



# 2025 HRA Benefit Summary

## EAH Housing – United Medical Resources (UMR)

### Plan Effective Dates

January 1, 2025 – December 31, 2025

### Benefits Provided

Your Health Reimbursement Arrangement (HRA) is a benefit account established and funded by EAH Housing. Your HRA plan will reimburse up to 100% of the negotiated charges covered by the existing UMR group medical plan. These expenses include eligible deductible charges not reimbursed by another plan. **UMR prescription expenses subject to the deductible are eligible for payment by the HRA plan.**

### Excluded Expenses

The plan specifically excludes coverage for any services not covered by the existing UMR group medical plan and that do not satisfy the plan deductible. **Dental and vision expenses are not eligible for reimbursement by this plan.**

### Maximum Annual Benefit

EAH offers significant deductible funding towards your health plan for your participation in the EAH Wellness Program. The deadline to earn Enhanced Funding for the 2026 plan year is November 30, 2025. To learn more, please refer to your EAH Employee Benefits Guide which can be found by visiting the EAH employee benefits site accessible via OneLogin. If you do not participate in the program you will receive Base Funding towards your medical deductible in 2026.

Participation Reward	Employee Only	Employee + Dependents
Base Funding	\$1,500.00	\$3,000.00
Enhanced Funding	\$3,000.00	\$5,000.00

**Please note that the EAH Wellness Program and the opportunity to earn the maximum HRA funding levels is available to active employees of EAH only.**

### Newly Benefit Eligible Employees in 2025

For the 2025 plan year, if your benefits start January 1 - June 1, you will receive Enhanced Funding for the current year. If your benefits start July 1 - December 1, you will receive Base Funding for the current year. All 2025 new hires earn funding for the 2026 plan year based on their wellness participation levels from January 1, 2025 - November 30, 2025.

For new hires whose benefits start October 1, 2025 or later, you only need to complete the Health Risk Assessment by November 30, 2025 to get Enhanced Funding for the 2026 plan year.

Please note that the funding level is subject to change and is dependent upon the available medical options and plan designs effective January 1, 2026.

### Marin Benefits Administrators

Mailing Address: 6366 Commerce Blvd #293, Rohnert Park, CA 94928

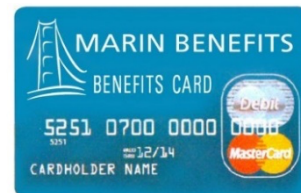
Email Support: [support@marinbenefits.com](mailto:support@marinbenefits.com)

Customer Service: 415-526-1401

Website: [marinbenefits.com](http://marinbenefits.com)

### Marin Benefits Debit MasterCard®

You will receive a benefits card linked to your HRA plan. You may use this card to pay for eligible UMR deductible expenses incurred by you or your eligible dependents. Please note the following for your benefit card:



- Your benefits card will arrive preloaded and pre-activated.
- Your benefits card may be used for your eligible expenses at any at any qualified service provider that accepts MasterCard®.
- Your benefits card does not have a PIN number and should be used just like a credit card. Select the credit option to sign your purchase receipt. If prompted to provide a ZIP Code, please use your home ZIP Code.
- You may use your benefits card at the pharmacy for eligible prescription drug expenses and/or to pay for your eligible mail order prescriptions.
- **You may NOT use your benefits card for over-the-counter (OTC) medications even when they are prescribed by a physician.**
- **You may NOT use your benefits card for dental or vision expenses.**
- Always save your receipts as Marin Benefits may contact you to substantiate debit card charges.
- Attempts to use your benefits card for ineligible expenses may result in your account being frozen and deactivated.

### Online Member Portal

Please visit [marinbenefits.com](http://marinbenefits.com) for secure online resources to help you take an active role in managing your HRA Plan. Please click “Register” and follow the prompts using the following credentials:

**Employer ID**            **MBIEAH**

**Employee ID**        Nine-digit employee Social Security Number with no spaces or dashes [e.g., 123456789]

### How to Submit an HRA Claim

If for any reason you do not use your benefits card, you may submit a claim to be reimbursed from your HRA. Claims may be submitted securely online in the Member Portal or by submitting an HRA Claim Reimbursement Form. Get your HRA reimbursement faster when you enroll for Direct Deposit in the Member Portal or by submitting a Direct Deposit Form with your claim. All forms and instructions are available at [marinbenefits.com/forms](http://marinbenefits.com/forms). Claims must be filed within ninety (90) days of the end of the calendar year in which services are incurred to be eligible for reimbursement.

### HRA Refunds

If you have used your HRA or benefits card to pay for an expense that is later reimbursed or refunded by your provider, IRS regulations require you to pay the amount back to your HRA. Please contact Marin Benefits with any questions about how to return provider refunds back to your HRA.

### Questions?

Please contact Marin Benefits at 415-526-1401 or [support@marinbenefits.com](mailto:support@marinbenefits.com) for questions regarding your HRA benefits.

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