

HOW TO SUMBIT MY VEBA CLAIMS

STEP BY STEP GUIDE TO SUBMITTING HRA CLAIMS

A screenshot of the 'Existing User?' login screen. It features a 'Username' input field, a 'Forgot Username?' link, a 'Remember Me' checkbox, and a 'Next' button at the bottom.

Log into your account. Go to APA Benefits at [APA BENEFITS](#) and log into your account, select the 'New User' section of the login screen.

A screenshot of the 'Home' page of the account. It shows a 'Mobile payments are here' banner, a 'I Want To:' section with a 'Reimburse myself' button, and a 'Next' button at the bottom.

Select Reimburse Myself. This is located on the home page of your account.

- * Explanation of Benefits (EOB) from your insurance provider are required for reimbursement of Medical Deductible and Medical Coinsurance expenses.
- * Receipts are acceptable for reimbursement for all other expense types

A screenshot of the 'Receipt / Documentation' screen. It shows a 'Summary' section with 'Pay From: Medical' and 'Pay To: Me'. There are 'Cancel', 'Previous', and 'Next' buttons at the bottom.

Create your Reimbursement Request.

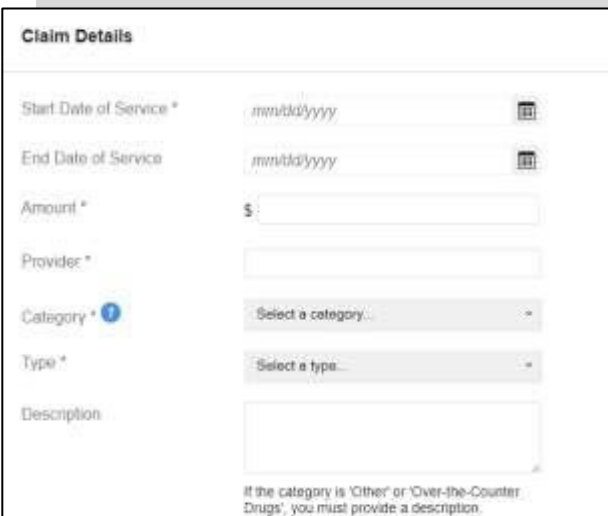
Pay from: Medical
Pay to: Me
Next

A screenshot of the 'Create Reimbursement' screen. It shows a 'Pay From' dropdown set to 'Medical' and a 'Pay To' dropdown set to 'Me'. There are 'Cancel' and 'Next' buttons at the bottom.

Add your Documents.

Explanation of Benefits (EOB) for all medical deductible and medical coinsurance reimbursement requests.

Add your receipt for all other "eligible" VEBA reimbursement requests.
Next

A screenshot of the 'Claim Details' screen. It includes fields for 'Start Date of Service', 'End Date of Service', 'Amount', 'Provider', 'Category', 'Type', and 'Description'. There are 'Cancel' and 'Next' buttons at the bottom.

Input Claim Details

Add expense date(s).
Add amount. Amount should be the TOTAL of the medical deductible, medical coinsurance or receipt total.

Category.

- *Select Medical Expense for Medical Deductible Expenses.
- *Select Coinsurance for Medical coinsurance expenses.
- *Select Drugs/Prescriptions for Prescription drug expenses.

Type.

- *Select Medical deductible for medical deductible expenses.
- *Select medical coinsurance for medical coinsurance expenses.
- *Select Prescription/Medication copay/cost for Prescriptions.

If the **Claim Category** and **Claim Type** are not selected correctly your claim will not be coded correctly for payment by your VEBA Plan.

Contact us for more assistance.
888-311-7478 or claims@apabenefits.com