

HRA Recurring Premium Claim Process

Establishing a Recurring Premium Claim using MidAmerica's Online Submission Process: A step-by-step instruction guide on navigating through MidAmerica's online (WEB) portal to submit a claim for monthly recurring premium reimbursements.

HRA Reimbursement Submissions

Monthly Premium Reimbursement

Your Information

FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

PHONE NUMBER:

EMPLOYER:

 1

SOCIAL SECURITY #:

 2

ARE YOU ACTIVELY EMPLOYED BY THIS EMPLOYER?

HAS YOUR ADDRESS CHANGED?

• WOULD YOU LIKE TO RECEIVE A MONTHLY ATTESTATION EMAIL?

 3

• Each month you will receive an email that includes a link for your monthly attestation. By clicking the link, your attestation will be automatically delivered to MidAmerica for processing of your monthly reimbursement. You will need to complete this attestation every month until your claim expires or your policy renews, at which time you may submit a new claim.

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- 1. Employer:** Enter employer's name. If retired, enter employer with whom you were employed and receiving benefits
- 2. Social Security #:** Enter full social security number. The system will not recognize last four digits
- 3. Would You Like To Receive A Monthly Attestation Email?** Select 'No' if this is a Medicare/Medicare supplement premium reimbursement or a reimbursement paid to the employer or insurance provider only. Select 'Yes' if the premium reimbursement will be paid to the participant for any premium claim type.

POLICY LIST 10

Policy 1

+ Add Another Policy

TOTAL REQUESTED 11

\$0.00

START DATE: 4

mm/dd/yyyy

END DATE: 5

mm/dd/yyyy

AMOUNT OF MONTHLY PREMIUM: 6

0.00

ARE YOU SUBMITTING THIS POLICY FOR MULTIPLE MONTHS?: 7

One Month

One Month

Multiple

NAME OF COVERED PARTICIPANT/DEPENDENT:

First & Last Name

INSURANCE TYPE: 8

Medical

Medical

Dental

Vision/Supplemental/Medicare

PAID TO: 9

Me

Me

Insurance Provider

Employer

COMMENTS: 12

FILE UPLOAD (MAXIMUM 5 FILES, FILE SIZE RESTRICTED TO 8 MB): 13

DRAG AND DROP FILES ABOVE OR CLICK TO BROWSE

ADD ANOTHER POLICY 14

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4. **Start Date:** Beginning date you are seeking reimbursement for premiums. See sample scenarios below:

If...	And...	Then...
You have an annual policy (ex. 1/01/18-12/31/18)	Have directly paid premiums to insurance carrier for Jan-March AND you are setting up recurring distributions for the remainder months	Your start date would be April 1, 2018
You have an annual policy (ex. 1/01/18-12/31/18)	Have directly paid premiums to the insurance carrier for Jan-March BUT you are seeking reimbursements for your out of pocket expenses for the first 3 months and setting up recurring distributions for the remainder months	Your start date would be Jan 1, 2018

5. **End Date:** Last day you are seeking reimbursements for premiums. At this time, premiums will renew, and if the rate has changed, you will need to complete a new web claim. Policies are generally annual; thus, the system will not recognize end dates that are longer than a 12-month period from start date.

6. **Amount of Monthly Premium:** Enter monthly premium amount. The system will automatically calculate the total amount based on whether you select one month or multiple in the succeeding drop down menu.

7. **Are You Submitting This Policy For Multiple Months:** Select from drop down menu – One Month or Multiple. Selecting **One Month** means that you are starting your recurring premium distributions at the beginning of your policy start date with no additional exceptions. Selecting **Multiple** means that you are seeking reimbursement for previous months incurred and paid. An additional drop-down menu will appear where you can enter number of months you like to be reimbursed. For example, if you paid your insurance carrier directly for the first 3 months of your policy and would like to be reimbursed, you would select Multiple and enter 3. MidAmerica will reimburse you directly for the 3 months and set up recurring distributions to your carrier for the remainder of your policy or the end date selected above.

8. **Insurance Type:** Select which type of premium expense you are seeking reimbursement.

9. **Paid To:** Select who should receive your premium payment reimbursement

10. **Add Another Policy:** You can add additional policies. For example, if you have already entered a medical premium but have dental and vision premiums, you can add the others by selecting this button. Each time you select the button, the fields will clear, and you will be required to enter all new information for that particular policy.

11. **Total Requested:** The field will add the amount of reimbursement for this policy only. For example, if you enter \$100 under monthly amount but it's a multiple month policy, the system will calculate the total for the entire length of policy (i.e. \$100 x 12 month policy = \$1200).

12. **Comments:** Add any additional comments or intentions. For example, if requesting reimbursement for a period outside of the start/end dates selected above.

13. **File Upload:** Upload up to 5 files. Each file size can be up to 8 MB meaning that each file can hold multiple pieces of supporting documentation for the premium policy being entered.

14. **Add Another Policy:** You can add additional policies. Similar to #10.

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REIMBURSEMENT DETAILS

Full Name: Jane Doe

Employer:

Email Address:

Number of Policies: 3

Paid To Insurance Providers: \$1800.00

Paid To Employer: \$3000.00

Paid to You: \$300.00

16

CHECK (BY MAIL)

17

NEW DIRECT DEPOSIT

BANK ROUTING #

BANK ACCOUNT #

ACCOUNT TYPE

Checking

Checking

Savings

Should you choose to suspend your HRA, you, your spouse and any qualifying dependents will cease to have access to the HRA and will be ineligible to incur any new expenses during the suspension. For your account to be reactivated, MidAmerica must receive a written notice requesting the account be unfrozen. Please be advised that the account becomes available at the start of the plan year following the request to unfreeze. To learn more about the Code § 36B premium tax credit, please visit: <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/The-Premium-Tax-Credit>.

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- Check this box if you wish to suspend your HRA account and waive contributions to your account for a fixed period of time.
- Check this box if you elect to permanently opt-out of the HRA, forfeit your account balance and waive any future contributions after this claim has been processed.

15. **Reimbursement Details:** A summary of all policies entered in the previous screen as well as who and how much each recipient will receive.

16. **Check (by Mail):** Select if you want your reimbursement to be sent by mail to the address noted.

17. **New Direct Deposit:** Select for new and existing direct deposit reimbursement instructions. If you are entering new or modifying existing banking information, update applicable fields. If you have existing bank information on file that is correct, and no further edits are necessary, select option but do not enter information.

18. Review full terms and disclosure(s) and check boxes, if applicable. Click on the Submit button to complete your request.

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SUBMIT