



Making Your Via Benefits Reimbursements Easier

IF YOU'RE ENROLLED in a medical insurance or prescription plan through Via Benefits, you pay a monthly premium for your plan to your insurance company. If you use your coverage to go to the doctor or get a prescription, you may have to pay deductibles or copays to the doctor or pharmacy.

You can get reimbursed for eligible medical expenses if you qualify for ACERA's Monthly Medical Allowance (MMA)*—up to the amount you're eligible for.

There are two ways to request reimbursement:

- **ONLINE:** The fastest and easiest way is to log into your Via Benefits account and follow the instructions to set up automatic or recurring premium reimbursements and direct deposit. You can also submit individual claims for out-of-pocket medical expenses online. Visit www.acera.org/reimburse for helpful tips and video walk-throughs.
- **BY FORM:** You can use the traditional forms provided by Via Benefits. Follow the instructions in this brochure.

How do I know if I am eligible for the Monthly Medical Allowance (MMA)?

Eligibility for the Monthly Medical Allowance is based on how many years of ACERA service credit you earned before you retired:

Years of ACERA Service	Portion of MMA	2027 MMA Amount	Annual Total for 2027
0-9 yrs.	No MMA	-	-
10-14 yrs.	1/2	\$ 356.49	\$ 4,277.88
15-19 yrs.	3/4	\$ 534.74	\$ 6,416.88
20+ yrs.	Full	\$ 712.98	\$ 8,555.76

* Just a reminder, the MMA is a non-guaranteed (non-vested) benefit that may be adjusted or eliminated at any time by the Board of Retirement to ensure sustainability of non-vested benefits.

The dollar amount you're eligible for every month can be used for premiums, deductibles, and copays for both your medical insurance plan and prescription drug plan (if you're in a separate prescription drug plan). Dependents such as your spouse or domestic partner are not eligible for the MMA. More info at www.acera.org/mma.

How do I pay my monthly premiums?

There are two ways to pay your monthly premiums:

1. **DIRECT PAY** Pay it directly from your bank account automatically each month. You probably set this up already when you called Via Benefits to enroll. If you didn't, but want to set it up now, there's a "coupon" in the "coupon book" your insurance carrier sent you that is called something similar to "Auto Pay Form." You simply mail the completed form with a voided check to your insurance carrier. Alternatively, you may be able to set up automatic payments by logging into your insurance carrier's website and navigating to their billing or payment settings.
2. **MAIL A CHECK TO YOUR INSURANCE CARRIER EACH MONTH.** If you didn't set up direct pay from your bank account, you received a "coupon book" from your insurance carrier; the "coupons" are monthly reminders of the premium amount you owe that you need to mail to your insurance carrier each month to continue your insurance coverage. Some carriers don't provide coupon books, but simply provide a statement every month. Don't forget to mail your payment in each month to your carrier, or they may drop your coverage.

How do I get reimbursed for the money I'm paying for premiums and expenses?

If you're eligible for the MMA, you can get reimbursed—up to your annual limit—for premiums (the monthly cost of your plan), deductibles, copays, and IRS-approved medical expenses for your medical and prescription plans. ACERA puts your MMA funds into a Health Reimbursement Account (HRA) at Via Benefits, which manages the account. There are two ways to request reimbursement:

- 1. ONLINE (RECOMMENDED):** The fastest and easiest way is to log into your Via Benefits account and follow the instructions to:
 - Set up automatic premium reimbursements
 - Set up recurring premium reimbursements
 - Submit individual claims for out-of-pocket medical expenses
 - Visit www.acera.org/reimburse for helpful tips and video walk-throughs.

- 2. BY FORM:** You can still use the traditional paper forms if you prefer. This brochure includes instructions for filling out those forms correctly.

Automatic Premium Reimbursements

If your insurance carrier supports it, you can set up automatic premium reimbursements. This means your insurance carrier will communicate directly with Via Benefits each month to process your reimbursement—no paperwork needed. Ask your Via Benefits representative to help you set this up.

Recurring Premium Reimbursements

If your carrier doesn't offer automatic premium reimbursement, you can still set up a recurring reimbursement. You can do this online through your Via Benefits account, or by filling out the "Enter Premium Expenses" section of the Reimbursement Request Form below, attaching backup documentation, and mailing or faxing it to Via Benefits.



Reimbursement Request Form



1112233334445556667770

Account ID: 1234567899
GROUP NAME, LLC

John Sample
1234 Street Name
Any Town, State 00000
United States

Submit requests online
Submit requests online at my.viabenefits.com/Funds
for processing up to 10 days faster.

Step 1. Prepare your request

- Check your name and address above, as you can only use your own form.
- Collect your **required supporting documentation**, as we need it to process your request. (See back for details.)

Step 2. Add your expenses to the correct table

Enter premium expenses

(Your request will be considered for recurring reimbursement based on your documentation and plan rules.)

Coverage Period (e.g., 01/01/2020 - 12/31/2020)	Premium Type (e.g., Medical)	Carrier (e.g., Humana)	Individual Served (e.g., John Doe)	Monthly Amount (e.g., \$200.00)
1	2	3	4	5

Enter out-of-pocket medical expenses

Date of Service (e.g., 01/01/2020)	Expense Type (e.g., Copay)	Provider (e.g., Dr. Smith, CVS)	Individual Served (e.g., John Doe)	Amount (e.g., \$100.00)

Certification

By submitting this Reimbursement Request Form, I certify that the information provided is correct and complete. I also certify that the expenses provided were incurred for the individual serviced while eligible under the plan on or after its effective date. I certify the expenses haven't been reimbursed in any other way from another source, and the expenses won't be submitted for future reimbursement from another source. **I certify that I'll notify Via Benefits if my coverage is changed or cancelled at my.viabenefits.com/funds or 1-800-888-8888 (TTY: 711).** (Continue on next page.)

8/2019-2/2020: Reimbursement Request Form

How to Get Forms

Get all of these personalized, barcoded forms by logging into your **Via Benefits** account:

Non-Medicare Retirees:
www.acera.org/via

Medicare Retirees:
www.acera.org/via-med

Or call: 1-888-427-8730

Recurring Premium Reimbursement Form Instructions

- 1 **Coverage Period:** Write the current calendar year, e.g., 01/01/2027 - 12/31/2027.
- 2 **Premium Type:** Write "Medical" or "Prescription Drug".
- 3 **Carrier:** Write the name of your insurance carrier.
- 4 **Individual Serviced:** Always write "Self" here. ACERA does not reimburse spouses.
- 5 **Monthly Amount:** Write the monthly premium amount from your insurance carrier.

Out-of-Pocket Expense Reimbursements

If you're eligible for the MMA, you can get reimbursed for out-of-pocket expenses up to your MMA annual limit.

Eligible expenses include:

- Deductibles and copays
- IRS Publication 502 medical expenses [acera.org/502](https://www.aceracorp.com/502) except Medicare Part A and B premiums and expenses relating to vision, dental, long-term care, and non-medically necessary procedures
- Medicare Part B IRMAAs [acera.org/irmaa](https://www.aceracorp.com/irmaa)

There are two ways to submit these reimbursement requests:

1. **ONLINE (RECOMMENDED):** Log into Via Benefits at <https://my.viabenefits.com/funds> to submit out-of-pocket medical expenses. This is the fastest way to get reimbursed, and you can upload receipts.
 2. **BY FORM:** You can also fill out the bottom section of the Reimbursement Request Form below, attach documentation, and mail or fax it to Via Benefits.
- **TIP:** Find helpful instructions and video walk-throughs at www.aceracorp.com/reimburse.

What counts as backup documentation?

You'll need a receipt from your doctor or pharmacist that includes:

- Name of the provider
- Description of the service or product
- Date of the service or purchase
- Patient name
- Amount paid or owed after insurance

What's a deductible? What's a copay?

A **deductible** is the amount of expenses that you must pay out-of-pocket before your insurance plan will pay any expenses. Once you've paid the deductible, your insurance carrier will start paying expenses, but you may still owe a copay.

A **copay** is a fixed amount you pay every time you see a doctor, fill a prescription, or use other services like the emergency room or an ambulance.

Deadline is March 31st of Following Year

You can submit reimbursement claim forms as you incur charges, or you can submit them later. The deadline to submit claim forms for a plan year is March 31 of the following year.

For example, claims for charges incurred in 2026 would have to be submitted by March 31, 2027.

**VIA BENEFITS™**

Reimbursement Request Form


1122334455667770
Account ID: 1234567899
GROUPNAME, LLC

John Sample
1234 Street Name
Any Town, State 00000
United States

Submit requests online
Submit requests online at my.viabenefits.com/funds
for processing up to 10 days faster.

Step 1. Prepare your request

- Check your name and address above, as you can only use your own form.
- Collect your **required supporting documentation**, as we need it to process your request. (See back for details.)

Step 2. Add your expenses to the correct table

Enter premium expenses
(Your request will be considered for recurring reimbursement based on your documentation and plan rules.)

Coverage Period (e.g., 01/01/2020 - 12/31/2020)	Premium Type (e.g., Medical)	Carrier (e.g., Humana)	Individual Serviced (e.g., John Doe)	Monthly Amount (e.g., \$200.00)

Enter out-of-pocket medical expenses

Date of Service (e.g., 01/01/2020)	Expense Type (e.g., Copay)	Provider (e.g., Dr. Smith, CVS)	Individual Serviced (e.g., John Doe)	Amount (e.g., \$100.00)
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000001-20200100-ReimbursementRequestForm

Out-of-Pocket Expense Reimbursement Form Instructions

- 1 **Date of Service:** The date you went to the doctor or picked up your prescription.
- 2 **Expense Type:** Describe the expense, e.g., copay, deductible, hearing aids, etc.
- 3 **Provider:** Write the name of your doctor or the pharmacy where you filled your prescription.
- 4 **Individual Serviced:** Always write "Self" here. ACERA does not reimburse spouses.
- 5 **Amount:** Write the amount of the expense you're requesting reimbursement for.

How do my reimbursements get paid to me?

Your recurring premium and/or out-of-pocket medical expense reimbursements will get paid to you in one of two ways:

Option A: By Direct Deposit

This is the fastest and most secure way to receive your reimbursements. If you set this up during your enrollment, you're all set. If not, you can:

- Log into your Via Benefits account and follow the instructions to set up direct deposit online, or
- Fill out a Direct Deposit Authorization Form below, attach a voided check, and mail or fax it to Via Benefits.

Visit www.acera.org/reimburse for a video walk-through on setting up Direct Deposit.

Initial Lag Time

It may take up to 3 months for recurring reimbursements to begin through direct deposit. This delay happens because Via Benefits must first receive confirmation from your insurance carrier.

If you want to get reimbursed sooner, you can submit an Out-of-Pocket Expense Reimbursement Request with your own backup documentation (see instructions on the previous page).

Lag Time for AARP and Other Plans

AARP plan premiums are typically deducted early in the month and reimbursed near the end. Reimbursement lag times may also vary for other insurance carriers.

Option B: By Check

If you haven't set up direct deposit to your bank account, Via Benefits will mail you a check for your reimbursement.

VIA BENEFITS™ Account ID: 1234567890
Alameda County Employees Retirement Association (ACERA)

Direct Deposit Authorization Form

Exclusively for the account of:
First Name Last Name
Address Line 1
Address Line 2
City, State ZIP Code

Save Time and Money!
Go Online to correct personal information or call Via Benefits.
My.ViaBenefits.com/Funds

Mail to: PO BOX 981155
El Paso, TX 79998-1155

Fax to: 1-855-321-2605
Total pages: 1

Phone number: 1-888-427-8730

What I Need To Do:

- ☐ Obtain and verify your bank routing and account number
- ☐ Checking Account Requirements: Savings Account Requirements:
- ☐ Bank routing number ☐ Bank routing number
- ☐ Account number ☐ Account number
- ☐ Attach voided check

Account Type: (select one)

1 ☐ Checking

2 ☐ Savings

3 Financial Institution

4 Bank Routing Number (9 numbers only)

Account Number

Certification:
I hereby authorize Via Benefits to initiate credit or debit entries to my account with the financial institution indicated above. This authority is to remain in full force and effect until Via Benefits has received written notification from me of its termination in such time and in such manner as to afford Via Benefits and the financial institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my plan.

Account Holder Signature _____ Date _____

John Q. Smith
100 Maple Lane
Home Town, USA 12345
Pay to the order of _____ \$ _____

Home Town Bank
100 Main Street
Home Town, USA 12345
123456789 1234567890987 99999

Bank Routing Number Account Number Check

5 Submit Reimbursement Requests and enroll in Direct Deposit Online

the fastest, safest and most secure way to be processed and reimbursed.

VOID

1-800-250-1001/64 901002-180206-Direct Deposit Form

Direct Deposit Form Instructions

- 1 **Account Type:** Select either checking or savings.
- 2 **Financial Institution:** Write the name of your bank here.
- 3 **Bank Routing Number:** Write the routing number here. It can normally be found on the bottom left hand side of your check and is 9 numbers long.
- 4 **Account Number:** Write your account number here. It can be found on your check to the right of your routing number.
- 5 If you selected Checking, include a voided check.

How can I get cheaper prescription copays?

Each prescription drug plan has its own formulary.

Your prescription drug plan has a list of the drugs it covers. This list is called a preferred drug list, or formulary. Using your plan's formulary will help you save money on your drugs. A group of doctors and other experts choose the drugs on the formulary. The formulary includes common drugs for most health conditions. Plan formularies can be different. To view your plan's formulary, call your health plan and/or go to your plan's website and search for it.

Some drugs on the formulary may cost more than others.

With some formularies, you pay the same amount for each drug you get. But many formularies have two or more cost levels, or tiers. The higher the level, the more the drug costs you. Generic drugs usually cost less than brand-name drugs. Some brand-name drugs may cost more than others, and some are not on the formulary at all.

Some kinds of drugs are not on the formulary.

Over-the-counter drugs are usually not on the formulary—unless there is a stronger version that you can get by prescription only. “Lifestyle Drugs” (drugs for cosmetic use, sexual problems, weight loss, etc.) are usually not on the formulary. Your health plan will not pay for these drugs unless your doctor can show that you need them for medical reasons.

Formularies change.

New drugs may be added each year to the plan formulary. If you need a drug that is new, ask your doctor if it has been added to the formulary. A generic version of a drug may replace the brand-name version, or one generic may replace another. When this happens, your copay may change or your pills may look different. Some drugs may be removed from the formulary, because they are not safe or they do not work well.

Drugs on the formulary usually cost less.

Drugs that are on the formulary usually cost less than drugs that are not on the formulary. When your doctor writes a new prescription, ask if the drug is on your plan's formulary and if it is a generic drug. Or ask for the least expensive brand-name drug on the formulary. When you fill a prescription, ask the pharmacist if the drug is on your plan's formulary. If it is not, ask if you can get a drug on the formulary instead. In most cases, the pharmacist can replace a brand-name drug with its generic version. Sometimes the pharmacist will need to call your doctor or health plan. Before you change health plans, find out if the drugs you need are on the new plan's formulary.

What if a drug I need is not on the formulary or is taken off the formulary?

Your doctor can ask your health plan to approve the drug. This is called “prior authorization” or “pre-approval.” Your health plan should approve or deny your request within a few days. If your health plan denies your request, you can file an appeal. Call your plan, or ask your doctor for help. You can also call Medicare at 1-800-633-4227 and ask what to do. Your health plan may say that you have to try a drug on the formulary before you can get another drug. This is called “step therapy.” If the drug on the formulary does not work for you, then your doctor can ask for the more expensive drug.

Shop around for lower drug prices.

Additionally, try shopping around for lower prescription prices. Here are three ideas:

1. Call local pharmacies, and they will quote prescription prices over the phone.
2. Search www.goodrx.com for price comparisons and coupons.
3. Search for your generic drugs at www.costplusdrugs.com. Drugs can be ordered directly, and they arrive by mail. Be aware that you would not be using your insurance, but it is possible you might find a cheaper price than you would through your insurance plan.

Understanding the 2027 Medicare Part D Coverage Phases

Medicare prescription drug plans through Via Benefits are divided into phases based on your out-of-pocket prescription drug costs each year. Keeping track of which phase you're in can help you plan for your expenses and anticipate when you might enter each phase.

As of 2025, the Medicare Part D benefit includes three phases: annual deductible, initial coverage, and catastrophic coverage. The previous “Coverage Gap” (or “donut hole”) has been phased out entirely, and you pay nothing for covered prescriptions once you reach the \$2,400 out-of-pocket maximum for 2027.

This structure was introduced by the Inflation Reduction Act of 2022, which fundamentally lowered out-of-pocket costs for Medicare beneficiaries starting in 2025. The annual out-of-pocket maximum for prescription drugs dropped from \$8,000 in 2024 to \$2,000 in 2025, and the 5% coinsurance in the catastrophic phase was eliminated. While the annual cap adjusts slightly each year (sitting at \$2,400 for 2027), it remains far lower than under the old system, protecting retirees from catastrophic drug expenses.

You can monitor your progress through these phases using the Explanation of Benefits (EOB) statement your plan sends you each month.

