



Benefit Convenience Card: Frequently Asked Questions

You must meet the eligibility requirements of the Oregon Homecare Workers Supplemental Trust (“Trust”) to be eligible for the benefits described in this document.

Starting in 2015, the Board of Trustees is excited to provide all eligible Participants with a Benefit Convenience Card (“Card”) that will make it possible for Participants to electronically pay: (a) the portion of their Trust-approved exchange health plan premiums that is covered by the Trust; and (b) their medical and prescription copays, deductibles and co-insurance expenses that are covered by the Trust, up to a maximum amount of \$3,000 per year in 2016, up to \$4,000 in 2017 and up to \$5,000 in 2018.

What can I use the card to pay for?

You can use your Card to pay for medical and prescription drug copays, deductibles and co-insurance expenses relating to claims covered by your Trust-approved exchange health plan or Medicare plan provided the claims were incurred while you were eligible for Trust benefits.

You cannot use the Card for dental claims, vision claims, claims relating to family members or other individuals, claims for services not covered by your Medicare or exchange health plan or claims for services you accessed while you were not eligible for Trust benefits.

You may be asked to show proof of your expenses, so **keep your Explanation of Benefits (EOB) and all receipts** (especially your prescription receipts since prescription expenses do not appear on the EOBs issued by your insurance company).

You will know what services are covered and what you owe for the services you have received by looking at your EOB. The EOB will break out how much the insurance has paid and how much is your responsibility for copayment, coinsurance and deductible. You will receive the EOB electronically or by regular mail from your insurance company.

You may only use your Benefit Convenience Card for deductible, copayment or co-insurance amounts shown on your EOB or your prescription drug receipt.

If you have any questions as to whether or not something is a covered expense under your insurance plan, you should call the insurance company directly. Further, if you believe that your insurance company billed you for certain claims in error, you should contact your insurance company’s billing department for more information.



How does my monthly premium get paid?

If you enrolled into a Trust-approved exchange health plan as an individual, you now can pay your monthly health insurance premium directly to your insurance company using your Card. Thus, as long as you are eligible for benefits under the Supplemental Trust, you should not incur any upfront out-of-pocket expenses relating to your health insurance premium.

Does the annual benefit have to cover the cost of my premium too?

No. There are two “accounts” on your Card. One account is pre-loaded with the annual amount for your use in paying medical and prescription copays, deductibles and co-insurance expenses as described above. The other is preloaded with the amount necessary to pay that portion of your health insurance premium not covered by your Federal tax subsidy. You will need to contact your health insurance carrier to establish the process by which your health insurance carrier will deduct the necessary monthly premium amounts from your Card. Most health insurance carriers have an online option to set up payment. The Trust website also has information on how to set-up your monthly payments by insurance carrier.

What if I don't have computer access?

There are many ways to pay your premium bill with the Benefit Convenience Card. Contact your insurance carrier to make a payment each month or enroll in autopayment if it is available. Please call the Healthcare Enrollment Team at 1-844-507-7554 Option 1 if you have additional questions.

Can I use the Card for expenses relating to my family?

No. Your Card can only be used by you for your eligible expenses.

I enrolled in a plan with family members who are also eligible for benefits. Can we use the Card to pay the family premium?

No. Your insurance carrier cannot take partial payments from each Card, so you will need to use the reimbursement process described below and pay the family premium directly to your insurance company.

What if my family is included on my insurance plan?

If your family is included on your health insurance policy, you still must pay your insurance company directly for your family premium and then submit a reimbursement form to the Trust Administrative Office for the premium amount relating to your individual coverage only. The Trust Administrative Office then will send you a check for the amount due.

What about dental or vision premiums and expenses?

If you are eligible for benefits under the Oregon Homecare Workers Benefit Trust, the Benefit Trust pays 100% of the premium necessary to provide you with Kaiser dental coverage, Ameritas vision coverage and Reliant Behavioral Health (EAP) benefits. **All out of pocket costs not covered by these programs are your responsibility; the Card cannot be used for these expenses.**

How do I use my Card?

Your Card works just like a regular debit card, with two important differences. First: It's limited in use - meaning you can only use it for the covered expenses listed under the “What can I use the Card to pay for?” Second: You cannot use your Card at an ATM or to obtain “cash back” when making a purchase

Can I withdraw cash (to reimburse myself)?

No. If you have paid for services out of pocket, please use the reimbursement process described above. The amount you are reimbursed will be deducted from the annual maximum on your Card.

Can I set up automatic recurring payments on my Card?

Yes. Your Benefit Convenience Card contains the amounts necessary to pay your medical premiums provided you informed the Trust of your monthly premium amount. You can set up your Card to make automatic payments with your medical insurance carrier if you are enrolled as an individual. If you are enrolled for family coverage, you will need to pay your premium directly to your carrier, and the Supplemental Trust will reimburse you for that portion of your premium applicable to your individual coverage.

Who do I call if I lose my Benefit Convenience Card or if it's not working?

If you need to replace your Benefit Convenience Card, you can contact Ameriflex by calling 1-844-507-7554, Option 3, Option 3. Ameriflex is your Benefit Convenience Card administrator and can also assist with questions regarding your account balance and Ameriflex Reimbursement Claim status.

I already incurred medical expenses before I got the Card; can I use my Card to pay for those expenses?

Yes. When you receive the bill from your health care provider for services delivered you can use your Card to pay for the amount for which you are responsible. Most health care provider bills have a payment section where you can provide your Card information.

If you have already paid eligible out-of-pocket expenses to a provider, you can submit a new Ameriflex reimbursement form, available for download at ORHomecareTrust.org/reimbursement/#reimbform along with a copy of your EOB or receipt of services. To acquire the reimbursement form, you can contact your Trust Administrative Office. The amount you are reimbursed will be deducted from the annual maximum on your Card.

I have medical expenses incurred in a previous plan year. Can I use my Card to pay?

You may only use the annual reimbursement benefit on your Benefit Convenience Card to pay covered expenses for services received in the same year to which the reimbursement benefit applies. If you receive claims from a previous calendar year you will need to utilize the reimbursement process. For example, the annual benefit for 2016 only may be used to pay covered expenses for services received in 2016. You may not use any remaining benefit from 2016 to pay for services received in 2017.

Does my leftover balance roll over into the next years amount?

No. The maximum amount you can be reimbursed for covered expenses incurred in each calendar year is a set amount for that calendar year. Any portion that is not used for a calendar year cannot be rolled over for payment of expenses incurred in a future calendar year. If you have not yet exhausted your annual benefit applicable to a prior calendar year, you may request reimbursement from Ameriflex for claims incurred in that prior calendar year from January 1st until March 31st of the next year. (For example, if you incurred out-of-pocket expenses relating to an eligible claim on December 20th you have until March 31st to submit that claim to Ameriflex for reimbursement.) You cannot use your Card directly to pay a previous years claims. After March 31st, you will need to send a Reimbursement Form to the Trust Administrative Office. If the Trust Administrative Office receives your reimbursement form within 12 months of the Ameriflex deadline, it will process your claim in accordance with the Trust's rules. (For example, you will have until March 31, 2017 to submit your claim for out-of-pocket expenses relating to services rendered on December 20, 2015.)

You can find the Ameriflex Reimbursement Claim Form and the Oregon Homecare Workers Trust Reimbursement Claim Form on your Trusts' website at ORHomecareTrust.org/reimbursement.

When does my Card expire?

Your Benefit Convenience Card will expire as of the month and year listed on the front of the Card. The Card you were issued will continue to work as your Card until it expires, which is usually three years from the issue date. Ameriflex will send you a new Benefit Convenience Card when your current Card approaches expiration. If you have questions about this, you can reach Ameriflex by calling 1-844-507-7554, Option 3, Option 3.