

How to File a Claim



Your health reimbursement arrangement (HRA) is tax-free. The IRS requires us to verify that all reimbursement amounts are for qualified medical care expenses. This means we need you to submit proper supporting documentation for every expense listed on your claim. The below information will help you understand this process. You'll also learn how to submit "clean" claims for quick and hassle-free processing.

To find out what types of medical care expenses are eligible for reimbursement and who is eligible for coverage, refer to your **VEBA Plan Summary**. To get a current copy, log in at **veba.org** and click **Resources**.

Can I submit my claim online?

Yes, most participants submit their claims and documentation online. Log in at **veba.org** and click **Claims**. You can also use our handy mobile app, **HRAgo®**.

What if I would rather use a paper form?

You can download and print a paper **Claim Form** online. Go to **veba.org** and click **Forms**. Submit your completed Claim Form and documentation to the email or mailing address shown on the form.

How long will it take to process my claim and get my reimbursement?

Standard claims processing time is **five to seven business days** from the day we receive your claim.

QUESTIONS?

1-888-828-4953
customercare@veba.org
veba.org

To get your money back faster, submit your claim online. Also, sign up for direct deposit. It's faster and more convenient than waiting to receive paper checks in the mail. If you're not signed up for direct deposit, remember to allow adequate mail delivery time for paper checks.

You can check the status of your claim online. Log in at **veba.org** and click **Claims**.

What documentation do I need to include?

The documentation you submit should contain these five things:

1. **Name** (you, your spouse, or dependent);
2. **Date** service was received or item was purchased;
3. **Service provider** name (doctor, pharmacy, clinic, hospital, etc.)
4. **Description** of service received or item purchased; and
5. **Amount** of out-of-pocket expense.

You can help avoid the hassle of denied claims by making sure the documentation you submit clearly contains all five of the above. Missing, incomplete, or illegible forms of documentation are the most common reasons claims are denied.

What's the best kind of documentation?

The **explanation of benefits (EOB)** from your insurance company usually works best. If you don't have one of those, get an itemized statement or detailed receipt from your healthcare provider or merchant. Make sure it contains all five pieces of information listed earlier. Here are some examples:

1. **Itemized statement** of services from your doctor or other service provider;
2. **Stub or "bag tag"** from a prescription (not the cash register receipt); or
3. **Detailed receipt and prescription** for over-the-counter (OTC) medicines.

What common types of expenses require different or additional documentation?

Certain types of expenses require documentation that is a bit different from the basic requirements. Here are a few of the most common examples.

- **Over-the-counter (OTC) medicines, vitamins, and supplements**
Claims for OTC medicines, vitamins, and supplements (except insulin and contact lens solution) require a prescription or letter of medical necessity from your doctor. Among other things, this documentation must show the OTC product is being prescribed or recommended to treat a specific (diagnosed) medical condition.

Read our **What is a Letter of Medical Necessity?** handout for more information. To get a current copy, log in at **veba.org** and click **Resources**.

- **Orthodontia**

We can usually reimburse full or partial pre-payment of orthodontia services if you submit proof of payment and a copy of the treatment plan with costs.

- **Insurance premiums**

Proof of qualified insurance premiums must include:

1. Policyholder name;
2. Premium amount;
3. Policy period (coverage months); and
4. Insurance provider name and address.

This information is typically contained on your premium billing notice, statement of insurance, open enrollment notice, pension benefit direct deposit stub, or similar form of documentation.

For long-term care insurance premiums, include a copy of the policy's Declarations page, which should contain proof that the policy is tax-qualified.

Can you reimburse my insurance premiums automatically?

Yes, automatic premium reimbursement is available. To set this up, log in at **veba.org** and click **Claims**.

Will I receive an EOB?

Yes, we'll provide you with an EOB after your claim has been processed. If you're signed up for e-communication (recommended), we'll let you know by email when your EOB is available online. A paper EOB will be mailed to you if you're not signed up for e-communication.

The **Notes** section of your EOB will contain an explanation if any portion of your claim is not paid in full. In most cases, unpaid claims can easily be reprocessed after we receive additional information from you.

To access your EOBs online, log in at **veba.org** and click **Claims**.