

Ease the pain of Healthcare with a VEBA Medical Expense Plan

Now, more than ever, healthcare dollars need to go further. With a VEBA they can. Through the Voluntary Employee Beneficiary Association Medical Expenses Plan (VEBA) you receive tax-free money from your employer to cover medical expenses that are related to your care. That means fewer out-of-pocket healthcare costs for you and more money in your pocket.

Plan Highlights

- Plan Year: 7/1/2025 - 6/30/2026. You have a 720 day run out period after the end of each period of coverage to submit claims for the prior plan year.
- Forfeiture: Eligible employee's funds are rolled over after the end of the period of coverage (June 30th).
- Eligibility: You are able to participate if you are an employee of Unified Fire Authority and are a full time employee working 40 hours or 56 hours per week.
- Period of Coverage:
 - Calendar Year (7/1-6/30)

• **Eligible Expenses:**

- Individual Medical, Dental, or Vision premiums
- COBRA premiums
- Medical expenses
- Prescription expenses
- Dental expenses
- Vision expenses
- *must be an IRC 213(d) approved expense

• **Investments:**

- Investment gains or losses are allocated to your account monthly.

• **Benefit Calculations:**

- 2% of base salary each payroll period.
- End of the calendar any sick leave balances for firefighter employees over 960 are bought back at 60% and any balances for 8- hour (day staff) non-firefighter employees over 640 are bought back at 60%.
- End of employment payout allows for an additional contribution option based on final payout.
- Additional contribution for appointed employees (grandfathered without a new employment contract).

• **Active Employee's Important Information:**

- While you are an active employee your benefit funding is allocated semi-monthly.
 - See Benefit Calculations above regarding this.
- Administrative fee is deducted monthly from your account.
- You are **not** able to use your VEBA account until your status is changed to a Former Employee.

• **Former Employee's Important Information:**

- You must submit a copy of your detailed receipt for reimbursement. It must include services rendered, the date of service and amount. You can submit manual claims, online, through our app, or by email.
- You may use your Benefits card at the point of sale for any premium or IRC 213(d) approved expenses.
- If you are enrolled in a HSA compatible medical plan under a group or individual plan please contact APA Benefits for information regarding this.
- Administrative fee is deducted monthly from your account.

CLAIM TIPS

- Log into your account at www.apabenefits.com to submit a claim.
- Download our app- search "APA Benefits, Inc." to submit a claim.
- Check on the status of your claim go to Claims > Claim History
- A receipt is required before claim processing can begin.

Section 213(d) of the Internal Revenue Code (IRC) medical care includes amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body.