

WRAPAROUND HRA SUMMARY OF BENEFITS

1. What is the SERS Wraparound HRA?

SERS offers a Health Reimbursement Arrangement (HRA). Participants are able to choose insurance from any company offering coverage in the federal Marketplace, and if eligible, receive a federal subsidy to lower premium costs. The SERS Wraparound HRA then provides reimbursements for eligible medical expenses.

To take part in the SERS Wraparound HRA, eligible participants MUST complete the Marketplace enrollment process through SERS' plan administrator, HealthSCOPE Benefits.

2. How do I sign up?

Select a health care plan from the federal Marketplace with the assistance of a counselor from HealthSCOPE Benefits. The counselor will help you sign up for the Marketplace plan and tell you whether you are eligible for a federal subsidy to help pay your premium. After you have selected and been enrolled in a Marketplace plan, you will be enrolled in the SERS Wraparound HRA. There is no additional premium for the SERS Wraparound HRA.

3. What benefits are available under the SERS Wraparound HRA?

Reimbursements are capped at \$1,950 per family, per calendar year for the following eligible medical expenses:

Benefit Categories	Maximum Reimbursement
Deductible	Reimbursements are limited to \$1,950 per family, per calendar year in accordance with federal limits
Covered prescription drugs	
Physician office visit co-pay or coinsurance	
Inpatient hospital admission co-pay or coinsurance	
Imaging (X-rays, CT/PET Scans, MRI) co-pay or coinsurance	

All benefit category costs in the aggregate are subject to the overall total Maximum Amount under this Plan. Such costs can be used in various combinations but shall not, in the aggregate, exceed the Maximum Amount. Reimbursement is limited to cost sharing after the Participant's Marketplace plan has adjudicated any claim(s). Actual reimbursement may vary according to the Participant's Marketplace plan's terms, but will in no event exceed the Participant's actual out-of-pocket expenses under the applicable Marketplace plan.

The SERS Wraparound HRA eligible expenses noted above only apply to covered services under your Marketplace plan. Claims for non-covered services are not eligible for reimbursement.

4. Who is eligible to participate?

SERS benefit recipients and eligible dependents who qualify for SERS health care coverage are eligible for enrollment in the SERS Wraparound HRA after electing coverage in the Marketplace.

This coverage is NOT available to SERS benefit recipients who:

- Have previously waived SERS coverage (unless they have a qualifying event);
- Are eligible for Medicare;
- Are enrolled in Medicaid; or
- Have a family member enrolled in a SERS Medicare Advantage plan.

HealthSCOPE Benefits will rely upon SERS to determine whether a person is eligible for coverage.

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5. When does coverage begin?

Your coverage and any dependent coverage under the Marketplace plan begins when you and your dependents have enrolled and paid the monthly premiums directly to your Marketplace insurer. (SERS cannot deduct Marketplace premiums from your monthly benefit payment.)

Your coverage and any dependent coverage under the SERS Wraparound HRA begins when you and your dependents are eligible for SERS coverage and are enrolled in a Marketplace plan. There is no premium for the SERS Wraparound HRA.

6. When does coverage end?

Your SERS Wraparound HRA will end if you:

- Voluntarily end your Marketplace plan;
- Are terminated by your Marketplace plan and you do not choose another;
- Are no longer eligible for SERS health care coverage;
- Do not pay any required premium for your Marketplace plan; or
- Become covered under another plan offered by SERS, or SERS terminates the Wraparound HRA.

7. If my Marketplace plan ends, can I enroll in a different SERS plan?

Yes, if you notify SERS within 31 days of the termination of your Marketplace plan coverage.

8. What happens when I become eligible for Medicare?

SERS will contact you before you turn 65, or become eligible for Medicare, to offer you the opportunity to enroll in the SERS Medicare Advantage coverage. You should terminate your Marketplace plan when your Medicare Advantage coverage becomes effective.

9. What expenses can I submit for reimbursement?

You may submit an Explanation of Benefits (EOB) from your Marketplace plan that shows the Marketplace plan paid the claim as a covered expense and itemizes the amount you owe for one of the covered benefits listed in the above chart. The expenses must be incurred while you are an active participant in the SERS Wraparound HRA; for example, prior to your coverage termination date if you terminate midway through the year.

10. How quickly will my claim be processed after I submit the EOB to HealthSCOPE Benefits?

Claims for reimbursement will be processed within 30 days from the date the claim is received by HealthSCOPE Benefits. Reimbursement of valid claims will be made by check or deposit to your bank account on file. No payments will be made directly to service providers.

11. What is the deadline for submitting claims?

EOBs from your Marketplace plan must be received by HealthSCOPE Benefits, with any required substantiation, within 180 days from the date the Marketplace plan issues the EOB.

12. What are the ways in which I can submit a claim to HealthSCOPE Benefits?

or

Claims for reimbursement can be sent to HealthSCOPE Benefits either by mail or electronically to the following addresses:

HealthSCOPE Benefits P.O. Box 1029 New Albany, OH 43054

SERS@HealthSCOPEBenefits.com

13. Can I appeal a denied claim?

Yes. HealthSCOPE Benefits will adjudicate claims within 30 days. If your claim requires additional information or is denied, you will receive notice in writing stating the specific reasons for the decision. If additional information is required, you have 45 days to provide the required information. If your claim is denied, you can request that the decision be reviewed by filing a written request with HealthSCOPE Benefits within 180 days after receiving notice that the claim was denied. HealthSCOPE Benefits will review your appeal and give you written notice of a final decision within 30 days after receiving the request for review.

14. Who can I contact for more information or to request a copy of the Benefit Plan Document?

Contact HealthSCOPE Benefits Customer Service Department at 1-888-236-2377 or SERS Health Care Services at 1-800-878-5853.