

YOUR SPENDING ACCOUNT™

IRS rules require Your Spending Account (YSA) to validate participant expenses as eligible before providing reimbursement from a Health Reimbursement Arrangement (HRA). To ensure continued accuracy, participants must provide documentation — just once a year with their first claim (if elected premium auto re-imburement) — showing/detailing the type of premium they're requesting to have reimbursed. Without this additional detail, claims will be denied. To learn more about this requirement, please read the information below.

What You Should Know About Getting Reimbursed from Your Reimbursement Arrangement

How It Works

To make sure you get reimbursed as quickly as possible when submitting a premium reimbursement request, you'll need to provide additional information that shows which type of premium you're paying — whether medical, prescription drug, dental, vision, etc. Please note that this is *in addition* to existing submission requirements (see *Required Receipts and Documentation* at retiree.aon.com/OP-F). However, unlike other documents that must accompany each claim, you typically only need to provide information on the type of premium to YSA once each calendar year.

The auto reimbursement process runs on the 5th business day of the month. Members could begin to see their direct deposits that day, or within 1 – 2 business days after the process is completed. If the member elected for a paper check to be mailed, typical delivery timing is 5 – 7 business days.

What You Need to Do

Below are documents that typically show the type of insurance associated with your premium and, as a result, are considered acceptable “proof.” While you may receive certain items automatically or find them online, in other cases, you may need to contact your insurer for the required document.

Acceptable documents include:

- A **Confirmation of Enrollment (COE)** that you can print after enrolling to reference your elections during the year.
- A **premium statement** from your insurance carrier showing the amount you owe for the coming month.
- A **Confirmation of Coverage** sent early each year from one or more carriers, depending on the type(s) of coverage you elect.
- An **Explanation of Benefits (EOB)** that you'll receive after using coverage to explain which services or products are covered versus your responsibility, and why.
- A **copy of your insurance ID card**, as long as it describes the premium type and accompanies other information showing the date of payment or coverage period, insurance carrier's name, and premium amount.
- **Pension statements** that specify the premium type.

Please note: *No hand-written explanations regarding your premium will be accepted.*

When Proof Is (and Is Not) Required

Please note the following rules about providing proof of insurance type.

Proof IS required if...	Proof is NOT required if...
<p>You're submitting any claim (regardless of the date the claim was incurred) for premium reimbursement.</p> <p>ALL premium reimbursement claims submitted must be accompanied by proof of insurance type in order to be approved. If this information is missing, the claim will be denied.</p> <p>This information needs to be submitted only once each year for each type of premium reimbursement requested for coverage.</p> <p>You will need to submit premium reimbursement proof of insurance again for next year and each calendar year thereafter for claims incurred during the calendar year.</p>	<p>Your claim is considered substantiated in one of the following ways:</p> <ul style="list-style-type: none">• The claim is automatically submitted for you by the Aon Retiree Health Exchange (Medicare only).• Your medical documentation lists HMO, PPO, Health Plan Premium, or Health Plan Provider.



Questions?

Please access the YSA website at retiree.aon.com/OP-F.