City of San José VEBA Account Claims Guide



VEBA Claims Portal

The Voya Claims Portal provides claims-active participants a simple approach to manage their account across multiple channels including web, mobile, and phone to submit, review and manage your qualified healthcare expenses for reimbursement. For log in instructions, please refer to the "City of San José VEBA Account Online Access" guide.

Account Access	
Are you an HRA Plan Participant?	
If your HRA Plan reimburses you for qualified medical expenses incurred after retirement or separation from service, access your account on the HRA Part Portal hosted by BPAS. View the <u>HRA Participant Brochure</u> is to learn more about this important benefit offered by your employer.	icipant
Note: If you have a retirement plan with Voya, you can also view your HRA balance and access the HRA Participant Portal by logging into your retirement online or the Voya Retire mobile app. If you are looking for information about your Voya HSA, FSA, or other benefit programs, please contact Voya Financi Account Solutions using the contact information below.	account al Health
Access Your Account 12	

Once you have successfully signed into the participant portal, the "At a Glance" page presents you with your available account options. Here you can see your "Account Balance", your "Rate of Return", "Submit a Claim" and see the available balance for VEBA claims. To enter the "Claims Portal" you will select the "Submit" button. This will launch the Voya Claims Portal.

* Please note that your account balance and HRA amount available will usually have a 10% variance to account for any pending claim payments.



Simple entry of reimbursements, payment requests and management of expenses

From the landing page of the Claims Portal, you may easily process reimbursements, make payments or manage your expenses:



Reimbursing yourself for qualified expenses

If you have would like to submit a claim for reimbursement for qualified out of pocket expenses, click the "Reimburse Myself" button. Once selected, the following screen allows you to process reimbursement of a medical expense or be reimbursed for premium expenses. Here you will select to have the payment made from your "Medical" account and paid to yourself and upload the supporting documentation/receipt. Reimbursement requests are to be submitted no later than two years from when the expense was incurred.

Before entry:

Accounts / Reim	burse Myself		
Available Balance			
Retirement Heath Sa 0 \$85,349.96			
Create Reimbursement			* Paquind
Online claims filing is a fast use and start filing!	and easy way to file claims. Just	click the "File Claim" button next to	o the account you wish to
Pay From *	Select en account	-	
Pay To *	Select a Payee	-	
Cancel			Next

After data entry for reimbursement:

Accounts / Re	imburse Myself	
Available Balance		
Antronan Hearn Sa C \$85,349.96		
Receipt / Documen	tation	Regional
Hecept(s)* 0	Upload Valid Decementation	
Summery		
Pay From	Medical	
Pay To	Me	
Canon		Previous Rest

Sending a payment for qualified expenses from your VEBA account

Select the "Send Payment" button to begin the process of sending a payment to a provider who has provided a qualified service or product.

Once selected, you will be presented with the following screen which allows you to create and process a payment request:

Accounts / Send F	Payment		
Available Balance			
Retirement Health Sa Retirement Health Sa			
Create Reimbursement		* Req	ired
Online claims filing is a fast an use and start filing!	d easy way to file claims. J	ust click the "File Claim" button next to the account you wish	to
Pay From *	Medical	•	
Рау То * 🚯	Someone Else	•	
Based on your selection, you	vill be requesting a Claim R	Reimbursement.	
Cancel		Next	

After clicking on the "Next" button, the following screen input will be presented to provide the details of the payee. Additionally, you will be prompted to upload documentation in each section. Once all details are submitted, Voya will generate payment and mail a check to the provider.

Payee Details		* Required
Payee Name *	[
	Enter who provided this service (this may be a physician, hospital, etc.)	
Who is this for?		
	When appropriate, provide the name of the person who received service.	
Account Number *		
	Enter the account number that the payee uses to identify the service or recipient.	
Payee Address *	Address Line 1	
	Address Line 2	
	Address Line 3	
	City	
	Select a state Zip Code	
	Enter the address of physician, hospital, etc. who provided the service.	
Summary		
From	Medical	
То	Someone Else	
		_

Managing your expenses

You may also upload your expenses as they occur by selecting the "Manage Expenses" button to begin the process of sending a payment to a medical provider. This may be helpful if you incur multiple out of pocket expenses.

After selecting the "Manage my Expenses" tab, the following screen input will be presented to allow you to upload and store receipts for expenses you have and to also see a summary of expenses submitted. You will also have the option to select unsubmitted expenses and submit them for reimbursement.

Add Expense Export Expo	enses		
Expense Summary	Total Expenses \$0.00	Total Paid Expenses \$0.00	Total Unpaid Expense: \$0.00
Total Eligible to Submit:	\$0.00		
Filter By ~ Reset Filters			
EXDENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	SUBMITTED AMOUNT STAT

Updating/providing dependent information

To update or provide dependent information related to your account, you may take the following steps within the Claims Portal:

- From the main landing page, select the "Accounts" tab;
- Then select "Profile/Summary" from the drop-down menu.

This will provide you with the following screen:

VOy	FINANCIAL		
Home	Accounts	Tools & Support	Message Center
Profile / Profile	Summary Update Profile	Dependents	Add Dependent
STEVE PARTICIPANT HOME ADDRESS 1233 Home Avenue Any Town, CA 90001 United States MOBILE NUMBER (123) 345-6789 EMAIL ADDRESS steve@homenet.net	MAILING ADDRESS 1234 Home Avenue Any Town, CA 90001 United States	SALLY PARTICIPANT Birth Date: 12/7/1957 Student: No View / Update	
GENDER Unspecified USERNAME	MARITAL STATUS Unspecified PARTICIPANT ACCOUNT ID		
SPART1234	123456789		

You will note your "Profile" information which may be updated and the "Dependent" information on file. Please note that if your marital status shows as "unspecified", a spouse will not show as eligible. Selecting "Update Profile" allows you to edit the information provided. Similarly, you may view or update existing dependent information by selecting these options so you can submit claims for eligible expenses incurred by them. Selecting "Add Dependent" will present you with the following screen:

VO			
Home	Accounts	Tools & Support	Message Center
Profile / Add Dep	pendent		
Dependent Information	n		*Required
Name *	First Name	MI	
	Last Name		
Birth Date *	mm/dd/yyyy]	
Gender	Select a gender		
Full Time Student *	⊖Yes ●No		
Relationship *	Select a relationship •]	
Dependents added will be your administrator to enroll	enrolled in the medical and de a dependent in an HRA plan.	ependent care plans in whic	h you are enrolled. Please contact
Cancel			Submit

A new dependent is added to your account by providing the data requested and clicking the "Submit" button.

Medical expenses debit card

Once your VEBA account becomes claims-active, you will be sent a debit card to utilize as a convenient method to access available account funds for qualified medical expenses. With your debit cards use, qualified expenses are paid for automatically at the point-ofpurchase, eliminating the need to submit requests for reimbursement or waiting for payments to be made. Two debit cards will be mailed to you within 10 days of your account becoming claims eligible. Please watch for it to arrive at your home address along with the Cardholder Agreement in a plain white envelope.



Your debit card is eligible for use based upon the funds available in your VEBA account. When using your debit card, the amount of the expense is automatically deducted from your available account balance and paid directly to the authorized provider. Remember to save your receipts as you must retain records and documents to validate your card transactions. In some cases, you may be required to provide additional documentation regarding a debit card transaction.

Where to use your debit card

Your debit card may be used at merchants who accept Mastercard and who also have an inventory information approval system (IIAS) in place to identify account-eligible purchases. At the point of purchase, the IIAS automatically approves the purchase of eligible items and payment is made automatically to the authorized merchant from your benefits.

- Eligible items are automatically approved at authorized merchants and paid from your benefit account.
- Don't worry, your purchases cannot exceed your available account balance.

Updating/providing banking information

Instead of having physical checks mailed as reimbursement for out of pocket expenses, you may add banking information so your reimbursement is deposited into your bank account. To update or provide banking information related to your account, you may take the following steps within the Claims Portal:

- From the main landing page, select the "Accounts" tab;
- Then select "Banking/Cards" from the drop-down menu.

This will provide you with the following screen:



To provide or update your banking information, select "View/Update" under Bank Accounts. This will present the following screen:

Bank Account Informatio	n	"Require
Routing Number * 📵	123456789	
Account Number *	123456789	
Confirm Account Number *	123456789	
Account Type *	Checking	
Account Nickname * 📵	Personal Checking Account	
Bank Institution Informat	tion	
Bank Name *	Any Bank	
Bank Address *	1234 Main Street	
	Any Town	
	State Zip Code	

From this screen you can enter the details related to you checking or savings account. Once completed, select the "Submit" button.

From the "Banking/Cards" section of the "Accounts" page, you can also report lost cards and request replacement cards if needed.

Voya Health Account Solutions Mobile App (for iPhone and Android)

To download the Voya Health Account Solutions Mobile App, visit the Apple App Store and or Google Play Store and search for Voya Health App. Voya has developed the mobile app to help you manage your account easily and efficiently from any place, at any time.

With the mobile app, you can scan product barcodes to determine eligibility, take or upload a picture of a receipt and submit for a new or existing claim and more!



iPhone is a trademark of Apple Inc., registered in the U.S. and other countries. Android is a trademark of Google Inc.





Should you have additional questions about the City of San José's VEBA plan or your account, you can contact either San José's Voya Financial Team or Voya Health Account Solutions Team for further information.

Voya's San José Service:

Telephone: 877-464-4748 Additionally, you can set up a meeting with your local Voya Representatives* online at https://csj.timetap.com.

Voya's Health Account Solution Call Center:

Toll-free: 833-232-4673 **Office Hours:** 5:00 a.m. – 3:00 p.m., PST Monday – Thursday and 5:00 a.m. to 2:00 p.m. PT on Friday

* Investment adviser representative and registered representative of, and securities and investment advisory services offered through, Voya Financial Advisors, Inc. (member SIPC).

Funding Agreements under a Health Reimbursement Arrangement are long-term investment vehicles which allow you to allocate employer contributions among variable investment options that have the potential to grow tax free. Account values fluctuate with market conditions; when withdrawn the principal may be worth more or less than original amount invested.

A Health Reimbursement Arrangement is not an insurance policy. It is a tax-advantaged, employer-sponsored, self-insured employee health benefit subject to IRS Code Section 105. This is not intended to be legal or tax advice and you should consult with your own legal/tax advisor regarding your individual situation.

Not FDIC/NCUA/NCUSIF Insured I Not a Deposit of a Bank/Credit Union I May Lose Value I Not Bank/Credit Union Guaranteed I Not Insured by Any Federal Government Agency Insurance products issued by Voya Retirement Insurance and Annuity Company, One Orange Way, Windsor, CT 06095-4774. Securities are distributed by Voya Financial Partners LLC (member SIPC).

All companies are members of the Voya[®] family of companies. **Securities may also be through other broker-dealers with which Voya has selling agreements.** Insurance obligations are the responsibility of each individual company. Product and services may not be available in all states. Voya Institutional Trust Company is the trustee of the Voya Health Reserve Account. 216366 997912_1223 © 2023 Voya Services Company. All rights reserved. CN3262066_1225



