

Frequently Asked Questions

The FAQs below were developed based on feedback from IBM retirees and the questions we most often receive from them. The questions are intended to help you effectively navigate the enrollment process, make informed decisions and use your HRA.

The following topics are covered:



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Enrollment

Q1: How long is the process to enroll with a Via Benefits benefit advisor?

A: Because the benefit advisors work with you personally over the phone, call duration will depend upon your needs. Allow at least ninety minutes per person to complete your enrollment. On each call, you will be asked to verify some personal information. This is a security measure to prevent others from fraudulently gaining access to your account. Part of the enrollment process requires legal disclaimers to be read. This can take a significant amount of time. Please be prepared for this and understand that these disclaimers are required by the Centers for Medicare and Medicaid Services (CMS) in order to complete the enrollment. Most people are able to complete their enrollment in one call.

Q2: I have an appointment with Via Benefits to complete my enrollment. What can I expect on that call?

A: During your scheduled appointment, your benefit advisor will first verify your information, ask questions about your current plan and future needs, and talk to you about your Health Reimbursement Arrangement (HRA), if you are eligible for one. The benefit advisor will make recommendations based upon your needs and budget.

Once you have selected a plan or plans, your call will be transferred to an application data processor (ADP), an enrollment specialist who will work with you to complete the process. The ADP will let you know approximately how long each of your insurance applications will take to complete. The approximate length of time is 20 minutes per application.

The ADP is required by law to review your plan selections with you and confirm that you do want to enroll in the selected plans. For each application, you will be required to state your information, just as if you were filling out a paper application, but instead you are doing this over the phone. All of this information is required to complete your application. All calls are recorded for your protection.

Q3: Why do I have to repeat my personal information so many times during my enrollment call?

A: In order to protect the security of your account, Via Benefits will require you to verify information each time you call. Multiple confirmations of your personal information are necessary to ensure you are accurately enrolled and your application is legally compliant.

Q4: What are voice disclaimers?

A: Voice disclaimers are a series of statements for each application Via Benefits is legally required to read when you enroll in a Medicare plan. When you “sign” your application over the phone, you will be required to acknowledge you have heard and understood the disclaimers associated with your plan. The reading of each disclaimer takes anywhere from four to seven minutes. Each type of Medicare, Medicare Advantage, Medicare Supplement (also known as Medigap), or Medicare Part D prescription drug plan, as well as each dental plan, has its own unique disclaimer. If you or your spouse enroll in multiple Medicare plans, Via Benefits is required to read the disclaimers associated with each plan. For example, if you enroll in a Medicare Supplement plan and a Medicare Part D prescription drug plan, you will hear two disclaimers, one for each plan. If you would like a copy of these disclaimers, the application data processor can send a copy to your email. There is no option to mail these at this time.

Q5: What if I do not have funding through IBM? Can Via Benefits still help me?

A: Via Benefits is available to all Medicare eligible individuals. You will be able to use Via Benefits’ services to enroll in individual Medicare plans through our Medicare marketplace now or in the future, regardless of your eligibility for IBM funding.

Q6: If I enroll in a Kaiser Permanente individual medical plan directly through Kaiser, can I enroll in a dental or vision plan through Via Benefits?

A: Yes. Contact Via Benefits at [1-855-359-7380](tel:1-855-359-7380) Monday through Friday, 8:00 a.m. to 9:00 p.m., Eastern Time, to let them know you enrolled in a Kaiser Permanente plan and you are interested in learning more about dental or vision plans available through Via Benefits. You can enroll in dental or vision coverage at any time during the year.

Q7: I currently receive my Medicare Part B premium reimbursed through the Special Health Assistance Provision (SHAP). Will this program continue?

A: Yes. You can continue to submit claims for reimbursement of the Medicare Part B premium through SHAP as you do today. IBM will continue to contribute to SHAP, which allows those who retired before December 31, 1996, as well as those under age 65 and on Medicare due to disability, to apply for 80% reimbursement of your Medicare Part B premium — up to \$900 per family per year. If you retired as a regular part-time employee, your maximum annual reimbursement is \$675.

For more information on the SHAP program, please contact our coverage partners, Acclaris.

Go online: [AcclarisOnline.com](https://www.acclaris.com)

Call: [1-888-880-2775](tel:1-888-880-2775) (TTY: 711)

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Q8: Can I submit my Medicare Part B premium expense to both my HRA and SHAP for reimbursement?

A: Yes. Once you have received your reimbursement through SHAP, you can then apply to Via Benefits for reimbursement of the remainder of your Part B premium from your HRA. You do this by submitting the recurring claim form for the unreimbursed amount along with your Part B substantiation paperwork. It is also important to note you may not submit the full Part B premium for reimbursement from your HRA once you have received partial reimbursement through SHAP. Before submitting an expense for an HRA reimbursement, you are required to certify on the claim form that the expense has not been reimbursed from any other source, and will not be submitted for future reimbursement.

Q9: Can I cover my Medicare-eligible spouse as a dependent under the same individual plan I choose?

A: No. While you and your spouse may both choose to enroll in the same individual medical and prescription drug plan, the coverage elections are not linked. Each Medicare-eligible person must choose his or her own plan separately. Coverage elections follow Medicare requirements which treat each Medicare beneficiary separately.

Q10: My spouse is under age 65 and I (the retiree) am over age 65. Do we need different coverage?

A: Yes. Every retiree and their dependent(s) who are age 65 or over will need to choose new medical, prescription drug, dental and/or vision coverage through the Medicare exchange. Eligible dependents who are under age 65 and not Medicare-eligible will continue to be able to enroll in IBM medical, prescription drug, dental and vision plan options for retirees under age 65 during the annual enrollment period. If your dependents do not make an enrollment choice, they will default into “no coverage.”

Prescription Drug Costs

Q11: What do I need to do to get an accurate estimate of my medication expenses?

A: When you enter your prescription drug information into your profile, your medications are automatically compared against the numerous plan offerings and your annual out-of-pocket prescription drug costs are calculated based on the prescriptions you enter into your profile. It is important to provide accurate information about medication name, dose, and frequency. If you are taking the generic, make sure you enter the actual prescription you take and not the name brand drug. Entering the information for medications in pill form is usually straightforward; however, if your prescription is a gel, cream, injection, or drop, it is essential to enter the packaging and dosage correctly to get an accurate estimate. You should not enter over-the-counter drugs. You should enter only those prescriptions you take on a regular basis.

Q12: What are the coverage gap (donut hole) and catastrophic coverage?

A: Medicare prescription drug plans have a coverage gap, also called the “donut hole”. This means there is a temporary limit on what the drug plan will cover for drugs. Not everyone will enter the coverage gap. The coverage gap begins after you and your drug plan have spent a certain amount for covered drugs. This amount may change each year. Once you enter the coverage gap, you will continue to pay a portion of your prescription drug expenses for those prescriptions that you receive through a retail or mail order pharmacy. Generally, your expenses will increase during the Coverage Gap, especially if you are taking brand name drugs. You will remain in the coverage gap until your out-of-pocket costs reach a certain threshold. This threshold amount may

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change each year, as directed by the CMS. Once you have met the threshold, you have reached the catastrophic prescription drug phase. At this phase, your costs will typically be reduced, but you will continue to pay a portion of your prescription drug costs.

To obtain information about the coverage gap and catastrophic threshold amounts for this year, please visit www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap.

If you take numerous or expensive prescription medications and you reach the catastrophic coverage level, if you are eligible for funding through IBM, you will be eligible for additional reimbursements of your prescription drug costs once you reach the catastrophic drug level. IBM cannot legally reimburse you for expenses during the coverage gap, as these expenses must be true out-of-pocket expenses. This is regulated by CMS. However, if you reach the catastrophic prescription drug level, IBM will reimburse you 100% of the actual Eligible Prescription Drug Expenses incurred by you or your eligible dependents for the remainder of the calendar year.

Eligible Prescription Drug Expenses are limited to prescription drug copays and coinsurance payments incurred on or after the IBM Catastrophic Level is exceeded. Prescription drug plan premiums are not eligible for reimbursement, nor are claims reimbursed from any other source. Please see the IBM plan for details on this additional benefit.

Once you have reached the catastrophic level, you should call Via Benefits and request a catastrophic reimbursement form.

Plan Availability and Costs

Q13: How do the plans available through Via Benefits differ from those I can purchase on the individual market?

A: The plans available through the Via Benefits Medicare marketplace are also available on the individual market. There may be additional plans available to you on the individual market not available through Via Benefits. If you want to enroll in a plan other than through Via Benefits, you can do that, but in order to receive your IBM-funded HRA, you must be enrolled in at least a Medicare medical and/or prescription drug plan through Via Benefits.

Q14: Why can't I see all the plans available in my area on the Via Benefits website?

A: Via Benefits contracts with each insurance company that has plans listed on our web site. A few of the reasons you may not see a plan of interest to you on our exchange include:

- Some insurance companies have chosen not to participate in our Medicare marketplace.
- Some insurance companies will offer one type of plan, (ex: Medicare Supplement) but not others.
- Other insurance providers may not have the technical capabilities required to offer their plans through an online marketplace such as Via Benefits.
- Occasionally, Via Benefits will remove an insurer's plans from our website because they no longer meet our qualification criteria.

Just because you cannot see all the plans in your area does not mean that plans are not available to you. UnitedHealthcare and AARP, for example, do not make plan information available on the Via Benefits website. But plans through these carriers are available to you. If you are interested in rates or plan information for either of these carriers, or others, contact Via Benefits at [1-855-359-7380](tel:1-855-359-7380) (TTY: 711), Monday through Friday, 8:00 a.m. - 9:00 p.m. Eastern Time.

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Q15: How often do you add new plans? Will there be new plans added to the exchange for next year?

A: We add new insurance companies and plans to our Medicare marketplace every year. We continue to work to add new plans to provide you with both national and regional plan choices.

Q16: Why did the Via Benefits benefit advisor tell me that the rates quoted for my Medigap plan could change?

A: If a participant elects to enroll in a Medigap plan, Via Benefits is legally obligated to read a statement that rates may change. Medigap carriers are not regulated by CMS, but by the state in which their plans are offered; therefore, they can change their rates up to 30 days prior to the policy becoming effective. In addition, state laws allow these carriers to change their rates during the year and/or when the participant has a birthday, so long as the plans provide notice 30 days prior to the effective date of the premium change. Not all carriers do this, but because some do, Via Benefits is required to share the statement.

Q17: The information I received suggested my health care costs would be lower than in the IBM group plan, but I'm going to be paying more. Why?

A: Most retirees are able to find a plan on the Via Benefits Medicare marketplace that delivers equal or better value than under the IBM group plan options, at a lower cost. We don't expect every retiree to duplicate exactly what they had in the IBM group plans, but to use their IBM-subsidized HRA to offset the costs of the plans that best meet their needs. In some cases, the price for similar plans on the open market will be higher than IBM plans.

If you are not satisfied with the cost of the plan you selected and other options are available to you, please call Via Benefits at [1-855-359-7380](tel:1-855-359-7380) Monday through Friday, 8:00 a.m. to 9:00 p.m. Eastern Time, to explore other plans that meet your budget.

Your HRA

Q18: What is an HRA?

A: A Health Reimbursement Arrangement (HRA) is an account that has been established for you and funded by IBM. You can use the funds in your HRA to receive reimbursements for eligible health care expenses up to the allocated amount.

The HRA is tax-free meaning that, you do not owe any taxes on the money in your HRA. IBM has established certain requirements that you must meet in order to qualify for the HRA funding, which are explained in the next answer.

Q19: How does an HRA work?

A: If you receive annual funding from IBM, this will be available each year, beginning in January. IBM's annual contribution will be available through an individual tax-free HRA set up in each retiree's or surviving spouse's name. As long as you enroll in a medical and/or prescription drug plan through Via Benefits, you can be reimbursed for any individual Medicare plan(s), Medicare Part B premium, Part D (prescription drug) premium, and eligible medical and/or prescription drug out-of-pocket expenses, as well as dental and/or vision premiums, up to the amount available in your HRA.

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You will be responsible for paying premiums and out-of-pocket expenses such as deductibles, coinsurance and copays, and applying for reimbursement for those costs from the HRA. If you receive IBM's annual contribution, any unused amounts at the end of the year will NOT roll over to the next year. You will have 12 months to submit any expenses from the previous year (ending 12/31) against your HRA.

If you are an FHA retiree, you will NOT receive an annual contribution from IBM. Your FHA balance will be converted to an HRA as soon as you become eligible for Via Benefits and your FHA balance will then roll over year-to-year until depleted. Regardless of whether or not you receive the FHA or the annual contribution, the reimbursement process is the same. You must pay for your medical expenses first and then submit for reimbursement from your HRA/FHA account.

Q20: How do I qualify for the Health Reimbursement Arrangement (HRA)?

A: If you're eligible for an HRA, you must enroll in a medical plan (either a Medicare Advantage or Medicare Supplement (Medigap) plan) and/or prescription drug plan (PDP) through the Via Benefits Medicare marketplace to receive an HRA contribution.

The following are exceptions:

- If you live outside the U.S. and territories (example, Puerto Rico)
- If you are currently enrolled in an IBM Kaiser Permanente group option and you enroll in a Kaiser Permanente individual plan
- If you are a U.S. Veteran enrolled in health coverage through TRICARE for Life or eligible to obtain services from the Veterans Administration

If you meet any of the above criteria, contact Via Benefits to receive the HRA, if eligible.

Q21: I'm eligible for the FHA, which received interest credits. Will interest be credited to the FHA balance that's transferred to my HRA?

A: Every January IBM determines the interest rate that will be used and applied to FHA accounts. The interest is applied on a monthly basis throughout the calendar year. The first interest application each year cannot be loaded until the end-of-the-month balance for the first month of the year is available. In other words, interest is applied against the previous end-of-the-month balance.

Q22: If I deplete my FHA, do I then receive the HRA moving forward?

A: No. Once you deplete the FHA, in accordance with the rules of the FHA, you will not be eligible for additional funding through IBM, however, you are able to continue to be enrolled with your current plan elections through Via Benefits as well in future years.

Q23: How can I use the HRA?

A: Once you have enrolled in a medical plan through Via Benefits, you will have access to the HRA. You can then use the amounts in the HRA to reimburse your costs for:

- All (or a portion of) the monthly premiums for individual Medicare supplemental insurance, such as Medicare Advantage, Medigap and prescription drug plans that you (and your dependent) enroll in through Via Benefits
- Medicare Part B or D premiums (if any)
- Eligible medical out-of-pocket expenses such as coinsurance, copayments and deductibles
- Dental or vision premiums

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Your IBM HRA funds can be used to pay for all IRS Code Section 213(d) expenses. The 213(d) list is quite extensive. If you have questions regarding whether or not an expense qualifies, contact Via Benefits.

Q24: What happens if there's not enough money in my HRA to cover a claim?

A: You can only be reimbursed to the maximum amount of funds in the HRA. For example, if you submit a claim for a \$400 medical expense, but only have a balance of \$250 in the HRA, you will be reimbursed only \$250. You are responsible for paying any costs you incur that exceed the amounts in the HRA.

Q25: If I disenroll from the medical coverage I gained through Via Benefits during the year, will I continue to receive my HRA?

A: No. If you disenroll, your HRA (annual contribution and/or FHA account) will no longer be available to you. To qualify for funding, you must stay enrolled in a medical and/or prescription drug plan elected through Via Benefits.

Q26: My spouse and I are both IBM retirees eligible for HRA contributions. Will we have individual accounts or a joint account?

A: Your HRAs will initially be combined in a joint account. If you prefer that your HRA accounts be separated, contact Via Benefits within **six months** of the creation of the joint account to begin the process. Please note that separating accounts is not an immediate process and can take as long as thirty days to complete. **Please note: Once the six month period has passed, you will not have the option to separate the accounts in the future.**

Company couples with both an HRA and FHA cannot be split as the accounts are funded differently and are already split. For more information, please reference Q38.

Q27: I am an IBM post-65 retiree eligible for a subsidy. My spouse also is an IBM post-65 retiree eligible for a subsidy. Can we use each of our HRA amounts to be reimbursed for the other's eligible expenses?

A: Yes.

Q28: What happens to my HRA for my eligible dependent(s) when I die?

A: If you die before your eligible dependents, your eligible dependent(s) will continue to have access to the remaining balance in your HRA so long as they are enrolled with Via Benefits. The following year, your HRA will be moved under their name and they will continue to have access to it as long as they remain enrolled through Via Benefits.

Survivor Election Options - HRA Survivor Election Options for IBM couples, current prior plan or future prior plan retirees, or prior plan benefit recipients

As someone who is married to another IBM retiree/ benefit recipient/ active employee, please review the following questions and answers unique to your situation prior to making your HRA survivor election with Dialog Direct.

Q29: My spouse and I are both IBM prior plan retirees. Will we receive the full HRA amount?

A: Yes, you will each receive the full HRA contribution. Each of you must complete a survivor election form designating no survivor election unless you have another eligible dependent. You cannot select the survivor option for your spouse because he/she will receive their own benefit as an IBM retiree in his/her own right and is not eligible for an additional survivor benefit.

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Q30: My spouse and I are both IBM retirees with one (or more) eligible dependent(s). Can both of us elect the survivor option to cover the dependent(s)?

A: If you have one eligible child, only one of you may elect the survivor option. If you have two or more eligible children, each of you may elect the survivor option. However, keep in mind if your children are not Medicare-eligible, only one of you has to elect survivor coverage for your children to be covered under the IBM plan for non-Medicare retirees until he or she is no longer eligible for the IBM plan (currently, the plan provides coverage for children until they reach age 19 or up to 23 if enrolled in school full time).

Note: If you select the survivor coverage option and one of your children later becomes Medicare-eligible due to disability and is approved for continued coverage under the IBM plan after age 19 or 23, as the case may be, he or she will be eligible for the survivor HRA subsidy under the IBM plan and can enroll in individual coverage via the Via Benefits Medicare marketplace.

Q31: I am on IBM Long Term Disability (LTD) and my spouse is an IBM retiree or also on IBM LTD, can we each elect survivor coverage for the other?

A: No. Because you are eligible to retire under the IBM prior retiree plan, when your LTD benefit ends, each of you must complete a survivor election form designating no survivor election unless you have another eligible dependent (see answer to Q34). You cannot select the survivor option for your spouse because he/she will receive their own benefit as an IBM retiree in his/her own right and is not eligible for a survivor benefit in addition.

Q32: My spouse and I are both IBM Medicare-eligible retirees eligible for an HRA. Why won't IBM allow each of us to elect the survivor coverage option for our eligible child(ren)?

A: Under this approach, the retiree electing the survivor option will receive a contribution of \$2,600 or \$2,374, depending on retirement date. This approach is consistent with IBM's approach for active and retiree health care benefits, as well as other benefits. The eligible dependent of an IBMer can only be covered by IBM once, not twice.

Q33: I am an IBM Medicare-eligible retiree, and my spouse is a non-Medicare eligible retiree. Can I elect survivor coverage for my spouse?

A: No. Because your spouse is also a prior plan retiree, she or he will have an HRA in their own right when they become Medicare-eligible and transition to the Via Benefits Medicare exchange for their health plan coverage.

Q34: I am an IBM Medicare-eligible retiree, and my spouse is an active employee. Can I elect survivor coverage for my spouse?

A: No. Because your spouse will also be a prior plan retiree when he or she retires, they will have an HRA in their own right when they transition to the Via Benefits Medicare marketplace for their health plan coverage.

As a reminder, you must complete the IBM Health Plan Survivor Election Form. If Dialog Direct does not receive the form by the due date outlined in the letter you will be considered to have elected survivor medical coverage, and your HRA will be adjusted to the lower amount even if you have no eligible dependent.

If you have questions on the election form, please call Dialog Direct toll free at [1-888-279-7261](tel:1-888-279-7261) or call [1-313-957-5478](tel:1-313-957-5478), long distance rates will apply, between 8:00 a.m. through 8:00 p.m. Eastern Time, Monday through Friday.

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Funding and Billing

Q35: Why did I have to pay my new insurance company right away even though my coverage hasn't started yet?

A: When your first insurance premium is due varies depending upon which kind of plan you have selected. Here are some general guidelines to help you know what to expect:

- **Medicare Supplement (Medigap) plans:** Most Medigap applications require payment of the first premium at the time of the application. If you did not pay at the time of the application, you will receive a bill before your coverage begins.
- **Medicare Advantage and prescription drug plans (PDP):** Your insurance company will first need to process and approve your application. Once that has been completed, typically the first bill will arrive in December.
- **Vision plans:** VSP usually requires a first premium payment at the time of the application. If you did not pay at the time of the application, you will receive a bill before your coverage begins.
- **Dental plans:** Dental plans usually require a first premium payment at the time of the application. If you did not pay at the time of the application, you will receive a bill before your coverage begins.

Q36: If I've already paid my first insurance premium, can I submit a claim for reimbursement from my HRA now?

A: If you have qualified for an HRA, your account will be established on the day your new coverage through Via Benefits takes effect. If your Via Benefits coverage takes effect after January, the amount of your HRA contribution will be prorated for the first year. No claims for previous expenses can be reimbursed. When you initially qualify for an HRA, you will receive an HRA Funding Welcome Packet within two weeks of your new coverage start date. This mailing will explain in detail all aspects of your funding arrangement. If you have elected Automatic Premium Reimbursement for the premiums you pay to your elected health plans, then your reimbursement will be automatic beginning within 6-8 weeks of your new plan effective date. Automatic Premium Reimbursement means you will not have to file claims with our funding department to be reimbursed for your premium payments for health plans you are enrolled in through Via Benefits. If you elect to submit claims manually, you can do that after you receive the HRA Funding Welcome Packet from Via Benefits.

Q37: What is Automatic Premium Reimbursement

A: Automatic Premium Reimbursement lets you receive reimbursement for premium payments directly from your HRA without having to file a new request each time. Doing so will ultimately cut the time it takes to receive reimbursement from your HRA (though initial set-up can take 2-3 billing cycles to establish). Sign up online or call Via Benefits for more information.

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Q38: What if I am a retiree from two different companies using the Via Benefits platform and have two HRA accounts through Via Benefits?

A: If you have more than one HRA account through Via Benefits (because you have worked for, and have an HRA from more than one company on the Via Benefits platform), your Automatic Premium Reimbursements will be taken from your newest account. There is no option to transfer your automatic reimbursements to an older account.

If you would prefer your premium reimbursements come from an older account, you will need to submit these requests manually. This also applies to couples who have both an HRA and FHA. Automatic Premium Reimbursements will come from the most recently created account. If that account is your FHA and you would prefer your reimbursements come first from your HRA, you will need to submit these claims manually.

Q39: Do I have to re-establish my Automatic Premium Reimbursement each year?

A: No. Any Automatic Premium Reimbursement you have elected will continue with no action on your part as long as you remain enrolled in the same plan.

Q40: What is a Recurring Premium Reimbursement?

A: A Recurring Premium Reimbursement is available for Part B premiums or medical plans that do not offer Automatic Premium Reimbursement.

Q41: Do I have to submit a Recurring Premium Reimbursement Form and/or Recurring Medicare Part B Form each year?

A: Yes, recurring reimbursement forms for Medicare Part B premiums are sent in November, and forms for other plans or carriers who do not support Automatic Premium Reimbursement are generally sent in February. If you do not receive the claim form you need in November or February, please contact Via Benefits.

Q42: How long do I have to submit requests at the end of the year?

A: If you have an annual contribution through IBM, all requests for reimbursements for the prior year must be submitted by December 31st of the following year. For example, all requests for 2019 expenses must be received by Via Benefits on or before December 31, 2020.

Please note: If you have an FHA account that was converted to an HRA, there is no deadline to submit your requests for your funds.

In the event of a death, the estate will have 12 months following the date of death to submit requests for reimbursement from the individual's HRA. Via Benefits does not require a death certificate to process these requests. Please note that if you have a joint lump sum HRA/FHA with the deceased, you may continue to use any of the funds from this account beyond the 12 months for your own personal expenses.

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Q43: What do I need to know when submitting a request?

A: For a request to be successfully processed, there are certain pieces of information that are needed, including proof that you received or paid for a service. Explanation of Benefits (EOB) statements are sent to you by your insurance provider once they have paid their portion of a service provider's fees. These statements contain information about the services provided, the negotiated cost of these services between the insurance company and your provider, and the benefits paid for those services by your plan. You can often opt to receive your EOB electronically or via the U.S. Postal Service. Either way, if you have not received your EOB within 30 days of your date of service, contact your insurance company to request it. If you submit a request without including the EOB or other itemized statement (including your name, your provider's name, date of service, description of service and final patient portion of the payment) from your insurer, your request will be denied until this information is submitted.

All reimbursement requests, including any documentation (e.g., prescriptions, medical services provided), must be **submitted in English, with amounts paid for services shown in U.S. dollars.** This may require you to translate an EOB and include the original and the translated copy with your reimbursement request form. Forms submitted in a language other than English or in non-U.S. currency will be denied.

Q44: If I do not agree with a denial of an HRA request, can I appeal?

A: Yes. Your first level of appeal is to Via Benefits. If the appeal is denied, you can file a second-level appeal with the IBM Plan Administrator. Please see the IBM SPD for additional information.



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If You Live Outside the U.S.

Q45: I live in the U.S. Virgin Islands, a U.S. territory, or outside the U.S. Can I select a plan through Via Benefits? Will I receive an HRA?

A: If you maintain a residence in the U.S. and are enrolled in Medicare, plan options will be available to you for care obtained in the U.S. If you do not have a U.S. residence, but decide to return to the U.S. permanently or just part of the year, you should take steps to enroll in Medicare Parts A and B, if you haven't already, and contact Via Benefits to inquire about plan options available to you given your change in residence.

Q46: I live outside the U.S. Do I receive an HRA if I do not enroll in a plan? Do I need to show proof of enrolling in a plan to have access to my HRA?

A: Yes, you can get the HRA just by calling Via Benefits to "activate" it. You can use it to reimburse yourself for plan premiums or out-of-pocket expenses such as coinsurance, copays and deductibles. You do not need to show proof of enrolling in a plan.

Q47: I live in one of the U.S. Territories and Medicare is available. Can I select a plan through Via Benefits? Will I receive an HRA?

A: Via Benefits does not have available plans in the U.S. Territories. You should enroll in a local plan in your area and contact Via Benefits to confirm enrollment. They will activate your funding and you can use your funding to reimburse eligible medical expenses.

Q48: I live a portion of the year inside the U.S. and the other portion outside the U.S. and currently receive coverage through the IBM Medical Supplement Plan Option, which pays for my care outside the U.S. How will this affect my medical coverage?

A: If you are U.S.-based and currently pay for Medicare Parts A and B, then you will be able to elect Medicare supplemental coverage. Medigap plans may cover some services outside of the U.S. Your personal situation should be discussed with a Via Benefits benefit advisor.

Q49: Anything else I need to know about submitting reimbursement requests from outside the U.S.?

A: All requests filed from living outside the U.S. **must be in English and U.S. dollars.** Via Benefits and IBM will not be responsible for translating documentation or converting currency for processing.

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When You Need Assistance

Q61: When should I call Via Benefits for help?

A: If you think you might want to make changes to your coverage for the upcoming year, you are encouraged to make an appointment with a benefits advisor to help you evaluate your options. You can make an appointment online at [My.ViaBenefits.com/IBM](https://my.viabenefits.com/IBM) or by calling [1-855-359-7380](tel:1-855-359-7380). Making an appointment in advance reduces the chance you will experience a long wait time during the Medicare enrollment period, which is Via Benefits' busiest time of year.

You may also need to call Via Benefits if...

- Your health status has changed
- Your plan has significantly increased premiums
- Your medications cost more
- You've moved
- Your plan has been cancelled
- Your primary care physician is no longer included in your plan's network
- **PLEASE NOTE: You must call Via Benefits if you move and need to update your address. Do not contact your carrier directly and make those changes as this may result in loss of funding due to Via Benefits losing Agent of Record status**

We're here to assist you

Online: my.viabenefits.com/IBM

By Phone:

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