

# Getting the most out of your Rocky Flats Retiree Reimbursement Account (RRA)

## Learn how to reimburse yourself for eligible expenses

### What is an RRA?

Your **Retiree Reimbursement Account (RRA)** is an account owned and funded by Rocky Flats that can be used to reimburse you for eligible premiums and out-of-pocket medical expenses, such as doctor's office and prescription drug co-pays, over-the-counter medicines, dental and vision care.

### Understanding your claim forms and when to use each form

#### ■ Recurring Premium Expense Reimbursement Request form

Use this form to request RECURRING monthly reimbursement for eligible medical, prescription drug and/or dental premiums. This form is usually submitted on an annual basis.

#### ▲ Retiree Claim for Reimbursement form

Use this form to request a one-time "nonrecurring" reimbursement for eligible out-of-pocket medical expenses, such as doctor's office and prescription drug co-pays, dental and vision care, medical equipment, and insurance premiums.

*See example forms enclosed.*

#### RRA Claim Supporting Documentation

When you submit a claim for reimbursement, you will need to provide documentation verifying your payment for that expense in order to receive a reimbursement from your RRA account. This documentation must include:

- Name of person/entity providing service
- Description of expense
- Date expense was incurred
- Total expense amount
- Name of person receiving service

#### ■ Here are some examples of acceptable supporting documentation for eligible premium reimbursements (**Recurring Premium Reimbursement Request**):

- Insurance premium confirmation letter
- Insurance premium billing statement
- Cancelled check (when statement or letter is not available)
- Annual statement from Social Security Administration (for Medicare Part B)

#### ▲ Here are some examples of acceptable supporting documentation for eligible medical expenses (**Retiree Claim for Reimbursement**):

- Explanation of Benefits (EOB) with claim details
- Billing invoice or itemized statement from your healthcare provider
- Itemized receipt



Your RRA covers out-of-pocket expenses for 213d & ALL premiums eligible expenses.

You may also use your RRA for eligible expenses for your spouse and eligible dependents.

Examples of eligible expenses include:

- Ambulance
- Chiropractic care
- Diagnostic services
- Dental expenses
- Hospital services
- Immunization
- Laboratory fees
- Medical testing devices
- Nursing services
- Organ transplant
- Oxygen
- Physical exam
- Physical therapy
- Premiums (medical, pharmacy, Medicare Part B, dental)
- Prescriptions
- Psychiatric care
- Surgery
- Vision expenses



## How Do You Get Reimbursed?

Depending on your payment method, you have different actions to complete the process.

1. **UnitedHealthcare Payment (debit) Card:** If you paid for an eligible medical expense using your UnitedHealthcare Payment (debit) Card, we will make every attempt to substantiate your claim, but you may have to submit additional documentation.

**STEP 1:** Sign into your account on the **Optum Bank mobile app** or at **UHCRetireeAccounts.com** to check the status of your card payment or wait for a mailed notice stating that additional documentation is needed.

**STEP 2:** If additional documentation is needed, follow the instructions to submit the required documentation.

**NOTE:** If you have an email address on file with Optum, you will receive the notice via email.

**REMINDER:** The UnitedHealthcare Payment (debit) Card **CANNOT** be used to pay insurance premiums.

2. **Personal funds:** If you paid for premiums or medical expenses using personal funds — a personal check, cash, or credit card — you will need to submit a request to be reimbursed as follows:

**STEP 1: Complete a claim form:**

Request reimbursement using the mobile app, online form, or paper form.

**TIP:** The fastest way to submit a claim is using the mobile app or online form.

Follow any path below to start your claim:

- File a claim using the **Optum Bank mobile app**. Log in and click the "Reimburse Myself" button under "Quick Links".
- File a claim online at **UHCRetireeAccounts.com**. Log in and from the Dashboard (homepage) click "File a Claim" then follow the screen prompts to complete the claim form.
- Print a paper form at **UHCRetireeAccounts.com**. Log in and from the Dashboard (homepage) click "Statements and Docs" then download and print the appropriate Claim Form.

**STEP 2: Submit documentation with your claim form:**

Follow the instructions on the form to submit your claim. Be sure your documentation shows all the required information.

**STEP 3: Receive reimbursement:**

We'll review your request to make sure it meets IRS guidelines. If we need more information, we will mail you a notice.

**NOTE:** If you have an email address on file with Optum, you will receive the notice via email.

**Direct deposit is the fastest way to receive your reimbursement.** If direct deposit has not been set up, we will mail you a check. You can check your claim status at any time online at **UHCRetireeAccounts.com**, or on the **Optum Bank mobile app**.

**We're proud to bring you convenient options that put you in control of how you and your family pay for health care.**

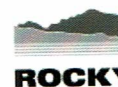
**TIP:** For added convenience and to receive reimbursement faster, you can set up **direct deposit** and your reimbursements will be sent directly to the bank account of your choice.

To set up direct deposit online, sign in to your account at **UHCRetireeAccounts.com**. From the top menu, click the drop-down on "Settings" and select "Bank Accounts," then click "Add Account," and complete the online form. You may also request a paper form by contacting Customer Care at 1-844-355-3359.



**For easy access to your account, download the Optum Bank mobile app from your app store.**

**Optum Financial®**



**UHCRetireeAccounts.com**

1-844-355-3359


Retiree Reimbursement Accounts (RRA) are administered on behalf of your plan sponsor by Optum Financial and are subject to eligibility and restrictions. Federal and state laws and regulations and the design of your plan are subject to change.

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## Retiree Claim for Reimbursement

 **TIME SAVING TIP:** Did you know you can file your claim online at **uhcretireeaccounts.com** instead of completing this form? Simply log into your account and click "File A Claim" under the "I Want To," section on the home page.

 **Helpful Tips**

 **Information Required**

Questions? Please call us at 1-877-298-2305 if you have any questions while completing this form.

**This is NOT the form used to set up recurring RRA premium reimbursement.**

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### 1 Participant information

|   |                            |  |
|---|----------------------------|--|
| First name, last name: <b>John Doe</b>          | Last 4 of SSN: <b>XXXX</b> | Employer/plan sponsor name: <b>Rocky Flats</b> |
| Participant address: <b>1234 Sample Address</b> |                            | City, state ZIP: <b>City, State, Zip Code</b>  |

### 2 About your expenses

Use one line in this section for each eligible expense type. If you have multiple eligible expenses of the same type, for example copays, you may request payment on one line for the entire date range. If you have more eligible expenses than space allows in this section, please submit as many Claim for Reimbursement forms as needed.

| Health care expenses | Date of service<br>MM/DD/YY<br><br>Example:<br>1/1/120 thru 1/31/20 | Expense amount claimed<br><br>Example:<br>\$125.00 | Name of person receiving product or service<br><br>Example:<br>John Doe | Name of service provider<br><br>Example:<br>ABC Insurance Co. | Type of expense (medical, vision, premium, etc.)<br><br>Example:<br>Insurance premium |
|----------------------|---|--|---|---|---|
| EXPENSE ①            | <b>2/3/23 – 6/25/23</b>   | <b>\$100.00</b>                                    | <b>John Doe</b>   | <b>Dr. Jay Jones</b>  | <b>5 Office Copay's</b>   |
| EXPENSE ②            | <b>3/15/23</b>  | <b>\$20.00</b>                                     | <b>John Doe</b>   | <b>CVS Pharmacy</b>   | <b>Prescriptions</b>  |
| EXPENSE ③            | <b>4/20/23</b>  | <b>\$122.00</b>                                    | <b>John Doe</b>   | <b>Walmart</b>  | <b>Crutches &amp; Shower chair</b>  |
| EXPENSE ④            | <b>8/5/23</b>   | <b>\$1,100.00</b>                                  | <b>John Doe</b>   | <b>Dr. Jane Clark</b>   | <b>Dental crown</b>   |
| EXPENSE ⑤            |   | \$   |   |   |   |

### 3 Agreement and participant signature

By submitting this form, I certify that: All expenses I am submitting for reimbursement were incurred by me or another individual eligible under my company's retiree plan, which is a health reimbursement arrangement (HRA). All expenses I am submitting for reimbursement were incurred during a period I was covered by the company's retiree plan, which is an HRA. None of the expenses I am submitting for reimbursement have been reimbursed by or, if applicable to my plan, are reimbursable from any other source. I am fully responsible for the sufficiency and accuracy of information relating to this reimbursement submission.

**Participant Signature Required**

**Date Form is Completed**

Participant's signature

Date

**IMPORTANT! ALL SUPPORTING DOCUMENTATION IS REQUIRED TO PROCESS CLAIMS**



Don't forget to submit legible documentation for each expense along with this form. For dependent care expenses, you may complete the Provider Certification in Step 2 in lieu of documentation. All supporting documents must include the following:

- |                           |                                     |  |
|---------------------------|-------------------------------------|--|
| 1. Total expense amount   | 3. Date expense was incurred        | 5. Name of person/entity providing service |
| 2. Description of expense | 4. Name of person receiving service | 6. Signature and date of claim submission  |

Where to return your form and documentation?

By mail: UnitedHealthcare, P.O. Box 30516, Salt Lake City, UT 84130

By email: [optumclaims@optumbank.com](mailto:optumclaims@optumbank.com)

By fax: 1-844-822-2881

Note: Forms without a signature will not be processed.



## Recurring Premium Expense Reimbursement Request

 Helpful Tips Information Required

Please complete this form to establish a recurring premium expense reimbursement.

Questions? Please call us at 1-877-298-2305 if you have any questions while completing this form.

1005 RRA UHC

### 1 Participant Information

Participant Name:

John Doe

Last 4 of SSN:

XXXX

Plan Sponsor:

Rocky Flats

Home Address:

1234 Sample Address

City/ST/ZIP:

City, State Zip Code

### 2 Recurring Premium Expense Information

**Scenario Example:** John Doe has \$2,400 available for calendar year 2024 in his RRA account and has the following monthly premium expenses: \$200 UHC supplemental premium and \$40 Medicare Part D premium for a total monthly premium expense of \$240. Here are some possible reimbursement options John Doe can request:

**Option 1:** \$200 monthly recurring reimbursement January – December to equal \$2,400 RRA annual stipend.

**Option 2:** \$240 monthly recurring reimbursement January – October to equal \$2,400 RRA annual stipend.

**Option 1 is used to fill in the example on this form.**

Please provide the information below about your recurring reimbursement request:

**RECOMMENDATION: VERIFY YOUR RRA ACCOUNT BALANCE BEFORE FILLING OUT THIS FORM**

- Which months would you like to be reimbursed? January 2024 through December 2024
- What is the amount you would like to be reimbursed each month? \$ \$200

**Important Note:** The amount you request each month to be reimbursed cannot exceed your monthly contribution, if applicable, and the amount you request each month will be deducted from your retiree reimbursement arrangement (RRA) until one or more of the following happen:

- Your available funds are used up
- You drop/add/change your existing coverage
- The calendar year ends
- You notify UnitedHealthcare in writing to stop the monthly recurring reimbursements

### IMPORTANT! SUPPORTING DOCUMENTATION IS REQUIRED

### 3 Required Premium Expense Documentation

Please provide copies of documentation for the premiums that are eligible for reimbursement. If we are unable to read the documents due to the quality of the copy, we may need to request additional information. Here are some examples of acceptable supporting documentation for plan premiums:

- Insurance premium confirmation letter
- Insurance premium payment coupon
- Monthly or quarterly billing statement
- Bank statement showing premium deduction (electronic withdrawal)
- Annual statement from Social Security Administration (if plan allows Medicare Part B and/or D reimbursement)

### 4 Participant Signature

By submitting this form, I certify that: All expenses I am submitting for reimbursement were incurred by me or another individual eligible under my company's retiree plan, which is a health reimbursement arrangement (HRA). All expenses I am submitting for reimbursement were incurred during a period I was covered by the company's retiree plan, which is an HRA. None of the expenses I am submitting for reimbursement have been reimbursed by or, if applicable to my plan, are reimbursable from any other source. I am fully responsible for the sufficiency and accuracy of information relating to the reimbursement submission. I understand that it is my responsibility to inform UnitedHealthcare if there are changes in coverage or monthly premium amount, or if I wish to stop monthly reimbursements.

**Participant Signature Required**

Participant Signature

**Date Form is Completed**

Date

Where to return your form and documentation?

By Mail: UnitedHealthcare, P.O. Box 30516, Salt Lake City, UT 84130

By Email: [optumclaims@prod.sourcehov.com](mailto:optumclaims@prod.sourcehov.com)

By Fax: 1-855-244-5016