



RMBA AT A GLANCE

RETIREMENT MEDICAL BENEFITS ACCOUNT PLAN

Member Participation

To be eligible to participate in RMBA, you must be a full-time employee of one of the following:

- The executive, legislative, or judicial branch of State government,
- State-elected or appointed officers,
- Elected officers paid by the State of Indiana,
- Members of the Indiana General Assembly, or
- Officers paid by the State under IC 33-23-5-10, IC 33-38-5-7, and IC 33-39-6-2.

Becoming a RMBA participant is automatic.

You are not eligible to participate in RMBA if you are a state conservation officer of the department of natural resources or an employee of the state excise police.

Contributions

Employers will allocate contributions annually to an eligible employee's reimbursement account on your behalf. The amount of the contribution each plan year is based on your age on the last day of the calendar year falling within the RMBA plan year for which the contribution is made. The amounts are:

Participant's Attained Age in Years	Annual Contribution Amount
Less than 30	\$500
At least 30, but less than 40	\$800
At least 40, but less than 50	\$1,100
At least 50	\$1,400

When RMBA Reimbursements Can Begin

Only retired participants and their covered dependents are eligible to receive reimbursements from RMBA.

If you are not a retired participant and separate from employment, the amounts credited to your reimbursement account will be forfeited as of the date of your termination of employment.

Retired Participation

A retired participant is:

- A person who is eligible for a normal, unreduced, or disability benefit on their last day of employment in an eligible position.
- As of July 1, 2021, a retired participant also includes members of PERF My Choice, if the member is at least age 62 with 5 years of participation credit in a RMBA-covered position. A PERF My Choice member must separate from State employment on or after July 1, 2021, to be eligible.
- An elected or appointed officer with at least 10 years of service credit.

Retired participation ends when:

1. Your reimbursement account is depleted,
2. There haven't been any reimbursements made from your account for at least 6 months and the balance in the account is less than \$5.00, or
3. The retired participant has died, and any covered dependents have died or are no longer classified as dependents (whichever occurs first).

NOTE: Any years of service that were purchased to be eligible for a benefit under the retirement fund in which you are a member will not be included in determining your eligibility for benefits or the total amount of benefits under this RMBA plan.



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Qualifying Expenses Eligible for Reimbursement

The following are expenses that qualify under the RMBA plan:

- Premiums paid under Medicare Part B (part B of the title XVIII of the Social Security Act, relating to supplementary medical insurance for the aged).
- Contributions made under a fully insured policy or self-funded plan or program providing group or individual coverage to the retired participant or covered dependents covering medical care. See section 213(d)(1)(A) and (B) of the Social Security Act for information on requirements regarding the definition of medical care.
- Premiums paid for tax-qualified long-term care insurance are subject to limitations in section 213(d)(10) of the Internal Revenue Code.
- Expenses for the purchase of a policy, plan, or program providing coverage for expenses in addition to medical care (as defined in IRS Code Section 213(d)), will be Qualifying Expenses only to the extent that such expenses are directly related to the cost of the medical care component of the policy. The cost for the medical care component of the policy must be reasonable for the type and amount of coverage purchased, as determined by the Claims Administrator, and must be separately stated in the insurance contract, billing statement, or other documentation acceptable to the Claims Administrator.

Expenses not qualified and not eligible for reimbursement:

- Expenses paid, reimbursed, or reimbursable by any insurance, accident, health, or workers' compensation plan; or
- Expenses paid, reimbursed, or reimbursable under an IRS Code Section 125 plan; or
- Expenses incurred while the individual is neither a retired participant nor a covered dependent; or
- Expenses the individual is not legally obligated to pay; or
- Anything not specified as qualified above.

Request a Claim for Reimbursement

The retired participant must:

1. Complete and submit a claim form with the Claims Administrator no later than 90 days after the end of the RMBA plan year in which the expense was incurred and paid.
2. The claim must include appropriate supporting documentation (such as bills, receipts, canceled checks, written statements, and the like).

The plan year is between July 1 and June 30. Ninety (90) days after the plan year falls on the last business day in September of the plan year.

The claim form can be found on the INPRS website at: <https://www.in.gov/inprs/files/rmba-documents/NewClaimForm.pdf>.

Submit the claim form and supporting documents to the Claims Administrator at one of the following:

- ❖ Online: <https://flexpro.lh1ondemand.com/>
- ❖ Email: FlexPro@KeyBenefit.com
- ❖ Fax: (866) 241-1488
- ❖ Mail: P.O. Box 55787, Indianapolis, IN 46205

The Claims Administrator will review the claim form, qualifying expenses, supporting documentation, the timing of which the expense was incurred and paid, and the amount. Any claim paid will reduce the retired participant's account by the amount paid.

FOR YOUR BENEFIT

This handout is an overview of the Retirement Medical Benefits Account plan. Complete details are available in the RMBA participant handbook. You may read it or print your copy from the INPRS website.

Every attempt has been made to verify that the information in this publication is correct and up-to-date. Published content does not constitute legal advice. If a conflict arises between the information contained in this publication and the law, the applicable law shall apply.