

Making Your Medicare Reimbursements Easier



Back in the fall, you enrolled in a medical insurance plan and probably a prescription drug coverage plan through the Extend Health Medicare Exchange.

Now that it's 2013 and your insurance coverage is up and running, you should be paying a monthly premium for each plan to each insurance company. If you use your coverage to go to the doctor or get a prescription, you may have to pay deductibles or copays to the doctor or pharmacy.

If you're eligible for ACERA's Monthly Medical Allowance (MMA), you can get reimbursed for some or all of those premiums, deductibles, and copays, depending on how much MMA you're eligible for. There were instructions and reimbursement forms in the folder you received from Extend Health, but in case you need a refresher, here are some helpful hints and frequently asked questions.

First of all, how do I know if I am eligible for the Medicare Exchange Monthly Medical Allowance (MMA)?

Eligibility for the Medicare Exchange Monthly Medical Allowance is based on how many years of ACERA service credit you earned before you retired:

Years ACERA Service	% of MMA	2013 Medicare Exchange MMA Amount	Annual Total for 2013 ¹
0-9 yrs.	0%	\$0	\$0
10-14 yrs.	50%	\$200	\$2,200
15-19 yrs.	75%	\$300	\$3,300
20+ yrs.	100%	\$400	\$4,400

The dollar amount you're eligible for every month can be used for medical premiums, deductibles, and copays for both your medical insurance plan and prescription drug plan. Dependents such as your spouse or domestic partner are not eligible for the MMA.

How do I pay my monthly premiums?

There are two ways to pay your monthly premiums:

- Direct Pay:** Pay it directly from your bank account automatically each month. You probably set this up already when you called Extend Health to enroll in the fall. If you didn't, but want to set it up now, there's a "coupon" in the "coupon book" your insurance carrier sent you that is called something such as "**Auto Pay Form.**" You simply mail the completed form with a voided check to your insurance carrier.
- Mail a check to your insurance carrier each month.** If you didn't set up direct pay from your bank account, you received a "coupon book" from your insurance carrier; the "coupons" are monthly reminders of the premium amount you owe that you need to mail to your insurance carrier each month to continue your insurance coverage. Don't forget, or they may drop your coverage.

¹ 2013 will be an 11-month plan year starting February 1, 2013, and renewing January 1, 2014.


How do I get reimbursed for the money I'm paying for premiums, deductibles, and

If you're eligible for the Monthly Medical Allowance (MMA), you can get reimbursed for medical premiums, deductibles, and prescription drug plan up to your annual limit. Reimbursements are paid to you out of a **Health Reimbursement Account**. ACERA manages your HRA because they have the administrative capability to work with hundreds of types of healthcare plans. ACE There are two types of payments: recurring reimbursements and one-time reimbursements.

Recurring Reimbursements

You are now responsible for paying the insurance carrier each month for your healthcare coverage (your medical and prescription drug plans). If you're eligible for the MMA, you can get reimbursed for those premium payments automatically each month by setting up a recurring payment. Simply fill out an Extend Health **Recurring Premium Reimbursement Claim Form**, attach backup documentation, and mail or fax it to Extend Health.

Backup documentation can be your bank statement showing you made a payment to your insurance carrier, or a statement from your insurance carrier showing that you paid a monthly premium. Find the form at www.extendhealth.com/acera or call Extend Health at 1-888-427-8730 to have a form mailed to you.



Recurring Premium Reimbursement Claim Form

Mail to: Extend Health
P.O. Box 2396
Omaha, NE 68103-2396

Fax to: Extend Health
855-321-2605
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① Account Holder - Last Name **1** First Name MI
Social Security Number Zip Code

② Covered Participant - Last Name **2** First Name MI
Social Security Number Relation to Account Holder (e.g., self) **3**

③ New/Change/End 4	Premium Type	Start Date	End Date	Monthly Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

④ Certification
By signing below, I certify that the information provided on this claim form is correct and that the expenses for which I am requesting reimbursement or for which I am providing validation: were incurred for premiums for me or my eligible dependent under the plan on or after its effective date, have not been reimbursed in any other way from any other source, and will not be submitted for future reimbursement. Upon receiving notice of a change in premium or the cancellation of a policy, I will notify Extend Health of the change as soon as possible.

Account Holder Signature Date

⑤ Claim Documentation
Your claim will not be paid without your supporting documents submitted with this claim form. See the documentation instructions on the reverse side of this form for more information.

EHF-233 MB

- 1. Account Holder:** Your name goes here.
- 2. Covered Participant:** Your name goes here too, same as Account Holder.
- 3. Relation to Account Holder:** Always put "Self" here. ACERA does not cover spouses.
- 4. Premium Type:** Put "Medical" or "Prescription" here.

ded copays?

ded copays for both your medical insurance plan
ment (HRA) at Extend Health. Extend Health
RA provides the funds for your HRA.


One-Time Reimbursements

Your medical or prescription drug insurance plan may have a deductible and/or copays. If you're eligible for the MMA, you can get reimbursed for these deductibles and copays up to your MMA annual limit. Simply fill out an Extend Health **Reimbursement Claim Form**, attach backup documentation, and mail or fax it to Extend Health. Backup documentation is a receipt for payment from your doctor or pharmacist that must include the following information—Name of the provider, description of the service or product, date of the service or purchase, patient name, **AND** amount paid or owed after insurance.

Postage-paid return envelopes will not be provided for your reimbursement forms, so you must supply envelopes and postage. Find the form at www.extendhealth.com/acera or call Extend Health at 1-888-427-8730 to have a form mailed to you.

A deductible is the amount of expenses that you must pay out-of-pocket before your insurance plan will pay any expenses. Once you've paid the deductible, your insurance carrier will start paying expenses, but you may still owe a copay.

A copay is a fixed amount you pay every time you see a doctor, fill a prescription, or use other services such as the emergency room or an ambulance.



Reimbursement Claim Form

Mail to: Extend Health
P.O. Box 2396
Omaha, NE 68103-2396

Fax to: Extend Health
855-321-2605
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Account Holder - Last Name 1	First Name	MI
Social Security Number	Zip Code	
<input type="text"/>	<input type="text"/>	

Date of Service MM/DD/YYYY	Type of Service e.g. Medical Copay	Covered Participant	Relationship e.g. spouse	Amount Requested
2		3	4	

Total amount requested: \$

Certification
By signing below, I certify that the information provided on this claim form is correct and that the expenses for which I am requesting reimbursement or for which I am providing validation were

- incurred for services or supplies received by me or my eligible dependents under the plan on or after its effective date;
- have not been reimbursed in any other way from any other source and will not be submitted for future reimbursement;
- do not include any amounts that are otherwise payable by plans for which I or my dependents are eligible.
- I understand that health care reimbursements are not eligible deductions on my individual tax return. Claim decisions will be made in accordance with the provisions of the plan.

Your claim will not be paid without your supporting documents submitted with this claim form. See the documentation instructions on the reverse side of this form for more information.

Account Holder Signature	Date
<input type="text"/>	<input type="text"/>

EHF-235 AC

1. Account Holder: Your name goes here.

2. Date of Service: The date you went to your doctor or picked up your prescription.

3. Covered Participant: Always put "Self" here. ACERA does not cover spouses.

4. Relationship e.g. spouse: Put "N/A" here. ACERA does not cover spouses.

Get your money more easily: When you're paying, ask your doctor or pharmacist for two copies of the receipt—that way you'll have one for your records, and one to send with your reimbursement form. It can speed up the process.


How does my reimbursement get paid to me?

Your recurring and/or one-time reimbursements will get paid to you in one of two ways:

- (a) **Direct Deposit** – You may have already set this up during your enrollment in the fall. If you didn't, and now you want your reimbursement(s) deposited directly into your bank account, simply fill out an Extend Health **Direct Deposit Authorization Agreement** form, attach a voided check, and mail or fax it to Extend Health. Find the form at www.extendhealth.com/acera.

Keep in mind that it may take 3 months for Recurring Reimbursements to fully implement with Direct Deposit because it takes time for your insurance carrier to provide backup documentation. If you want to get reimbursed while you're waiting, you can follow the instructions on the middle page to submit a One-Time Reimbursement form with your own backup documentation.

- (b) **Check** – If you haven't set up direct deposit to your bank account, Extend Health will send you a check for your reimbursement.



Direct Deposit Authorization Agreement

Mail to: Extend Health
P.O. Box 2396
Omaha, NE 68103-2396

Fax to: Extend Health
855-321-2605
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I would like to: Authorize a new Direct Deposit
 Change an existing Direct Deposit
 Cancel an existing Direct Deposit

1 Financial Institution Name /Branch: _____

Account Type: (Select one) Checking Account Savings Account

City: _____ State: _____ Zip Code: _____

2 Transit/ABA Number: _____ Account Number: _____

3 Name of your Employer: _____

Name: _____

Member Number: (e.g. Social Security) _____

I hereby authorize PayFlex Systems USA, Inc. (PayFlex) on behalf of Extend Health to initiate credit or debit entries to my account with the Financial Institution indicated above. This authority is to remain in full force and effect until PayFlex has received written notification from me of its termination in such time and in such manner as to afford PayFlex and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement account plan.

Signature: _____ Date: _____

Attach a voided check for checking accounts or a savings account slip for savings accounts. This form cannot be processed without this information.

John D. Smith
100 Maple Lane
Home Town, USA 12345 9999

Date: _____

Pay to the order of _____ \$

Small Town Bank
100 Main Street
Home Town, USA 12345

VOID

123456789 1234567890987654321 9999

Bank Routing Number Account Number Check Number

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- 1. Financial Institution Name/Branch:** Write the name of your bank here.
- 2. Transit/ABA Number:** Write the routing number here. It can normally be found on the bottom left hand side of your check and is 9 numbers long.
- 3. Name of your Employer:** Write "ACERA" here.

How do I get cheaper prescription copays?

Each prescription drug plan has its own formulary.

Your prescription drug plan has a list of the drugs it covers. This list is called a **preferred drug list**, or **formulary**. Using your plan's formulary will help you save money on your drugs. A group of doctors and other experts choose the drugs on the formulary. The formulary includes common drugs for most health conditions. Plan formularies can be different. To view your plan's formulary call your health plan and/or go to your plan's website and search for it.

Some drugs on the formulary may cost more than others.

With some formularies, you pay the same amount for each drug you get. But many formularies have 2 or more cost levels. The higher the level, the more the drug costs you. Generic drugs usually cost less than brand-name drugs. Some brand-name drugs may cost more than others, and some are not on the formulary at all.



Some kinds of drugs are not on the formulary.

Over-the-counter drugs are usually not on the formulary—unless there is a stronger version that you can get by prescription only. “Lifestyle Drugs” (drugs for cosmetic use, sexual problems, weight loss, etc.) are usually not on the formulary. Your health plan will not pay for these drugs unless your doctor can show that you need them for medical reasons.

Formularies change.

New drugs may be added each year to the plan formulary. If you need a drug that is new, ask your doctor if it has been added to the formulary. A generic version of a drug may replace the brand-name version, or one generic may replace another. When this happens, your copay may change or your medication may look different. Some drugs may be removed from the formulary, because they are not safe or they do not work well.

Our advice:

Drugs that are on the formulary usually cost less than drugs that are not on the formulary. When your doctor writes a new prescription, ask if the drug is on your plan’s formulary and if it is a generic drug. Or ask for the least expensive brand-name drug on the formulary. When you fill a prescription, ask the pharmacist if the drug is on your plan’s formulary. If it is not, ask if you can get a drug on the formulary instead. In most cases, the pharmacist can replace a brand-name drug with its generic version. Sometimes the pharmacist will need to call your doctor or health plan. Before you change health plans, find out if the drugs you need are on the new plan’s formulary.

Additionally, try shopping around for lower prescription prices. If you call your local pharmacies, they’ll quote prescriptions prices over the phone. Or try www.goodrx.com for an online price comparison.

What if a drug I need is not on the formulary or is taken off the formulary?

Your doctor can ask your health plan to approve the drug. This is called “prior authorization” or “pre-approval.” Your health plan should approve or deny your request within a few days. If your health plan denies your request, you can file an appeal. Call your plan, or ask your doctor for help. You can also call Medicare at 1-800-MEDICARE and ask what to do. Your health plan may say that you have to try a drug on the formulary before you can get another drug. This is called “step therapy.” If the drug on the formulary does not work for you, then your doctor can ask for the more expensive drug.

What can I do to offset the cost of going into the Medicare “Donut Hole”?

Prescription drug plans through Extend Health are subject to coverage phases of Medicare Part D including the Medicare “Donut Hole.” The Donut Hole is a gap in prescription coverage after your total drug costs reach a certain amount.

2013 Medicare Part D Coverage Gap



Out-of-pocket costs include drug copays and drug deductibles (and any drug costs you pay in the donut hole). **Total drug costs** include out-of-pocket costs plus plan costs (though not monthly plan premiums). If you know what your costs are, you can predict whether and when you may go into the Donut Hole and possibly come out of it into the catastrophic phase. You can find your costs on the **Explanation of Benefits** sheet that your drug plan sends you each month or quarter.

To keep your out of pocket costs more even between the period before and during (and possibly after) the Donut Hole, you can get reimbursed with your Monthly Medical Allowance for less costs before the Donut Hole, and more costs when you go into the Donut Hole. A good way to even the costs out over the year is to add up the total projected extra costs of drugs during the months in the Donut Hole, and divide this cost over the months prior to the Donut Hole. For example, if you project you'll be in the Donut Hole in November and December and your prescriptions will cost a total of \$300 extra during this time. You can divide that \$300 over the 9 months prior and get reimbursed for \$33.33 less each month during February through October—then you have more MMA left for reimbursements while you're in the Donut Hole. To find out how much extra your prescriptions will cost in the Donut Hole, call your prescription drug plan or your Extend Health Benefits Advisor at 1-888-427-8730.

And always remember: The MMA is a non-vested benefit that may be adjusted or eliminated at any time by the Board of Retirement to ensure sustainability of non-vested benefits.

Extend Health - Health Reimbursement Account (HRA) Overview/Assistance Seminar

In this 30-minute seminar ACERA staff will assist you with your Health Reimbursement Account, including how to complete forms to get your payments processed. (Seminars may be cancelled for insufficient registrants.)

Month	Date	Day	Time
July	18	Thursday	Noon
September	12	Thursday	Noon
November	21	Thursday	Noon

