

Plan Effective Dates

August 1, 2024 – July 31, 2025. Health Reimbursement Arrangement (HRA) funding is refreshed annually on January 1 in accordance with accumulation period of the Kaiser group medical plan.

Benefits Provided

Your Health Reimbursement Arrangement (HRA) is a benefit account established by SMTC Corporation. Your HRA will reimburse you for the following services covered under your Kaiser group medical plan which satisfy the plan deductible:

- Inpatient Hospitalization Services
- Outpatient Surgery Services
- Emergency Room Services

What is a Deductible?

The amount you owe during the plan year for certain covered health care services before Kaiser begins to pay. Your HRA reimburses you for services subject to your Kaiser plan deductible.

Excluded Services

Your HRA excludes coverage for any services not covered by your Kaiser group medical plan and which do not satisfy the Kaiser plan deductible. **Copayments, coinsurance, prescription drugs, over-the-counter medications, dental services, and vision services are not eligible for reimbursement.**

Maximum Annual HRA Benefit

| | |
|------------------------|------------|
| Employee Only | \$1,500.00 |
| One Member of a Family | \$1,500.00 |
| Entire Family Combined | \$3,000.00 |

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 MBISMTTC

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

How to Submit an HRA Claim

HRA claims may be submitted securely online in the Member Portal or by submitting an HRA Claim Reimbursement Form. All claims must include your **Explanation of Benefits (EOB)** from Kaiser showing services were subject to your Kaiser deductible. 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.

What is an Explanation of Benefits (EOB)?

A document prepared by Kaiser after you visit a provider. Your EOB is not a bill, but rather an explanation of how services incurred were covered by your Kaiser group medical plan. Your EOB will list services and amounts subject to your medical plan deductible and which are payable by your HRA Plan.

Questions?

Please contact Marin Benefits at 415-526-1401 or support@marinbenefits.com for questions regarding your HRA Plan.

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