

# Managing your Aerospace HRA

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*Alight Retiree Health Solutions*

**alight**



# Welcome to Your Spending Account

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- HRA reminders
- How to access your HRA online
- Alight website
- YSA website access
- Hands-on or Hands-off approach
- Premium reimbursement
- Submitting out-of-pocket claim forms
- Manual claim forms
- Catastrophic HRA
- Questions



# HRA Reminders

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**The HRA is available to Aerospace Medicare-eligible retirees and dependents. Your Spending account (YSA) is the administer of the HRA for Aerospace retirees.**

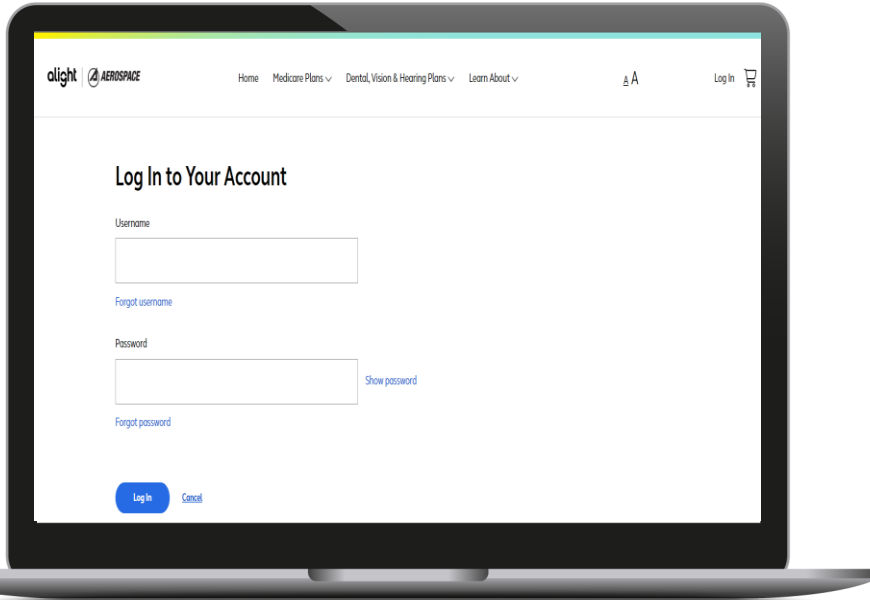
- To be eligible, and maintain the eligibility for the HRA, you must be enrolled at all times in a medical and Rx plan through Alight Retiree Health Solutions.
- **Never** change your plan directly through the carrier; **always** call Alight Retiree Health Solutions for guidance.
- Remember, you must pay your premium and out-of-pocket expenses first in order to be reimbursed from your HRA.
- The HRA can reimburse you for medical, prescription, vision and dental premiums, and Part B premiums; also, for out-of-pocket expenses for medical, Rx, dental and vision copays or coinsurance.
- **If your premium changes at any time, you can either continue your reimbursement at the current rate and wait for the carrier to send us an updated rate (could take up to 3 months) or submit a manual claim for the increase/decrease in your premium. If you choose to submit a premium auto re-imbusement claim form for the increase or decrease, this will incorporate the changes, ensure the new recurring amount is the expected amount (increase), and pay the difference owed for the months the increase took into effect.**

# Accessing Your HRA Account Online

The Alight website is where you view HRA information and important eligibility rules. The YSA website is where you will view and manage current available balances, submit claims, and more.

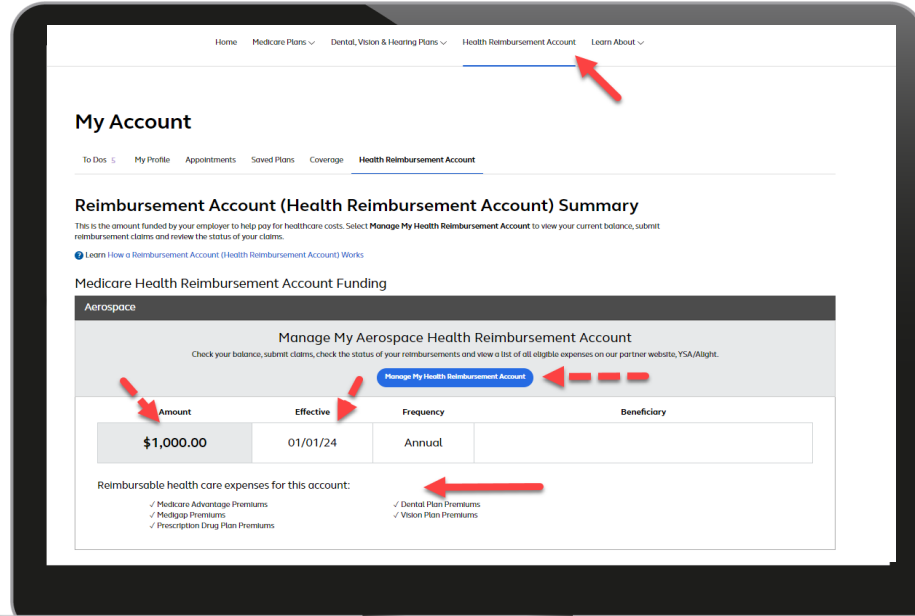
## To access your HRA account online:

- Go to [retiree.alight.com/aerospace](https://retiree.alight.com/aerospace)
- Log into your account using your username and password



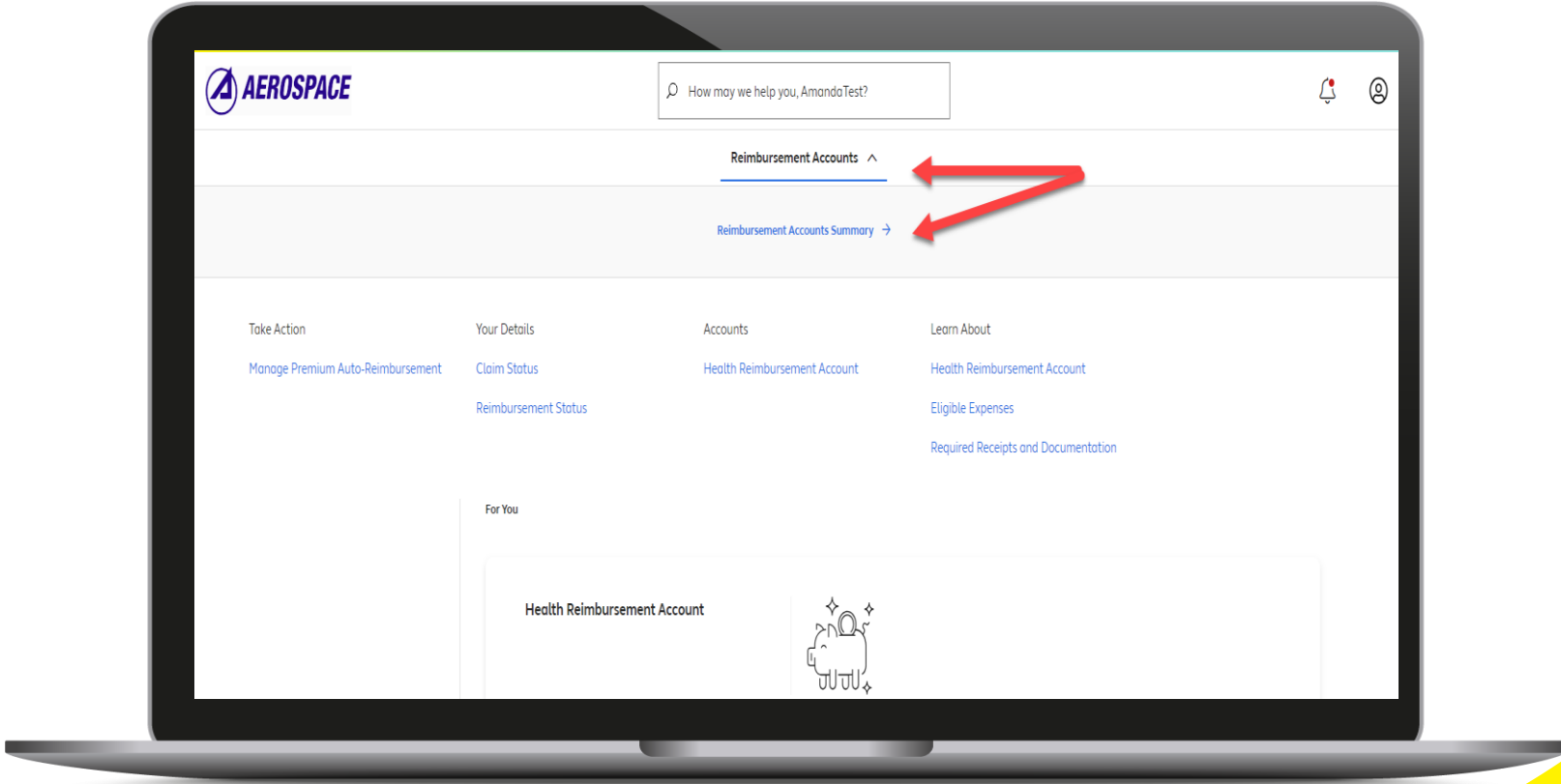
# Alight Website HRA View

The Alight website is where you view HRA information and important eligibility rules. The YSA website is where you will view and manage current available balances, submit claims, and more.

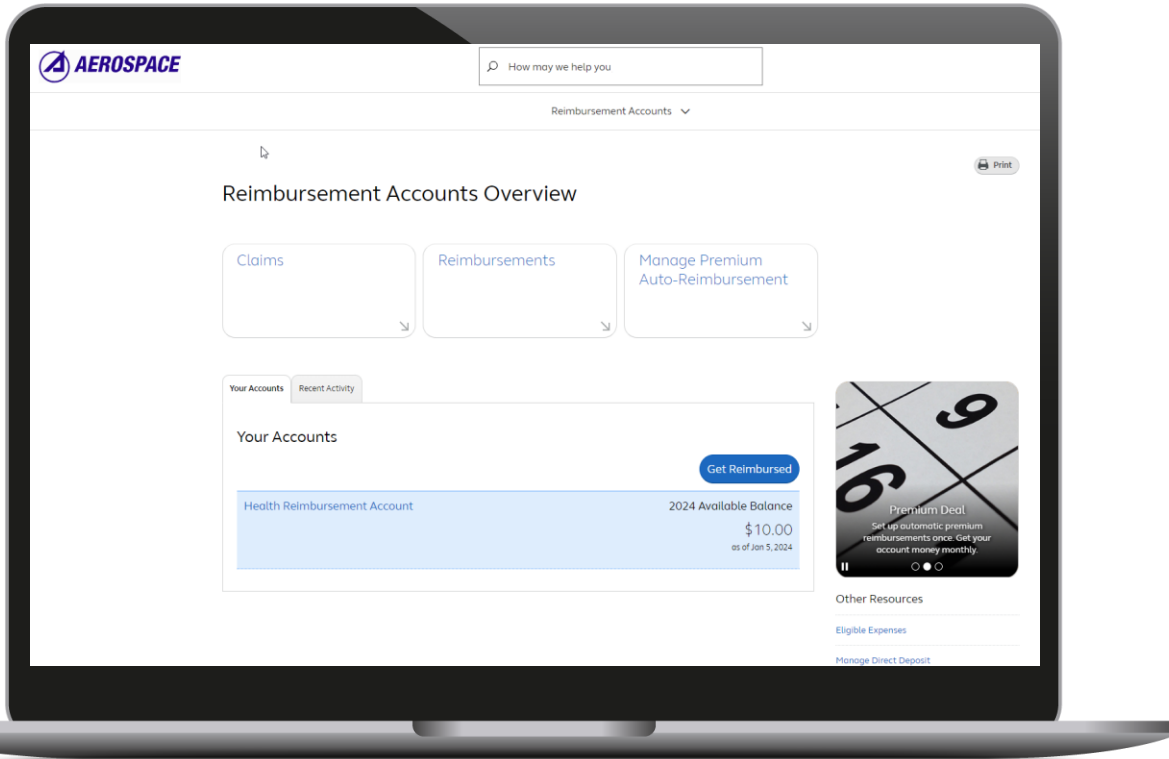


- Click Health Reimbursement Account
- View Eligibility
- Reimbursable Healthcare expenses
- Click on Mange My Aerospace HRA

# YSA Website – Account Summary Page



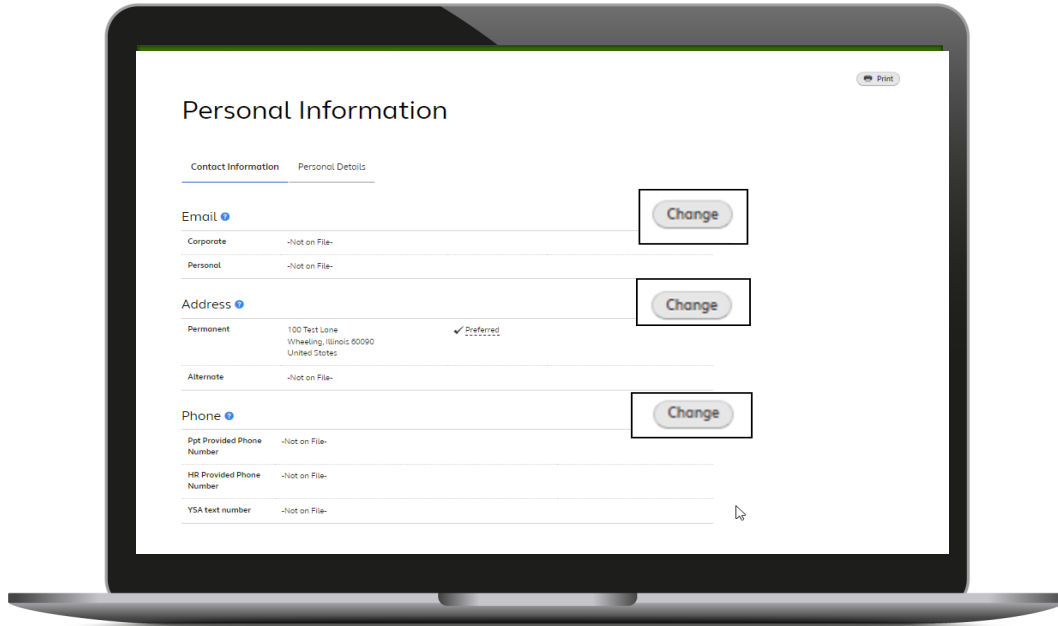
# YSA Website – Reimbursement Account Overview Page



Here's a quick overview of how to maximize your online account:

- The Reimbursement Account page will include your available balance and recent activities
- Quick Link section allows you to manage your HRA

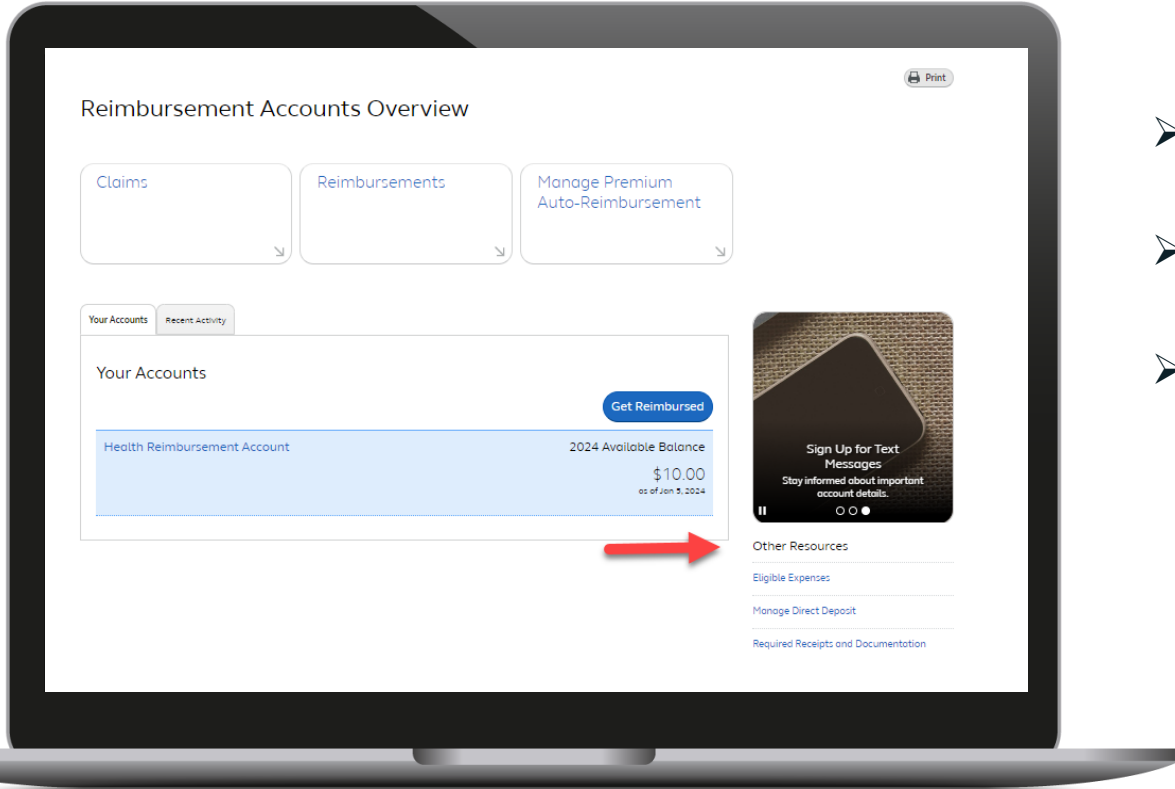
# Your Profile



- Add email
- Update delivery method
- Update Phone Number



# Other Resources



- Access Eligible Expenses list
- Manage Direct Deposit
- View sample supporting documentation

# Manage Direct Deposit

To get the account numbers you'll need to provide on this page:

- Access your financial institution's website.
- Call your financial institution.
- Locate some numbers at the bottom of a check.

**ORDER OF** \$

Bank Name  
Bank Address  
Memo

⑆ 1 2 3 4 5 6 7 8 9 ⑆ 0 0 0 1 2 3 4 5 6 7 8 9 ⑆ ⑈

Routing Number      Account Number

### Alternate Direct Deposit

All fields are required unless indicated as optional.

<b>Account Details</b>	<b>Institution Name</b> <input type="text"/>
	<b>Account Type</b> --Choose One-- ▾
	<b>Routing Number</b> <input type="text"/>
	<b>Confirm Routing Number</b> <input type="text"/>
	<b>Account Number</b> <input type="text"/>
	<b>Confirm Account Number</b> <input type="text"/>

# Eligible Healthcare Expenses

- Eligible healthcare expenses are found under Other Resources. Click Eligible Expenses

Eligible Expenses

Find your expense quickly using the filter(s) below.

Expense

Enter product or service

Showing 1 - 10 of 187 results

✓ Eligible   ! Potentially eligible   ✗ Not eligible

Expense	Coverage	Account Type	More Details
Acne products	✓	Health Care	
Acne products	✓	Health Care	
Acupuncture	✓	Health Care	Expenses for general health purposes aren't eligible.
Advance payments	!	Health Care	
Alcohol or drug addiction treatment	✓	Health Care	
Allergy prevention products	!	Health Care	You must provide a statement of medical necessity (PDF) from a licensed health care professional that states: the diagnosed allergy; that the product will help alleviate the allergy symptoms; and the type of specialty product being prescribed.
Allergy testing and shots	✓	Health Care	
Ambulance service	✓	Health Care	
Arch support	!	Health Care	You must provide a statement of medical necessity (PDF) from a licensed health care professional describing the medical condition.
Artificial limbs	✓	Health Care	

1 2 of 19 >

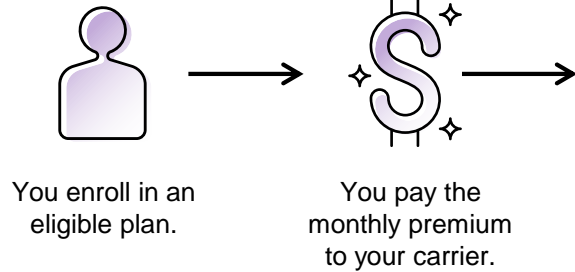


# Premium Auto-Reimbursement

# Premium Auto-Reimbursement

## Option A: Hands-off approach

### Premium auto-reimbursement



The premium auto-reimbursement feature is only for premiums paid on a monthly basis. If you pay your premium using another frequency (e.g., weekly, quarterly, annually, etc.), you'll need to manually submit a claim form each time to receive reimbursement.

Option A is available only to those who enrolled in coverage through Alight with a participating carrier.



#### Option A: "Hands-off"

Your carrier automatically sends the amount of your premium to YSA.



#### Option B: "Hands-on"

You submit a premium auto-reimbursement claim and documentation to YSA.

You automatically receive \$ from your HRA each month.

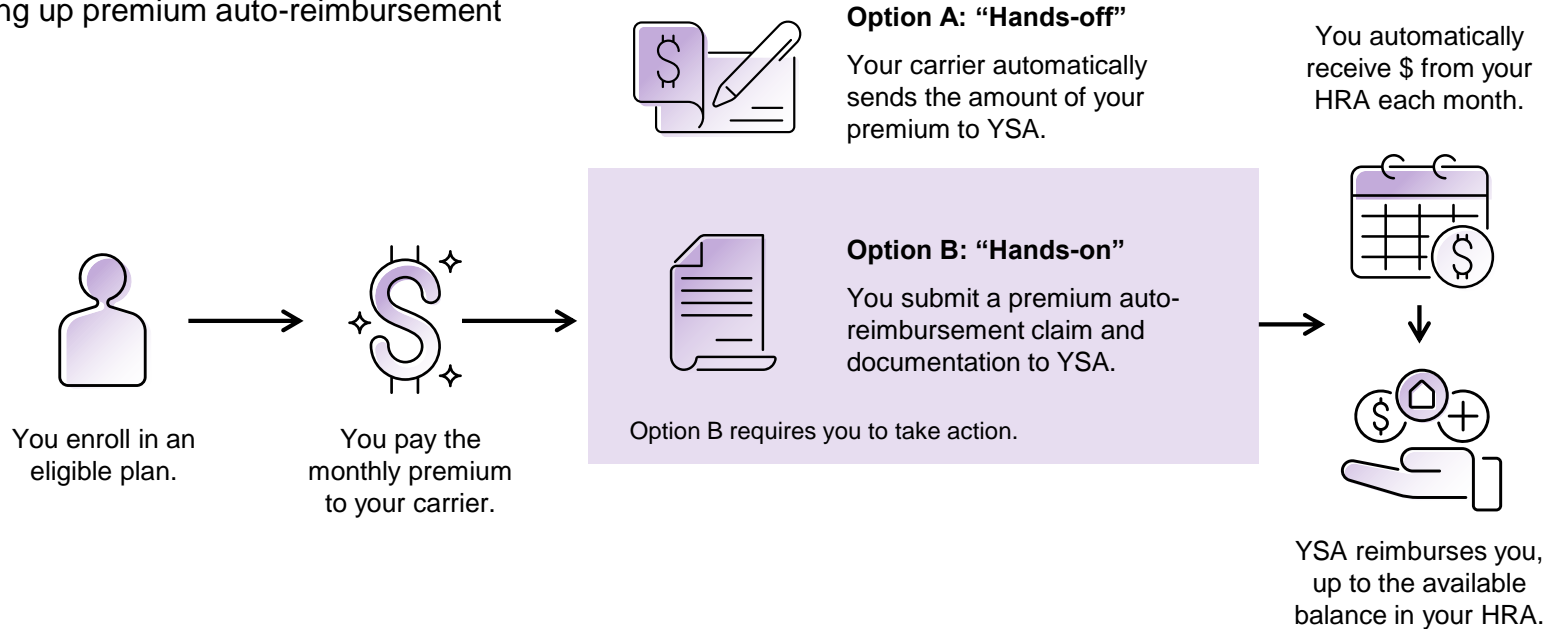


YSA reimburses you, up to the available balance in your HRA.

# Premium Auto-Reimbursement

## Option B: Hands-on approach

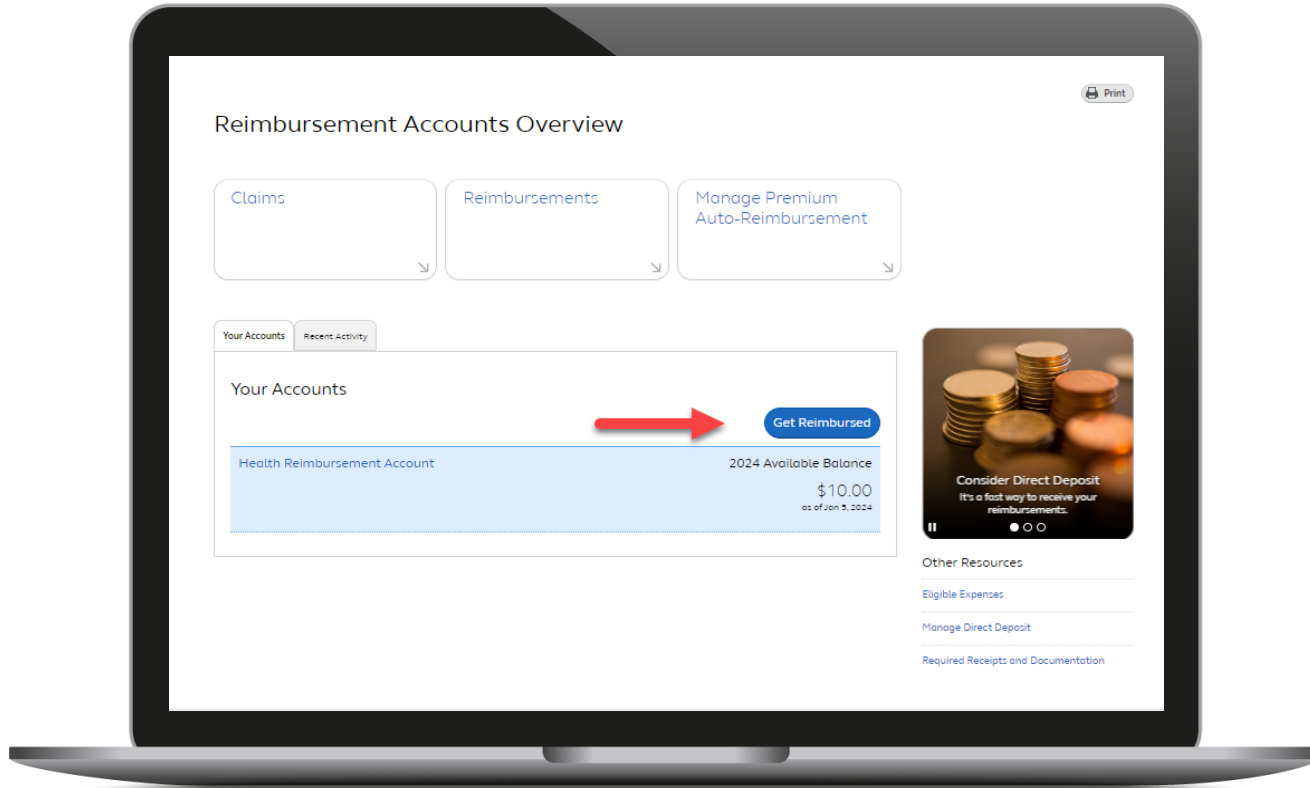
### Setting up premium auto-reimbursement



# Comparing Options A and B

	Situation A: Automatic	Situation B: Set It up Yourself
What do I need to do to start getting reimbursed?	If you enrolled in coverage through a participating insurance company, there's nothing to do. Your insurance company will transfer your monthly premium to your YSA account.	You'll need to complete an HRA claim form and submit it to YSA via fax or mail, or by uploading it on the website. Your claim will be processed within 10 days.
When will I receive my monthly reimbursement?	You'll receive your first premium auto-reimbursement 60 days from the date your coverage began. After that, you'll be automatically reimbursed around the fifth business day of each month, up to the available balance in your HRA. To be reimbursed faster, consider enrolling in direct deposit.	Once your claim is processed, you'll receive your reimbursement within 2-3 business days if you have direct deposit or 5-7 business days if you are reimbursed by check. If you checked "yes" for Auto-Reimburse Monthly on the claim form, you'll be reimbursed around the fifth business day of each month, up to the available balance in your HRA. To be reimbursed faster, consider enrolling in direct deposit.
What happens if my premium changes?	Your insurance company will submit your new premium to YSA, so you continue to be accurately reimbursed. You'll start being reimbursed for this new amount within 60 days of the new premium effective date.	You'll need to submit a new claim and documentation showing the amount of your new monthly premium. Your claims will be processed within 10 days. Once your claim is processed, you'll receive your new amount within 2-3 business days if you have direct deposit or 5-7 business days if you are paid by check.
What is the benefit of this circumstance?	No paperwork is needed! Your insurance company submits your monthly premium to your YSA account on your behalf.	You'll receive your first reimbursement much faster by submitting the amount of your monthly premium to YSA on your own.

# Online Claim Form





# Online Claim Form

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Create Claim

Print

## Step 1 of 5 - Enter Claim Details

All fields are required unless indicated as optional. If you have an existing claim that needs attention, go to the Claims Overview page.

Account Type

Health Care

Type of Expense

Premium

Continue Cancel

# Online Claim Form

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Create Claim Print

## Step 2 of 5 - Enter Premium Claim Details

All fields are required unless indicated as optional.

Premium

Type ?

Insurance Provider

Amount  
\$

Frequency ?

Continue Back Cancel

# Online Claim Form

---

Create Claim Print

## Step 2 of 5 - Enter Premium Claim Details

All fields are required unless indicated as optional.

Premium

Type ?  
Medicare Medical

Insurance Provider  
Kaiser

Amount  
\$ 25.00

Frequency ?  
Monthly

Continue Back Cancel

Set Up Premium Auto-Reimbursement  
Schedule this premium **one time only** to receive your reimbursement automatically each month, and you won't need to submit claims anymore. [Review details](#)

Yes, Set it Up No, Don't Set it Up

Security Center Feedback alight

# Online Claim Form

Create Claim

## Step 3 of 5 - Send Your Receipts or Documentation

**Tip** Learn What You Need to Send  
Review helpful [sample receipts](#) to ensure yours include all the necessary information.

Choose an Option

**Upload**  
The accepted file types are: .jpg, .jpeg, .gif, .tif, .tiff, .png, .bmp and .pdf.

Name	Size
You haven't added any documents.	
<b>Total</b>	<b>0 MB of 10 MB limit</b>

[Add Document](#)

**Note:** By uploading documents and submitting your premiums for reimbursement, you agree that any premium paid through the account hasn't been reimbursed. You also agree not to seek reimbursement from another plan for any premiums paid by the account. Claims decisions will be made according to plan provisions.

I certify that the information that I'm providing is correct, and the premiums for which I'm requesting reimbursement:

- Were incurred for coverage received by me or my eligible dependents
- Were for coverage that began on the Indicated Premium Begin Date
- Haven't been reimbursed from any other source and won't be submitted for future reimbursement

I also certify that I'll notify Your Spending Account if:

- My premium coverage amount changes
- I stop paying the premium for which I'm being reimbursed
- I quit a plan for which I'm being reimbursed

I understand that claim decisions will be made according to plan provisions.

Fax or Mail

Send Later

[Continue](#) [Back](#) [Cancel](#)

# Online Claim Form

Create Claim

## Step 4 of 5 - Review Claim Information

Verify the claim information you entered is correct, or make changes, before you submit your claim.

**Claim Details** [Change](#)

Account Type	Health Care
Type of Expense	Premium

**Premium Claim Details** [Change](#)

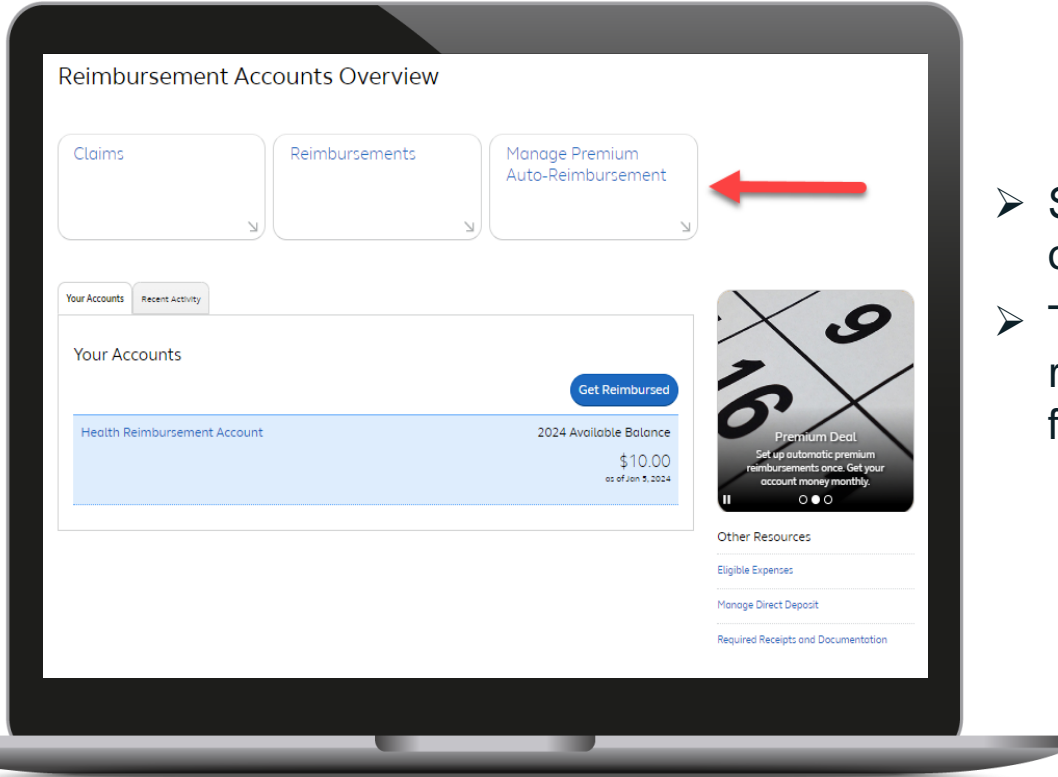
Premium Type	Medicare Medical
Insurance Provider	Kaiser
Amount	\$25.00
Frequency	Monthly
Set Up Premium Auto-Reimbursement	Yes
Start Date	January, 2024
Insured Person	Your Name Here
Date of Birth	May 2, 1952
Relationship	Account Holder

**Document Option - Fax or Mail** [Change](#)


After you submit your claim, you'll need to create a cover sheet.

[Submit](#) [Back](#) [Cancel](#)

# Manage Premium Reimbursement

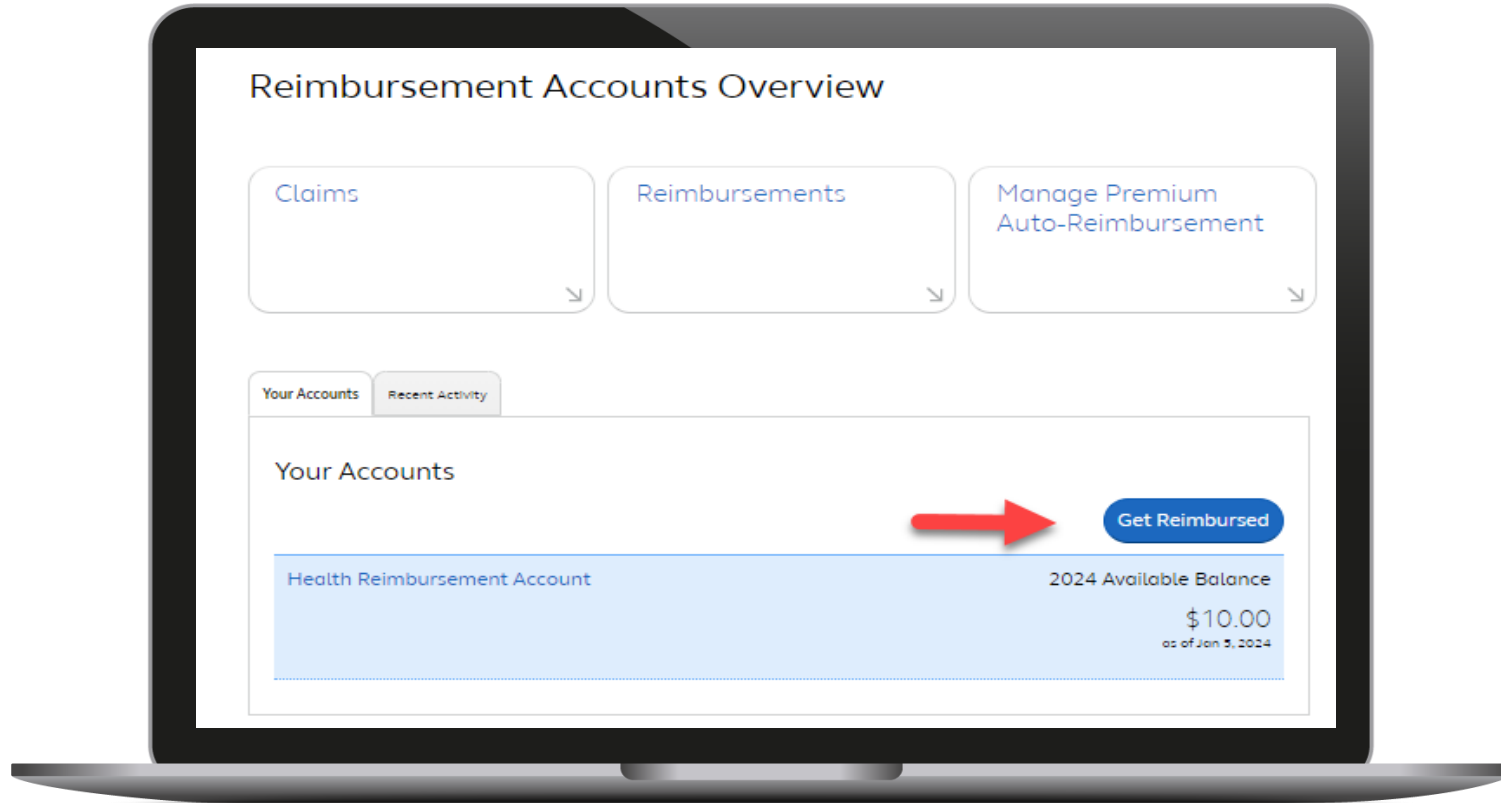


- Set up claims to occur monthly
- Turn auto-reimbursement feature on and off

A group of diverse people, including men and women of various ages and ethnicities, are shown in a wooden canoe on a body of water. They are all wearing bright orange life jackets and are actively paddling with black oars. The background features a lush green forest and a clear blue sky. The image is partially obscured by a dark, diagonal graphic element on the left side.

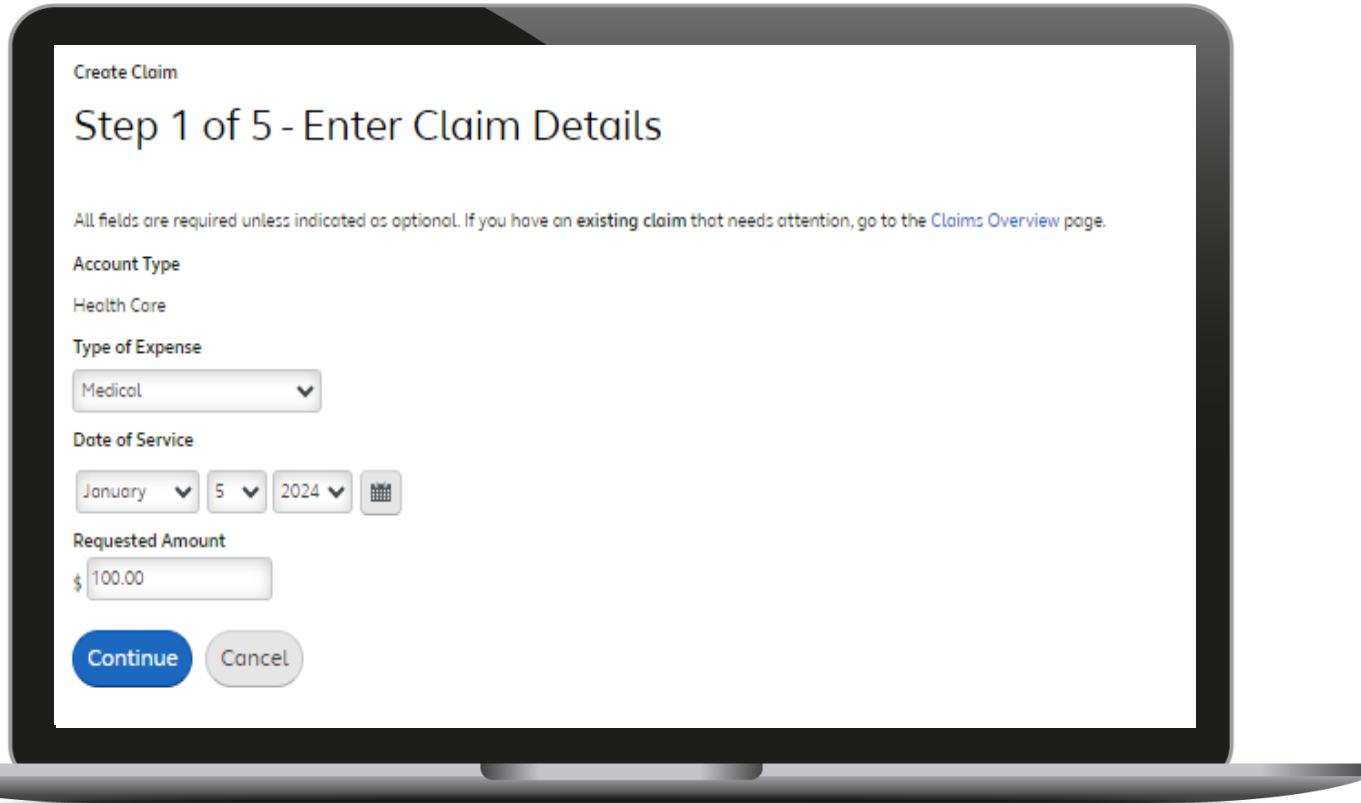
# Submitting an Out-of-Pocket Expense Claim

# Reimbursement Accounts Overview: Submitting Out-of-Pocket Claims





# Reimbursement Accounts Overview: Submitting Out-of-Pocket Claims



Create Claim

## Step 1 of 5 - Enter Claim Details

All fields are required unless indicated as optional. If you have an existing claim that needs attention, go to the [Claims Overview](#) page.

Account Type

Health Care

Type of Expense

Medical

Date of Service

January 5 2024

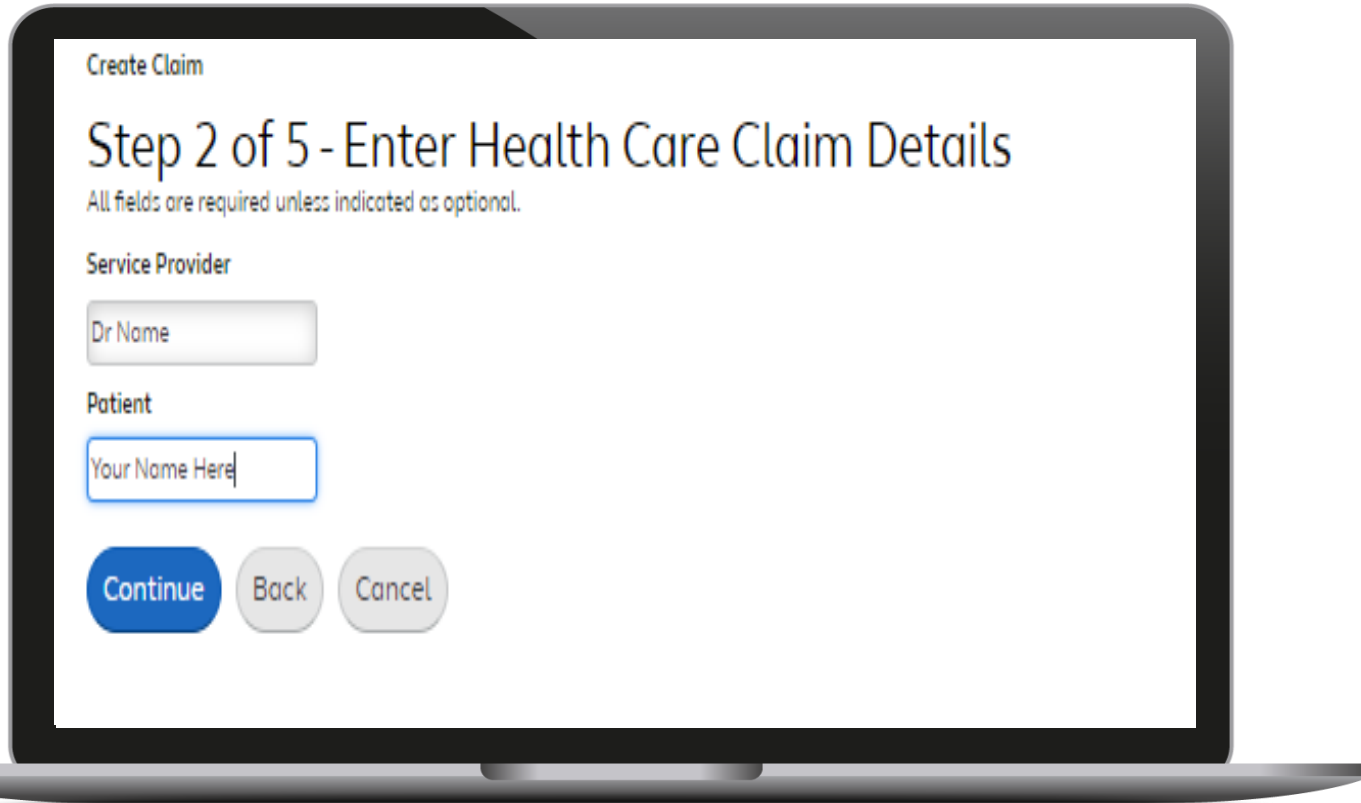
Requested Amount

\$ 100.00

Continue Cancel

# Reimbursement Accounts Overview: Submitting Out-of-Pocket Claims

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Create Claim

## Step 2 of 5 - Enter Health Care Claim Details

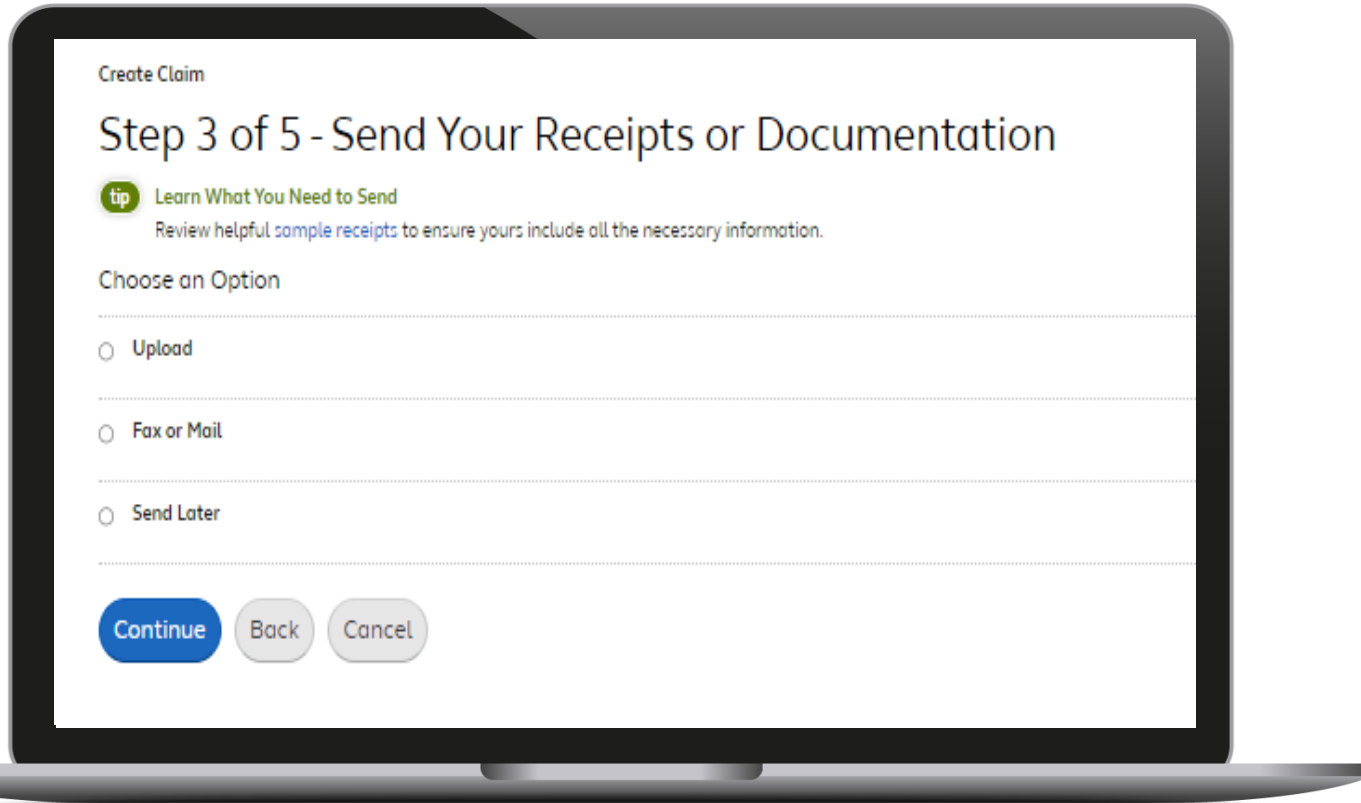
All fields are required unless indicated as optional.

Service Provider

Patient

[Continue](#) [Back](#) [Cancel](#)

# Reimbursement Accounts Overview: Submitting Out-of-Pocket Claims



Create Claim

## Step 3 of 5 - Send Your Receipts or Documentation

**tip** Learn What You Need to Send  
Review helpful [sample receipts](#) to ensure yours include all the necessary information.

Choose an Option

Upload


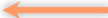
Fax or Mail

Send Later


# Manual Claim Form

**YOUR spending ACCOUNT™**

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Statement Date:  A000003 

TEST PPT  
DNM  
ORLANDO FL 32826

 **Your Spending Account™**  
<http://retiree.alight.com/Aerospace>

**HRA Premium Claim Form**

While you don't need to submit this page, carefully follow the instructions for completing and submitting this form.

**Helpful Hints**

- When submitting a claim for your monthly premium include a copy of the premium invoice from your plan that indicates premium begin date, policy holder and amount due.
- When paying for future premiums you may not need to provide documentation with your claim form if your prior claim for the same premium has been approved.
- The premium begin date should be provided, not the date of payment. For example, if you're requesting reimbursement of January premiums, use January 1st as the premium begin date.
- Automatic Reimbursement: This option is available for many Medicare supplemental insurance plans purchased through an exchange plan. Your Benefits Advisor can confirm if your plan supports automatic reimbursement.

**Note:** Please **don't make copies of this claim form** for others to use, because their claims may be added to your account. The bar code on this form is connected to your account.




Mail or fax form to:

**Your Spending Account**  
**P.O. Box 64012**  
**The Woodlands, TX 77387-4012**  
**Fax: 1-888-211-9900**



Proof of payment is required

A healthcare professional in teal scrubs stands behind an elderly Black man in a wheelchair. The man is playing an acoustic guitar and looking towards the camera. The healthcare professional is clapping and smiling. The background shows a modern interior with a white wall and a dark sofa.

# Catastrophic Health Reimbursement Account (CHRA)

# Catastrophic HRA



You'll receive an Explanation of Benefits (EOB) from your plan showing the out-of-pocket maximum has been reached.

This will identify the Aerospace retiree as being Catastrophic Benefit Plan-eligible.



Submit your EOB and Activation form to YSA prior to submitting your first prescription drug claim during catastrophic coverage online.

If you do not have a computer or internet access, the form will be provided upon request through the Aight/YSA service center.



Once the claim and EOB are received, YSA claims department will create the catastrophic HRA and process the claim for reimbursement.



# In Summary

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- **If your premium changes at any time, you can either continue your reimbursement at the current rate and wait for the carrier to send us an updated rate (could take up to 3 months) or submit a manual claim for the increase/decrease in your premium. If you choose to submit a premium auto re-imbursement claim form for the increase or decrease, this will incorporate the changes, ensure the new recurring amount is the expected amount (increase), and pay the difference owed for the months the increase took into effect.**
- To be eligible, and maintain the eligibility for the HRA, you must be enrolled in a Medical and Rx plan through Alight Retiree Health Solutions at all times
- **Never** change your plan through the carrier, **always** call Alight Retiree Health Solutions for guidance
- Set up your direct deposit for faster reimbursement
- If you have questions or need assistance managing your HRA on-line or with the assistance of a Benefits Advisor contact Alight at **833.704.0989**

# Where do I call with questions?

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**Alight Retiree Health Solutions**  
**1-833-704-0989**

- Request a claim form
- Assistance filling out claim forms
- Current claim status
- Indicative data updates
- HRA process questions
- Current HRA balance
- Confirmation of receipts
- Member disputing claim denial
- Claim appeals
- Payments
- Updating direct deposit
- Catastrophic HRA



**alight**



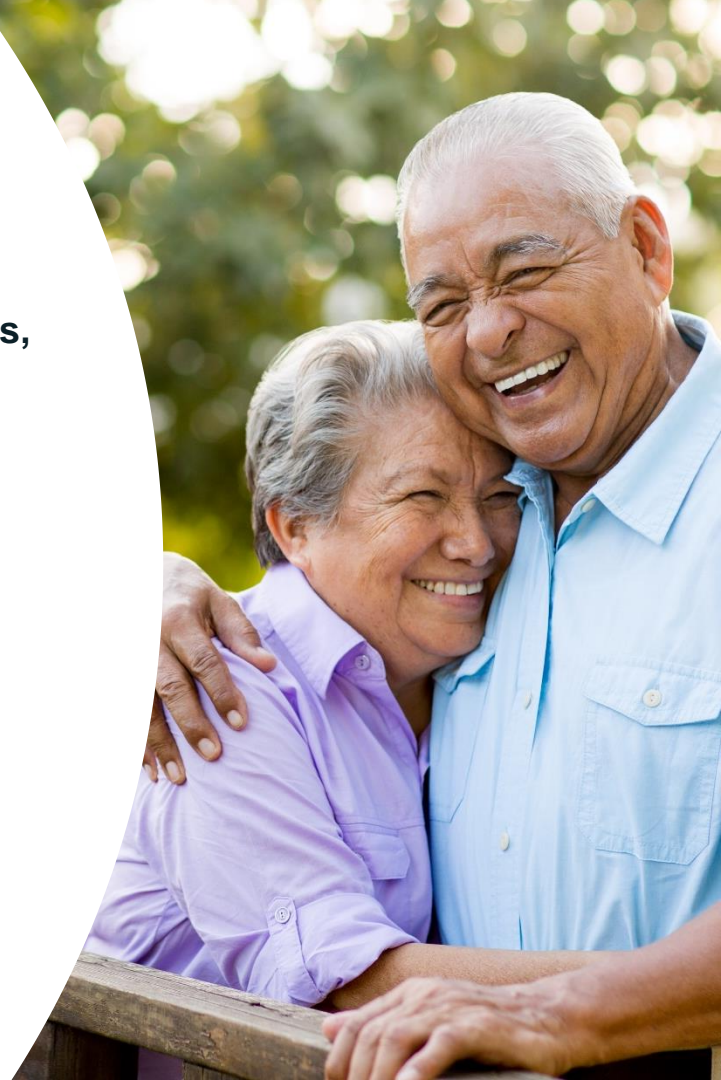
# Thank you


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**If you have other questions, call Alight Retiree Health Solutions,  
1-833-704-0989 (TTY 711)**

- Monday – Friday, 8 a.m. – 8 p.m. CT
- Closed on holidays
- Extended hours during the Medicare Open Enrollment Period

[retiree.alight.com/aerospace](https://retiree.alight.com/aerospace)





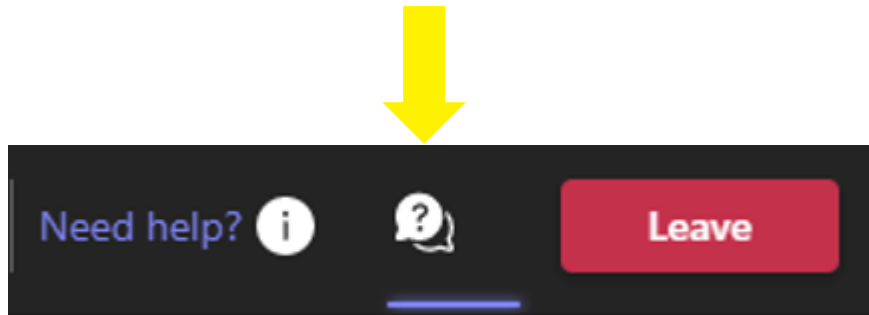
Let's answer  
your questions

# Questions & Answers

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## How to ask a question

Click on the conversation bubble with the “?” on the top of the Team Live Event screen



On the right-side navigation panel of the Teams screen, select the bubble icon with the “?” and type your question in the text box provided on the bottom right corner of the screen.

Click “Enter” on your keyboard.