



# **MEDICAL PREMIUM REIMBURSEMENT PROGRAM (MPRP) WEBINAR**

PRESENTED BY GLEN MALABUYOC



# OVERVIEW

## 1. MPRP

- What is MPRP?
- Who is Eligible?
- Guidelines for Coverage
- Qualified Health Plans
- What is Eligible for Reimbursement?

## 2. How To Enroll

- Cancellation of LACERS Coverage
- During and After Retirement
- The Application

## 3. Submitting for Reimbursement

- Reimbursement Schedule
- The Claim Form

## 4. Medical Loss Ratio and Plan Rebates

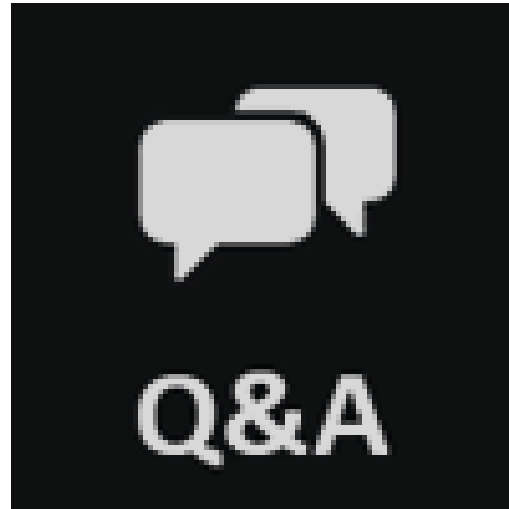
## 5. Medicare & MPRP

## 6. Survivors & MPRP

## 7. Q&A Session

## QUESTIONS DURING THE PRESENTATION?

Use the Q&A button at the bottom of your Zoom screen to enter your question.



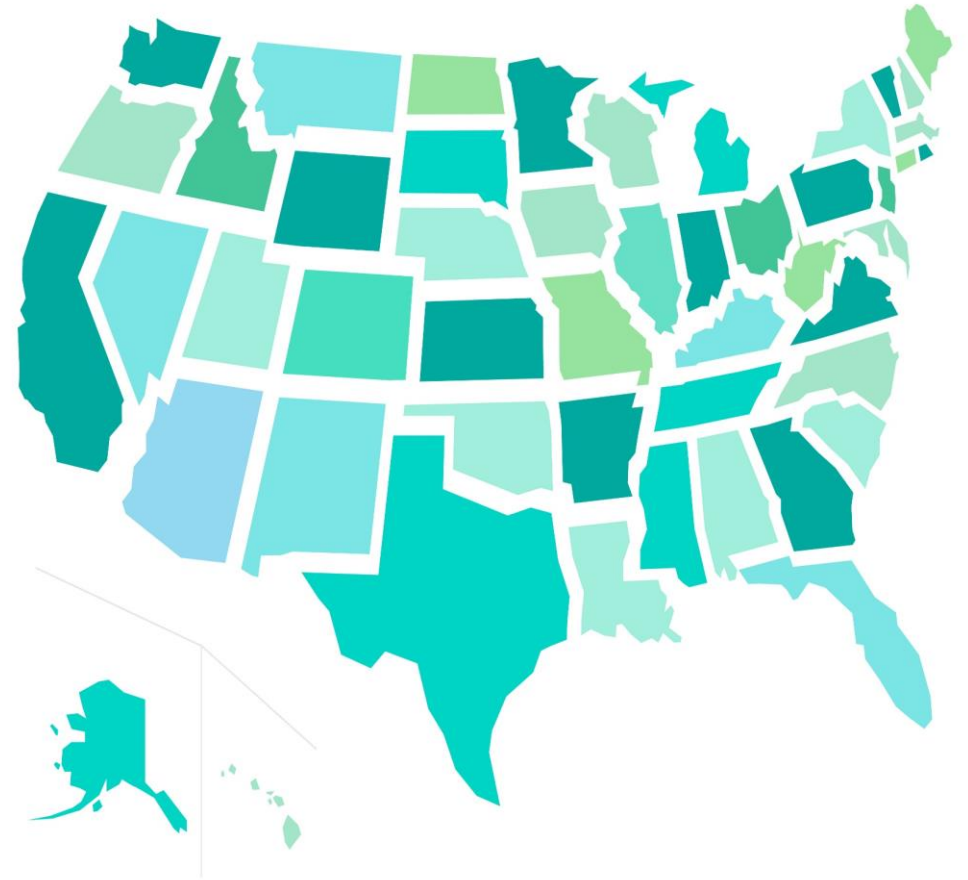
LACERS Staff will reply shortly or answer your question live.

# WHAT IS THE MEDICAL PREMIUM REIMBURSEMENT PROGRAM (MPRP) ?

This program was established to assist retired LACERS Members and Eligible Survivors who are unable to access one of our California HMO medical plans due to residing outside of a LACERS-sponsored HMO or Medicare Advantage HMO plan zip code service area, and do not wish to enroll in our sponsored PPO option.

Those who qualify may receive reimbursement, up to the maximum monthly medical subsidy for which they are eligible.

The health insurance plan must be a qualifying plan to be reimbursed.



# WHO IS ELIGIBLE FOR MPRP?

The LACERS MPRP is available to LACERS Retirees and Eligible Survivors if you meet **all of the following criteria:**

## You reside more than 3 months out of the year\*

- Outside of California and within the U.S. & Its Territories; or
- Within California, but outside the authorized zip code service areas of a LACERS HMO or Medicare Advantage HMO Plan.

## CITY SERVICE

You have at least 10 years of City Service.

## MINIMUM AGE

You are at least age 55 or older.

## ENROLLMENT

You are not enrolled in a LACERS medical plan.

## YOUR NON-LACERS POLICY

Your non-LACERS medical insurance policy you enroll in is a federally-qualified or state-regulated medical insurance plan.

## NO SUBSIDY OR TAX CREDITS

You are not receiving a state or federal subsidy, or tax credit through the health insurance exchange.

\*based on your Home Address on file with LACERS

# GENERAL GUIDELINES FOR YOUR NON-LACERS COVERAGE

Provided you meet all the program qualifications, you will be eligible for reimbursement of the medical plan premium you pay for:

- A state qualified individual medical plan - **you must not be receiving the federal medical premium subsidy or tax credit through the health insurance exchange.**
- A medical plan sponsored by an active employer
- A medical plan sponsored by a retirement system other than LACERS
- A medical plan sponsored by any other City of Los Angeles retirement system (limits may apply).



# WHAT IS A QUALIFIED HEALTH PLAN?

All qualified health plans provide **minimum essential coverage** and follow established limits on cost sharing (deductibles, copayments, and out-of-pocket maximum amounts).

## Essential Health Benefits Include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Pregnancy, maternity, and newborn care
- Mental Health and substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services

# WHAT IS ELIGIBLE AND NOT ELIGIBLE FOR REIMBURSEMENT?

## ELIGIBLE FOR REIMBURSEMENT



- Medical Plan Premium
- Supplemental Prescription Drug Plan Premium\*
- Supplemental Vision Plan Premium\*

## NOT ELIGIBLE FOR REIMBURSEMENT



- Dental Plans
- Long-Term Care Plans
- Catastrophic Health Plans
- Health Savings Accounts
- Healthcare Sharing Ministries

### NOTE:

After reimbursement of your primary medical plan premium, any remaining subsidy amount may be used towards reimbursement of your supplemental prescription drug plan premium and/or your vision plan premium.

LACERS does not apply your medical subsidy towards the reimbursement of your co-pays, deductibles, or the balance of medical services that you receive.

\*if not integrated into your medical plan



A stethoscope is positioned diagonally across the frame, with its chest piece in the lower foreground and its earbuds in the upper right. The background is a plain, light color. On the left side, there is a solid teal vertical rectangular bar. A white horizontal bar is overlaid across the middle of the image, containing the title text.

# HOW TO ENROLL IN MPRP

# CANCELLATION OF LACERS COVERAGE

Members may participate in the MPRP at any time. However, they may not be enrolled in a LACERS medical plan at the same time.

Please ensure that adequate coverage is obtained prior to cancelling LACERS medical insurance.

NOTE: If you are participating in the MPRP and cancel your non-LACERS medical coverage, you cannot re-enroll in a LACERS health plan until the LACERS' Annual Open Enrollment Period, or unless you experience a Qualifying Event. You may refer to the LACERS Health Benefits Guide for what constitutes a Qualifying Event.

# ENROLLING DURING RETIREMENT



Inform LACERS Health that you will be residing outside of the LACERS HMO zip code service areas and allow LACERS staff to help determine if you are eligible to participate in the MPRP.



LACERS Health will provide you with a comprehensive MPRP information packet.



Research available medical plans in your new area of residence and provide a copy of the Summary of Benefits to LACERS staff for the medical plan you intend to enroll in.



Submit a signed Change of Address Request form to LACERS to update your address.

# ENROLLING **AFTER** RETIREMENT



Contact LACERS Health **within 30 days of your move** outside of the LACERS HMO zip code service areas and allow LACERS staff to help determine if you are eligible to participate in the MPRP.



LACERS Health will provide you with a comprehensive MPRP information packet.



Submit a signed Change of Address Request form to LACERS to update your address.



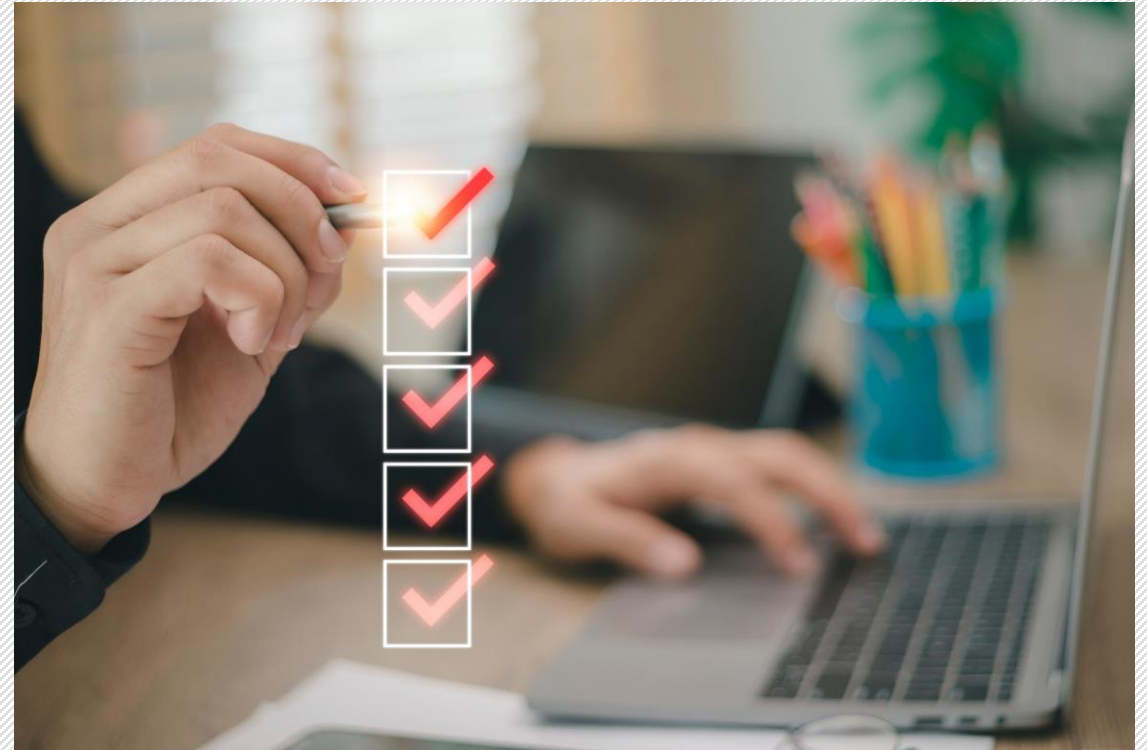
Research available medical plans in your new area of residence and provide a copy of the Summary of Benefits to LACERS staff for the medical plan you intend to enroll in.



Submit a LACERS **Medical Cancellation Form** and **Dental Cancellation Form** (if enrolled in DeltaCare USA HMO dental coverage). Submit a LACERS **Voluntary Disenrollment Request Form** (if enrolled in a LACERS Senior Plan).

# REQUIRED ENROLLMENT DOCUMENTS

- MPRP Enrollment Form
- Copy of the Medical Insurance Certificate(s)
- Copies of Medical, Prescription Drug, and Vision ID Cards
- Copy of Medicare ID Card(s) if eligible for Medicare
- Copy of the Summary of Benefits for your and your dependent's non-LACERS medical plan
- Certification of Dependent or Survivor Status For Health Coverage Form (if covering dependents on your medical plan)



# MEDICAL INSURANCE CERTIFICATE

Your medical insurance certificate provides evidence of your current medical coverage.

If your insurance company does not provide certificates, an enrollment confirmation letter from the insurance company may be submitted. Your medical insurance certificate or enrollment confirmation letter should include:

1. Date of the insurance certificate
2. Name of the policyholder
3. Effective date of the medical coverage
4. The type of medical coverage and plan name
5. Breakdown of monthly premium amounts
6. Name of any dependents to whom the insurance certificate applies
7. Medical insurance company name, address, telephone number and contact information of the certificate issuer
8. Signature of the issuer is required to be accepted (Signature may be electronic)

## NOTE:

Separate insurance certificates must be furnished for each dependent if the information is not identical for the LACERS Member.



# **MPRP REIMBURSEMENT PROCESS**

# REIMBURSEMENT SCHEDULE

LACERS processes reimbursement claims on a quarterly schedule. Reimbursements are processed into your monthly retirement benefit.

COVERAGE PERIOD	RECEIVED BY LACERS	REIMBURSEMENT SENT BY
January 1 – March 31	April 15	May 31
April 1 – June 30	July 15	August 31
July 1 – September 30	October 15	November 30
October 1 – December 31	January 15	February 28

Claim forms received after the quarter deadline will be processed according to the payment schedule for the following quarter.

Claim forms received later than 12 months after the coverage period **will not be processed.**




# SUBMITTING A REIMBURSEMENT CLAIM

Once you are accepted into the program, you may request reimbursement by submitting a claim form, along with proof of premium payment.

## Acceptable Documentation for Proof of Premium Payment

- Copies of cancelled checks
- Copies of redacted bank statements indicating payee
- Monthly medical statements or invoices confirming payment
- Payment confirmation emails from medical provider

Reimbursement is **only** for premiums paid out-of-pocket, including Medicare Part D and Vision, and will not exceed your maximum monthly medical subsidy.



**LACERS**  
LA CITY EMPLOYEES'  
RETIREMENT SYSTEM

Mailing Address: PO Box 512218, Los Angeles, CA 90051-0218  
[www.lacers.org](http://www.lacers.org) | [lacers.services@lacers.org](mailto:lacers.services@lacers.org) | Mail Stop 175  
 (800) 779-8328 | RTT (888) 349-3996 | Fax (213) 473-7297

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MEDICAL PREMIUM REIMBURSEMENT PROGRAM CLAIM FORM

PLEASE COMPLETE STEPS 1 THROUGH 5, PRINT ALL INFORMATION AND SEND TO THE ABOVE ADDRESS. ALL DOCUMENTS BECOME PART OF THIS CLAIM AND CANNOT BE RETURNED – PLEASE COPY FOR YOUR RECORDS. A SEPARATE CLAIM FORM MUST BE SUBMITTED FOR EACH QUARTER REIMBURSEMENT. CLAIMS SUBMITTED LATE WILL BE PROCESSED AND PAID THE FOLLOWING QUARTER.

STEP 1. SELECT COVERAGE PERIOD FOR REIMBURSEMENT					
<input type="checkbox"/> JANUARY 1 – MARCH 31	RECEIVED BY APRIL 15	REIMBURSED ON MAY 31			
<input type="checkbox"/> APRIL 1 – JUNE 30	RECEIVED BY JULY 15	REIMBURSED ON AUGUST 31			
<input type="checkbox"/> JULY 1 – SEPTEMBER 30	RECEIVED BY OCTOBER 15	REIMBURSED ON NOVEMBER 30			
<input type="checkbox"/> OCTOBER 1 – DECEMBER 31	RECEIVED BY JANUARY 15	REIMBURSED ON FEBRUARY 28			

STEP 2. COMPLETE MEMBER INFORMATION					
LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER			
DATE OF BIRTH	MEDICARE PART <b>A</b> EFFECTIVE DATE	MEDICARE PART <b>B</b> EFFECTIVE DATE			
ADDRESS				TELEPHONE NUMBER	
CITY				STATE	ZIP CODE

STEP 3. COMPLETE MEDICAL INSURANCE AND PRESCRIPTION DRUG COVERAGE INFORMATION					
COVERAGE FOR (Name and Relationship)	COVERAGE BY (Company Name)	MEMBERSHIP (I.D.) NUMBER	EFFECTIVE DATE	MONTHLY PREMIUM	TOTAL PREMIUM
SELF					
<input type="checkbox"/> Check if you changed companies. Copies of your new ID card(s) and new Certificate(s) of Insurance required.					TOTAL PAID

<b>STEP 4. SUBMIT PROOF OF PAYMENT – Copies of canceled checks, bank statements, or receipts</b>
<b>STEP 5. READ AND SIGN BELOW</b>

# MEDICAL LOSS RATIO AND PLAN REBATES

In 2012, a provision of the Patient Protection and Affordable Care Act took effect, requiring medical insurance plans to spend at least 80% of the premiums collected on health care costs and quality improvement activities. The other 20% can go to administrative, overhead, and marketing costs.

If your medical insurance company does not meet this requirement, they must rebate any shortfall of this threshold to its subscribers.

You may see the rebate in the form of:

- A rebate check in the mail
- A lump-sum deposit into the account used to pay the premium
- A direct reduction in your future premium

**Any MPRP participant who receives a rebate of any portion of the Member's or Eligible Survivor's medical plan premium must notify LACERS of the rebate and provide supporting documentation.**

**Any rebates of any amount, received after your LACERS MPRP reimbursement will result in "excess reimbursement", and this must be paid to LACERS. Any excess reimbursement that is not repaid will be included in your taxable income and reported to the Internal Revenue Service.**



# SURVIVORS AND MPRP

Your Eligible Survivor is eligible to continue or enroll in the MPRP after your death.

Your Eligible Survivor must submit a new application and include the following documents:

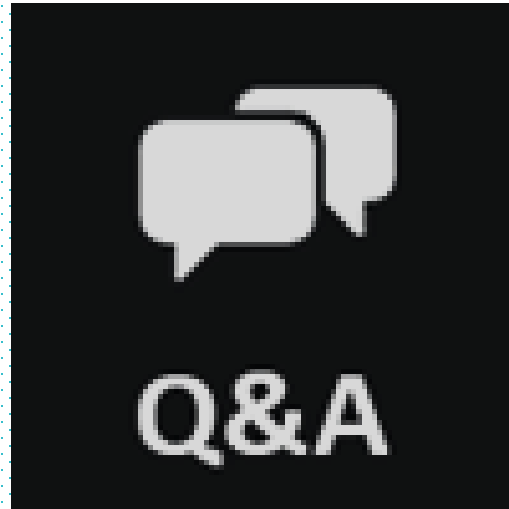
- MPRP Enrollment Form
- Certification of Dependent or Survivor Status For Health Coverage Form
- Copy of the Medical Insurance Certificate(s)
- Copies of Medical, Prescription Drug, and Vision ID Cards
- Copy of Medicare ID Card(s) if eligible for Medicare
- Copy of the Summary of Benefits for your non-LACERS medical plan



**LACERS does not reimburse Survivors nor dependents any part of their Medicare Part B premium.**

## LIVE Q&A SESSION

Use the Q&A button at the bottom of your Zoom screen to enter your question.





# How to Contact LACERS



## CALL

(800) 779-8328

RTT (888) 349-3996



## MAIL

LACERS

P.O. Box 512218

Los Angeles, CA 90051-0218



## EMAIL

General Questions [Lacers.services@lacers.org](mailto:Lacers.services@lacers.org)

Health Questions [Lacers.health@lacers.org](mailto:Lacers.health@lacers.org)



## WEBSITE

LACERS.org



## VISIT (visits are via appointment only due to COVID-19)

LACERS (LA Times Building)

202 W. First Street, Suite 500

Los Angeles, CA 90012-4401



## YOUTUBE

[youtube.com/lacersyoutube](https://youtube.com/lacersyoutube)