



# 2017 HRA Benefit Plan Summary

## EAG, Inc.

### Plan Effective Dates

January 1, 2017 – December 31, 2017

### Marin Benefits Debit Card

**Your debit card is valid at Kaiser facilities only.** Attempts to use this card at another merchant or for other non-eligible expenses may result in your card being frozen and the account deactivated. **Always save your receipts as Marin Benefits may contact you to substantiate debit card charges.**

### Health Reimbursement Benefits Provided

The plan will reimburse up to 100% of the negotiated charges covered by the existing Kaiser high-deductible group health plan. **These expenses include eligible deductible, co-payment and co-insurance charges not reimbursed by another plan. Prescription expenses are eligible for payment by this plan.**

### Excluded Expenses

The plan specifically excludes coverage for any services not covered by the existing Kaiser high-deductible group medical plan.

### Maximum Annual Benefit

The maximum annual benefit under this plan is \$2000 per single employee and \$3000 per employee with dependents for a full calendar year. Unused HRA funds from the 2016 plan year up to \$2500 per single employee and \$5000 per employee with dependents will automatically roll over into the 2017 plan before they expire on December 31, 2017. Unused HRA funds from the 2017 plan year up to \$2000 per single employee and \$3000 per employee with dependents will automatically roll over into the 2018 plan before they expire on December 31, 2018. Roll over funds will be used before the current year funds are used.

### Online Participant Portal

Please visit [mywealthcareonline.com/marinbenefits](http://mywealthcareonline.com/marinbenefits) for an array of secure online tools and resources to help you take an active role in managing your health.

### Participant Portal Registration Instructions

**Step 1:** Click on “New Members – Register Here”

**Step 2:** Follow the prompts to register

Employee ID: Social Security Number with no spaces or dashes

Employer ID: **MBIEAG**

**Step 3:** Change your Employee ID and create a new password. You’re done!

### Submit a Claim

Click on **My Accounts**, then **Reimbursement Request**. You may attach supporting documentation directly online. Claims may also be submitted via fax to **415-454-2928** or mail to the address below. Claim Reimbursement Forms are available in the Participant Portal under **My Accounts**, then **Forms and Documents**, as well as on our website.

### Substantiate a Debit Card Charge

Click on **My Accounts**, then **Pending Claims**. Click the upload icon next to a debit card charge, upload your receipt and click save. Once uploaded, the receipt icon will appear next to the pending claim. Marin Benefits will review your documentation, and approved claims that have been substantiated will no longer be listed.

### Questions?

Please contact Customer Service at **415-526-1401** or email [helpdesk@marinbenefits.com](mailto:helpdesk@marinbenefits.com) with any questions regarding accessing the Participant Portal and your HRA benefits.

### Marin Benefits and Insurance Services

**Mailing Address:** 700 Larkspur Landing Circle, Suite 199, Larkspur, CA 94939

**Email Support:** [helpdesk@marinbenefits.com](mailto:helpdesk@marinbenefits.com)

**Customer Service:** 415-526-1401

**Fax:** 415-454-2928

**Visit Us Online:** [marinbenefits.com](http://marinbenefits.com)