

**Health Reimbursement Account (H.R.A.)/Your Spending Account (Y.S.A.)
SURVEY OF UNIVERSITY OF WEST GEORGIA RETIREES**

In order to protect your privacy, entering your contact information in the survey is optional; however, providing this information would enable us to reach out to you if you are having problems getting your money.

Name: _____

Email Address: _____ Phone number: _____

The purpose of this survey is to get more information about retirees' use of the funds (\$2,736.00 each year) provided to their Health Reimbursement Account (also referred to as Your Spending Account). This money is provided by the University System of Georgia as a retiree benefit, but only for those retirees using the Aon Retiree Health Exchange. Please read the cover letter about this survey for more information.

PART ONE – INTRODUCTION

1. Do you know about this H.R.A./Y.S.A. account? YES NO
- 2A. **If you answered NO to question 1**, would you like someone to contact you to give you information about this account? YES (Be sure to provide your contact information in the spaces at the top of the page.) NO
PLEASE RETURN THE SURVEY NOW if you answered NO to question 1.
- 2B. **If you answered YES to question 1**, please respond to the rest of the survey so we can get information about your use (or non-use) of your account. Please respond to as many questions as you can.

PART TWO – CLAIMS

1. Approximately how much of your H.R.A./Y.S.A. did you claim in 2020?
 None of it (\$0) About a fourth of it (\$684) About half of it (\$1,386)
 About three-fourths of it (\$2,052) All (\$2,736) or almost all of it
2. **If your response to question 1 was "All (\$2,736) or almost all of it" and you DO use all of your allotment**, how far in the year do you get? What month do you run out of money? January, February, March, April, May, June, July, August, September, October, November, December.
3. **If your response to question 1 was NOT "All (\$2,736) or almost all of it" (so you marked any of the other choices)**, please tell us why you are not claiming your money? (Mark all that apply.)
- I do not use the Aon Health Exchange.
- I have never set up my H.R.A./Y.S.A. account.
- I do not have a checking account (required for H.R.A./Y.S.A. accounts).
- I don't know the balance in my H.R.A./Y.S.A. account, so I don't know how much more I can claim.
- I don't know how to set up or change automatic reimbursement for regular expenses (e.g., premiums).
- I don't know how to submit a claim for an expense as it occurs.
- I have tried to submit claims in the past, but the process was too confusing or complex.
- I have tried to submit claims in the past and have been turned down.
- I wait to submit a claim until I have a really large expense or medical emergency instead of using it little by little throughout the year.
- I am claiming part of the money, but I don't have enough eligible expenses to claim the entire allotment.
- I know that I should submit a claim and I know how to do it, but I have just not taken the time to do it.
- Instead of claiming the H.R.A./Y.S.A. money, I want to be able to deduct my medical expenses when I itemize my deductions on my federal tax return.
- Other: _____
- _____

4. If you are NOT submitting any claims or are NOT getting reimbursed your full amount each year, what can we provide to help you? (Mark all that apply.)

access to a computer

someone to sit with me while I do it

someone to help my relative/friend manage my account

step-by-step instructions on how to set up my account, submit claims, or check my balance

Other: _____

5. If you are signed up and successfully submitting claims, how did you complete the process?

My Aon representative helped me over the phone.

I did it by myself online at <https://retiree.aon.com/USG>

I called OneUSG and someone helped me over the phone.

The UWG Human Resources (HR) Department helped me.

I received help from another retiree.

Other: _____

6. For how many years have you been claiming your H.R.A./Y.S.A. money? (We've been able to make claims for five years, since 2016.) 0 1 2 3 4 5

PART THREE – REIMBURSED EXPENSES If you are being reimbursed through your H.R.A./Y.S.A. account, which expenses are you claiming or getting reimbursed for?

1. Insurance Premiums (Mark all that apply.)

Medicare Premiums

Medicare Advantage Premiums

Dental Insurance Premiums

Vision Premiums

Long-Term Health Care Premiums

Medigap Part D Prescription Drug Plan (PDP) Premiums

Medigap Insurance Premiums (Circle the letter of your plan: A, B, C, D, F, G, K, L, M, N)

OTHER premium: _____

2. Medical Expenses (Mark all that apply.)

Dental deductibles/copayments

Dental expenses not covered by insurance

Physician deductibles/copayments

Physician expenses not covered by insurance

Hospital deductibles/copayments

Hospital expenses not covered by insurance

Physical/Speech/Occupational Therapy expenses

Mental health expenses not covered by insurance

OTHER medical expenses: _____

3. Pharmacy Expenses (Mark all that apply.)

Prescription deductibles

Prescription copays

Prescription costs not covered by your insurance

Over-the-counter medication

Prescription purchases made with a discount card, not insurance

OTHER pharmacy expenses: _____

4. Medical Aids (Mark all that apply.)

Eyeglasses

Health care supplies (e.g., band-aids, thermometers, insulin needles, knee braces, hearing aid batteries, etc.)

Contact lenses

Medical equipment (e.g., wheelchairs, oxygen equipment, walkers, blood pressure monitor, etc.)

Hearing aids

Home Health Care/Home Nursing expenses

OTHER medical aids: _____

5. Other healthcare expenses not listed above: _____

PART FOUR – SPOUSAL COVERAGE

1. Does your spouse have a Health Reimbursement Account (H.R.A.)/Your Spending Account (Y.S.A.) as a retiree benefit from the University System of Georgia? ___YES ___NO

2. If you answered YES to question 1, are there any significant differences in your spouse’s claims? ___YES ___NO

3. If you answered YES to question 2, please identify the differences: _____

PART FIVE – YOUR UNDERSTANDINGS ABOUT OR STRATEGY WITH REGARD TO THE H.R.A./Y.S.A. PROVIDED BY THE USG.

1. Please explain what strategy, if any, goes into your handling of the funds provided to you by the USG in your H.R.A./Y.S.A.:

2. If you have questions or concerns about the H.R.A./Y.S.A., please list them below:

Please be sure to provide your contact information at the beginning of this survey if you would like someone to try to help you with any of your issues.

THANKS FOR COMPLETING THIS SURVEY!! Please return it now, following the options in the cover letter.