

# Tab 2

## **Copies of Medicare Premium Verification**

- Benefit Verification Summary from [ssa.gov](http://ssa.gov)
- Screenprint of dashboard that shows your full name
  - Medicare Bill
- Updated premium information from Social Security
  - 1099 from SSA for previous year

This is called FUNDING. We fund 2x a year per contract (January and July) We may do mid-session funding when warranted.

**ANYTIME PREMIUM CHANGES!**

## Necessary Documentation for In Good Order (IGO) Submissions

This information outlines the documentation necessary for Retirement Health Savings (RHS) reimbursement requests that are submitted to Meritain Health®, the third-party claims administrator. The qualifying medical expenses allowed for reimbursement varies by employer. Your RHS plan may allow reimbursement for all medical expenses, selected medical expenses, or limited to insurance premiums only. The eligible benefits are outlined in the RHS plan summary provided by your employer.

**Insurance premiums.** Documentation must indicate who is covered, the type of policy, the cost (premium) of the policy, and must confirm you were enrolled at the point that you are requesting reimbursement for. Examples include, but are not limited to: Itemized statements from the provider, retirement paystubs, enrollment confirmation letters, etc. Indemnity plans and medical cost sharing plans are not eligible.

### Service-based medical, vision, and dental claims. Documentation must contain:

1. **Date of service.**
  - a. We cannot approve any portion of a statement that is listed as a previous or prior balance.
  - b. Date of payment is not necessarily the date of service.
2. **Patient name.**
3. **Service(s) rendered (brief description).** If it is a simple office copay, “copay” or “office visit” will suffice.
4. **Total amount charged.**
5. **Amount actually paid and/or adjusted by insurance.**
  - a. Any statement showing insurance as pending, estimated, billed to, or expected will be denied.
  - b. If the expense is a copay (an even \$15/20/25, etc.), we do not need the insurance information.

We do not need proof of payment. We need to know what the final patient responsibility is. However, orthodontics is an exception (see Orthodontics below).

Credit card receipts and many statements do not provide the needed information. Either an Explanation of Benefits (EOB) from your insurance company (the itemized page[s], not a summary), or an itemized statement with actual insurance payments listed, will allow your claim to be paid. Most providers are able to provide an account history report (or ledger), if asked. This will usually detail all of the needed information as well.

### Prescriptions. Please submit one of the following:

1. **Rx slip** with the fill date, pharmacy name, patient name, drug name, and cost.
2. **Cash Register receipt** with the date, pharmacy name, and full Rx number.
3. **Pharmacy ledger or history report:** a patient-specific spreadsheet printed out by the pharmacy.

### Over-the-counter (OTC) items. Documentation must include:

1. **Name of store where purchased.**
2. **Date of purchase.**
3. **Item(s) purchased.**
  - a. OTC medication (e.g., Motrin, Tylenol, etc).
  - b. Medical supplies (thermometers, contact solution, bandages, etc) are eligible.
  - c. Vitamins and supplements: We must have a Letter of Medical Necessity (LOMN) on file, stating the specific medical condition/diagnosis creating the need for each specific item. If the treatment is ongoing, have the letter include the duration of time that they will be necessary. The letter can be good for up to a year.
4. **Amount paid.**

**Orthodontics:** Documentation must have:

1. A copy of the orthodontic contract, with the banding date (the date the braces were put on).
2. Proof of payment. If the payment coincides with the monthly payment amount on the contract, only a receipt is needed. If payment veers away from the payment plan at all, please provide a financial ledger of the account.

**Common services requiring a Letter of Medical Necessity (LOMN):** Anything that could serve a non-medical purpose, including, but not limited to: Massage Therapy, Vein treatment, Weight loss programs.

**Common ineligible expenses:** Vision warranty, late fees, services incurred outside of the eligible time period, teeth whitening, toothbrushes or paste, anything considered cosmetic, foods associated with a weight loss program.

Information on what constitutes a qualifying medical expense can be found in IRS Publication 502, Medical and Dental Expenses, available at [www.irs.gov/publications/p502](http://www.irs.gov/publications/p502).

**Questions?**

Have any questions or need more information? We can help. Just reach out to Meritain Health Member Service at **1.888.587.9441**, weekdays 8:00 a.m.- 5:00 p.m. EST.

**PROPRIETARY NOTICE**

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## Getting your Social Security Benefits Summary (Costs and Expenditures)

1. Go to <https://www.ssa.gov/myaccount/>. You will be taken to the launching page to start an account or log-in. Ultimately you will need to log in so if you don't have an account, create one and then log in.
2. You will be taken to your page.
3. Click on Get a Benefit Verification Letter
4. It will ask you if you want a PDF. Click on the PDF and the letter will come up. You will save this and email to [benefits@reno.gov](mailto:benefits@reno.gov).

The screenshot displays the 'My Account' dashboard for a user named Bill. At the top right, there is a 'Messages' tab and a 'Preferences' link. Below this is an 'Overview' section with a 'Welcome, Bill' message indicating the user last signed in on December 02, 2020 at 11:22AM EST. The main content area is divided into several sections:

- Social Security Statement:** A message from Social Security with a link to 'Your Social Security Statement...'. It also shows 'Estimated Benefits: Not applicable' and 'Last Reported Earnings: \$2,950 in 2019' with a link to 'View Earnings Record'.
- Benefits & Payments:** A section showing 'You are receiving: Social Security (Disability), Medicare' with a link to 'View Benefit Details'. It also shows 'Your next payment is: \$1,736.80 on December 23, 2020' with a link to 'View Payment History'.
- Advance Designation of Representative Payee:** A section with a link to 'Get a Benefit Verification Letter' and a note: 'Need proof that you receive Social Security benefits? Here's your official letter.'

At the bottom right, there is a 'Messages' tab and a 'Preferences' link. The footer contains the text: 'You have the option to deactivate your account at any time. If you deactivate your account, you will not be able to access your account information.' and a small 'SSA' logo.



# Social Security Administration Benefit Verification Letter

Date: December 20, 2023



You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

## **Information About Current Social Security Benefits**

Beginning December 2023, the full monthly Social Security benefit before any deductions is \$1,374.40.

We deduct \$174.70 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,199.00.  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

## **Information About Past Social Security Benefits**

From October 2023 to November 2023, the full monthly Social Security benefit before any deductions was \$1,331.80.

We deducted \$164.90 for medical insurance premiums each month.

The regular monthly Social Security payment was \$1,166.00.  
(We must round down to the whole dollar.)

## **Type of Social Security Benefit Information**

You are entitled to monthly retirement benefits.

## **Medicare Information**

You are entitled to hospital insurance under Medicare beginning November 2023.

See Next Page

You last signed in on **December 20, 2023 at 10:17 AM ET.**

 [Your Social Security Statement](#)

You can download your statement as a PDF or XML file.

 [Replace your Social Security Card](#)

 [Your Benefit Verification Letter](#)

Your letter proving you receive or do not receive Social Security Benefits.

## Benefits and Payments

### Benefit Summary

You are not currently receiving payments.

You are currently **enrolled** in **Medicare**.

Need to update your Medicare address and phone number? Go to  [My Profile](#).

### Medicare Enrollment Details

Status: **Enrolled**

#### **Part A (Hospital Insurance)**

Your coverage started **March 2022**. Your monthly premium is **\$0.00** (as of March 2022).

#### **Part B (Medical Insurance)**

Your coverage started **March 2022**. Your monthly premium is **\$174.70** (as of December 2023).

For **Part C (Medicare Advantage)** and **Part D (Medicare Prescription Drug Coverage)** details, please contact Medicare for the status of your enrollment.

[Replace your Medicare Card](#)

#### Medicare Questions?

This information should not be used as proof of coverage. It is provided by the Center for Medicare Services and **may not reflect recent updates**. Please call **1-800-633-4227** or visit [Medicare.gov](#) for assistance. If you are deaf or hard of hearing, you may call the TTY number, at **1-877-486-2048**.



# Social Security Administration

## Important Information

Date: November 22, 2023



We review Social Security benefits each year to make sure they keep up with the cost of living. Your Social Security benefits will increase by 3.2% in 2024 because of a rise in the cost of living.

The law requires some people to pay higher premiums for their Medicare Part B (Medical Insurance) and Part D (Prescription Drug Plan) because of their income. These increases in the premiums are called the Income-Related Monthly Adjustment Amounts (IRMAA). Based on your income, you are required to pay IRMAA. We use information from the Internal Revenue Service (IRS) to decide if you will need to pay IRMAA. The information in this letter is for one year only.

### How Much You Will Get

This letter explains your benefit amount, your Medicare premiums, your IRMAA, and what you can do if you disagree with our decision or your situation has changed. The information below shows your monthly benefit amount before and after deductions:

- Your new 2024 monthly benefit amount before deductions is: - \$705.60
- Your 2024 monthly deduction for the Medicare Part B premium is: - \$244.60
  - \$174.70 for the standard Medicare premium, plus
  - \$69.90 for the Medicare Part B IRMAA based on your 2022 income tax return
- Your 2024 deduction for Medicare Part D IRMAA based on your 2022 income tax return is: - \$12.90
- Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 17, 2024 is: - \$448.10