

## Health Reimbursement Arrangement & Prescription Claims

The Union College Retiree Health Reimbursement Arrangement (“HRA”) provides a separate supplemental reimbursement for eligible prescription drug out-of-pocket expenses incurred in the catastrophic phase of Medicare Part D. Reimbursement for Catastrophic Medicare Part D is not subject to the Maximum Benefit under the HRA Plan for other eligible health care expenses. This means it is an additional benefit to you beyond your HRA subsidy provided by Union College.

Medicare Part D Prescription Drug Plans provide different levels of coverage or phases: deductible, initial coverage, coverage gap (also known as the donut hole) and catastrophic. You are responsible for all out-of-pocket expenses incurred in the deductible, initial coverage and coverage gap phases as these are not eligible for reimbursement from the Union College Retiree HRA. If you incur high prescription drug expenses, see <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/catastrophic-coverage> for current year threshold, and reached the catastrophic phase of coverage in your Part D Prescription Drug Plan, *purchased through Mercer Marketplace 365*, you are eligible to submit claims for coinsurance and copay expenses incurred in the catastrophic phase of coverage for prescription drugs received. *Expenses incurred prior to the catastrophic phase are not eligible for reimbursement from the HRA.*

To help you understand whether you reached the catastrophic phase of coverage, you should review the monthly prescription drug summary statement or Explanation of Benefits from your Medicare Part D Prescription Drug Plan. This summary includes details of the plan costs paid during each phase of your Part D coverage.

To submit a claim for reimbursement under the supplemental catastrophic HRA, you may file a one-time claim either online using the HRA portal or by paper claim form, available on Mercer’s website. You’ll need to provide the following documentation with the claim submission:

- Covered Participant Name (e.g. John Doe)
- Provider Name
- Date of Service (e.g. 01/01/20xx)
- Expense Type (Catastrophic Rx)
- Proof of Expense Amount (e.g., invoice or receipt from provider that identifies the participant name and service date and description, Explanation of Benefits or monthly prescription drug summary statement that identifies amount paid by participant in the catastrophic phase of coverage)
- Proof of Payment (e.g., front and back side of cancelled check, receipt, statement from provider showing payment, bank or credit card statement)

*Important: The documentation you submit must provide proof that the expense for which you are requesting a reimbursement applied to the catastrophic phase of Part D prescription drug coverage.*

Complete the claim form and provide:

- Date of Service
- Type of Coverage (Catastrophic Rx)
- Covered Participant Name
- Relationship to the account holder
- Amount Requested, which should be the entire expense you incurred/paid.

***Please be aware that the deadline for submitting incurred claims is March 31<sup>st</sup> for the prior calendar year's claims.***

If you have questions about your supplemental catastrophic prescription drug HRA, please contact a Mercer Marketplace 365 benefits counselor at 888-281-3880.