

A healthcare revolution – and you're invited.

MEDICAL EXPENSE REIMBURSEMENT PLAN (“MERP”)

FREQUENTLY ASKED QUESTIONS

The MERP offers associates who have access to alternate group medical and prescription drug coverage (usually through your spouse) 100% coverage. You will be reimbursed for ALL eligible co-pays, co-insurance and deductibles incurred through your alternate medical plan.

PLUS, no premium contribution will be deducted from your paycheck.

PLUS, your employer will reimburse you for the premium contribution paid for the alternate coverage if it exceeds the premium contribution you would have paid to remain on your employer's medical plan. If your spouse is currently enrolled in his/her medical plan, you will be reimbursed for any increase in premium to add you and/or your dependents. If cost of alternate coverage is less than you would have paid for your employer's medical plan, premium contribution reimbursement is \$0.

SECTION I - MERP BENEFITS

1. **What is covered under the MERP?** The MERP reimburses eligible medical and prescription out of pocket costs for eligible co-pays, co-insurance, and deductibles.
2. **Is there a calendar year maximum?** No, you will be reimbursed for ALL eligible co-pays, co-insurance and deductibles incurred through your alternate medical plan
3. **How are claims filed?** MERP ID Card(s) will be mailed to your home. Present your alternate group insurance plan ID card and the MERP ID card at the time of service. Let the provider know that the MERP will pay the provider directly for any co-pays, deductibles and co-insurance for eligible charges. Typically, you pay nothing out-of-pocket at the time of service and your provider should file the claim with both your alternate plan and the MERP. Some providers may decline to file a claim for your MERP. In those circumstances you would simply file a paper claim with Catilize Health.
4. **Is there an associate premium contribution required for the MERP?** No, there is no cost to you.
5. **What happens if my spouse's network does not include my current doctor? I've been with my doctor for a long time and don't want to change now.** The MERP will reimburse you for eligible co-pays, co-insurance and deductibles **only** (up to the MERP maximum limits) for services or benefits covered under your alternate plan. If your alternate plan does not include out-of-network services or benefits, they are not eligible for reimbursement under the MERP. You should check the network access on

A healthcare revolution – and you're invited.

your alternate plan as well as the prescription formulary to assure that your providers and prescriptions will be covered.

6. **If my spouse's plan does not cover a procedure, will that procedure be a covered expense under the MERP?** No, if your alternate coverage does not cover the procedure, it is not a covered expense under the MERP and will not be reimbursed.

SECTION II - ELIGIBILITY

7. **Am I eligible to enroll into the MERP?** If you are a **current associate**, you and your eligible dependents who are currently enrolled on your employer's medical plan and who have access to alternate group health coverage, are eligible to enroll in your employer's MERP. If you are a **new hire** and you have alternate group coverage available, you and your dependents are eligible for the MERP upon satisfaction of your employer's eligibility requirements.
8. **What is alternate group health coverage?** Alternate group health coverage includes other employer group health plans, such as one offered by your spouse's employer or a retirement plan for which you may be eligible from a previous employer.
9. **What does not qualify as alternate group health coverage?** A High Deductible Health Plan (HDHP) with active contributions to a Health Savings Account (HSA), Medicare, Tricare, Medicaid or an individual policy do not qualify as alternate group health coverage. If the other coverage is a HDHP and you are able to waive contributions to the HSA, you may be eligible to enroll in the MERP.
10. **If I am enrolled with my children in my employer's medical plan, and my dependents and I enroll on my spouse's group plan, am I and my dependents eligible for the MERP?** The MERP is structured to cover the associate and dependent(s) who are moving from your employer's medical plan to an alternate group plan. In other words, in order to be eligible for the MERP you must currently be enrolled in your employer's medical plan. Therefore, if you and your dependents enroll in your spouse's group plan, only you and your dependents will be covered under the MERP.
11. **I have one child covered with me under my employer's medical plan and my spouse has my other children on his/her plan. Will the MERP pay all the out-of-pocket expenses for my entire family?** As explained in the previous response, the MERP reimburses expenses only for those individuals who are currently enrolled and are choosing to waive your employer's medical plan to participate in the MERP.

A healthcare revolution – and you're invited.

Therefore, in this example, the MERP will reimburse you for co-pays, deductibles and coinsurance for you and your one child enrolled in your employer's medical plan. Your other children who are currently enrolled in your spouse's plan are not eligible for the MERP.

12. **If I am age 65 or older and Medicare is my primary coverage, am I eligible to enroll into the MERP?** No. If Medicare is your primary coverage, then you do not meet the definition of having alternate group coverage and you will not be eligible to enroll in the MERP.
13. **If my spouse and I both work for my employer and our only coverage option is my employer's medical plan, am I eligible for the MERP?** No, because you do not have access to alternate coverage.
14. **If I currently have single coverage on my employer's medical plan and I have alternate coverage with my other job, am I eligible for the MERP?** Yes, you could enroll into the group plan through your non-Famous Enterprises, Inc. employer and you would be eligible for the MERP.
15. **I recently got married and I am now eligible for alternate coverage. Can I enroll in the MERP?** Yes. Marriage is a Qualifying Event and, if your newly married status allows you to enroll in your spouse's coverage, you may enroll in the MERP after you have enrolled in your alternate coverage.
16. **Am I eligible for the MERP if my alternate coverage is a high deductible health plan with an HSA (Health Spending Account)?** No, you may enroll in a high deductible health plan if your alternate plan allows you to waive or opt-out of HSA contributions by you, your spouse and/or your employer. You may be eligible to participate in the MERP.
17. **Can I enroll in the MERP and a Healthcare Flexible Spending Account (FSA)?** Associates may enroll in both the MERP and an FSA; however, associates may not be reimbursed for the same expenses under both plans. Associates enrolled in the MERP may wish to enroll in an FSA to cover expenses that are not otherwise covered by the medical plan. This includes expenses such as dental care, contact lenses, and prescription drugs not covered by your group plan. Associates who elect to enroll in the MERP and an FSA should carefully evaluate their expenses so that they do not contribute too much towards an FSA and risk forfeiting the unused FSA funds at year-end.

A healthcare revolution – and you're invited.

18. **What if I waive coverage in my employer's medical plan, enroll in the MERP, and then lose access to coverage in my spouse's plan?** As long as you let your employer know within 30 days of a qualifying event, you and your eligible dependents may enroll into your employer's medical plan with no lapse in coverage.
19. **When can I cancel the MERP?** You can change your election during open enrollment each year or within 30 days of a qualifying event and enroll in your employer's medical plan.
20. **How is my current dental and vision coverage affected?** You may remain enrolled in your current employer sponsored dental and vision plans.

SECTION III – ENROLLMENT

21. **How do I enroll into the MERP?**
 - i. Enroll into an alternate group health plan, such as your spouse's group plan or other group coverage. This must be a non-Famous Enterprises, Inc. sponsored health plan.
 - ii. Complete the MERP Enrollment Form.
 - iii. Complete the Attestation Form; this is a required form that states you have other group health coverage. By signing this form, you are waiving your employer's medical plan for you and your eligible dependents for the entire plan year.
22. **Will I receive confirmation?** You will receive a welcome letter and your new MERP ID Cards in the mail, usually within 2-3 weeks.

SECTION IV - CLAIMS

23. **How is reimbursement obtained?**
 - i. Many providers will file claims for your co-pays, deductibles and co-insurance. When you receive services from one of these providers, present the MERP ID Card and the provider will file the claim. The provider will receive the payment for the out-of-pocket expenses.
 - ii. If you receive care from a provider who does not file MERP claims, then you need to file a paper claim. You will receive a check reimbursing you for your out-of-pocket expenses.
24. **How do I submit a paper claim?** If you are filing a "paper" claim, using the claim form provided by Catilize Health, you will be required to include the following documentation: for co-pay, co-insurance or deductible, you will need to submit the

A healthcare revolution – and you're invited.

Explanation of Benefits (EOB) from your alternate group health plan; and for prescriptions, submit the "tab" that includes the name of the drug, date filled, patient's name and co-pay. Do not submit a cash register or credit card receipt; these alone are not acceptable as per IRS regulations.

25. **How do I use the MERP ID Card?**

- i. First, present your alternate coverage ID card.
- ii. Then, present your MERP ID card. Let the provider know that the MERP will pay the provider directly for eligible co-pays, deductibles and co-insurance.
- iii. You pay nothing; your provider may file the claim with both your alternate coverage and with the MERP.

26. **Do all medical providers accept the MERP ID Card?** Most providers accept the MERP ID card and file claims. If the provider has questions about the coverage or claim submission process, the provider can call the toll-free number on the back of the MERP ID card.

27. **Do all pharmacies accept the MERP ID card?** Most pharmacies will process your claim when you present your MERP ID card. If they will not accept the MERP ID card, you will need to pay your out-of-pocket expenses, and file a paper claim to receive reimbursement. Keep in mind that many pharmacies will provide a report listing your prescriptions and co-pays.

28. **What if I receive an invoice from a provider for a claim that should have been reimbursed and paid to the provider?** Your first inquiry should be made to Catilize Health. The toll-free number is 1-877-872-4232.

29. **I have not received my ID card yet and I have an appointment soon, will I get reimbursed for my out-of-pocket costs?** You may submit a paper claim.

SECTION V – PREMIUM REIMBURSEMENTS

30. **What if the premium for my alternate plan is higher than my employer's medical plan?** Your employer will reimburse you for the increase in premium your spouse (or you) pay for the alternate plan (limits apply). If the cost for the alternate plan is higher than your employer's medical plan, you will be reimbursed for the difference between the plans. If the premium does not increase by adding dependents, then there is no eligible premium reimbursement under the MERP.

A healthcare revolution – and you're invited.

31. **How are associate premium contributions reimbursed?** If the employer sponsored group health plan you enroll in has a higher premium cost than the premium cost for your employer's medical plan, then you will be reimbursed the difference in premiums for the people leaving the plan. For example, your employer's medical plan premium contribution for you and your dependents are \$1,000 per month. The cost to enroll you and your dependents in your spouse's health plan is \$1,500 per month. In this example you will be reimbursed \$500 per month ($\$1,500 - \$1,000 = \500). This monthly amount will be reimbursed through your employer's payroll if your spouse's premium contribution is deducted from their paycheck pre-tax. If the premium contribution is post-tax, the monthly amount will be reimbursed via check.
32. **What if my spouse's employer charges a surcharge if I enroll in his/her plan?** Surcharges relating to spousal or dependent coverage will be reimbursed. Tobacco-use and smoker surcharges will not be reimbursed. Please note that employers use a variety of names, such as surcharge, penalty or incentive for these additional charges. If you have questions about whether a surcharge will be reimbursed, please contact Catilize Health. Contact information is provided below.
33. **What if there is a change to my spouse's premium?** Most employers revise their premiums annually. You must inform Catilize Health of premium changes as soon as possible, but not later than 90 days after an increase or decrease in premium contributions, so that your reimbursement may be appropriately adjusted. This information can be mailed, faxed or emailed securely.

Where to file claims and ask questions

Catilize Health
2605 Nicholson Road, Suite 1140
Sewickley, PA 15143
724-934-3300
Toll Free Phone: 1-877-872-4232
Toll Free Fax: 1-877-599-3724
merp@catilizehealth.com
Hours 8:30am – 8:00pm EST