



Important Note

Not all Health Reimbursement Arrangements (HRAs) allow for reimbursement of premiums. To check if premiums are eligible for reimbursement from your HRA, review your Plan Highlights. You can also view your Account Type from the MidAmerica Journey portal homepage once you log in. Descriptions of Journey Account Types are provided below.

Account Types in MidAmerica Journey

Depending on your unique plan design, one or more of the below account types will display in the Accounts section of your portal homepage.

Available: Full Medical or Available: Medical and Post-Tax Premiums

Once logged into MidAmerica Journey, if your account is named **Available: Full Medical** or **Available: Medical and Post-Tax Premiums**, your eligible expenses include:

- Full 213(d) Expenses
- Post-Tax Premiums

Available: Premiums

Once logged into MidAmerica Journey, if your account is named **Available: Premiums**, your eligible expenses include:

- Post-Tax Premiums

Available: Medical (No Premiums)

Once logged into MidAmerica Journey, if your account is named **Available: Medical (No Premiums)**, your eligible expenses include:

- Full 213(d) Expenses, excluding premiums

Unavailable

An Unavailable account means that you currently do not have access to funds based on either your plan's vesting schedule, your employment status, or a combination of the two. For additional details on your plan design, contact our Participant Services team at (855) 329-0095 or email us at healthaccountservices@myMidAmerica.com.

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.

● ABC SCHOOL DISTRICT ●

Month DD, YYYY

Sally Sample
123 Sample Street
City, State 12345

Dear Sally,

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

Beginning Month DD, YYYY and ending Month DD, YYYY, 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

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 YYYY 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 Month DD, YYYY, 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 YYYY. If you did not elect withholding as of Month DD, YYYY, 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 Month DD, YYYY, we show \$0.00)	\$0.00
After we take any other deductions, you will receive on or about Month DD, YYYY.	\$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 Invoice

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

ABC Benefits Administration 7805 Benefits Blvd. Your Town, MN 98765		Invoice Invoice Date: MM/DD/YYYY Invoice: 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. Please note, premium credits will only be allowed 90 days back from the date of this invoice. Thank you.	
Bill To: Doe, John 1234 Main Avenue Happy Valley, USA		Due Date: MM/DD/YYYY Invoice Amount: \$1,637.24	
Make Check Payable To: ABC Benefits - Or pay online at www.abc.biz	Send Payments To: ABC Benefits Administration 7805 Benefits Blvd. Your Town MN 98765	Biller Contact: Jane Doe 800-555-XXXX	
Charge Summary			
Date: MM/DD/YYYY	Product: Med Adv Value BCBS	Coverage: Emp. + Spouse	Amount: \$1,637.24
Total			\$1,637.24
Account Statement			
Date: MM/DD/YYYY	Description: Beginning Balance	Amount: \$0.00	
Date: MM/DD/YYYY	Description: Standard Invoice 1002544	Amount: \$1,637.24	
Ending Balance:			\$1,637.24

ABC Insurance

ABC INSURANCE CO.
123 SAMPLE STREET
CITY, STATE 12345

Sally Sample
123 ABC Street
City, State, Zip



Dear Sally Sample:

We would like to thank you for choosing ABC Insurance to help with your health care coverage needs.

Effective Month DD, YYYY, the monthly amount of your premium will be \$300.00. Any discounts for your premium have been applied.

Any change in your premium does not affect your benefits. If you would like to stay with your current coverage, just continue making your premium payment.

Thank you for your membership.

Sincerely,

ABC Insurance

Important Premium Information

Premium Notice

The premium notice letter that you receive from your insurance provider also includes the information we need to substantiate the reimbursement request according to IRS guidelines.

Recurring Premium Reimbursement

How-To and Example Timeline



How to Establish your Recurring Premium Reimbursement

- Log into your account at www.myMidAmericaJourney.com.
- Select **Submit a Claim** from the **I Want To** section to begin the claims submission process.
- Select **Me** from the **Pay To** dropdown.
Since recurring third-party payments are prone to disruption when payment amounts change, and HIPAA regulations prohibit MidAmerica from communicating with third parties on behalf of participants, we strongly recommend recurring claims are only made payable directly to the participant, not the third-party provider. This helps to avoid delays and improve overall customer experience.
- Next, you'll be prompted to upload the appropriate documentation, as outlined on pages 1 and 2.
- From the **Claim Details** screen, be sure that the **Start Date of Service** and the **End Date of Service** reflect the full timeframe for which you are requesting the recurring claim. Next, check the **Set up a recurring claim for this expense** box and follow the remaining system prompts to complete your claim request.

Important note! Recurring reimbursement requests and documentation should be received at least six weeks before the premium effective date. If your request is received after the start of your new policy year, we will process a lump-sum catch-up payment for any months not paid according to our normal monthly payment schedule. You will then receive monthly payments through the remainder of the coverage period.



Recurring Premium Reimbursement Timing | Fast Facts

- **The Internal Revenue Service (IRS) allows monthly premiums to be paid one month in advance—but not any earlier.** For example, lump-sum annual claims cannot be paid at the beginning of the plan year because payment would be more than one month prior to the monthly premium period.
- **MidAmerica's standard claims processing time is 7–10 business days, but no recurring premium payment is issued more than 30 days prior to the date of coverage.** This is due to the aforementioned IRS rule regarding monthly premium payments.
- **Recurring premium reimbursements can only be set up for a maximum of 12 months.**
- **Need to confirm the exact date to expect your recurring premium payment each month?** When you establish your recurring claim online, you'll receive a Recurring Claim Confirmation detailing the start and end date of your recurring claim. Your payment will be issued each month according to the claim's start date. For example, if your recurring claim begins on January 3, each subsequent payment will be issued on the 3rd of the month.
- **Based on processing timelines, you will receive the final payment for your policy year the month before your policy expires.** For example, if your policy is effective January 1, your final payment would be issued in November to cover December's premium period.