

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 UnitedHealthcare Select Plus PPO group medical plan.

Benefits Provided

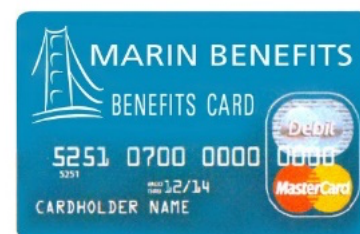
Your Health Reimbursement Arrangement (HRA) is a benefit account established by SMTC Corporation. Your HRA will reimburse you for services covered under your UnitedHealthcare Select Plus PPO group medical plan. While you may use your HRA to pay for eligible services incurred inside or outside of the UnitedHealthcare Select Plus PPO network, please be advised that seeing contracted in-network providers will stretch your benefit dollars and reduce your out-of-pocket expenses.

Excluded Services

Your HRA excludes coverage for any services not covered by your UnitedHealthcare Select Plus PPO group medical plan. **Prescription drugs, over-the-counter medications, dental services, and vision services are not eligible for reimbursement.**

Maximum Annual HRA Benefit

Employee Only	\$4,000.00
Family	\$8,000.00



Marin Benefits Debit MasterCard®

You will receive a benefits card linked to your HRA. You may use this card to pay for qualified UnitedHealthcare Select Plus PPO 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 benefit 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 you are prompted for a billing zipcode please provide your home zipcode.
- Always save your receipts as Marin Benefits may contact you 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 MBISMTC

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

Submit a 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 in the Member Portal or by submitting an HRA Claim Reimbursement Form. Get your reimbursements 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. 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 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 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