

# 2024 Kaiser HRA Plan Summary

## Musco Family Olive Products, Inc.

### Plan Effective Dates

January 1, 2024 – December 31, 2024.

### Benefits Provided

Your Health Reimbursement Arrangement (HRA) is a benefit account established and funded by Musco Family Olive Products, Inc. Your HRA will reimburse you for service covered under your Kaiser group medical plan.

### Excluded Services

Your HRA Plan specifically excludes coverage for any services not covered by the existing Kaiser group medical plan. **Over-the-counter medications, dental services, and vision services are not eligible for payment by your HRA plan.**

### 2024 Annual HRA Benefit

Employee Only	\$2,750
Family	\$5,500



### Marin Benefits Debit MasterCard®

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

- Your card will arrive preloaded and preactivated.
- Your card may be used for your eligible expenses at any qualified service provider that accepts MasterCard®.
- Your card may be used at the Kaiser pharmacy for eligible prescription drug expenses and/or to pay for your eligible Kaiser mail order prescriptions. Over-the-counter medications are not a covered benefit even when prescribed by a physician.
- Your 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 at the sales terminal. If you are prompted for a billing zipcode please provide your home zipcode.
- Always save your receipts as Marin Benefits may contact you to substantiate card charges.
- Attempts to use your card for ineligible expenses may result in your account being frozen and deactivated.

### Online Member Portal

Please visit [marinbenefits.com](https://marinbenefits.com) for secure online tools and resources to help you take an active role in managing your HRA.

**Step 1** Click "Register"

**Step 2** Follow the prompts using the following credentials:

**Employer ID** **MBIMUSCO**

**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 benefit card, you may submit a claim to be reimbursed from your HRA plan. 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](https://marinbenefits.com/forms).

### HRA Refunds

If you have used your HRA Plan 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 Plan. Please contact Marin Benefits with any questions about how to return provider refunds back to your HRA Plan.

### Questions?

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

### 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](https://marinbenefits.com)