



Introducing the Medical Expense Reimbursement Plan ("MERP") as part of your benefits package.

The MERP offers team members who have access to alternate group medical and prescription drug coverage through their spouse, **100% coverage with \$0 out of pocket** for eligible medical expenses. You will be reimbursed for ALL co-pays, co-insurance and deductibles incurred through your alternate medical plan up to the maximum out of pocket limits under the Affordable Care Act (\$10,600/single and \$21,200/family per year).

No premium contribution will be deducted from your paycheck. **Plus, when you enroll your eligible spouse in MERP, you are no longer subject to the \$300 monthly spousal surcharge that may otherwise apply to you.**

PLUS, LCMC Health will reimburse you for the premium contribution paid for the alternate coverage if it exceeds the premium contribution you would have paid to remain on LCMC Health's medical plan up to a maximum of \$100/single, \$300/team member + spouse, \$300/team member + child(ren), \$500/family per month. You will be reimbursed for any increase in premium to add you and/or your eligible dependents up to the above monthly maximums. If the cost of alternate coverage is less than what the team member would have paid for LCMC Health's medical plan, premium contribution reimbursement is \$0.

Eligibility and Enrollment Opportunities

- ▶ **Current team members:** must currently be enrolled in LCMC Health's medical plan then waive that plan for the MERP effective date
- ▶ **New team members or newly benefit eligible:** may enroll during your new hire election period after satisfying LCMC Health's benefit eligibility requirements
- ▶ **Qualifying event:** marriage, spouse's change in employment status, birth of child, part time to full time, etc.
- ▶ **Open enrollment:** you may enroll during LCMC Health's and/or your spouse's annual open enrollment

Enrollment

- ▶ Enroll in alternate coverage and waive coverage on LCMC Health's medical plan
- ▶ Complete the MERP enrollment via your online enrollment system
- ▶ Complete the Attestation via your online enrollment system
- ▶ If you are already enrolled in the MERP, you must submit an updated premium contribution information for your alternate coverage each year.

Premium Contribution Reimbursements Proof Required

- ▶ Paystub showing premium contribution amount, pre-tax or post-tax, frequency (other pay information may be blacked out)
- ▶ You must provide the tiers of coverage indicating the cost for each tier

IRS Rules

- ▶ You may be enrolled in an HRA or FSA. You **CANNOT** be reimbursed from both the MERP and your HRA or FSA.
- ▶ Team members are NOT eligible for the MERP if their alternate coverage is:
 - A High Deductible Health Plan (HDHP) **with** active contributions to a health savings account (HSA) and the team member is the account holder of the HSA; however, **it is acceptable alternate coverage** if contributions can be waived. A spouse who is not enrolled in the MERP may contribute to an HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the MERP
 - Medicare, Tricare, VA health care or Medicaid
 - Healthcare Exchange Policy made available thru the Affordable Care Act
 - Individual policy or Limited Benefit Health Plan

Claims

- ▶ How do I use the MERP ID Card?
 - First, present your alternate coverage ID card.
 - Then, present your MERP ID card. Let the provider know that the MERP will pay the provider directly for eligible co-pays, co-insurance, and deductibles.
 - You pay nothing; your provider may file the claim with both your alternate coverage and with the MERP.
- ▶ Electronic Claims:
 - To submit reimbursement under the plan electronically, go to portal.catilize.com
 - Here you will simply need to upload the required documentation:
 - Co-pay, co-insurance or deductible: Explanation of Benefits (EOB) from alternate coverage
 - Prescriptions: "Tab" from pharmacy that includes name of drug, date filled, patient's name and patient responsibility amount
- ▶ Paper Claims:
 - Send completed and signed claim form to Catilize Health® with the required documentation
- ▶ Claim Submission Deadline:
 - Member Claims: 90 days after end of plan year or your termination from the plan
 - Provider Claims: 1 year after date of service for provider claims

