

Frequently Asked Questions – PSEG transition to Via Benefits

As of January 11, 2021

For your convenience, following is a comprehensive list of Frequently Asked Questions and Answers in relation to the transition to Via Benefits Medicare Exchange. We will periodically update this document. Please check back for any updates.

QUESTION	ANSWER
GENERAL	
Why is PSEG making this change? Why now?	PSEG wants their employees, retirees, and their families to have access to quality health care coverage at the best price. PSEG regularly evaluates the benefit programs to provide quality benefits at the right cost. The Medicare supplement market is now well established, with competitive and affordable options. This change provides an opportunity to take advantage of innovation in the health care market, enabling flexibility, choice, and value.
How is PSEG changing Medicare Eligible retiree health care coverage?	<p>PSEG’s health care plans for retirees and their eligible dependents who are Medicare-eligible will end on December 31, 2020. These individuals had to elect individual medical, prescription drug, dental and/or vision plans through Via Benefits Medicare Exchange or another source (for example, a spouse’s employer plan) by December 31, 2020 to have coverage on and after January 1, 2021.</p> <p>This new approach offers more flexibility and choice, comprehensive levels of support and, in most cases, equal or better value for retirees.</p>
What is group health coverage and how is it different than individual health care coverage?	PSEG’s retiree health care plans are group coverage. Group health plans may cover the retiree and additional members of the family, all under the same plan. The plans available through Via Benefits are individual coverage – that is, policies that insurance companies sell directly to individuals. Each eligible member of the household will need to enroll in their own individual plan.
What happens to PSEG group coverage for Medicare-eligible retirees and dependents?	Medical, prescription and dental coverage under the PSEG Plans for Medicare- eligible retirees and dependents ended on Dec. 31, 2020.
What will this change mean for me as a Medicare eligible retiree? What about my eligible dependents, regardless of their age?	<ul style="list-style-type: none"> • If you are a PSEG retiree who is Medicare eligible, you had to enroll in an individual medical, prescription drug, dental and/or vision plan through Via Benefits (or another source) by December 31, 2020 to have coverage in 2021. • If you have an eligible dependent who is Medicare-eligible, they also had to enroll in individual plans through Via Benefits by December 31, 2020 to have coverage in 2021. • If you have an eligible dependent who is not Medicare-eligible, they will continue to be eligible for non-Medicare health care coverage through PSEG’s retiree group health plans. • In order to avoid a gap in coverage, you need to enroll in Medicare part A and B, as soon as you become eligible.

<p>Will I have to change the doctors, pharmacies, or other providers when we move to Via Benefits?</p>	<p>This will depend on the plans and carriers you choose. In most cases, there will be options available that will include many of the doctors, pharmacies and other providers you are currently using.</p> <p>When you speak with a benefit advisor during your enrollment period, be sure to share the names of all your providers (primary care physician, specialists, etc.) and pharmacies. Your benefit advisor can check the participating provider lists of the plans you are considering and recommend options that include your doctors and other providers.</p>				
<p>Will PSEG continue to help me pay for my retiree health care coverage?</p>	<p>If PSEG subsidizes the cost of your medical and/or dental coverage today, PSEG will make a contribution to a notional account, called a Health Reimbursement Arrangement (HRA), if you enroll in qualifying medical, prescription or dental plans.</p> <p>You (the retiree) must be enrolled in a Via Benefits plan if Medicare-eligible, or the PSEG group plan (if not Medicare eligible) in order for:</p> <ul style="list-style-type: none"> • A Medicare-eligible dependent to receive HRA funds; and/or • A non-Medicare-eligible dependent to continue coverage under PSEG group plans. <table border="1" data-bbox="562 581 1885 1081"> <tr> <td data-bbox="562 581 863 831"> <p>For Medicare-eligible dependent to receive HRA funds</p> </td> <td data-bbox="863 581 1885 831"> <p>If the retiree is Medicare-eligible:</p> <ul style="list-style-type: none"> • The retiree must be enrolled in a <i>medical and/or prescription drug plan</i> through Via Benefits for the dependent to have access to <i>medical</i> HRA funds. • The retiree must be enrolled in a <i>dental plan</i> through Via Benefits for the Medicare-eligible dependent to have access to <i>dental</i> HRA funds. <p>If the retiree is not Medicare-eligible:</p> <ul style="list-style-type: none"> • The retiree must remain enrolled in a PSEG group plan for their Medicare-eligible family member to receive the HRA contributions. </td> </tr> <tr> <td data-bbox="562 831 863 1081"> <p>For Non-Medicare eligible dependent to continue coverage under PSEG group plan</p> </td> <td data-bbox="863 831 1885 1081"> <p>If the retiree is Medicare-eligible:</p> <ul style="list-style-type: none"> • The retiree must be enrolled in a <i>medical and/or prescription drug plan</i> through Via Benefits for the dependent to be eligible for <i>medical</i> under the PSEG Plans. • The retiree must be enrolled in a <i>dental plan</i> through Via Benefits for the dependent to be eligible for <i>dental</i> under the PSEG Plans. <p>If the retiree is not Medicare-eligible:</p> <ul style="list-style-type: none"> • The retiree must remain enrolled in a PSEG group plan for their Non-Medicare-eligible family member to continue coverage under the PSEG group plan. </td> </tr> </table>	<p>For Medicare-eligible dependent to receive HRA funds</p>	<p>If the retiree is Medicare-eligible:</p> <ul style="list-style-type: none"> • The retiree must be enrolled in a <i>medical and/or prescription drug plan</i> through Via Benefits for the dependent to have access to <i>medical</i> HRA funds. • The retiree must be enrolled in a <i>dental plan</i> through Via Benefits for the Medicare-eligible dependent to have access to <i>dental</i> HRA funds. <p>If the retiree is not Medicare-eligible:</p> <ul style="list-style-type: none"> • The retiree must remain enrolled in a PSEG group plan for their Medicare-eligible family member to receive the HRA contributions. 	<p>For Non-Medicare eligible dependent to continue coverage under PSEG group plan</p>	<p>If the retiree is Medicare-eligible:</p> <ul style="list-style-type: none"> • The retiree must be enrolled in a <i>medical and/or prescription drug plan</i> through Via Benefits for the dependent to be eligible for <i>medical</i> under the PSEG Plans. • The retiree must be enrolled in a <i>dental plan</i> through Via Benefits for the dependent to be eligible for <i>dental</i> under the PSEG Plans. <p>If the retiree is not Medicare-eligible:</p> <ul style="list-style-type: none"> • The retiree must remain enrolled in a PSEG group plan for their Non-Medicare-eligible family member to continue coverage under the PSEG group plan.
<p>For Medicare-eligible dependent to receive HRA funds</p>	<p>If the retiree is Medicare-eligible:</p> <ul style="list-style-type: none"> • The retiree must be enrolled in a <i>medical and/or prescription drug plan</i> through Via Benefits for the dependent to have access to <i>medical</i> HRA funds. • The retiree must be enrolled in a <i>dental plan</i> through Via Benefits for the Medicare-eligible dependent to have access to <i>dental</i> HRA funds. <p>If the retiree is not Medicare-eligible:</p> <ul style="list-style-type: none"> • The retiree must remain enrolled in a PSEG group plan for their Medicare-eligible family member to receive the HRA contributions. 				
<p>For Non-Medicare eligible dependent to continue coverage under PSEG group plan</p>	<p>If the retiree is Medicare-eligible:</p> <ul style="list-style-type: none"> • The retiree must be enrolled in a <i>medical and/or prescription drug plan</i> through Via Benefits for the dependent to be eligible for <i>medical</i> under the PSEG Plans. • The retiree must be enrolled in a <i>dental plan</i> through Via Benefits for the dependent to be eligible for <i>dental</i> under the PSEG Plans. <p>If the retiree is not Medicare-eligible:</p> <ul style="list-style-type: none"> • The retiree must remain enrolled in a PSEG group plan for their Non-Medicare-eligible family member to continue coverage under the PSEG group plan. 				
<p>How will this change what I pay—in my premiums for coverage and in my share of expenses—for covered services?</p>	<p>The amount you pay—in premiums, deductibles, copays and/or coinsurance—will depend on the plan(s) you elect, among other factors.</p> <ul style="list-style-type: none"> • Today, your premiums for PSEG coverage may be automatically deducted from your monthly pension check. Going forward, for each health care plan you elect through, you will pay the premium amount directly to the insurance carrier. Note that you may need to send premium payments to more than one insurance carrier (for example, if you elect medical and dental plans with different carriers). • Any deductibles, copays and coinsurance under the plans you elect will be paid directly by you. In general, you can be reimbursed from your HRA for these payments, as well as your other eligible out-of-pocket health care expenses (up to the amount available in your account). • Please Note: Retirees and dependents who are not Medicare-eligible and covered under PSEG Group Plans will continue to see pension deductions for their premiums. 				

<p>What if I am in the middle of receiving medical treatment? Will my current coverage continue to pay for my treatment or will this be covered under my new plan?</p>	<p>In general, if you are in the middle of treatment, the carrier for your selected individual policy will continue to cover your eligible medical expense. However, each carrier has their own individual transition of care policies. Please notify the doctor or hospital of your new coverage. They will work with your carriers to ensure billing is properly handled. Please note, if you are in the middle of care, we recommend you select a plan that covers your current doctor(s) and facilities where you are currently being treated.</p>
<p>Who is eligible for Via Benefits?</p>	<p>Selectline/Choices retirees and dependents who are Medicare-eligible (including Pre-65 Medicare-eligible retirees and dependents) transitioned to Via Benefits effective Jan. 1, 2021.</p> <p>Coverage under the PSEG Plans for Medicare-eligible retirees and dependents ended on Dec. 31, 2020. Retirees and dependents who are not Medicare-eligible will continue to be covered under the PSEG group retiree medical (including prescription drug) and dental plans. Please note, in order for the dependents to continue coverage under the PSEG Plan, the Medicare eligible Retiree must be enrolled in a Via Benefits plan.</p>
<p>What happens if I am turning age 65 soon (and not currently eligible for Medicare?)</p>	<p>If you are not currently eligible for Medicare, no action is needed at this time. Via Benefits will reach out to you before your 65th birthday to help you prepare for the transition.</p> <p><i>If you or your dependents become eligible for Medicare prior to 65, please notify PSEG BenefitConnect at 855-myPSEG1 (855-697-7341).</i></p>
<p>I'm Medicare-eligible, but my dependent is not. What do I need to do?</p>	<p><i>The move to Via Benefits affects retirees and their dependents who are Medicare-eligible.</i></p> <p>If you and/or your eligible dependents are not Medicare-eligible, you will remain eligible for medical, prescription drug, and dental coverage under the PSEG Plans, as long as you continue to meet the eligibility requirements. When you and/or your family member (who is not currently eligible for Medicare) reaches age 65, you will enroll in health care coverage through Via Benefits. If you are approaching Medicare eligibility, you will receive more information on the actions you need to take during the year before your 65th birthday.</p> <p>For example: If you are a 67-year-old retiree and your non-Medicare eligible spouse is age 60 (and is a covered dependent), you will enroll through Via Benefits, and you will enroll your spouse in the PSEG Plans. Once your spouse turns age 65 (or become Medicare eligible, if earlier), they will also enroll through Via Benefits and receive their HRA contribution.</p>
<p>Who do I contact with questions?</p>	<p>Via Benefits is your primary contact for information and answers to questions, as well as enrollment and ongoing support related to your retiree health care coverage for 2021 and beyond. Contact Via Benefits toll-free at 1-866-202-9678, from 8 a.m. to 9 p.m. Eastern Time, Monday through Friday to speak with a benefit advisor. You can also visit my.viabenefits.com/PSEG at any time.</p> <p>If you would like to escalate an issue that has not been resolved through Via Benefits, email PSEG Benefits at RetireeBenefits@pseg.com.</p>

OPTIONS & ENROLLMENT	
How do I enroll and how long will it take?	<ul style="list-style-type: none"> • You may enroll by phone. The average enrollment call with a Via Benefits advisor is about 60-90 minutes. However, this time can vary depending on a retiree's and their eligible dependents questions, the number and type of plans they want to consider and their health situation and needs. A benefit advisor will stay on the phone for as long as necessary to ensure you have all the information you need to make an informed enrollment decision. You do not need to complete the enrollment process in one phone call. If a call runs longer than planned, you can schedule another to finish enrollment later, with the same benefit advisor if you wish. • You may also enroll online at my.viabenefits.com/PSEG. The website will contain information about all the plans available to you. However, some carriers do not allow online enrollment in some plans. So, depending on your choice(s), you may need to enroll by phone. It will take up to 15 minutes to enroll online.
How do pre-existing conditions factor into the enrollment process for medical, prescription drugs and dental coverage?	Enrolling in a plan through Via Benefits when you are initially eligible ensures that you will have guaranteed issue for coverage and that your enrollment and/or coverage will not be impacted by pre-existing conditions. Please note that you must enroll within your special enrollment period to avoid any pre-existing medical conditions.
Which insurance companies participate in the Via Benefits marketplace? Do the insurance companies and plans often change from year to year?	<p>Via Benefits offers access to a wide range of plans from more than 100 carriers, including leading national and regional insurance companies such as Aetna, Horizon, Express Scripts, Cigna, Humana, and AARP/UnitedHealthcare.</p> <p>Carriers and plans do not often change, however, each year, Via Benefits evaluates its offerings and occasionally will add new carrier options to bring the best value and to meet the needs of its customers.</p>
Can I change my elections after January 1, 2021?	<p>Your ability to change your elections after you enroll through Via Benefits varies depending on the type of plan you have:</p> <ul style="list-style-type: none"> • If you enroll in a Medicare Supplement Plan, you will be able to change that plan any time during the year, subject to approval from the insurance company, generally involving a process of medical underwriting. • If you enroll in a Medicare Advantage or Medicare Part D Plan, you may change your elections only during the Medicare Annual Enrollment Period, which is held each fall, generally from mid-October through early December (October 15 – December 7). • If you enroll in a dental plan, you may change your dental plan at any time. Contact a Via Benefits benefit advisor to discuss any changes you may want to make in the future.
PAYING FOR PREMIUMS AND THE HRA	
How will I pay for premiums?	<ul style="list-style-type: none"> • The way you pay for your premiums will change. You will pay your premiums via direct payment to the carrier. Pension deductions are not available. • Depending on the coverage in which you enroll, you may need to send premium payments to more than one insurance carrier (i.e., if you have different carriers for your medical, prescription drug and dental plans). • Please Note: Retirees and dependents who are not Medicare-eligible and covered under PSEG Group Plans will continue to see pension deductions for their premiums. • If you are currently enrolled in PSEG life insurance, premium deductions will continue from your pension.
What is the Health Reimbursement Arrangement (HRA)?	PSEG will provide you and your Medicare-eligible dependent a subsidy to help you pay for your retiree health care coverage (if you are eligible for a company subsidy today). It will be provided to you through a Health Reimbursement Arrangement (HRA). An HRA is a tax-free, non-interest-bearing account where PSEG will make

	<p>contributions as long as you are eligible for coverage and enrolled in a medical, prescription and/or dental plan through Via Benefits.</p> <p>You may use the account to reimburse yourself for the cost of your health care premiums and/or other eligible health care expenses such as copayments and coinsurance.</p>
Will PSEG automatically increase HRA contribution amounts in the future to keep up with increases in the cost of living?	Yes. The PSEG HRA contribution will increase 1.5% each year, at the beginning of the year.
How much will PSEG contribute to the HRA?	<ul style="list-style-type: none"> • The amount you receive each year from PSEG depends on the retiree's date of retirement. If you and your spouse are both Medicare-eligible, you both will receive a contribution in the same amount. The account will be a joint account — one account will be set up for the primary account holder and eligible dependents. • Any unused funds at the end of the year will roll over to the next plan year as long as you remain eligible. • The annual HRA contribution will increase each year by 1.5%.
Who will be the primary account holder?	<ul style="list-style-type: none"> • The retiree will always be the primary account holder, even if they are not Medicare eligible.
What if I'm a company couple?	<ul style="list-style-type: none"> • In most instances, the individual who becomes Medicare eligible first will be the Primary Account Holder. This may not apply to all company couples. The designation of being primary participant will not impact claim submission or future eligibility.
What expenses are eligible for HRA reimbursement?	<p>The HRA can be used for qualifying out-of-pocket health care expenses. These include:</p> <ul style="list-style-type: none"> • Medical, prescription drug, dental, and/or vision premiums for plans purchased through Via Benefits • Medicare Part B premiums • Qualified medical, dental and/or vision care out-of- pocket expenses • Your share of the cost for prescription drugs <p>More information about eligible expenses is included in the HRA funding guide which was mailed in mid-November.</p>
Will this new approach cost more than my current PSEG coverage?	For the majority of retirees, PSEG's annual contribution to your Health Reimbursement Arrangement (HRA) will be sufficient to pay for a Medicare supplement plan through Via Benefits starting 2021.
Can I use the HRA to pay for the health care premiums of my non-Medicare eligible dependent?	Yes, you may use HRA funds to pay for the health care premiums and out-of-pocket expenses of your legal dependents within the household, including PSEG Group Plan premiums and out-of-pocket expenses.
What happens if I die and there's money left in my HRA?	If you die, your surviving spouse, if applicable, will have access to the remaining balance in your HRA. Surviving Spouses will not be eligible for future HRA funds.
If PSEG has determined that I am not eligible for an HRA contribution, or I disagree with the amount of my HRA contribution, can I appeal?	If you do not agree with the determination of your eligibility for, or the amount of, an HRA contribution, you have the right to appeal. You may submit an appeal to Via Benefits by phone at (866) 202-9678. If your appeal is denied, you can follow up with a written appeal. Specific information about the appeals process will be provided in the Summary Plan Description available on myPSEGconnect.com or by calling BenefitConnect at 855-697-7341 (Option 2).

<p>If my spouse passes away, what happens to the funds in the HRA?</p>	<p>You, the Retiree, may continue to use remaining funds in the HRA. Ongoing funding from PSEG will continue for you, the PSEG Retiree.</p>				
<p>I am a spouse of a PSEG retiree who has passed away. I am Medicare eligible. What do I need to do?</p>	<p>If you are the surviving spouse of a PSEG employee or retiree and Medicare-eligible, please contact Via Benefits to enroll in medical, prescription drug and/or dental plans. You can contact Via Benefits directly at (866) 202-9678 or visit my.viabenefits.com/pseg.</p>				
<p>Both my spouse and I worked for PSEG. How will our Health Reimbursement arrangement work?</p>	<p>If you are eligible for an HRA, the account will be a joint account. One account will be set up for you and your spouse. You will each receive an HRA contribution to your joint account. HRA contributions will continue for each of you until your death. Upon your death your surviving PSEG retiree spouse can continue to use funds in the HRA.</p>				
<p>GETTING REIMBURSED</p>					
<p>How do I submit a reimbursement request?</p>	<p>To receive funds from your HRA for your eligible expenses, you must submit a reimbursement request. You can submit reimbursement requests either:</p> <ul style="list-style-type: none"> • Online: Using my.viabenefits.com/funding or the Via Benefits Accounts mobile app. • By Paper: By mail or by fax using the enclosed form. <p>We recommend submitting your reimbursement requests online — it's the fastest and most secure way to have your reimbursements processed. You'll also save time and postage.</p> <p>For <i>recurring</i> monthly premium reimbursements, you have the following options:</p> <table border="1" data-bbox="562 857 1850 1203"> <thead> <tr> <th data-bbox="562 857 1205 954"> <p>Automatic Premium Reimbursement (if offered by your plan, Automatic Premium Reimbursement will be enabled for you)</p> </th> <th data-bbox="1205 857 1850 954"> <p>Recurring Premium Reimbursement (offered through Via Benefits if Automatic Premium Reimbursement is not available)</p> </th> </tr> </thead> <tbody> <tr> <td data-bbox="562 954 1205 1203"> <ul style="list-style-type: none"> • Allows you to be reimbursed for your premium payments without manually having to submit a monthly reimbursement request. • Automatic Premium Reimbursement occurs “automatically”, meaning you do not need to submit a reimbursement request and you do not need to provide supporting documentation. • You will be reimbursed on a monthly basis. </td> <td data-bbox="1205 954 1850 1203"> <ul style="list-style-type: none"> • You must submit a reimbursement request once per year (unless your premium changes). • You must provide supporting documentation with your reimbursement request. • You will be reimbursed on a monthly basis. </td> </tr> </tbody> </table>	<p>Automatic Premium Reimbursement (if offered by your plan, Automatic Premium Reimbursement will be enabled for you)</p>	<p>Recurring Premium Reimbursement (offered through Via Benefits if Automatic Premium Reimbursement is not available)</p>	<ul style="list-style-type: none"> • Allows you to be reimbursed for your premium payments without manually having to submit a monthly reimbursement request. • Automatic Premium Reimbursement occurs “automatically”, meaning you do not need to submit a reimbursement request and you do not need to provide supporting documentation. • You will be reimbursed on a monthly basis. 	<ul style="list-style-type: none"> • You must submit a reimbursement request once per year (unless your premium changes). • You must provide supporting documentation with your reimbursement request. • You will be reimbursed on a monthly basis.
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<ul style="list-style-type: none"> • Allows you to be reimbursed for your premium payments without manually having to submit a monthly reimbursement request. • Automatic Premium Reimbursement occurs “automatically”, meaning you do not need to submit a reimbursement request and you do not need to provide supporting documentation. • You will be reimbursed on a monthly basis. 	<ul style="list-style-type: none"> • You must submit a reimbursement request once per year (unless your premium changes). • You must provide supporting documentation with your reimbursement request. • You will be reimbursed on a monthly basis. 				
<p>What do I need to do to get reimbursed for premiums?</p>	<ol style="list-style-type: none"> 1. First, pay your premium to your new insurance carrier. Your new insurance carrier will provide you with a bill for your insurance premium. Since premiums will no longer be deducted from your monthly pension check beginning January 2021, you are responsible to make a direct payment to your new insurance carrier. Depending on the coverage(s) you elected, you may need to send premium payments to more than one insurance carrier (e.g., medical and dental). 2. Submit a request for Premium Reimbursement to VIA benefits. <ul style="list-style-type: none"> • If your insurance carrier offers Automatic Premium Reimbursement, no action is required. <i>It will be automatically enabled for you.</i> 				

	<ul style="list-style-type: none"> If Automatic Premium Reimbursement is not offered by your insurance carrier, you have the following options to submit reimbursement. (You will need to provide supporting documentation with your reimbursement request.) <ul style="list-style-type: none"> Online: using my.viabenefits.com/funding or the Via Benefits Accounts mobile app By Paper: By mail or by fax using the enclosed form. The fax number is 866-886-0878. <p>3. Via Benefits approves your request and provides reimbursement. Once approved, you receive a reimbursement for your premium by the method you selected (e.g., direct deposit or by check).</p> <p><i>For faster reimbursements, submit requests using the Via Benefits Accounts mobile app or online at my.viabenefits.com/funds, and sign up for direct deposit.</i></p>
Does my plan offer Automatic Premium Reimbursement?	See if your plan offers Automatic Premium Reimbursement by signing into your online Via Benefits account at my.viabenefits.com/funds . On your My Account page, click the Funds & Reimbursement tab. In the Reimbursement Center, you will see your plans listed and an option to turn On or Off your Automatic Premium Reimbursement. If you do not see an On or Off option, Automatic Premium Reimbursement is not available for your plan at this time. If at any time you have questions about how to use your HRA, you can call a Via Benefits advisor for assistance at 866-202-9678 .
What if Automatic Premium Reimbursement is not available for my plan?	<p>If Automatic Premium Reimbursement is not available, Via Benefits offers a feature called Recurring Premium Reimbursement. This provides a simple way to be reimbursed monthly for insurance premiums. Premiums must be a fixed monthly amount for a set period of time. Submit the request either online or by paper as previously described and sign up for Recurring Premium Reimbursement.</p> <p>You only need to request reimbursement once per year unless your premium changes. Recurring Premium Reimbursement requests must be resubmitted each calendar year.</p>
How soon will I get reimbursed?	<p>The timing of your reimbursement depends on whether you are set up for Automatic Reimbursement, direct deposit and whether you have submitted forms electronically or by paper.</p> <p>Please note: Automatic Premium Reimbursement will already be enabled for you (if offered by your insurance carrier). For your first month's premium reimbursement, it may take up to six weeks following the effective date of your coverage to receive your first Automatic Reimbursement. For subsequent months, your payment will come automatically, typically within a week following the date your premium is paid. Your first month's premium reimbursement will be provided to you by direct deposit (if you set it up) or mailed by paper check.</p> <p>If you would like to request your initial reimbursement sooner, consider submitting a manual claim.</p>
How do I set up direct deposit?	<p>Direct deposit is the fastest, safest way to receive your reimbursement directly to your bank account. Sign up for direct deposit using your mobile app, using your online account or by completing the Direct Deposit Form sent to you.</p> <p>With direct deposit, it typically takes up to three business days for the payment to appear in your bank account after the reimbursement request is processed. Otherwise, if you get reimbursed by check, it can take up to 10 days after the reimbursement request is processed.</p>
How can I track and manage my HRA?	Be sure to download the Via Benefits Accounts mobile app or set up an account online at my.viabenefits.com/funds . You'll be able to manage and track your HRA, view your available balance, upload receipts and view the status of your expenses.
How do I use the HRA?	Once you enroll in a plan, Via Benefits will open an HRA for you, and PSEG will fund this account. Your account is easy to use:

	<ul style="list-style-type: none"> You will pay your health care coverage premiums directly to your insurance companies. You will file a claim for reimbursement from your HRA. Via Benefits will reimburse you from your HRA account, either through direct deposit or by check. <p>If at any time you have questions about how to use your HRA, you can call a Via Benefits advisor for assistance at 866-202-9678.</p>
Why was my reimbursement request denied?	A reimbursement request can be denied for a number of reasons, including an incorrect or incomplete document or an ineligible expense. If a reimbursement you submit is denied, you can learn why on your Explanation of Unpaid Expense (EOUE). Follow the instructions on the EOUE to resubmit your reimbursement request.
When should I receive my reimbursement?	Direct deposit is the recommended method for reimbursement. It takes three (3) business days for the payment to appear in your bank account after the reimbursement request is processed. This eliminates the need for a check, that can take up to 10 business days after the reimbursement request is processed.
Other	
What happens with the Medicare Part D-IRMAA reimbursement?	Medicare Part D IRMAA reimbursements will still be administered by PSEG BenefitConnect. Claim forms will be mailed out and must be submitted along with the required documentation during the submission window. If you have questions about D-IRMAA reimbursements, call 855-MYPSEG1 (855-697-7341).
Will I be able to use my current doctor(s)?	You will likely be able to find a plan that allows you to continue to use your current doctors. Your benefit advisor at Via Benefits can work with you to help find a plan that includes your current providers in their network.
I have TRICARE. What do I need to do?	If you have TRICARE, you will still need to enroll in a plan through Via Benefits to receive funding in the HRA.
What happens if I have questions regarding my current coverage (Plan formulary, EOB questions, Medicare eligibility questions, ID Cards), or perhaps a claims issue) – who do I contact?	Via Benefits offers ongoing support and advocacy after enrollment, including help with coverage, claims and network questions. Simply call Via Benefits at (866) 202-9678.
What happens if someone covered passes away or I need to add a Medicare eligible dependent? Who do I call?	Call PSEG BenefitConnect at 855-MYPSEG1 (855-697-7341).
What happens if my contact information changes? Who do I call?	Call PSEG BenefitConnect at 855-MYPSEG1 (855-697-7341).
How is my VEBA impacted by the Via Benefits HRA?	Some retirees may still have a balance in their VEBA (Post Retirement Supplemental Health Benefit Plan) account. This will not be affected by your Via Benefits HRA. If you have any questions about your VEBA, please contact BPAS directly at 866-401-5272, or call PSEG BenefitConnect at 855-MYPSEG1 (855-697-7341) , Option 6.