

HRA Overview

When you enroll in a medical plan with Mercer Marketplace 365+SM Retiree (“Mercer”) you are eligible for a Health Reimbursement Arrangement (HRA). This HRA is a reimbursement account that is funded by your former employer and may be used for reimbursement of eligible expenses. The eligible expenses are described on the next page.

A few weeks after your medical enrollment is complete, you will receive the **Reimbursement Instructional Guide** to explain the process for submitting claims for reimbursement, as well as provide other helpful tips to get the most from your reimbursement account.

In the meantime, here is some important information to keep in mind:

- **You are eligible for the HRA** if you meet your former employer’s enrollment requirements (see the box at the top of the back page for additional information).
- **You pay your premium** directly to your insurance carrier – You make arrangements to pay for your insurance premiums. This may be a new process for you, so it is important to be aware that this is your responsibility.
- **You request reimbursement from Mercer for eligible expenses** – Your options for requesting reimbursement will depend on a few factors: the type of expense and the insurance carrier you select.

Automatic Premium Reimbursement

For reimbursement of eligible medical and prescription drug premiums, you may be able to utilize **Automatic Premium Reimbursement**. During your consultation, ask your benefits counselor if the insurance carrier(s) you selected allows Mercer to provide Automatic Premium Reimbursement. You can opt in over the phone, and will receive your reimbursement after you pay your premium to your insurance carrier. There are no forms to complete and you will continue to receive your reimbursements on an ongoing basis as long as you continue to pay your premium(s) and have a reimbursement account balance available.

Other Reimbursement Options

If the insurance company you choose does not enable Automatic Premium Reimbursement, you have the option of setting up a Recurring Reimbursement or a manual reimbursement. **When you receive your Reimbursement Instructional Guide, you will be able to start the reimbursement process.**

There may be other expenses that are eligible for reimbursement based on your plan rules. The Reimbursement Instructional Guide will explain the reimbursement options available for these expenses.

Save the premium documentation from your insurance company, as well as any receipts for other eligible expenses as applicable, so you can provide this proof of your claim with your reimbursement request.

IMPORTANT: Receipt of this document does not confirm your eligibility for the HRA; you must enroll in a medical plan through Mercer Marketplace 365+ Retiree and maintain the enrollment to continue to be HRA-eligible. If you have not yet obtained an individual medical insurance plan through Mercer Marketplace 365+ Retiree, you must take action now to ensure your new medical coverage is in effect prior to the end of your current coverage. Please note that healthcare coverage cannot be obtained retroactively. Additionally, if you are Medicare-eligible, and you do not enroll in individual health insurance (medical and prescription drug coverage), you will only have Medicare Parts A and B.

ELIGIBLE EXPENSE	REIMBURSEMENT TYPE
Health insurance premium	<ul style="list-style-type: none"> ✓ Automatic Premium Reimbursement ✓ Recurring Premium Reimbursement
Prescription drug premium, including income-related monthly adjustment (IRMAA)	<ul style="list-style-type: none"> ✓ Automatic Premium Reimbursement ✓ Recurring Premium Reimbursement
Medicare Part B premium, including income-related monthly adjustment (IRMAA)	<ul style="list-style-type: none"> ✓ Recurring Premium Reimbursement
Out-of-pocket expenses for medical deductibles, copays and coinsurance expenses allowed by IRS Code Section 213(d) in IRS publication 502 (https://www.irs.gov/pub/irspdf/p502.pdf)	<ul style="list-style-type: none"> ✓ One-Time Reimbursement
Prescription Drug Expenses of Medicare Part D Prescription Drug Plan	<p>Available only for prescription drug claims in the Catastrophic Phase of Medicare Part D. If applicable, you will see this indicator on your Explanation of Benefits (EOB). All pages of your EOB must be submitted with your claim request.</p> <ul style="list-style-type: none"> ✓ One-Time Reimbursement
Do unused funds roll over to next calendar year?	Yes
Claim submission deadline	Claims can be submitted through March 31 st (post-marked) of the next calendar year.