



2025 Dental & Vision HRA Plan Summary Shields, Harper and Co.

Plan Effective Dates

January 1, 2025 – December 31, 2025.

Benefits Provided

All **qualified** dental and vision expenses at the provider of your choice, including orthodontics.

Excluded Services

Your Dental & Vision HRA Plan only provides reimbursement for qualified dental and vision expenses under IRS Code Section 213(d) incurred by the employee or eligible dependent. The IRS listing of all qualified expenses is available here:

www.irs.gov/pub/irs-pdf/p502.pdf. Additionally, the following expenses are not covered by this plan:

- Laser eye surgery or vision correction (LASIK)
- Cosmetic services as defined by IRS regulations
- Over-the-counter Dental and Vision related items (for example, toothbrushes, contact lens solution, etc.)
- Non-prescription eyeglasses (for example, sunglasses without RX, etc.)
- Extended warranties on eyewear
- Dental and/or Vision insurance premium payments

Maximum Annual Dental and Vision HRA Benefit

The maximum allowable benefit is \$1000 per eligible employee and eligible dependents to share.

Marin Benefits Debit MasterCard®

You will receive a benefits debit card linked to your Dental & Vision HRA Plan. You may use this card to pay for qualified expenses incurred by you or your eligible dependents. Please note the following for your benefits card:

- You will receive a preloaded and preactivated debit card linked to your Dental and Vision HRA Plan. This card will also be loaded with your Aetna or Kaiser HRA Plan funding.
- You may use this card to pay for eligible Dental and Vision services, up to the allotted maximum.
- Always save your receipts as you may be contacted to substantiate debit 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 MBISHC

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

How to Submit a Claim

If for any reason you do not use your benefit card, you may submit a claim to be reimbursed from your Dental and Vision HRA plan. Claims may be submitted securely online in the Member Portal or by submitting a Claim Reimbursement Form. Get your 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.

Provider Refunds

If you have used your Dental and Vision 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 Dental and Vision 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