Flexpro™

Retirement
Medical Benefits
Account Plan

State of Indiana

Retiree Information Packet

· State of Indiana Retirement Medical Benefits Account Plan
· Frequently Asked Questions
· Claim Form
· Retiree Registration Form

Key Benefit Administrators P.O. Box 55210 Indianapolis, IN 46205 800-558-5553

Welcome to the State of Indiana Retirement Medical Benefits Account Plan

Welcome to the State of Indiana (State) Retirement Medical Benefits Account Plan (Plan). The State has established this Plan as a benefit to employees who retire and are eligible for and have received a normal, unreduced or disability retirement benefit (as determined by statutes and codes governing a State public employee retirement fund). As a Qualified Retiree of the State, you are eligible to receive benefits from this Plan. Subject to conditions and limitations described in the Plan, you will be reimbursed from your Reimbursement Account for Qualifying Expenses incurred by you and/or your Covered Dependents.

Key Benefit Administrators (KBA) has the privilege of administering this special Plan for Qualified Retirees of the State. To assist you with information relating to how the Plan works, KBA is providing this Retiree Information Packet. This Packet includes a list of the most Frequently Asked Questions, a claim form and a Retiree Registration form.

It is very important that you complete the Retiree Registration form and return it to KBA as soon as possible so that we have your most current up-to-date information on record. This information will need to be maintained over the coming years, so it is your responsibility to assure KBA has the most recent information in your file at all times.

Retirement Medical Benefits Account Plan * Frequently Asked Questions

This packet is only a brief overview of benefits that may be eligible under your Plan.

What is a Retirement Medical Benefits Account Plan?

It is a State funded health reimbursement arrangement that reimburses Qualified Retirees for certain health insurance premiums up to a maximum limit.

What expenses are eligible for reimbursement under the Plan?

Qualifying Expenses include: premiums under an insurance policy for group or individual coverage of the Qualified Retiree and/or his or her Covered Dependents including medical, dental, vision, tax-qualified long-term care (subject to the limitations in Code Section 213(d)(10)) and Medicare supplement policies, the State's Medicare complementary policy and coverage of the Qualified Retiree and/or his or her Covered Dependents under Medicare Part B and Medicare Part D.

Important Exceptions – The following expenses will ***not*** be treated as Qualified Expenses under the Plan:

1. expenses paid, reimbursed or reimbursable by any insurance, accident, health or worker's compensation plan,
2. expenses paid, reimbursed or reimbursable under a Code Section 125 Flexible Benefits Plan,
3. expenses incurred while the individual is neither a Qualified Retiree nor a Covered Dependent, or
4. the individual is not legally obligated to pay.

Who is considered to be a Covered Dependent?

The term Covered Dependent means an individual to whom the Qualified Retiree is legally married (excluding a "common-law" spouse) or who qualifies as a dependent child of the Qualified Retiree at the time the expense is incurred, the spouse and dependent children of a deceased Qualified Retiree.

How and when may I receive reimbursement for Qualified Expenses?

To receive reimbursement for Qualified Expenses you must send a copy of the proper documentation of your Qualified Expense along with a signed claim form (a copy of the claim form is included in this packet) to Key Benefit Administrators (KBA) to the address or to the fax number listed below no later than 90 days after the end of the Plan Year in which the expenses were incurred. Proper documentation includes a bill or receipt showing the type of insurance, the name of the provider, the name of the Qualified Retiree and/or the spouse or Covered Dependent, the month(s) covered, the amount of the premium and proof of payment.

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Key Benefit Administrators
P.O. Box 55210
Indianapolis, IN 46205

Fax #: 866-241-1488

Reimbursements will be issued on a bi-weekly basis. Checks will be mailed directly to the Qualified Retiree's home. *(It is important that you notify KBA immediately if your address changes.)*

May a Covered Dependent continue to receive reimbursements after a Qualified Retiree's death?

Yes, if a Covered Dependent incurs Qualifying Expenses after the death of a Qualified Retiree, those expenses will continue to be eligible for reimbursement until the balance in the Reimbursement Account is zero or the individual ceases to qualify as a Covered Dependent by remarriage or no longer meeting the definition of dependent.

What happens when my account balance is reduced to zero?

Once you have used all available funds previously contributed to your account by the State during your employment and the additional bonus contribution (if applicable) upon your retirement and your Plan account balance reaches zero, you will no longer be eligible to continue participation in the Plan.

Who may I call if I have questions?

You may call KBA at 800-558-5553 or 317-284-7150. Customer Care Representatives are available to assist you from 8:00 a.m. to 5:00 p.m. Monday through Friday.

State of Indiana Retirement Medical Benefits Account Plan Claim Form

THIS FORM MUST ACCOMPANY EACH GROUP OF RECEIPTS SUBMITTED

Retiree Name: ______________________________ ID or SSN Number: ________________

Email address: ______________________________

Home Address: ____
Number & Street City State Zip Code

☐ Please check if new address

Daytime Phone Number: _______________________ Number of pages: ________________

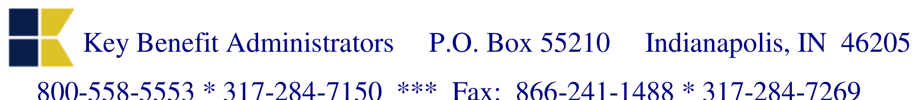
To the best of my knowledge and belief, my statement in this Request for Reimbursement is complete and true. I am claiming reimbursement only for Qualified Expenses incurred by me, my spouse, or my Covered Dependent(s) during the applicable plan year. I certify that these expenses have not been reimbursed by any other source, are not pre-taxed under a Section 125 Flexible Benefits Plan, nor will any reimbursement be sought from any other source. I authorize my Retirement Medical Benefits Account Plan be reduced by the amount requested.

Employee Signature: ____________________________________ Date: ________________
Signature Required

Insurance Premium Expenses:
Insurance Premium receipts or statements must be from an independent third party and must include the Name of the Retiree, Spouse or Covered Dependent, Name of the Provider, Type of Insurance, the month(s) covered and the Amount of the Insurance Premium. Proof of payment is also required. If necessary, please add additional pages.

Name of Retiree or Covered Dependent	Month Covered	Name of Provider	Type of Insurance	Amount of Premium
Total				

The following reimbursement request rules apply: Insurance expenses must be incurred within the appropriate Plan Year. Photocopies of receipts are acceptable. Please retain a copy of all receipts for your own records. *Cancelled checks are only acceptable as proof of payment not as receipts*. <u>This form must be signed and submitted with applicable receipts.</u>



800-558-5553 * 317-284-7150 *** Fax: 866-241-1488 * 317-284-7269

Flexpro@Keybenefit.com

SAMPLE ONLY

State of Indiana Retirement Medical Benefits Account Plan
Retiree Registration Form

Please complete the following information and return this form to KBA at the address listed below. An addressed envelope is included for your convenience.

Please Print

Retiree Name: ______________________________ SSN: ______________

Home Address: ____
Number & Street City State Zip Code

Email address (optional): ______________________________

Daytime Phone Number: ______________________ DOB: ______________

Spouse Name: ______________ SSN: ______________ DOB: ______________

Dependent Name: ______________ SSN: ______________ DOB: ______________

Dependent Name: ______________ SSN: ______________ DOB: ______________

Dependent Name: ______________ SSN: ______________ DOB: ______________

Dependent Name: ______________ SSN: ______________ DOB: ______________

A covered dependent means an individual to whom the Retired Participant is legally married (excluding a "common law" spouse) or who qualifies as a dependent of the Retired Participant under Code Section 152 (determined without regard to subsections (b)(1), (b)(2) and (d)(1)(B) at the time the Qualifying Expense is incurred.

IMPORTANT!

Please notify KBA immediately if you change your address.

SAMPLE ONLY

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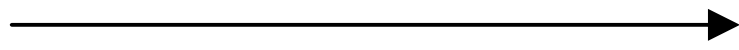
KEY BENEFIT
ADMINISTRATORS
P. O. BOX 55210
INDIANAPOLIS, IN 46205

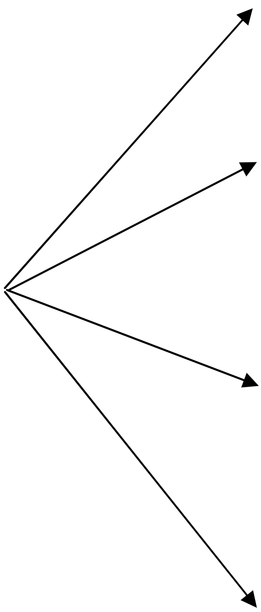
APPROVED SUBSTANTIATION FOR STATE OF INDIANA HRA CLAIMS:

When submitting a premium claim for your retirement medical reimbursement, KBA will need the following documentation:



DESCRIPTION OF SUBSTANTIATION:	HOW OFTEN TO SEND:
Claim Form, Signed by Retiree	Each Month A Claim is Filed

Plus:



Which one fits your circumstances?

DESCRIPTION OF SUBSTANTIATION:	HOW OFTEN TO SEND:
If on Medicare A or B Benefits:	
The annual letter from Social Security outlining the payments being taken from your monthly stipend.	Each month a claim is filed, attach a copy of the annual letter to the claim form to substantiate the amount indicated for reimbursement.
If 65 or older & have a Supplemental Policy:	
A copy of the summary page indicating the cost and type of coverage.	Each month a claim is filed, attach a copy of the policy statement which indicates the monthly, quarterly or annual amount paid, or other eligible proof of payment, as shown below.
If still working at another employer:	
Have employer provide a statement indicating the group insurance plan is fully-insured and premiums are not paid with pre-tax dollars.	Each month send a copy of paycheck stub for the month claimed for reimbursement.
If retired before eligible for Medicare benefits, and have a fully-insured medical insurance policy:	
A copy of the policy summary page indicating the cost and type of coverage.	Each month a claim is filed, attach a copy of the policy statement which indicates the monthly, quarterly or annual amount paid, or other eligible proof of payment, as shown below.

Plus:

Cancelled Check, Bank Statement, Credit Card Statement, Receipt for Cash Rendered for Payment, Statement from Insurance Carrier showing proof of payment, etc.

NOTE: Claims must be made on a monthly basis to assure retiree or eligible dependent(s) are not deceased. Also, services and payments must be incurred before they are eligible to be reimbursed.