



# Making Your OneExchange Reimbursements Easier

**IF YOU'RE ENROLLED** in a medical insurance plan and often a prescription drug coverage plan through OneExchange, you pay 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. Instructions and reimbursement forms are available from OneExchange, but here are some helpful hints from ACERA, as well as some frequently asked questions.

## How do I know if I am eligible for the 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	Portion of MMA	Non-Medicare Plans		Medicare Plans	
		2018 MMA Amount	Annual Total for 2018	2018 MMA Amount	Annual Total for 2018
0-9 yrs.	No MMA	\$0	\$0	\$0	\$0
10-14 yrs.	1/2	\$270.22	\$3,242.64	\$207.00	\$2,484.00
15-19 yrs.	3/4	\$405.33	\$4,863.96	\$310.50	\$3,726.00
20+ yrs.	Full	\$540.44	\$6,485.28	\$414.00	\$4,968.00

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 (if you're in a separate 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's two ways to pay your monthly premiums:

- 1. DIRECT PAY** Pay it directly from your bank account automatically each month. You probably set this up already when you called OneExchange to enroll. 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 similar to "Auto Pay Form." You simply mail the completed form with a voided check to your insurance carrier.
- 2. 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. Some carriers don't provide coupon books, but simply provide a statement every month. Don't forget to mail your payment in each month to your carrier, or they may drop your coverage.

# How do I get reimbursed for this money I'm paying for premiums, deductibles, and copays?

**IF YOU'RE ELIGIBLE** for the MMA, you can get reimbursed for medical premiums, deductibles, and copays for both your medical insurance plan and prescription drug plan up to your annual limit. Reimbursements are paid to you out of a Health Reimbursement Account (HRA) at OneExchange. OneExchange manages your HRA because they have the administrative capability to work with hundreds of types of healthcare plans. ACERA provides the funds for your HRA.

There are two types of payments: recurring reimbursements and one-time reimbursements.

## Recurring Reimbursements

You are 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 a **OneExchange Recurring Premium Reimbursement Claim Form**, attach backup documentation, and mail or fax it to OneExchange.

**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 [medicare.oneexchange.com/acera](http://medicare.oneexchange.com/acera) or call OneExchange at 1-888-427-8730 to have a form mailed to you.

Recurring Premium Reimbursement Form

**OneExchange**  
From Towers Watson

Mail: P.O. Box 981155, El Paso, TX 79998-1155      Fax: 1-855-321-2605

① Employer Name Total Pages

Account Holder Name – Last First Midd.

Social Security Number Zip Code

② Action	Relationship	Premium Type	Start Date	End Date	Monthly Amount
New	Self	Medical	1/1/2016	12/31/2016	\$XXX.XX
④	⑤	⑥			

③ By signing below, I certify that the information provided on this reimbursement request form is correct and that the expenses for which I am requesting or for which I am providing validation: were incurred for expenses for the covered participant while eligible 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 a cancellation of coverage, I will notify OneExchange within a suitable time period.

Account Holder Signature

Date

④ To qualify for your reimbursement you must provide a third party document that includes the information to the right.

Please CHECK  Each Reimbursement Request Qualification as you complete them.

Does your documentation cover these items?

Covered Participant's Name (John Doe)

Provider Name

Date of Service (1/1/2016 thru 12/31/2016)

Monthly Amount (e.g., \$104.50)

Coverage Description (e.g., Medical)

200172-160115-FRM15H-OneExchange Recurring Premium Reimbursement Form-MB

- ① **Employer Name:** Write "ACERA" here.
- ② **Total Pages:** Form plus supporting document.
- ③ **Account Holder:** Write your name here.
- ④ **Action:** Enter "New Policy", "Premium Change", or "End of Policy".
- ⑤ **Relationship:** Always write "Self" here. ACERA does not cover spouses.
- ⑥ **Premium Type:** Write "Medical" or "Prescription" here.

## 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 a **OneExchange Reimbursement Claim Form**, attach backup documentation, and mail or fax it to OneExchange. 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 [medicare.oneexchange.com/acera](http://medicare.oneexchange.com/acera) or call OneExchange 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.

### Deadline is March 31st of Following Year

You can submit reimbursement claim forms as you incur charges, or you can submit them later. The deadline to submit claim forms for a plan year is March 31st of the following year.

For example, claims for charges incurred in 2017 would have to be submitted by March 31, 2018.

**Get your money 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 reimbursement process.**

Reimbursement Form

**OneExchange**  
From Western Wireless

Mail: P.O. Box 981155, El Paso, TX 79998-1155      Fax: 1-855-321-2605

① Former Employer Name Total Pages

Account Holder Name – Last First Middle

Social Security Number Zip Code

Date of Service MM/DD/YYYY	Type of Coverage	Covered Participant Name	Relationship e.g., Self	Amount Requested
01/01/2016	Medical	John Doe	Spouse	\$XXX.XX
4	5	6	7	
Total Amount Requested				

③ By signing below, I certify that the information provided on this reimbursement form is correct and that the premiums for which I am requesting or for which I am providing validation: were incurred for premiums for the covered participant while eligible 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.

Account Holder Signature Date

④ To qualify for your reimbursement you must provide a third party document that includes the information to the right.

Please CHECK  Each Reimbursement Qualification item as you complete them.

Does your document(s) include these items?

Covered Participant Name (e.g., John Doe)

Provider Name (e.g., AARP)

Date of Service (e.g., 01/01/2016)

Description of Coverage (e.g., Medigap)

Proof of Payment

20005-151 101-FRMTSH-OneExchange Reimbursement Form PO ©

- ① **Former Employer Name:** Write "ACERA" here.
- ② **Total Number of Pages:** Form plus supporting documents.
- ③ **Account Holder:** Write your name here.
- ④ **Date of Service:** The date you went to your doctor or picked up your prescription.
- ⑤ **Type of Coverage:** Write "Medical" or "Prescription" here.
- ⑥ **Covered Participant:** Always write "Self" here. ACERA does not cover spouses.
- ⑦ **Relationship:** Write "N/A" here. ACERA does not cover spouses.

# 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:

## Option A: By Direct Deposit

You may have already set this up during your enrollment. If you didn't, and now you want your reimbursement(s) deposited directly into your bank account, simply fill out a **OneExchange Direct Deposit Authorization Agreement** form, attach a voided check, and mail or fax it to OneExchange. Find the form at [medicare.oneexchange.com/acera](http://medicare.oneexchange.com/acera).

### Initial Lag Time

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.

### AARP Lag Time

If you're enrolled in a plan through AARP, your premium payment will be deducted from your account at the beginning of the month, and you will get your reimbursement at the end of the month.

## Option B: By Check

If you haven't set up direct deposit to your bank account, OneExchange will send you a check for your reimbursement.

**Direct Deposit Authorization** OneExchange  
from Towers Watson

Mail: P.O. Box 981155, El Paso, TX 79998-1155 Fax: 1-855-321-2605

**The fastest, most secure way to receive your reimbursement!**

Former Employer Name Social Security Number

Account Holder Name -- Last First Middle

Financial Institution/Branch State Zip

City Bank Routing Number Account Number

I would like to: (Select one) Account Type: (Select one)

authorize a new direct deposit  Checking  
 change an existing direct deposit  Savings  
 cancel an existing direct deposit

I hereby authorize PayFlex Systems USA, Inc. on behalf of OneExchange 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 OneExchange has received written notification from me of its termination in such time and in such manner as to afford OneExchange and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement plan.

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

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

John Q. Smith 9999  
100 Maple Lane  
Home Town, USA 12345 Date \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Home Town Bank  
100 Main Street  
Home Town, USA 12345  
12345678909874 1234567890987 9999

Bank Routing Number Account Number Check Number

Direct deposit can also be setup by logging into your online account at [Medicare.OneExchange.com](http://Medicare.OneExchange.com) or over the phone by calling OneExchange.

200906-151101-FRM75H-OneExchange Direct Deposit Authorization Agreement

- 1 Former Employer Name:** Write "ACERA" here
- 2 Financial Institution / Branch:** Write the name of your bank here.
- 3 Bank Routing 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.

# 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, or tiers. 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 pills may look different. Some drugs may be removed from the formulary, because they are not safe or they do not work well.

## Drugs on the formulary usually cost less.

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.

## Shop around for lower drug prices.

Additionally, try shopping around for lower prescription prices. If you call your local pharmacies, they'll quote prescription prices over the phone. Or try [www.goodrx.com](http://www.goodrx.com) for an online prices 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?

Medicare prescription drug plans through OneExchange 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.

### 2018 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.

### Keeping Your Costs Steady

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 to the donut hole and get reimbursed for less during that 9 months. To find out how much extra your prescriptions will cost in the Donut Hole, call your prescription drug plan or your OneExchange Benefits Advisor at 1-888-427-8730.

### 2018 Medicare Part D Coverage Gap

\$0 Initial Phase	\$3,750 (of total drug costs) <b>Donut Hole</b> (Coverage Gap)	\$5,000 (out-of-pocket costs) <b>Catastrophic Phase</b>
Your plan covers 75% of drug costs until total costs reach \$3,750, although you may have to pay an initial deductible.	Your drugs aren’t covered by your plan, but you get discounts of 65% on brand name and 56% on generic drugs. You exit the coverage gap when your out-of-pocket costs reach \$5,000.	Your pay only a small coinsurance amount of copayment for covered drugs for the rest of the year.

## The Donut Hole Will Keep Shrinking For 2018 and Will Close By 2020

If you’re a member who has reached or will reach the Medicare Part D coverage gap during 2017, you should know that the percentage you pay for brand name and generic drugs will decrease each year, until the coverage gap closes when both reach 25% in 2020—the same percentage you pay from the time you meet the deductible (if your plan has one) until you reach the out-of-pocket spending limit (up to \$4,950 in 2017).

	% You Pay for Brand-Name Drugs in Coverage Gap	% You Pay for Generic Drugs in Coverage Gap
2017	40%	51%
2018	35%	44%
2019	30%	37%
2020	25%	25%

## The MMA is a Non-Guaranteed Benefit

Just a reminder, the MMA is a non-guaranteed (non-vested) benefit that may be adjusted or eliminated at any time by the Board of Retirement to ensure sustainability of non-vested benefits.