

# HRA: What this Plan Covers

Frequently Asked Questions and Summary of Benefits and Coverage (SBC)

## City of San Jose Employees' VEBA/HRA Plan Design

### Plan Year:

Effective 11-01-2023 – open-ended

### VEBA/HRA Plan Contribution:

Variable per pay period

### VEBA/HRA Allowable Expenses:

All expenses allowed under 213d plus Retiree Medical Insurance Premiums

### Reimbursements Paid To:

Participant

### Other Details:

Individuals are eligible for claims reimbursement ONLY upon termination/separation/retirement.

## How am I reimbursed for eligible expenses?

1. Online Reimbursement Request – You will receive unique login credentials to file claims through your online portal at <https://myhealthaccount.voya.com>
2. Mobile Application Request – You can file a claim by downloading our mobile application for iPhone and Android phones/tablet. More information on our mobile application is available through the online portal under Tools & Support.
3. Paper Reimbursement Request Form – Claim forms can be downloaded from our website or requested by calling our customer service contact center at (833) 232-4673. You may submit a claim form and supporting documents via email (please do not send sensitive information via email unless it is secure), fax, or mail.
4. Use the Debit Card provided once you are claims-eligible.

## When can I expect reimbursement?

Properly filed claims will be processed for reimbursement in 2-7 business days and no later than 7-10 business days. You may opt for reimbursements to be made by check or direct deposit.



# Claim File Feed Process

Participant

- You incur and pay for a reimbursable expense or retiree premiums.

Participant

- To request reimbursement, you submit an HRA claim via paper, online or mobile to Voya OR use the Debit Card provided.

Voya

- Voya will reimburse you for eligible expenses, according to your HRA plan.

Participant

- You pay your provider with the HRA reimbursement received from Voya or keep the reimbursement if you have already paid your provider.





The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-833-232-4673. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <http://cciio.cms.gov> or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-833-232-4673 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	N/A individual or N/A family	See the Common Medical Events chart below for your costs of services this HRA <a href="#">plan</a> covers. .
Are there services covered before you meet your <a href="#">deductible</a> ?	No.	This HRA <a href="#">plan</a> covers 213d expenses and retiree premiums.
Are there other <a href="#">deductibles</a> for specific services?	No.	This HRA <a href="#">plan</a> covers 213d expenses and retiree premiums.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	Not applicable.	This HRA <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Not applicable.	This HRA <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
Will you pay less if you use a <a href="#">network provider</a> ?	Not applicable.	This HRA <a href="#">plan</a> does not use a <a href="#">provider network</a> . You can receive covered services from any <a href="#">provider</a> .
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	Under this HRA <a href="#">plan</a> you can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	<a href="#">Specialist</a> visit	No charge up to available account balance.	No charge up to available account balance.	
	<a href="#">Preventive care/screening/</a> Immunization	No charge up to available account balance.	No charge up to available account balance.	
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Imaging (CT/PET scans, MRIs)	No charge up to available account balance.	No charge up to available account balance.	
If you need drugs to treat your illness or condition	Generic drugs	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Preferred brand drugs	No charge up to available account balance.	No charge up to available account balance.	
	Non-preferred brand drugs	No charge up to available account balance.	No charge up to available account balance.	
	<a href="#">Specialty drugs</a>	No charge up to available account balance.	No charge up to available account balance.	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Physician/surgeon fees	No charge up to available account balance.	No charge up to available account balance.	
If you need immediate medical attention	<a href="#">Emergency room care</a>	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	<a href="#">Emergency medical transportation</a>	No charge up to available account balance.	No charge up to available account balance.	
	<a href="#">Urgent care</a>	No charge up to available account balance.	No charge up to available account balance.	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Physician/surgeon fees	No charge up to available account balance.	No charge up to available account balance.	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Inpatient services	No charge up to available account balance.	No charge up to available account balance.	
<b>If you are pregnant</b>	Office visits	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Childbirth/delivery professional services	No charge up to available account balance.	No charge up to available account balance.	
	Childbirth/delivery facility services	No charge up to available account balance.	No charge up to available account balance.	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	<a href="#">Rehabilitation services</a>	No charge up to available account balance.	No charge up to available account balance.	
	<a href="#">Habilitation services</a>	No charge up to available account balance.	No charge up to available account balance.	
	<a href="#">Skilled nursing care</a>	No charge up to available account balance.	No charge up to available account balance.	
	<a href="#">Durable medical equipment</a>	No charge up to available account balance.	No charge up to available account balance.	
	<a href="#">Hospice services</a>	No charge up to available account balance.	No charge up to available account balance.	
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge up to available account balance.	No charge up to available account balance.	Only expenses for unreimbursed medical care up to the available account balance are covered.
	Children's glasses	No charge up to available account balance.	No charge up to available account balance.	
	Children's dental check-up	No charge up to available account balance.	No charge up to available account balance.	

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic surgery
- Long-term care
- Weight loss programs (if merely to improve general health)

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture (if for medical care)
- Hearing aids
- Private-duty nursing
- Bariatric surgery
- Infertility treatment
- Routine eye care (Adult)
- Chiropractic care
- Non-emergency care when traveling outside the U.S. (if for qualifying medical care)
- Routine foot care
- Dental care (Adult)
- Weight-loss programs (if recommended by a physician to treat a specific medical condition)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: [www.dol.gov/ebsa](http://www.dol.gov/ebsa), [www.cciio.cms.gov](http://www.cciio.cms.gov), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318- 2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact Voya Benefits Company, LLC at 1-833-232-4673.

### Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

### Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

### Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-833-232-4673.]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-833-232-4673.]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-833-232-4673.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-833-232-4673.]

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) N/A
- [Specialist copayment](#) N/A
- Hospital (facility) [coinsurance](#) N/A
- Other [coinsurance](#) N/A

**This EXAMPLE event includes services like:**

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$XX,XXX</b>
<b>In this example, Peg would pay:</b>	
<i>Cost Sharing</i>	
<a href="#">Deductibles</a> *	\$XXX
<a href="#">Copayments</a>	\$XXX
<a href="#">Coinsurance</a>	\$X,XXX
<i>What isn't covered</i>	
Limits or exclusions	\$XX
<b>The total Peg would pay is</b>	<b>\$X,XXX</b>

### Managing Joe's Type 2

**Diabetes** (a year of routine in-network care of a well- controlled condition)

- The [plan's](#) overall [deductible](#) N/A
- [Specialist copayment](#) N/A
- Hospital (facility) [coinsurance](#) N/A
- Other [coinsurance](#) N/A

**This EXAMPLE event includes services like:**

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$X,XXX</b>
<b>In this example, Joe would pay:</b>	
<i>Cost Sharing</i>	
<a href="#">Deductibles</a> *	\$XXX
<a href="#">Copayments</a>	\$XXX
<a href="#">Coinsurance</a>	\$XXX
<i>What isn't covered</i>	
Limits or exclusions	\$XX
<b>The total Joe would pay is</b>	<b>\$X,XXX</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) N/A
- [Specialist copayment](#) N/A
- Hospital (facility) [coinsurance](#) N/A
- Other [coinsurance](#) N/A

**This EXAMPLE event includes services like:**

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$X,XXX</b>
<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>	
<a href="#">Deductibles</a> *	\$XXX
<a href="#">Copayments</a>	\$XXX
<a href="#">Coinsurance</a>	\$XXX
<i>What isn't covered</i>	
Limits or exclusions	\$XX
<b>The total Mia would pay is</b>	<b>\$X,XXX</b>

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [insert].

\*Note: This [plan](#) has other [deductibles](#) for specific services included in this coverage example. See "Are there other [deductibles](#) for specific services?" row above.



Health Reimbursement Arrangements offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). Administration services provided in part by WEX Health, Inc.

This highlights some of the benefits of a Health Reimbursement Arrangement. If there is a discrepancy between this material and the plan documents, the plan documents will govern. Subject to any applicable agreements, Voya and WEX Health, Inc. reserve the right to amend or modify the services at any time.

The amount saved in taxes will vary depending on the amount set aside in the account, annual earnings, whether or not Social Security taxes are paid, the number of exemptions and deductions claimed, tax bracket and state and local tax regulations. Check with a tax advisor for information on whether your participation will affect tax savings. None of the information provided should be considered tax or legal advice.

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