
MEDICAL PREMIUM REIMBURSEMENT PROGRAM INFORMATION SHEET

If you live outside of a LACERS HMO service area or outside California, the Medical Premium Reimbursement Program could help you pay the premium of your chosen plan with your LACERS health subsidy. You can participate in this program if you are an eligible retiree or eligible surviving spouse/domestic partner.

GENERAL GUIDELINES

Provided you meet all the program qualifications, you will be eligible for participation in the MPRP if you are paying the entire premium balance or the balance of a partially subsidized premium in one of the following:

- A qualified individual plan
- A plan sponsored by an active employer
- A plan sponsored by a retirement system other than LACERS (or any other City of Los Angeles retirement system)

Dental coverage, health savings accounts and long-term care plans do not qualify for reimbursement.

The insurance plan you choose must be federally qualified to work with Medicare or state-regulated. Additionally, you must be the primary individual insured on the plan and the same medical insurance company must cover dependents you will claim. You must submit a copy of your Medical Insurance Certificate signed by the issuer to LACERS.*

Once you begin participating in the MPRP, you may change your individual medical plan at any time if you furnish all of the required information to LACERS. If you change your medical plan or dependents, you must notify LACERS within 30 days. Failure to provide immediate notification may result in cancellation of the MPRP reimbursement and make you ineligible for enrollment in a LACERS medical and/or dental plan.

ELIGIBILITY

To qualify for the MPRP, you must:

- Be eligible to receive a LACERS medical subsidy
- Reside more than three months of the year (based on your address on file with LACERS)
 - Outside of California but within the U.S. and its territories **OR**
 - Outside of a LACERS HMO service area
- Not be enrolled in a LACERS-sponsored medical plan

* In some instances, a medical insurance company will issue your dependent a different policy. If your dependent is under a different policy, you must provide LACERS with the separate certificate.

SURVIVING SPOUSE/DOMESTIC PARTNER ELIGIBILITY

Your eligible spouse/domestic partner is eligible to continue or enroll in the MPRP after your death. Your spouse/domestic partner may maintain the same plan or change plans at any time. Proof of enrollment in the plan as the primary subscriber must be submitted to LACERS.

MEDICARE AND MPRP

Upon turning age 65, you must submit proof of Medicare coverage (Parts A & B or B only) to LACERS. Retirees with Medicare parts A & B will be reimbursed for the Medicare Part B basic premium. If Medicare Part D (Prescription Drug Coverage) is not integrated into your medical plan, you should enroll in a supplemental Medicare Part D insurance plan to maintain creditable coverage. After reimbursement of your primary medical plan cost, your remaining subsidy amount (if any) will be used towards reimbursement of your Medicare Part D coverage.

HOW YOU ARE REIMBURSED

To receive reimbursement, you must submit a claim form, evidence of coverage (such as a membership ID card or statement) and proof of premium payment. A certificate of insurance is required with your first request for reimbursement. Reimbursement is only for premiums paid, including Medicare Part D, and will not exceed your maximum monthly medical subsidy.

Your claim forms and supporting documentation must be received by the dates shown in the reimbursement schedule table.

Reimbursement Schedule		
Coverage Period	Received By LACERS	Reimbursement Sent By
January 1 – March 31	April 15	May 31
April 1 – June 30	July 15	August 31
July 1 –September 30	October 15	November 30
October 1 – December 31	January 15	February 28

Claim forms received after the quarter deadline will be processed according to the payment schedule for the following quarter. Claim forms received later than 12 months after the coverage period will not be processed. Submission of false information and/or fraudulent claims shall be the basis for denial of an application. Any improper receipt of benefits or reimbursement shall result in suspension of participation in a LACERS health plan, the MPRP, and the recovery of ineligible funds paid.

CAUTION: Please ensure that adequate coverage is obtained prior to canceling medical insurance. Subsequent enrollment in a LACERS-sponsored medical plan is governed by LACERS enrollment and plan change procedures/deadlines.
