

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. The Board of Trustees is pleased to provide all eligible Participants with a Benefit Convenience Card (“Card”) which can be used to electronically pay for the following expenses that are incurred while you are Trust-eligible:

- The portion of your Trust-Approved Qualified Health Plan (QHP) premium that is covered by the Trust. A premium is the monthly amount that you must pay to your insurance company to maintain your insurance. If you do not make your premium payments on time, your insurance company may terminate your insurance coverage.
- The deductible applicable to your Medicare plan or Trust-Approved QHP. A deductible is the amount you must pay for the services that your insurance plan covers before your insurer begins to pay. For example, if your insurance plan deductible is \$2,500, your insurance plan won’t pay for any services covered by the deductible until you’ve paid \$2,500 for covered services subject to the deductible.
- The co-payments for medical services and prescriptions you receive that are covered by your Medicare plan or your Trust-Approved QHP. A co-payment (also sometimes called a co-pay), is a fixed amount that your insurance plan may require you to pay for a covered service or prescription. Co-payments are usually due at the time that you receive the service or prescription. The amount of your co-payment can vary depending on the type of covered service you receive.
- The coinsurance for medical services and prescriptions you receive that are covered by your Medicare plan or your Trust-Approved QHP. Co-insurance is cost-sharing amount you must pay for services that your insurance plan covers. Cost sharing may range from 20% to 50% of a covered service, depending on your insurance plan. For example, if your insurance plan has an “80/20,” co-insurance arrangement, this means that, after you pay any deductible, your insurance company will pay 80% of the cost of the covered medical expense and you must pay the remaining 20% of the covered service.

Beginning in 2019, if you are eligible for coverage under the Supplemental Trust, you may use your Card to pay up to \$6,000 per year of deductible, co-pay and co-insurance expenses for services covered by your Medicare plan or your Trust-Approved QHP.

What can I use the Card to pay for?

A. Out-of-Pocket Expenses

As described above, 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 QHP or Medicare plan, provided the claims were incurred while you were eligible for Trust benefits.

You cannot use the Card for dental, vision or hearing services covered under the Benefit Trust, services provided to family members or other individuals, services not covered by your Medicare plan or Trust-approved QHP or services you received 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 which 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, co-insurance and deductible expenses. 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 an EOB received from your Trust-approved QHP or Medicare plan or shown on your prescription drug receipt, for services or prescriptions covered by your Trust-approved QHP or Medicare plan and received at a time when you were a participant in the Supplemental Trust.

If you have any questions as to whether something is a covered expense under your insurance plan, you should call the insurance company directly. 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.

B. Monthly Premiums

If you are enrolled in a Trust-Approved QHP as an individual and you are eligible for Supplemental Trust benefits, you can use your Card to pay your monthly health insurance premium directly to your insurance company. You are responsible for making your premium payments on time, in full, every month or your insurance carrier can cancel your insurance.

I'm on Medicare. Can I use my Card for out-of-pocket expenses?

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

Can I use my Card to pay my monthly Medicare Part B or Advantage/ Supplemental/Part D premium?

No. You will need to use the Trust reimbursement process for your Medicare premium(s). Visit www.orhomecaretrust.org/medicare for more information.

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

No. You can only use your Card for eligible out-of-pocket expenses and premiums relating to coverage and services provided directly to you.

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

No. You must pay the family premium to your insurance company using your own assets and then submit a reimbursement form to the Trust Administrative Office. You can learn more about the reimbursement process at www.orhomecaretrust.org/reimbursement.

What if my family is included on my insurance plan?

If your family is included on your health insurance policy, you must pay your insurance premium to your insurance company using your own funds and then submit a reimbursement form to the Trust Administrative Office for the premium amount relating to your individual coverage only.

What about dental, vision and hearing premiums and expenses?

You may not use your Card to pay these 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 dental coverage through Kaiser, vision and hearing coverage through Ameritas, and Employee Assistance Program (EAP) benefits through Reliant Behavioral Health. All out-of-pocket costs that are not covered by these programs are your responsibility; the Card cannot be used for these expenses. You can learn more about the Benefit Trust benefits at www.orhomecaretrust.org/benefits.

How much money is on my Card?

There are two "accounts" on your Card. One account is pre-loaded with the annual amount covered under the Trust for your use in paying medical and prescription co-pays, deductibles and co-insurance expenses for covered services and prescriptions, as described above. The other is preloaded with the amount necessary to pay the

portion of your individual health insurance premium that is not covered by your Federal tax subsidy. You will need to contact your health insurance carrier to set up a payment method for your monthly premium. Your health insurance carrier may be able to automatically deduct the necessary monthly premium amounts from your Card. Most health insurance carriers have an online or over the phone option to set up payment.

How do I use my Card?

Your Card works just like a regular debit card, with two important differences:

1. Your card is 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?”
2. 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, you must use the reimbursement process by submitting a reimbursement form to the Trust Administrative Office, along with a copy of your EOB and/or prescription receipt showing your out of pocket costs. You can learn more about the reimbursement process at www.orphomecaretrust.org/reimbursement. The amount you are reimbursed will be deducted from the annual maximum on your Card.

What should I do if I do not have my Card at the time my covered premium or out-of-pocket expense is due?

If you have not yet received the Benefit Convenience Card before your first month’s premium is due, or before you receive covered services, you must pay the applicable premium and/or out-of-pocket expenses using your own money and then submit a reimbursement form to the Trust Administrative Office. Once the Trust has processed your reimbursement request, you will receive a reimbursement check from the Trust for the amount of your premium and/or out-of-pocket expenses that are covered by the Trust. You can learn more about the reimbursement process at www.orphomecaretrust.org/reimbursement.

What if I don’t have computer access?

There are many ways to pay your premium bill with the Benefit Convenience Card. You can contact your insurance carrier by phone to make a payment each month or enroll in autopayment if it is available. Please call the Healthcare Enrollment Team at 503-303-5668 (Portland Metro Area) or toll free 1-855-437-2694 if you have additional questions.

Please also provide the Trust Administrative Office with a copy of your premium bill, proof of payment and the amount of your individual portion of premium. The Trust Administrative Office will then send you a check for the amount covered under the Trust. You can learn more about the reimbursement process at www.orphomecaretrust.org/reimbursement.



Can I set up automatic recurring payments on my Card?

Yes. If you advised the Trust of your monthly premium amount, your Benefit Convenience Card contains the amounts necessary to pay your eligible medical premiums. Please let the Trust know your new premium information by filling out the Enrollment Information Form on the Trust website at www.orphomecaretrust.org/tell-us-insurance-plan-information.

You can contact your insurance carrier to set up your Card to make automatic premium payments if you are enrolled as an individual. If you are enrolled for family coverage, you will need to pay your premium to your insurance carrier using your own funds and then request reimbursement from the Supplemental Trust. The Trust will reimburse you for that portion of your eligible premium applicable to your individual coverage.

I already incurred out-of-pocket expenses for covered medical services before I got the Card; can I use my Card to pay for those expenses now?

If you have not yet paid for those out-of-pocket expenses, you can use your Card to pay for them when you receive the bill from your health care provider. 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 must submit an

Ameriflex reimbursement form and necessary documentation to Ameriflex directly. There is a guide to the Ameriflex reimbursement form and the form itself on the Trust website at www.orphomecaretrust.org/reimbursement. The amount you are reimbursed will be deducted from the annual maximum on your Card.

I have unpaid medical expenses that were incurred in a previous plan year. Can I use my Card to pay for these now?

No. 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 must use the reimbursement process. You have until March 31st of the next year to request reimbursement from Ameriflex for expenses incurred in the prior year. After March 31, 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.

You can find the Ameriflex Reimbursement Claim Form and the Oregon Homecare Workers Trust Reimbursement Claim Form on the Trust's website at www.orphomecaretrust.org/reimbursement.

Does my leftover balance roll over into the next year's amount?

No. The maximum amount you can be reimbursed for covered expenses incurred in each calendar year is the 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.

When does my Card expire?

Your Benefit Convenience Card will expire upon the earlier of: (a) the date you are no longer eligible for benefits under the Supplemental Trust; or (b) 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. Ameriflex will send you a new Benefit Convenience Card a month before the expiration date on your current Card. If you have questions about this, you can reach Ameriflex by calling 1-888-868-3539.

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 order a replacement Card through your Ameriflex app, the Ameriflex online portal or by contacting Ameriflex at 1-888-868-3539. Ameriflex is your Benefit Convenience Card administrator and can also assist with questions regarding your account balance and Ameriflex Reimbursement Claim status if you do not have access to the mobile app or online portal.

This is only a summary of the rules and benefits. The Trust rules will apply to any benefits you can receive from the Trust.