

The Health Insurance Reimbursement (HIR) program is offered to eligible retired Tier I and Tier II Members who elect a medical, dental and/or prescription plan other than those offered by SDCERA. Retired General and Safety, Tier I and Tier II Members who are eligible for a Health Insurance Allowance (HIA) may enroll in the HIR program to use their allowance to help offset the cost of their insurance premiums.

## Health Insurance Reimbursement Program Eligibility

- Retired General and Safety, Tier I and Tier II and;
- Must have at least 10 years of SDCERA service credit and;
- Coverage must be in health plans OTHER THAN SDCERA-sponsored medical, dental, and/or prescription drug
- Tier I and Tier II Members granted disability retirement, regardless of years of service
- Eligible Member’s surviving spouse who receives a monthly continuance

## Reimbursement Amount Table

### Cost of member only premium for:

- Medical plan
- Dental plan
- Prescription Drug Plan

### **\*What is not covered by the HIR program:**

- SDCERA group plan premiums
- Retroactive premium payments
- Premium costs for other family members, including a spouse
- Annual deductibles
- Copayments
- Coinsurance
- Out-of-pocket prescription drug expenses
- Long-term custodial care
- Medicare Part B premiums
- Late enrollment penalties
- IRMAA payments
- Vision insurance

\*this list is not all-inclusive

### Review this chart to determine your monthly allowance:

Years of SDCERA service credit*	Monthly Allowance if not eligible for Medicare	Monthly allowance if eligible for Medicare
Less than 10	0	0
10	\$200	<p style="text-align: center;">\$300</p> <p style="text-align: center;">In addition to the allowance, \$93.50 may be reimbursed to use toward the cost of the monthly Medicare Part B** premium.</p>
11	\$220	
12	\$240	
13	\$260	
14	\$280	
15	\$300	
16	\$320	
17	\$340	
18	\$360	
19	\$380	
20 or more	\$400	

\* Members who retired on or before September 30, 1991, with at least 10 years of SDCERA service credit may be eligible for the maximum allowance. Members who receive a retirement benefit based on a disability are eligible for an allowance regardless of years of service credit.

\*\* To be reimbursed, you must provide the SDCERA Health Plans Service Center with a copy of both sides of your signed Medicare card showing Part B coverage. Reimbursement begins in the month the SDCERA Health Plans Service Center receives your documentation.

## Enrollment

- Your initial HIR request can be made at any time throughout the year
- Once enrolled in the HIR program, you must re-enroll every year, even if you make no changes to your plan
- The re-enrollment paperwork submitted each plan year becomes effective January 1 of that plan year, unless your new plan year begins on a different date
- If your current plan or premium amount changes during the year, you must report the change to the SDCERA Health Plans Service Center within **30 days following the effective date of the change**
- If you are enrolled in a dental plan offered by the Retired Employees of San Diego County (RESDC) or the Deputy Sherriffs' Association (DSA), you will need to enroll in the HIR

## Required documentation

You are required to submit documentation with your *Health Insurance Reimbursement Request* form that verifies your proof of coverage, proof of monthly premium cost and proof of payment. Below are acceptable proofs for each category.

### Proof of coverage, showing SDCERA member's name

Acceptable forms:

- **2018** invoice or billing statement showing effective date, and premium amount for single coverage, or
- Letter from your insurance company or employer

### Proof of monthly premium cost (in USD), showing SDCERA member's name, the rate breakdown and any discount, tax credit or subsidy, and the **cost for the policy holder separate from the cost of dependents** (if any)

Acceptable forms:

- Letter from the carrier or the employer, or
- **2018** invoice or billing statement, or
- Renewal notification

### Proof of payment, showing SDCERA member's name, the premium and payment amount for single coverage, and paid date

Acceptable forms:

- **2018** pay stub or bank statement, or
- **2018** canceled check (copy of front and back), or Letter from carrier or employer

*Please note, submitting your SDCERA retirement benefit statement is not an acceptable proof of payment.*

## Reimbursement

After review and approval of the required documentation, SDCERA will reimburse you up to the cost of your eligible monthly premium expense or up to the amount of your monthly allowance, whichever is less. Your reimbursement will be effective beginning in the month that your *Health Insurance Reimbursement Request* form and all required documentation is received by the SDCERA Health Plans Service Center.

## Reimbursement examples

1. If you are the health insurance policy holder with a total monthly cost of coverage (including dependents) of \$800, SDCERA will reimburse your out-of-pocket expense for your portion of the premium. If your portion of the premium is \$450, and you have a monthly HIA amount of \$300, SDCERA will reimburse \$300. You will be reimbursed up to the cost of your out-of-pocket expense for your portion of the premium or up to the amount of your monthly allowance, whichever is less.
2. If you are a dependent on your spouse's health insurance plan that has a total monthly premium of \$500, SDCERA will reimburse your out-of-pocket expense for your portion of the premium. If your out-of-pocket expense for your portion of the premium is \$200, and your HIA amount is \$300, SDCERA will reimburse \$200. If your allowance amount is more than your out-of-pocket cost of your coverage, you will not receive the difference.

## Health program fees

The administrative expenses of the health benefit program are paid by each plan participant. The health benefit program expenses are divided equally among participants, resulting in a monthly fee per person for each plan in which they enroll (applicable to SDCERA-sponsored medical and dental plans, and the Health Insurance Reimbursement program). The administrative fee amount is based on the number of plan enrollees; any surplus or deficit of fees collected will be applied to future years' expenses.

The Health Insurance Allowance and Health Insurance Reimbursement programs are considered a Health Reimbursement Account (HRA) under the federal Patient Protection and Affordable Care Act. If you participate in an HRA program, you are subject to the annual Patient Centered Outcomes Research Institute (PCORI) fee; this fee is determined annually by the federal government.