

Tips for Using VEBA to Pay Insurance Premiums

Speed up the processing of your claims and put money in your account faster. Here's what you need to know about how your VEBA works and how to get reimbursed for insurance premiums from your VEBA account.

Active VEBA accounts

If you are an active employee, you can use your VEBA to pay for insurance premiums for stand alone policies like dental, vision, or other benefits policies not under guidance by the Affordable Care Act. You cannot use your VEBA to pay for major medical health plan insurance, long-term care insurance or expenses, or policies with a return-of- premium feature, such as a cancer policy.

Post Employment / Retirement VEBA

If you no longer are employed for the employer who put money into your VEBA account, your VEBA becomes a Post Employment / Retirement VEBA. Your former employer must contact Further to change the status of your VEBA from Active to Post Employment / Retirement.

Post Employment / Retirement VEBA covers the following insurance premiums:

- Medical insurance premiums not paid with pre-tax payroll dollars;
- Stand-alone policies like dental, vision or other benefit policies not under guidance by the Affordable Care Act.
- Individual or family medical insurance premiums for plans purchased on The Exchange without a subsidy.
- Medicare premiums as long as the Medicare Secondary Payer rules are followed.

Post Employment / Retirement VEBA does NOT cover the following:

- Insurance premiums for medical insurance purchased on The Exchange with a subsidy;
- Insurance premiums paid (all or a portion) with pre-tax payroll dollars;
- Insurance premiums that are also reimbursed through an HSA after age 65.

Submitting claims

To ensure that your claims are processed promptly and accurately, use these steps:

1. Sign in at www.hellofurther.com.
2. Choose **Get Reimbursed** or **Pay a Bill** from the *I Want To...* menu, depending on the type of transaction you wish to create.



3. Follow the onscreen instructions to enter the amount, additional information, and attach documentation to your transaction.

You'll need documentation for the following items:

- Date of service or purchase
- Name of the person who received service or supplies
- Name of the service or supply provider
- Type of service or supplies you purchased
- The amount you were charged for service or supplies, or the amount that was not reimbursed by your insurance provider

Attachments must be less than 15MB in size and in one of the following file formats: JPG, PDF, TIFF, PNG, or BMP.

Submit your claim to Further no sooner than 30 days before the last date of coverage for a specific time period. (For instance, submit claims for May no sooner than May 1.)

Documentation options (choose one)

- A billing statement from your insurance company;
- A letter from your insurance carrier;
- A bank statement or a printout of an online bank statement that shows the withdrawal amount as the same amount that's being requested for reimbursement. When using a bank statement, the dates of service will be the one-month period in which the withdrawal was made or the actual dates of coverage shown on your policy.
- If you use electronic funds transfer (EFT) to pay your monthly insurance premium, you will need to submit a copy of the verification or confirmation letter you received from your insurance plan when you initially signed up for EFT. This EFT confirmation states the amount that would be withdrawn from your account each month. You must submit a copy of the same letter with every claim. You will need an updated or amended EFT letter from your insurance plan each year, and any time the amount being withdrawn changes.

Further cannot accept the following items as documentation for your claim:

- Canceled checks
- Handwritten statements from you detailing expenses
- Copies of online bank statements that do not show your name and address
- A copy of your application for coverage

