

**EMAIL SUBJECT: Claim filing and other information for FCA (Chrysler) retirees with HRA or RHCA accounts in 2019**

The Insurance Committee of your NCRO provides information helpful to our members in “navigating” the experiences we share as retirees, particularly those with WageWorks (WW) and Benefit Connect (BC). This is intended to be an overview of the claim filing requirements, as reminders for most of us and also and for those new to the process. Much of this information is taken from guides sent to us by WW and from their claim form. You can file your claim for expense reimbursements to WageWorks on line, by fax, or by mail.

There have no changes in the process for 2019 compared to last year.

**(1) Many retirees have already been reimbursed part or even all of their 2019 HRA balances for unpaid claims from 2018.** This was automatic for any eligible claims filed for in 2018 that could not be paid because the 2018 HRA had already been fully paid out.

This feature was new with WageWorks a year ago and continues. Also new with WageWorks is that any un-reimbursed 2019 or future HRA amounts and any carry-over HRA balances from past years can be used to be reimbursed for claims (*if they were not previously reimbursed from the HRA or the RHCA*) for eligible healthcare expenses incurred **after** the retiree or spouse reached 65.

**(2) RULES FOR REIMBURSEMENT FOR INSURANCE PREMIUMS:**

**Remember – YOU WILL NEED TO SUBMIT PROOF OF COVERAGE AND PROOF OF PAYMENT.**

**Premium Claim submission for 12 months when you are paying monthly (for claims submission when completed late December and/or the beginning of January of a new calendar year)**

- Indicate the dates for the entire year (i.e. 01/01/19 - 12/31/19) and the ANNUAL premium amount.
- WageWorks will enter the claim with the dates of service for the entire year and the annual amount. Claims are then pro-rated on a monthly basis based on the service dates going forward from the month documentation is received for proofs of both coverage and payment. Payment is made at the beginning of each month automatically once the annual claim has been established.
- You can submit a full year claim anytime during the year. If you submit later than January, you will be reimbursed retroactively. For example, submit full year claim in March and you will receive retro payment for January and February, but you will need to evidence that you paid the retro month premiums.

**Other Premium Claim Submissions (if you are filing in late January or later)**

- Indicate the month(s) for which you are requesting reimbursement.

**PROOF OF COVERAGE** includes either:

- Coupon slips from the insurer
- Itemized statement from the insurer
- Letter or form from the insurer as to the amount of Insurance Premiums for the year

***The above submissions must include ALL of the following:***

- Name(s) of the covered individual(s)
- Health Care plan name
- Date(s) of service (i.e. the coverage period)
- Premium amount

**PROOF OF PAYMENT** includes either:

- Copy of your Social Security “Cost of Living Statement”, usually received in November, or Medicare Statement clearly indicating the amount of the monthly Part B, C, or D premium(s)
- Bank statements showing the payments to “xyz insurance company” has cleared (you may block out other non-relevant financial information e.g., checking/savings account balance, other spending/charges, etc.)
- “Cancelled” check for premium payment to the insurance company (show both the FRONT and BACK of the cancelled check)
- Credit Card Statements showing payment to the insurance company (you may block out other non-relevant financial information e.g. credit card balance, other charges, etc.)
- Insurance company statement showing payment has been made in full for the coverage period
- Ongoing monthly insurance company statements showing the previous month’s premium has been paid in full.

**(3) RULES FOR REIMBURSEMENT for HEALTHCARE SERVICES and ELIGIBLE EXPENSES: YOU NEED TO SUBMIT EVIDENCE OF THE SERVICE AND OF THE PAYMENT.**

- **EVIDENCE OF SERVICE**
  - Explanation of Benefits (**EOBs**) from your insurance company are recommended, especially if your insurance covered a portion of the expense.
  - Your provider may sign the WW claim form confirming the date of services, charges and other service or product information in lieu of providing separate documentation or other proof of service.
- **PROOF OF PAYMENT**
  - Line-item from your credit card or checking account statement showing the recipient and amount of payment. (You may block out other non-relevant financial information e.g., checking/savings account balance, other spending/charges, etc.)
  - Copies of the cancelled check (both sides) paid to the provider
  - Receipt from the provider showing the amount and date of payment; this alternative could also evidence the service itself.
  - Proof of payment must include:
    - Name of service provider or retailer;
    - Date of service or purchase;
    - Identification of drug or product, or description of service;
    - Purchase amount of each product or service; and
    - Total purchase amount

***ADVICE: Do not use a highlighter*** – it causes items to not be legible on the documentation. If using US mail, send only photocopies of your claim form and documentation—*keep the originals for your records.*

**(4) SUBMITTING A CLAIM FOR PART B PREMIUMS IN EXCESS OF \$109/MO**

For 2019, WageWorks will again reimburse \$109/mo. automatically from the HRA for the retiree and eligible spouse, or the Surviving Spouse. If your Part B premium is in excess of \$109, you may submit a claim to be reimbursed for the difference.

**Example:** Your Medicare Part B Premium \$135.50

- The base Medicare Part B Premium \$109 is *Auto-Reimbursed*
- Remainder is \$ 26.50
  - You must submit a claim to be reimbursed for the **\$26.50 difference ONLY**.
  - DO NOT submit a claim for the full \$135.50 as this will result in overpayment to you which will need to be reimbursed to your HRA or RHCA.
  - To verify the excess, you must submit a copy of the Social Security Administration (SSA) “Your Benefit Amount” (annual statement) received, usually in November 2018, showing the amount of your Medicare Part B Premium.

**NOTE: If you do not wish to be auto-reimbursed for the \$109**, you may contact WW to discontinue or log in to your WW account to disable the feature under the Program Options button in the HRA view. If you have a Retiree Health Care Account (RHCA) at Merrill Lynch and if you wish to be reimbursed for the base of \$109 (or your greater monthly amount) after your HRA is fully used, you must submit a claim for reimbursement from the RHCA and simultaneously DISABLE auto-reimbursement from the HRA. If you would like to activate this or have ANY questions about this option, please log in to your account or call WW.

**(5) General rule regarding HRA claims**: You may not submit claims for expenses incurred prior to your original HRA effective date (e.g., the month you reached 65) nor for any expenses previously reimbursed.

#### **(6) MEDIGAP Plan Changes**

**You may change Medigap plans at any time during the year.** Unlike Medicare Advantage plans, Medicare supplements (Medigap) plans do not have specific periods in which you can switch or drop coverage. However, after your initial Open Enrollment Period (the six-month period following your Part B start date at age 65 or older), you will be likely subject to “medical underwriting”. Depending on your health situation, you may not qualify to change or you could be charged higher premiums based on your health history and current health status. Or, if in good health, you may save money even at the same plan level (e.g., Plan F or G).

The underwriting requirements will depend entirely on which Medicare supplement company (Medigap) you choose for your policy. Some insurers will accept higher-risk beneficiaries, but you could pay a higher premium. If you decide to look into changing mid-year or in the fall, we recommend that you use a qualified agent to explore alternatives. It will not cost you a fee to do that, as they are paid commissions by the insurers. If you do decide to switch your Medicare supplement plan, be sure not to cancel your existing policy until you are approved for coverage with the new insurer.

#### **(7) Medicare Advantage Plan Disenrollment Period**

The Medicare Advantage Disenrollment Period lasts from January 1 and through March 31 of each year. During this time, Medicare Advantage beneficiaries can only choose to disenroll from Medicare Advantage and return to Original Medicare and would be required to select a stand-alone Part D drug plan. Advantage plan disenrollees would also be eligible to purchase a Medicare supplement to start coinciding with the date they move back to traditional Medicare. BEFORE DISENROLLING, you should always confirm first that you can be enrolled in a Medigap plan if you want supplemental coverage. See Item (6) above.

This period is not a time to join or switch Medicare Advantage plans. It is only a time to *drop* your Medicare Advantage plan and switch back to Original Medicare. If you disenroll in January, your Original Medicare will be effective on February 1. If you disenroll in February, your Original Medicare will be effective on March 1.

**REMINDERS AND HELPFUL INFORMATION (also included in December 29, 2017 email to members)**

- WageWorks has a new form which should be used. It includes added helpful instructions on the first and last pages. Do not forget to sign and date the form if submitting by mail. However, if you have the old form, you may continue to use it until you get a new form.
- Where to find the new form: On the WW site, it is under Help and then Forms and Documents -- you can log onto the WW site at [participant.wageworks.com](http://participant.wageworks.com) and then click **HELP** (under your name) at the top of the page and then click on **Claim Form** near the center of the page. There you will also see other helpful links. On the NCRO site ([www.NCRO.org](http://www.NCRO.org)) it is at the top of the homepage -- double click on HealthCare/SS/BC/WW and then click on **HRA and RHCA Claim Form**. The NCRO site also has several other helpful links. Note that the WW form is used for claims on either your HRA or on the Retiree Health Care Account (RHCA) if you have this account and have a balance in it at Merrill Lynch. You may also phone WW and have a form mailed to you.

### **Your Resources and Helpful Information for you**

- **WageWorks** administers the HRA and RHCA including claims processing, account activity, details, direct deposit information
  - [participant.wageworks.com](http://participant.wageworks.com) and 877-924-3967. Be sure to keep your Profile current.
- **Benefit Connect** administers your Pension Benefits and the other aspects of your Insurance programs that WW does not handle, is the contact for HRA “eligibility”, and keeps your profile current (i.e. home address, phone numbers, email address)
  - [fcabenefits.ehr.com](http://fcabenefits.ehr.com) and 888-409-3300. Be sure to keep your Profile current.
- **Merrill Lynch** is the contact for RHCA balances, fund transfers, contributions and distributions, earnings, and to freeze/move funds for premium payment/reimbursements. *Claims* for RHCA reimbursements are made through WageWorks (see above). To be reimbursed, your available funds need to be in the Institutional Money Market fund.
  - [www.benefits.ml.com](http://www.benefits.ml.com) and 800-483-7283
- **Bank of America** administers the Health Savings Account (HSA) which retirees under 65 may have had and those age 65 and older may still have a balance in.
  - 800-615-0319
- **FCA (formerly Chrysler)** maintains a site at [fcaretirees.com/](http://fcaretirees.com/). Click on **Salaried Non-Union Retirees in the left column**. This has very helpful information, contacts, and links.
- Your **NCRO** maintains a site at [www.ncro.org](http://www.ncro.org) with very helpful information and contacts when you click on the link on the blue bar across the top -- click on HEALTHCARE/SS/BC/WW. You may send a question to the Insurance Committee at the NCRO by emailing to [InsCom@NCRO.org](mailto:InsCom@NCRO.org)
- **Please keep your contact information current under the NCRO’s Members “tab”** on the blue bar at the top of the home page. It’s easy -- click on Review Your Information and if you do not know your Registration ID, just enter your last name and email address and you will be sent all the personal information on the NCRO site. This is voluntary self-provided information, and we count on members to please keep their information current.

This information is provided to you by the Insurance Committee of your NCRO, January, 2019