

2025 HRA Benefit Summary

Musco Family Olive Products, Inc.

Kaiser

Plan Effective Dates

January 1, 2025 – December 31, 2025.

Benefits Provided

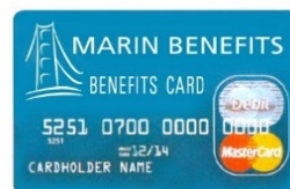
Your Health Reimbursement Arrangement (HRA) is a benefit account established and funded by Musco Family Olive Products, Inc. Your HRA will reimburse you for services covered under your Kaiser group medical plan. Prescription drugs must be filled through a Kaiser network pharmacy or otherwise be allowed by Kaiser to be payable by your HRA.

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, and vision services are not eligible for payment by your HRA plan.**

Maximum 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 benefits card:

- Your benefits card will arrive preloaded and preactivated.
- Your benefits card may be used for your eligible expenses at any qualified service provider that accepts MasterCard®.
- Your benefits 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 benefits card does not have a PIN and should be used just like a credit card. Select the credit option to sign your purchase receipt at the sales terminal. If prompted to provide a billing zipcode please use your home zipcode.
- Always save your receipts as you may be contacted to substantiate benefits card charges.

Online Member Portal

Please visit 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 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 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. 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 for questions regarding your HRA benefits.

Marin Benefits Administrators

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

Email Support: support@marinbenefits.com

Customer Service: 415-526-1401

Website: marinbenefits.com