

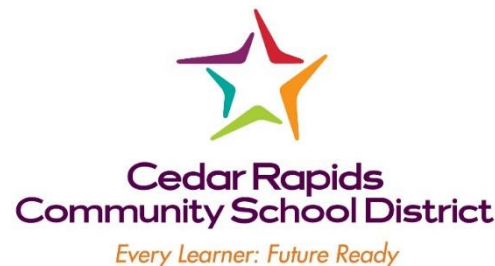


HRA: Health Reimbursement Arrangement

Also known as PEHSP: Post Employment Health Savings Plan

January – December 2021

Steve Ott, Regional Vice President
9202 West Dodge Road, Suite 202, Omaha, NE 68114
PH: 800-627-3660, ext. 1351 / FX: 262-814-1395
www.NISBenefits.com * sott@nisbenefits.com



Stacy Wanderscheid, HIA
Perspective Consulting Partners
2650 106th St, Suite 220, Urbandale, IA 50322
www.PerspectiveCP.com

What is a Health Reimbursement Arrangement (HRA)?

- ✓ The IRS defines Health Reimbursement Arrangements (HRAs) as tax advantaged accounts for which employers can make contributions on behalf of employees
- ✓ It's a benefit in which the District regularly deposits funds into individual accounts on behalf of teachers while they are employed.
- ✓ These funds, with earnings, are used tax-free by teachers who separate from service or retire to pay for qualifying medical expenses and retiree premiums.

The Team

National Insurance Services (NIS) is the “face” of the plan, providing onsite service and support. NIS also coordinates the activities of:

The Plan Administrator

MidAmerica Administrative & Retirement Solutions (MidAmerica)

2855 Interstate Drive

Suite 115

Lakeland, FL 33805

www.myMidAmerica.com (General Company Information)

www.myMidAmericaJourney.com (Your online benefit portal)

(800) 430-7999

The Investment Provider

American United Life Insurance Company[®], a OneAmerica[®] company (AUL)

Costs and Fees

Administrative Fees

- There is a participant administration fee of \$5 per quarter (\$20 per year). This fee ceases when a participant leaves employment or retires.
- Upon retirement or separation of service, a \$1 platform fee per will be deducted from your account quarterly. This covers the use of a debit card and full access to the online portal and mobile app for claim submission.
- There is no reimbursement fee for claims submitted on the Journey web portal or mobile app.
- The participant will incur a reimbursement fee of \$5 per claim for paper claims submitted via mail, email, or fax.

Fixed Interest Investment* and Asset-Based Fees

- There is a .50% (one half of one percent) annual asset-based fee for all variable investments. There is no asset-based fee for fixed interest investments.
- The fixed interest rate of return is guaranteed at 1.80% through 2021.*

**Fixed interest accounts are not FDIC-insured and are guaranteed based on the claims-paying ability of the investment provider, AUL.
(www.oneamerica.com)*

Where to Get Additional Information

The District's Website

- **Online:** www.cr.k12.ia.us and click on Departments & Services>Human Resources>Retirement Information
 - Download copy of this presentation
 - MidAmerica Investment Change/Transfer Form (used also for initial selection)
 - Journey Claim Submission Guide
 - Consolidated Claim Form
 - Consolidated Claim Form Instructions

MidAmerica, Plan Administrator

- **Online:** Log into your account at www.myMidAmericaJourney.com
 - Account Activity and Balance Information
 - AUL Investment Prospectus
 - Investment Change/Transfer Form
 - Reimbursement Questions and Answers
- **Call:** (855) 329-0095

Your Primary Personal Contact, Steve Ott

- **Email/call:** sott@nisbenefits.com | (800) 627-3660, ext. 1351
 - Individual Questions
 - Individual Support
 - Help on Getting Information, Answers

Claims Submission

Claims Submission

(does not apply to active employees)

To be eligible, you must have either separated from service or retired from the District.

- The IRS requires you to provide documentation for all expenses submitted.
- HRA Questions and Answers, Eligible Expenses and Directions can be found at www.myMidAmericaJourney.com or you can call Participant Services at (855) 329-0095.

Submitting an online claim for a qualified medical expense

- Log in to the web portal at www.myMidAmericaJourney.com
- From the homepage, select **Submit a Claim** from the “I Want To” section.
- Follow the on-screen prompts to enter your claim details and to upload corresponding documentation for the claim, such as an itemized bill or an Explanation of Benefits (EOB) statement from your insurance carrier.
- Once you **Submit** your claim, you will be directed to a confirmation page. You will also be sent a confirmation email.

Claims Submission (continued...)

Submitting a recurring claim online

- Log in to the web portal at www.myMidAmericaJourney.com
- From the homepage, select **Submit a Claim** from the “I Want To” section.
- Select **Premiums** from the Pay From dropdown menu. Note: Only premiums can be set up for recurring reimbursements.
- You must select **Me** from the Pay To dropdown.
- Click **Next** and follow the on-screen prompts to enter your claim details and to substantiate your claim with a Premium Notice, such as a bill or letter from the insurance company which itemizes the premium amount, the effective date of coverage, and the name of the person insured.
- Important Note: Be sure to check the box next to **Set up a recurring claim for this expense**.
- Agree to the terms and conditions on the next screen and click **Submit**.

Reimbursement Fees

- The \$1 per quarter platform fee covers the use of a debit card and full access to the online portal and mobile app for claim submission.
- There is no reimbursement fee for claims submitted on the Journey web portal or mobile app.
- The participant will incur a reimbursement fee of \$5 per claim for paper claims submitted via mail, email, or fax.

Summary of Eligible Medical Expenses

Partial Listing of IRS Publication 502 Eligible Medical Expenses

This is a partial listing of Publication 502 eligible reimbursable expenses. You must read IRS Publication 502 to determine exactly whether or not your expenses are reimbursable. Publication 502 may be obtained at www.irs.gov/pub/irs-pdf/p502.pdf.

Acupuncture	Fertility Enhancement	Osteopath
Alcoholism	Guide Dog or Other Animal	Oxygen
Ambulance	Health Institute	Prescribed Medicines & Drugs
Artificial Limb	Health Maintenance Organization	Psychiatric Care
Artificial Teeth	Hearing Aids	Psychoanalysis
Birth Control Pills	Hospital Services	Psychologist
Braille Books and Magazines	Insurance Premiums	Sterilization
Chiropractor	Laboratory Fees	Stop Smoking Programs
Christian Science Practitioner	Laser Eye Surgery	Therapy
Contact Lenses	Learning Disability	Transplants
Crutches	Long Term Care Insurance	Vasectomy
Dental Treatment	Medicare Supplements, Part B & D	Weight Loss Program
Drug Addiction	Nursing Services	Wheelchair
Eyeglasses	Operations	X-ray Fees

Documentation Requirements

Common Forms of Documentation

- Letter of Pre-Approval plus Payment History Report for Cedar Rapids CSD Retiree Health Insurance
- The Explanation of Benefits (EOB) statement returned to you from the insurance carrier indicating the amount for which you are responsible
- Copay receipts if you are covered under a managed care or prescription drug plan
- If there is no insurance for the health care expenses, submit an itemized bill with the following:
 - Name of the provider and patient
 - Service cost, date, and description
 - Notation when there is no coverage

Pre-approved Documentation Example



Notice of Approved HRA Documentation for: Cedar Rapids Community School District Recurring Premium Reimbursement

The payment history report provided by **Cedar Rapids CSD** to participants in the **Health Reimbursement Arrangement (HRA)** is a pre-approved document by MidAmerica and is considered an acceptable form of substantiation for recurring premium reimbursement requests when submitted with this letter.

Documents needed for recurring premium reimbursement approval:

- A copy of this letter
- The payment history report provided by Cedar Rapids CSD

Example of payment history report:

8/11/2020 3:14:23 PM		Cedar Rapids Community Schools History Participant Detail			CP0140 Page 1 of 1
**** Selection Criteria **** Participant: Doe, Jane					
8/11/2020 3:14:23 PM		Cedar Rapids Community Schools History Participant Detail			CP0140 Page 1 of 1
Doe, Jane	TC2				
06/14/2019	Debit			051.00	
07/01/2019	Payment for Health/Dental			051.00	
07/15/2019	Debit			051.00	
07/25/2019	Payment for Health/Dental			051.00	
08/15/2019	Debit			051.00	
08/27/2019	Payment for Health/Dental			051.00	
09/15/2019	Debit			051.00	
09/24/2019	Payment for Health/Dental			051.00	
10/11/2019	Debit			051.00	
10/24/2019	Payment for Health/Dental			051.00	
11/05/2019	Debit			051.00	
11/20/2019	Payment for Health/Dental			051.00	
12/15/2019	Debit			051.00	
12/20/2019	Payment for Health/Dental			051.00	
01/05/2020	Debit			051.00	
01/20/2020	Payment for Health/Dental			051.00	
02/14/2020	Debit			051.00	
02/24/2020	Payment for Health/Dental			051.00	
03/15/2020	Debit			051.00	
03/25/2020	Payment for Health/Dental			051.00	
04/15/2020	Debit			051.00	
04/23/2020	Payment for Health/Dental			051.00	
05/15/2020	Debit			051.00	
05/27/2020	Payment for Health/Dental			051.00	
06/18/2020	Debit			056.00	
	Total			15,912.00	

Pre-approved Documentation Letter + Cedar Rapids Payment History Report

- Letter and payment history report must be submitted together
- Serves as acceptable documentation for recurring premium reimbursements

Explanation of Benefits (EOB) Example

ABC Health Inc.
678 Mockingbird Lane
Anywhere, USA

Mr. Sample
1234 Main Street
Anytown, IA

If you have any questions, please call ABC Health at
555-0100 or visit us online.

Statement Date: 6/30/2019

Page 1 of 1

EXPLANATION OF BENEFITS – THIS IS NOT A BILL

Please retain this copy for your records and tax purposes

Member Name: John Sample			Group Name: ABC Company				Group #: 123456		
Member ID #: 12345678-01			Provider: Doe, John				Claim #: 9876543		
Dates of Service	Service Description	Rate	Deduct	Copay/Coins	Not Covered	Other Ins Paid	Provider Liability	Remark Code	Plan Pays
4/28/19	Medical Service	65.00	65.00	0.00	0.00	0.00	0.00	R	0.00
Totals Claim			65.00	0.00	0.00				
								Interest	0.00
Total Member Responsibility					65.00	Total Plan Payment		0.00	

Remark code description:

R Paid at Usual and Customary Rate – UCR. You are responsible for the Not Covered Amount when the provider balance bills.

Summary information for 01/01/19 – 12/31/19

Your individual annual deductible is \$1000.00
 Amount applied to your individual annual deductible is 384.87
 Amount remaining until you meet your individual annual deductible is \$615.13
 Your annual out-of-pocket maximum is \$2000.00
 Amount applied to your individual annual out-of-pocket maximum is \$384.87
 Amount remaining until you meet your individual annual out-of-pocket is \$1615.13

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

Itemized Statement

- Itemized statement
- Contains date of service, type of service, service amount and participant name

Premium Stub/Invoice

(If not covered by Cedar Rapids CSD Retiree Medical Plan)

- Provided by insurance provider
- Contains:
 - Coverage period
 - Name of covered individual
 - Premium Amount
 - Type of Coverage

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

WAITING TA

Promised: 5/27/15, 3:33 PM
ReadyFill Elig™



Sample, Sally

1 CVS Way, Woonsocket, RI 02895
DOB: 4/22 TEL:

Counsel - Prescription Schedule

Prescription Information



**METOPROLOL TARTRATE
50 MG TAB**

Common brand(s): Lopressor

Take 1 tablet twice a day

Important Information

- Take with or immediately after food.
- Take or use this exactly as directed. Do not skip doses or discontinue.
- May cause dizziness.
- May cause drowsiness. Alcohol intensifies effect. Use care using machines.

▲ **PHARMACY ADVICE***
See back for more information.

Receipt & Refill Information

CVS Pharmacy #

1 CVS Dr.
Woonsocket, RI 02895

STORE TEL

RX 00

INSURANCE INFORMATION:

United Healthcare Bin PAID:\$100.00
TP: GR: AUTH:

Tufts Health Plan PAID:\$30.99
TP: GR: AUTH:

RETAIL PRICE: \$140.99
DISCOUNT: \$10.00
TAX: \$10.00

**METOPROLOL TARTRATE
50 MG TAB**

NDC: DAW: 0
QTY: 60

CAP: **Safety**

MFR: Teva USA
REFILLS: 4 by 7/1/17
PRSCBR:
DAYS SUPPLY: 30
DATE FILLED: 5/27/15

AMOUNT DUE: \$10.00

Notes from the Pharmacy



Ask the pharmacist about your new personalized Prescription Schedule.



OPEN
HERE

Prescription Receipt

- Often stapled to your prescription bag
- Contains:
 - Patient name
 - Provider or pharmacy name
 - Prescription name
 - Cost of prescription

Resources for You

Getting Started

An **introduction** to your plan.



Understanding Your Plan

A Health Reimbursement Arrangement (HRA) is an account that has been established in your name by your employer. The money that your employer deposits into your HRA is tax-free, and upon eligibility, can be used to reimburse you for your eligible medical expenses. For more information on how the HRA operates and to see if you're currently eligible to receive reimbursements, please review the attached **Plan Highlights**.



MidAmerica Journey

You can access your account online through MidAmerica Journey at www.myMidAmericaJourney.com. The Journey portal is an interactive website that gives you around-the-clock access to plan details, online claims submission, forms, system guides and much more.

eligible medical expenses, reducing
use receipts, though! When you swipe
action with eligible, plan-established
e approved; however, we may still ask
under your plan design. For more
ard, please review the Debit Card FAQ

Journey mobile app, a powerful, on-the-
om to submit your claims, ask a question
me. To download, go to your Apple or
merica Journey.

MidAmerica Administrative & Retirement Solutions 3

Welcome Kit

- Overview of Plan
- Online Resources
- How to Find Plan Forms
- Customer Service Information
- Mailed to you in a plain white 6x9 envelope (example below)



Welcome Kit

 Health Reimbursement Arrangement



MidAmerica Administrative & Retirement Solutions
PO Box 149
Lakeland FL 33802-0149



Helpful information can be downloaded from the Resources page located at www.myMidAmerica.com/journey-2/.

The Investment Provider

American United Life Insurance Company[®], a OneAmerica[®] company (AUL)

American United Life Insurance Company[®], a OneAmerica[®] company (AUL), headquartered in Indianapolis, Indiana, provides variable and fixed investments. AUL has been in business for more than 140 years, has nearly \$29 billion in pension assets under management, and has excellent financial ratings. Cedar Rapids Community Schools can offer its employees and retirees a wide variety of variable annuity investment options covering the entire risk-return spectrum. Investments include actively managed asset allocation portfolios and a high-quality fixed interest annuity option. The NAIC, National Association of Insurance Commissioners, annually sets the minimum rate of return for fixed annuities.

AUL has an A.M. Best rating of A+ (Superior), the second highest of 16 possible ratings, according to the release dated July 2020. Standard and Poor's debt rating of AA- (Very Strong) is the fourth highest of 22 possible ratings, according to its report dated September 2020 (www.oneamerica.com).



Securities offered through GWN Securities, Inc. 11440 N. Jog Road, Palm Beach Gardens FL 33418
(866) 650-0132 Member FINRA, SIPC. National Insurance Services is not affiliated with GWN Securities, Inc.

All group variable annuity contracts are issued by American United Life Insurance 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.

MidAmerica and National Insurance Services are not affiliates of American United Life Insurance Company® (AUL) or OneAmerica Securities and are not OneAmerica companies.

Neither American United Life Insurance Company® (AUL), OneAmerica Securities, Inc. nor their representatives provide tax or legal advice. For answers to your specific questions, please consult a qualified attorney or tax advisor.

Questions?

Participant Service Hours

Monday through Thursday,
8:30 am – 8 pm ET
Friday, 8:30 am – 6 pm ET

Send All Forms To:

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

Fax: (863) 577-4460



Online Inquiry through myMidAmerica.com



healthaccountservices@myMidAmerica.com



Call (855) 329-0095

Thank you!