

**STEP 1**

Complete ALL personal information in this section.

**STEP 2****Medical Expenses**

You, your spouse, and any qualifying dependents may seek reimbursement for eligible medical expenses from your HRA/FSA. Qualifying dependents include taxable dependents and any children under the age of 27 at the end of the tax year.

This account may reimburse you for medically necessary expenses that have been rendered. IRS guidelines prevent reimbursement of non-health related expenses or for prepayment of services that have not been rendered. The type of service rendered determines claim eligibility as not all health care expenses are reimbursable.

**Examples of Common Eligible Health Care Expenses:**

- Office Visit Co-pays
- Physician Service Co-pays
- Prescription Co-pays
- Insurance Plan Coinsurance/Deductibles

**Examples of Common Services that may require a Statement of Medical Necessity (SOMN) Form:**

(SOMN Forms must be signed by a healthcare provider and state a diagnosis and treatment plan)

- Counseling / Psychotherapy
- Physical/Occupational/Massage Therapy
- Acne or Other Dermatologic Treatments

For a full listing of eligible medical expenses, please visit IRS Publication 502: Medical and Dental Expenses. Please note that not all HRAs/FSAs allow for full 213(d) reimbursement.

If your employer offers an FSA and HRA, both of which provide coverage for the same medical expenses, MidAmerica will process the reimbursement based on the ordering rules established in the plan.

For example, if the plan identifies that the FSA “pay first”, your expense will be applied to the FSA until the balance is depleted and then automatically reimburse from the HRA.

**Documentation Requirements**

All documentation must include the following 5 Keys of Verification:

- Date of service

- Description of service
- Cost of service
- Name of patient receiving the service
- Name of provider rendering the service

The above documentation requirements also apply to FSA Dependent Care claims and Prescriptions.

**Examples of Acceptable Documentation:**

- Explanation of Benefits (EOB)—Detailed statement from the health insurance company explaining what services were paid for on your behalf and lists any personal financial responsibility you may bear. (PREFERRED DOCUMENT)
- Itemized Statement—Statement from the provider and cannot include a balance forward.
- Itemized Receipts—Credit card and other payment receipts (all 5 Keys of Verification must be present)
- Proof of Prescription—A prescription summary print-out or label from the pharmacy showing the patient name, provider name, Rx name or number, Rx date and Rx cost.

*If partial or incomplete documentation is received, you have 30 days to submit the necessary additional documentation. If not received within the 30 days, MidAmerica will either partially approve the expenses that are in good order or fully deny the claim request based on insufficient documentation.*

**Premium Expenses**

You, your spouse, and any qualifying dependents may seek reimbursement for eligible premium expenses from your HRA. Qualifying dependents include taxable dependents and any children under the age of 27 at the end of the tax year.

Premium expenses may include medical, dental, vision, long-term care coverage, Medicare, Medicare Prescription and Medicare supplement policies. IRS guidelines prevent reimbursement of pre-tax premiums, indemnity policies, or prepayment of coverage prior to 30 days in advance. This account may reimburse you for past premium expenses or premium expenses that will become due within the next 30 days. This account may also reimburse you for premium expenses that reoccur monthly or annually, known as **recurring premiums**.

**Recurring Premiums**

Recurring premium reimbursements can

only be paid directly to you. Recurring reimbursements cannot be made payable to an insurance provider or employer. Recurring premiums remain in effect through the policy end date or for 12 months, which ever comes first. You must resubmit a new claim with supporting documentation when the policy renews or when there are changes to the policy at least 30 days in advance of the policy expiration date to ensure proper processing of reimbursement.

**Establishing Recurring Premiums**

Complete the HRA/FSA Claim Form.

Once established, recurring premiums will be processed approximately 30 days prior to the payment due date. For example, you will receive the payment for a January premium in early December. Attach a premium notice from your insurance provider or a letter showing proof of premiums from your employer. These documents must include name of covered individual, name of provider, cost, and coverage period. **Payment coupons are not acceptable.**

**Long-Term Care Premiums**

Long-Term Care Premiums cannot be set up as a recurring claim. Claims for reimbursement must be submitted each month or any time following the month of coverage.

Reimbursement of long-term care premiums are subject to annual limits based on the year in which the payment is made. Annual limits are determined by the IRS and, as a result, **proof of payment** is required for all claims.

You can substantiate your claim with a premium notice, such as a bill or acceptance letter from the insurance company, which includes the following:

- The premium amount
- The effective date of coverage
- Name of the person insured—this will be you, your spouse or a qualifying dependent
- Name of provider

**Public School Employees’ Retirement System (PSERS) Premium Assistance**

If you are receiving a monthly Premium Assistance, you must reduce your medical premium reimbursement request by this amount.

If you meet the eligibility requirements, you can receive Premium Assistance only if you have an out-of-pocket premium from

a medical plan offered through the Health Options Program or continue to participate in your former Pennsylvania school district (employer) approved plan.

### STEP 3

Please select your preferred method of reimbursement. If you are signing up for Direct Deposit for the first time, or if you are changing your bank information, provide your account information.

### STEP 4

#### FSA Daycare/Dependent Care Expense

A Dependent Care Account (DCA) allows you to pay for eligible dependent care expenses with pre-tax dollars, eliminating the need to take the annual Federal Tax Credit. A dependent is defined as a child under 13 years of age, or children 13 and over who are physically or mentally unable to care for themselves. A spouse or an elderly parent in your home who is physically or mentally unable to live independently also qualifies.

You can use any provider you choose; however, they may not be your own child if they are under age 19 and still claimed as a dependent. **Note:** You will need to obtain the provider's Federal Identification/Social Security number for including on your tax filing.

If you have incurred expenses for the care of a dependent, the following items must be included on the claim form: Dependent Name(s) and Ages(s), Provider Tax ID, Provider Signature and Date. Copies of bills and receipts must also be attached to support your request for reimbursement.

#### Examples of Eligible DCA Expenses:

- Daycare facility fees (including transportation, lunches, educational services)
- Before-school and after-school care
- Local day camp
- In-home babysitting fees (income must be claimed by your care provider)
- Nursery school and preschool (Preschool expenses are eligible if the amount you pay for schooling cannot be separated from the cost of care.)

#### Examples of Ineligible DCA Expenses:

- Diaper changing fees
- Fees for lessons (dance, piano, swim, etc.)
- Field trips

- Kindergarten
- Overnight camp expenses
- Transportation for daycare

#### Death Claim

The decedent's surviving spouse, eligible dependents and/or personal representative can submit HRA claims up to a year (12 months) from the date of death for final medical expenses incurred by the decedent before his/her death, not including funeral expenses. MidAmerica requires a copy of the death certificate for death claims and will keep on file for future reference. Any unclaimed funds after the one year (12 months) will forfeit back to the employer.

Additionally, a surviving spouse and/or eligible dependents can continue to submit claims for reimbursement for their own medical expenses until the vested account is depleted. Any unvested funds will forfeit back to the employer.

#### Recurring Premiums Cancellation

To cancel an existing, previously submitted recurring premium, indicate the premium type, reason for cancellation and effective date/month of the recurring premium cancellation. If you decide to reestablish the same recurring premium at a later date, you will be required to submit a new HRA/FSA Claim Form with supporting documentation.

### STEP 5

**SIGN the claim form.** This is required on all submissions; otherwise the claim will not be processed.

### ADDITIONAL INFORMATION

#### Possible HRA Fees

HRA distributions may be subject to a \$5.00 reimbursement fee assessed per paper claim. Depending on your Employer's HRA plan, online claims may be subject up to a \$2.50 reimbursement fee per claim.

If your claim is being made payable to a third party (Insurance or Service Provider), your claim will not be subject to a distribution fee. However, if the claim is being paid to you, your claim may be subject to a reimbursement fee. For more information specific to your Employer's HRA plan, please refer to your Plan Highlights.

#### HSA / HRA Interaction

If during the HRA plan year, you or your

employer, or your spouse or spouse's employer contributed to a Health Savings Account (HSA), your HRA must be restricted for the plan year. While restricted, you can only seek reimbursement for dental, vision, preventative care, and premium expenses from your HRA.

Please review and complete **MidAmerica HRA/FSA Restriction\_Suspension Form**, if you or your spouse is contributing to an HSA. You can download this form by visiting [www.myMidAmerica.com](http://www.myMidAmerica.com) and selecting **Forms**. Notice to restrict is irrevocable during the plan year. A change to remove the restriction must be received prior to the start of the next plan year.

#### Account Suspension/Cancellation

To receive the Advance Premium Tax Credit (APTC), you are required to either temporarily suspend your HRA or permanently opt-out of your HRA, forfeit your account balance and waive any future contributions. Should you choose to suspend your HRA, you, your spouse and any qualifying dependents will not be able to incur expenses for reimbursement during the time your HRA is suspended. However, you can submit expenses for reimbursement that were **incurred prior to** your suspension. Your employer is still able to contribute to your account during the suspension and the account will continue to accrue interest.

To reinstate your account status, you will be required to send in a written notice requesting to unsuspend your account along with proof justifying the removal, such as a premium notice showing you are no longer receiving an APTC. Once the suspension has been removed, you will have access to the HRA according to your Employer's plan rules. Please be advised that the account becomes available at the start of the plan year following the request to unsuspend. To select either option, please use the **MidAmerica HRA/FSA Restriction\_Suspension Form**. You can download this form by visiting [www.myMidAmerica.com](http://www.myMidAmerica.com) and selecting **Forms**.