis, IN 46204, 877.285.3863.

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