P.O. Box 30516
Salt Lake City, UT 84130-0516

[FIRST NAME] [MIDDLE INITIAL] [LASTNAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY] [STATE] [ZIP]

Welcome to your HRA

[Current date]

Dear [First Name]:

IBM has partnered with UnitedHealthcare and Optum to provide a health reimbursement arrangement (HRA) on your behalf to use for eligible expenses.

Getting started with your HRA

We want to provide you with some important information that will be helpful as you get to know your HRA. Now that your account is open, you are probably wondering how to use your account, and what eligible expenses your HRA can cover. The answers to these questions and more are covered in the pages to follow.

Please sign in to your account at **my.optum.com/ibm** to review your current HRA plan details. For any questions about your HRA, please call Optum at 1-866-882-0397.



Important HRA documents enclosed:

- HRA Fact Sheets
- Eligible/Ineligible Expenses
- Claim Forms

Have questions about your HRA? Optum is here to help. Customer service professionals dedicated to IBM are available to answer your questions Monday–Friday, from 8 a.m. to 8 p.m. ET at **1-866-882-0397,** TTY 711.

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HRA Fact Sheet

What is an HRA?

- A health reimbursement arrangement (HRA) is an employer-funded, tax-advantaged account created to reimburse you for eligible expenses.
- IBM determines the amount they will put into your account and how often. IBM has determined that the list of HRA eligible expenses as outlined in section 213(d) by the Internal Revenue Services (IRS) are eligible for reimbursement.
  - HRA Annually funded accounts get a deposit upon the first month of eligibility and annually thereafter.
  - HRA/FHA funded accounts receive a lump sum balance, that accrues monthly interest. These funds are drawn from over time until depleted.

Your HRA is inclusive of

- An easy-to-use website — submit claims with receipts, check balances and manage account details in one spot at **my.optum.com/ibm**.
- Experienced Customer Service Professionals dedicated to helping you understand your HRA.

HRA Reimbursement and Documentation Fact Sheet

Submitting claims for reimbursement — online, mobile, fax or mail

There are several methods to submit claims for reimbursement – Online, Mobile, Fax, or Mail. You will need to submit acceptable supporting documentation with your claim regardless of the method you choose. A claim form has been included in this welcome kit and can also be found online at **my.optum.com/ibm**.

Your HRA payment card — keep your receipts

You have or will soon receive an HRA payment card in a separate mailing. With your HRA payment card, transactions are processed in real-time and funds are deducted from your account automatically, just like a debit card. Although you do not have to file a claim for reimbursement with your HRA payment card, in some cases, you may be required to submit documentation proving your payment (i.e., receipt for purchase). In that case, we will send you a letter to request more information and to remind you of the need to submit the documentation in a timely manner.

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continued

Recurring premium reimbursement

Your plan allows premiums as eligible expenses, you can easily arrange for the automatic reimbursement of this expense and eliminate the need to submit a new claim form each month. Once this is set up, reimbursements are sent out the first week of every month until one or more of the following occurs:

- The funds in your HRA are depleted
- You drop, add, or change your coverage
- The plan year ends
- You submit a written request to stop the recurring reimbursement

HRA 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 HRA 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 expenses:

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

Here are some examples of acceptable supporting documentation for plan premiums:

- 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)

Important: A new recurring premium expense reimbursement request must be submitted at the beginning of each plan year per IRS guidelines.

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Premium expense documentation examples

When filing a claim for reimbursement for plan premium expenses, you must provide legible copies of documentation for the premiums you are eligible to be reimbursed for. This sheet provides some examples of acceptable documentation to submit for verification of plan premiums:

1. Monthly / Quarterly Premium Billing

This is the billing statement that you receive from your insurance provider.



United Healthcare
Atlanta GA 30374-0376

Action Required

FName LName
Address Line 1
City State Zip

Pay your way.
Go to **retiree.uhc.com/ibm** to make a one-time payment or:
- Set up **Electronic Funds Transfer** (EFT). Your payment will be deducted from your bank account every month. Enroll online or use the form below.
- Use your **credit card** to set up recurring monthly payments.

More ways to pay.
- Use our **Quick Pay** site at **PaymyUHCpremium.com/retiree** to make a one-time payment.
- Call Customer Service to find out how to pay directly from your **Social Security or Railroad Retirement Board check.**

Call Customer Service if you have any questions or need help.

Your January 2023 statement.

Member ID:

Previous balance	$	0.00
Payments received	$	0.00
Current charges	$	131.50
Total due		**$131.50**
Due in full by		January 1, 2023

Your current charges have changed. See back for details.

It can take up to 10 days to process your payment. If we received your payment after December 6, 2022, you'll see it on your next statement.

Detach along dotted line

FName LName

Due date January 1, 2023
Total due $131.50

Mail to:
UnitedHealthcare
PO BOX 5803
CAROL STREAM, IL 60197-5803

Member ID:

Amount enclosed $

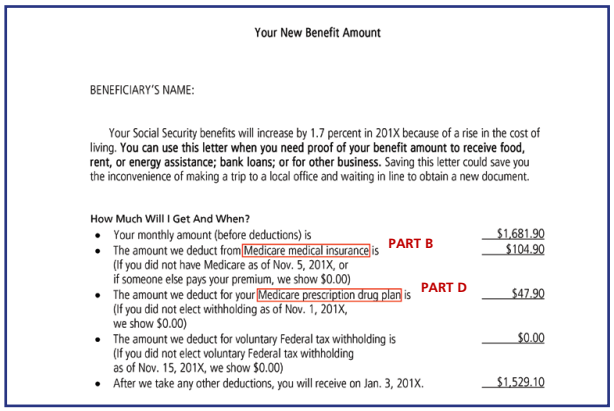
If not paying by check, include a voided check.

Sign here to enroll in EFT.

Bank account holder signature

2. Annual statement from Social Security Administration (Medicare only)

This is the statement that you receive from the Social Security Administration each year.



Your New Benefit Amount

BENEFICIARY'S NAME:

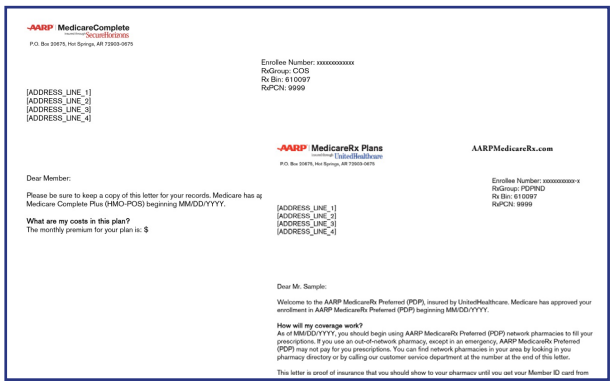
Your Social Security benefits will increase by 1.7 percent in 201X because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business.** Saving this letter could save you the inconvenience of making a trip to a local office and waiting in line to obtain a new document.

How Much Will I Get And When?

• Your monthly amount (before deductions) is		$1,681.90
• The amount we deduct from Medicare medical insurance is (If you did not have Medicare as of Nov. 5, 201X, or if someone else pays your premium, we show $0.00)	PART B	$104.90
• The amount we deduct for your Medicare prescription drug plan is (If you did not elect withholding as of Nov. 1, 201X, we show $0.00)	PART D	$47.90
• The amount we deduct for voluntary Federal tax withholding is (If you did not elect voluntary Federal tax withholding as of Nov. 15, 201X, we show $0.00)		$0.00
• After we take any other deductions, you will receive on Jan. 3, 201X.		$1,529.10

3. Insurance Premium Confirmation Letter

This is the confirmation letter that you receive from the insurance provider when enrolling in coverage.



AARP MedicareComplete
SecureHorizons
P.O. Box 30675, Hot Springs, AR 71903-0675

Enrollee Number: xxxxxxxxxxx
RxGroup: COS
Rx Bin: 610097
RxPCN: 9999

[ADDRESS_LINE_1]
[ADDRESS_LINE_2]
[ADDRESS_LINE_3]
[ADDRESS_LINE_4]

AARP MedicareRx Plans
UnitedHealthcare
P.O. Box 30675, Hot Springs, AR 71903-0675

AARPMedicareRx.com

Dear Member:

Please be sure to keep a copy of this letter for your records. Medicare has ap
Medicare Complete Plus (HMO-POS) beginning MM/DD/YYYY.

What are my costs in this plan?
The monthly premium for your plan is: $

Enrollee Number: xxxxxxxxxxx-x
RxGroup: PDPNO
Rx Bin: 610097
RxPCN: 9999

[ADDRESS_LINE_1]
[ADDRESS_LINE_2]
[ADDRESS_LINE_3]
[ADDRESS_LINE_4]

Dear Mr. Sample:

Welcome to the AARP MedicareRx Preferred (PDP), insured by UnitedHealthcare. Medicare has approved your enrollment in AARP MedicareRx Preferred (PDP) beginning MM/DD/YYYY.

How will my coverage work?
As of MM/DD/YYYY, you should begin using AARP MedicareRx Preferred (PDP) network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy, except in an emergency, AARP MedicareRx Preferred (PDP) may not pay for you prescriptions. You can find network pharmacies in your area by looking in you pharmacy directory or by calling our customer service department at the number at the end of this letter.

This letter is proof of insurance that you should show to your pharmacy until you get your Member ID card from

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HRA Payment card fact sheet

Quick, convenient access to your funds

Your plan lets you use your HRA payment card like a debit card for eligible expenses under your plan.

- Immediate access to funds. Use your HRA payment card, versus submitting your claims online or by fax/mail, so you don't have to worry about reimbursements later - the payment is automatically deducted from your HRA account and delivered to the merchant.
- Convenience. Use your HRA payment card like a debit card. Just remember to keep your receipts, because transactions have to be validated, or substantiated, per IRS guidelines.

Note: If you choose not to use the HRA payment card, you will need to submit a manual claim for reimbursement online at **my.optum.com/ibm** or by using the Claim for Reimbursement form.

Submitting Receipts Is Easier Than Ever

Although you do not have to file a claim for reimbursement with your HRA payment card, in some cases, you may be required to submit documentation verifying your payment. In that case, we will send you a letter to request more information and to remind you of the need to submit the documentation in a timely manner. To submit documentation, use one of the methods below:

- Scan your receipt and upload it online at **my.optum.com/ibm**. Simply log into your account and select "Claims" from dashboard homepage, then click on plan to view "Action Item" where missing documentation can be uploaded & submitted.
- Fax or Mail – be sure to include a copy of the Receipt Notification Letter you receive from Optum Financial with your submission.

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Common 213(d) eligible expenses fact sheet

This fact sheet can help you identify common expenses, defined as section 213(d) by the Internal Revenue Service (IRS).

Please note: the following lists are not all-inclusive. The IRS decides which expenses can be reimbursed and can modify the list at any time.

Common eligible health care expenses

- Acupuncture
- Ambulance
- Artificial teeth
- Blood sugar test kits for diabetics
- Chiropractor
- Contact lenses and solutions
- Crutches
- Doctor's office visits and copays
- Drug prescriptions
- Eyeglasses (Rx and reading)
- Flu shots
- Guide dogs
- Hearing aids and batteries
- Insulin
- Laboratory fees
- Laser eye surgery
- Medical alert bracelet
- Medical records charges
- Orthotic Inserts (custom or off the shelf)
- Over-the-counter medicines and drugs, if prescribed by a doctor (see more information below)
- Physical therapy
- Surgery, excluding cosmetic surgery
- Vaccines
- Vision exam
- Walker, cane
- Wheelchair

Common over-the-counter medicines (requiring a prescription)

Over-the-counter medicines and drugs may only be eligible for reimbursement if you have a valid prescription. These include, but are not limited to:

- Acid controllers
- Aids for indigestion
- Allergy and sinus medicine
- Anti-diarrheal medicine
- Cold and flu medicine
- Eye drops
- Hemorrhoid treatment
- Laxatives or stool softeners
- Nasal sprays or drops
- Ointments for cuts, burns or rashes
- Pain relievers, such as aspirin or ibuprofen
- Sleep aids
- Stomach remedies

Common over-the-counter medical supplies (not requiring a prescription)

Many over-the-counter medical supplies may be eligible for reimbursement and no prescription is required. Examples include, but are not limited to:

- Bandages, adhesive or elastic
- Braces and supports
- Blood pressure monitor
- Catheters
- Contact lens supplies
- Cold packs/hot packs
- Crutches
- Denture adhesives
- Diagnostic tests and monitors (such as blood glucose monitors)
- Elastic bandages / wraps
- First-aid supplies
- Sunscreen
- Thermometers
- Walkers, wheelchairs, canes

Health reimbursement arrangements (HRAs) (collectively, "Employer-Sponsored Plans") are administered on behalf of your plan sponsor by Optum Financial, Inc. or ConnectYourCare, LLC. Employer-Sponsored Plans are not individually owned and amounts available under the Employer-Sponsored Plan are not FDIC insured. This communication is not intended as tax or legal advice. Consult a legal or tax professional for advice on eligibility, tax treatment, and restrictions. Please contact your plan administrator with questions about enrollment or plan restrictions.

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Recurring Premium Expense Reimbursement Request

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

Questions? Please call us at **1-866-882-0397** if you have any questions while completing this form.

1 Participant information (Primary account holder)

First name, last name:	Last 4 of SSN:	Employer/plan sponsor name:
Participant address:	City, State ZIP:	

2 Recurring premium expense information

Please provide the information below about your recurring reimbursement request:

1. Select one of the following: ☐ **Annual recurring claim** ☐ **Mid-year premium change replace existing amount**
2. Which months would you like to be reimbursed? through
   (Month/Year – Example: Jan 2025) (Month/Year – Example: Dec 2025)
3. What is the amount you would like to be reimbursed each month $ _____

Important Note: The amount you are reimbursed each month cannot exceed the current available balance. The amount you request each month will be deducted from your HRA until one or more of the following happen:

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

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

4 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 the reimbursement submission. I understand that it is my responsibility to inform Optum Bank if there are changes in coverage or monthly premium amount, or if I wish to stop monthly reimbursements.

X _____ _____

Primary account holder or POA signature Date

Where to return your form and documentation?
By mail: UnitedHealthcare, P.O. Box 30516, Salt Lake City, UT 84130 By email: optumclaims@optumbank.com
By fax: 1-844-822-2881
Note: Forms without a signature will not be processed.

Health reimbursement arrangements (HRAs) (collectively, "Employer-Sponsored Plans") are administered on behalf of your plan sponsor by Optum Financial, Inc. or ConnectYourCare, LLC. Employer-Sponsored Plans are not individually owned and amounts available under the Employer-Sponsored Plan are not FDIC insured.

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Retiree Claim for Reimbursement

TIME SAVING TIP: Did you know you can file your claim online at my.optum.com/ibm instead of completing this form? Sign in to your account. Select the "Payments" drop-down menu and click "Pay yourself". Fill out all applicable fields and upload your receipt(s).

Questions? Please call us 1-866-882-0397 at if you have any questions while completing this form.

1 Participant information

First name, last name:	Last 4 of SSN:	Employer/plan sponsor name:
Participant address:	City, state ZIP:	

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 MM/DD/YY Example: 1/1/25 thru 1/31/25	Expense amount claimed *Example: $125.00*	Name of person receiving product or service *Example: John Doe*	Name of service provider *Example: ABC Insurance Co.*	Type of expense (medical, vision, premium, etc.) Example: *Insurance premium*
EXPENSE ❶		$			
EXPENSE ❷		$			
EXPENSE ❸		$			
EXPENSE ❹		$			
EXPENSE ❺		$			

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.

X _____ _____

Participant's signature Date

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
2. Description of expense
3. Date expense was incurred
4. Name of person receiving service
5. Name of person/entity providing 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
By fax: 1-844-822-2881
Note: Forms without a signature will not be processed.

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