



USING YOUR
**HEALTH CARE
SAVINGS
PROGRAM**

This guide provides useful information for using your MERS Health Care Savings Program (HCSP) account after you've separated from your employer. For other details about how the account works, please see the [HCSP Handbook](#). To learn more about the investment funds behind the account, you can refer to "[Understanding the MERS Investment Menu](#)."

WEBSITE & MOBILE APP

Your MERS Health Care Savings Program includes a variety of features designed to make managing your account easier and more convenient, including access 24/7 across all your devices.

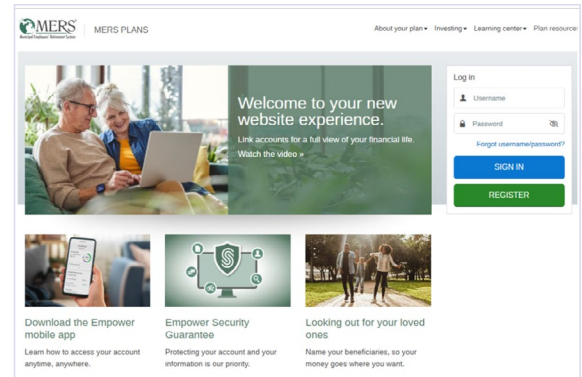
In addition to the website, you also have access to two mobile apps that allows you to manage your account on the go. The **Empower app** gives you easy access to your balance, update banking information, investment options, and recent activity. While the **Empower Benefit Accounts app** gives you the ability to manage your claim reimbursements. Both apps help you stay connected to your health care savings without needing to be at a computer.

Register Your Account

You can log in by visiting empower.com/MERS, which serves as the central access point for your account.

If this is your first time logging in, select the Register button to be guided through an initial setup process.

Having your Social Security number, date of birth, and a valid email address available will help ensure a smooth first-time login experience.



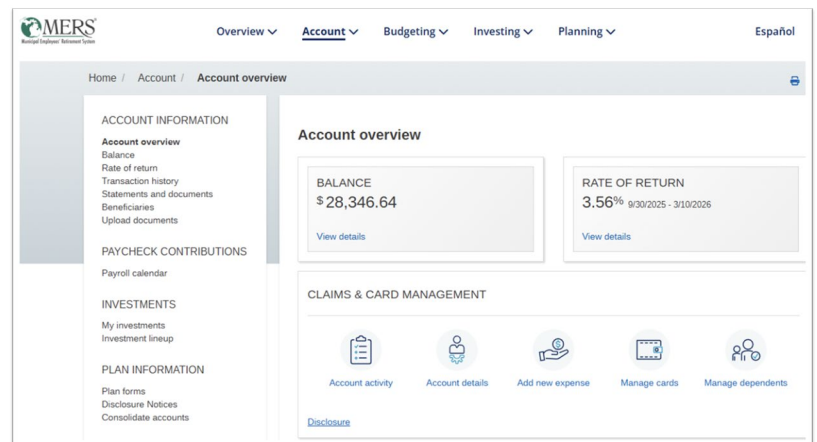
Access to Helpful Tools

Once you are logged in, your **Empower dashboard** becomes your primary hub, providing a clear overview of your:

- current balance
- investment allocation
- account activity
- beneficiary elections

This is also where your address changes should be reported, as they can not be reported in the claims portal.

From the dashboard, you can drill down into more detailed information when needed.



In the **Cards & Claims Management** section, you can

- Manage your cards (request or cancel) – *please note address changes must be made through the Empower dashboard and can take up to 48 hours for any card issuance changes*
- Submit reimbursement requests online or through forms
- Submit documentation (receipts, letters, copies of bills, etc.)
- Manage your spouse and legal dependent claims
- Update direct deposit information for claims reimbursements

If you've recently separated employment, it takes approximately 10 days for this data to be available in your online account.

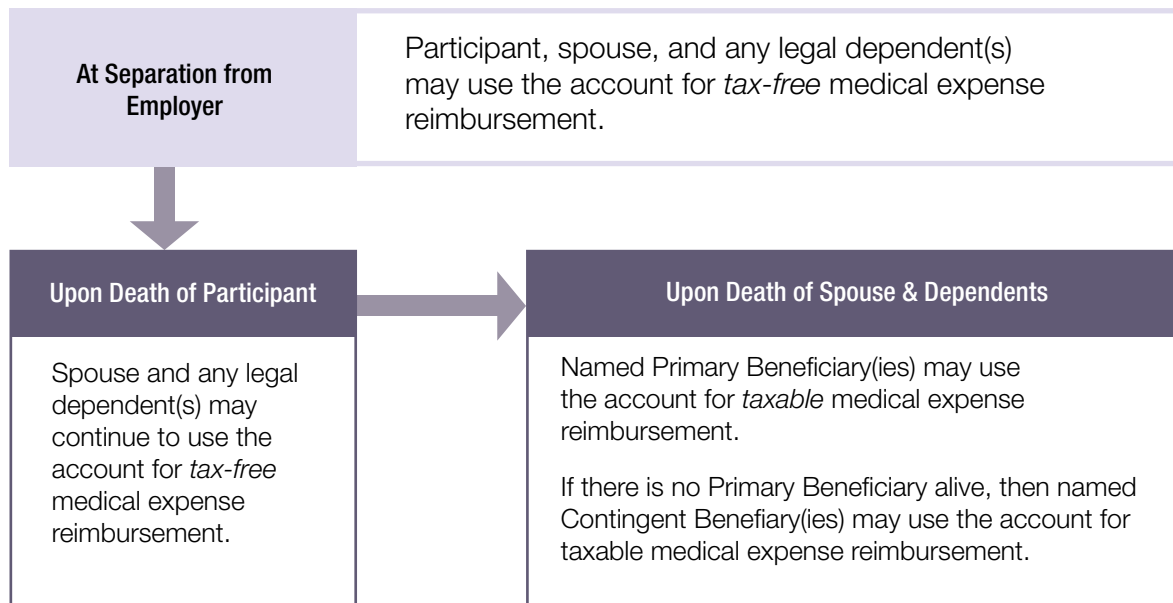
SPOUSE, DEPENDENTS, AND BENEFICIARIES

Your account is available for reimbursement for you, a spouse, or legal dependents. The definition of legal dependent includes any children under 27 at the end of the year. In the event of death with no spouse or dependent to use your funds, your account may be available to use by a named beneficiary on a taxable basis.



Your beneficiaries are an important part of ensuring that your MERS Health Care Savings Program is doing all it can to take care of you and your family. The ability for a designated beneficiary to use the balance of your MERS Health Care Savings Program account after you pass away is unique to MERS.

The diagram below illustrates how benefits are passed along to the different beneficiary roles.



Update Your Beneficiaries

It's easy to add or update a beneficiary in the MERS Health Care Savings Program. You can add, edit or delete beneficiary information online right through your Empower dashboard. Remember to make updates on the Claims portal when your children are no longer legal dependents. If you are not married, have no legal

dependents, and have no beneficiary on file, unused dollars revert back to your employer. Take a moment to review your beneficiary information by logging in to your Empower dashboard.



Scan or click to make updates

PAYMENT & REIMBURSEMENT

After you leave employment, you may begin receiving reimbursements for qualified medical expenses. There are multiple ways you can use the MERS Health Care Savings Program for medical expenses:

1 Claims Card

You will receive a claims card in the mail approximately seven days from the time your employer reports your termination to MERS. It will arrive in a plain envelope from Empower.

It's a convenient way to use your account for reimbursement of eligible medical expenses. Unlike a traditional debit card, the claims card automatically identifies a medical expense at the time of purchase if the system identifies the items appropriately. If you have non-qualifying items in the same purchase, the card will only allow the amount that is qualified to be spent, and you will need to provide another source of payment for the remaining items.



In many cases, after you validate a charge with documentation or receipts, that same charge may be automatically approved in the future. It is important to keep your receipts as you will likely be asked to submit them for verification.

For your security, the claims card has a \$2,000 limit per card swipe and a daily limit of \$10,000.

You can report a card lost or stolen and request a replacement from your online account or mobile app. Additional cards for spouses and dependents can also be ordered. New and replacement cards take 7-10 days to arrive and are sent to the address on file.

2 Mobile Reimbursements

You can request reimbursements with the **Empower Benefit Accounts app**, using your camera to capture and upload receipts. You can also update banking information for direct deposit and check payment status.



Request may take up to three business days to process; this may be longer if additional documentation is needed.

3 Online Reimbursements

Online reimbursements are available using the **Request Reimbursement** section of your account overview at empower.com/MERS. From here, you can update banking information for direct deposit, and upload third party receipts showing which expenses have been paid.

Additionally, you can pay providers directly by following the instructions for uploading the bill you received, enter the vendor information, and schedule the direct payment.

Processing your request may take up to three business days, this may be longer if additional documentation is needed.



4 Reimbursement by Mail

You can also submit your requests by mail. A reimbursement form along with a copy of the applicable receipts is required. Reimbursements are processed within 10 business days.

A form is available by calling the MERS team at Empower at 833.500.6377.



If you have any questions regarding your claims, please call the number on your claims card or the MERS team at Empower, weekdays and Saturdays at **833.500.6377**.



Bulk Claims or Claims Over \$2,000

A bulk claim is a single claim submission that includes multiple dates of service and/or multiple service types combined into one total dollar amount.

Example: You visit your physical therapist 9 times, so you submit all 9 visits in one bulk claim.

If you submit multiple expenses at once (a bulk claim) or a single claim over \$2,000, we'll automatically split the request into smaller claims of \$2,000 or less. You don't need to take any action—this happens automatically. The total amount you're reimbursed will stay the same. You can view these claims in the claims dashboard of your online account.

Setting Up Direct Deposit

Direct deposit allows you to receive reimbursements directly to your personal checking or savings account. You will need your bank account numbers, and your bank's ACH routing number (not the wire routing number) in order to set up your direct deposit in the claims portal under **Reimbursement Method** in the **Profile** section.

Once set up, you will need to verify the account. In the **Reimbursement Methods** section, select **Validate account** and enter the exact amounts of the two small deposits that were made to your bank account during the direct deposit set up. Validation can take between 1-3 business days.

Receipts and Information

If you are asked to upload receipts or documentation, here are the 5 things the documentation should provide:

WHO: Who received the service or item

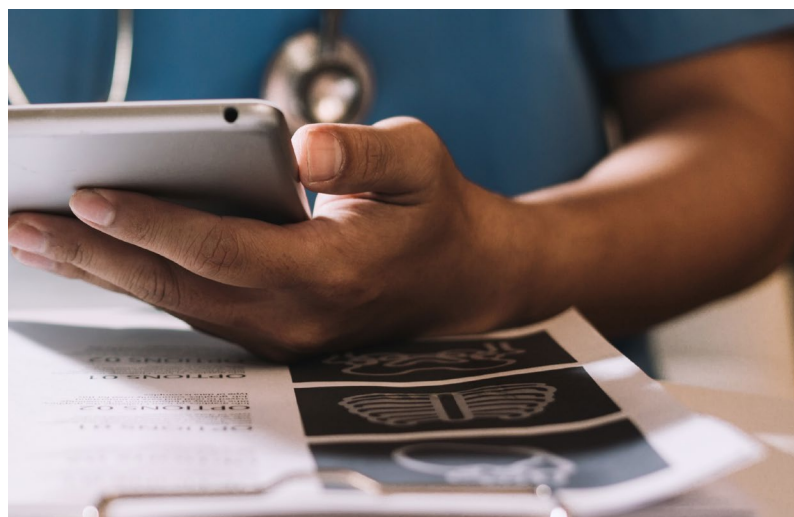
WHAT: A description of the service or item

WHEN: The date of service or purchase of item

WHERE: The provider's name and location or the store where the item was purchased

HOW: How much was your cost, and how much of that cost you already paid

An itemized receipt or an Explanation of Benefits (EOB) may include all of this information.



Reimbursable Health Care Expenses

The following is a list of common reimbursable medical expenses. Please refer to [IRS Publication 502](#) for details. MERS has made every effort to ensure that the information provided is accurate and up to date. Where there are discrepancies between this document and IRS Publication 502, IRS Publication 502 supersedes.

- Acupuncture
- Alcoholism or drug dependency treatment and treatment centers
- Ambulance
- Anesthesiologist
- Artificial limbs and teeth
- Bandages (Band-aids, elastic wrap)
- Birth control pills and devices
- Blood pressure monitoring devices
- Braille books and magazines (to the extent exceeding prices for regular books and magazines)
- Car (with special medical equipment)
- Childbirth preparation classes for mother, excluding portion for mother's coach
- Chiropractor
- Christian Science practitioner
- Clinic
- Co-insurance (health, dental and vision)
- Co-payments (health, dental and vision)
- COBRA premiums
- Cold/hot packs
- Contact lenses, solution and cleaners
- Contraceptives
- Crutches
- Dental treatment, including dentures, implants and orthodontics (excluding whitening)
- Dermatologist
- Diabetic supplies
- Diagnostic devices/services (e.g., MRI, CT Scan)
- Drugs/medications (prescription)
- Eye examination
- Eyeglasses - prescription and reading
- Eye surgery (laser or radial keratotomy)
- Fertility treatments ¹
- Guide dog and its upkeep
- Gynecologist
- Hearing aids and batteries
- Home modification to accommodate handicapped person ¹
- Hospital services
- Incontinence supplies
- Insulin and diabetic supplies
- Insurance premiums for medical, dental, vision, or long-term care ²
- Laboratory fees
- Lactation supplies
- Lip-reading lessons
- Lodging for medical care ¹
- Long-term care services and premiums (paid on annual basis) ¹
- Mastectomy bras
- Medical supplies
- Medicare Part B, C and D premiums
- Medications which require a prescription
- Mental institution care (mentally ill person unsafe when left alone)
- Mentally handicapped, special home for nursing services ¹
- Midwife
- Neurologist
- Nursing care
- Nursing home (if for medical reasons)
- Obstetrician
- Ophthalmologist
- Optometrist
- Organ transplant, medical expenses of donor or prospective donor
- Orthodontics
- Orthopedic shoe inserts
- Osteopath, licensed
- Over-the-counter medications (OTC) ⁴
- Oxygen equipment, including CPAP
- Pediatrician
- Physical examination
- Physical therapy
- Podiatrist
- Practical nurse
- Pregnancy test kits
- Prescription drugs/medications
- Psychiatrist ³
- Psychoanalyst ³
- Psychologist ³
- Rehydration solution (e.g., Pedialyte)
- Rental of medical equipment ¹
- Sex therapist
- Smoking cessation programs
- Special schooling for physically or mentally handicapped
- Speech therapy
- Spousal or personal insurance premiums ²
- Sterilization, legal
- Sunscreen
- Surgery and related treatment (except cosmetic)
- Telephone for hearing impaired
- Television closed caption decoder equipment which displays the audio part of TV programs for hearing impaired
- Therapy received as medical treatment
- Thermometers
- Transportation expenses for essential medical care, including mileage and parking ¹
- Tuition at special school for special needs program ¹
- Vaccinations
- Vasectomy
- Wheelchair
- Wrist/joint supports
- X-rays

¹ See [IRS Publication 502](#) for guidelines

² Health insurance premiums that are salary-deducted or paid on a pre-tax basis cannot be reimbursed using HCSP funds.

³ Must be for medical care only.

⁴ Passage of the Coronavirus Aid, Relief, and Economic Security Act (CARES) allows for over-the-counter medications to be covered by MERS Health Care Savings Program funds effective 1/1/2020, until Congress deems otherwise.

Reimbursable Health Care Expenses with Physician's Note

The following health care items have a dual use and can only be reimbursed from HCSP if a written prescription or Letter of Medical Necessity form signed by the physician specifies: a) the name/type of treatment and b) the specific medical condition requiring the treatment/expense. The prescription must be dated prior to purchasing the dual use item. The practitioner must update the prescription on an annual basis to continue to be eligible for reimbursement.

- Acne treatment
- Chondroitin (arthritis)
- Compression socks
- Diaper service
- Dietary supplements
- Fees for exercise, athletic or health
- Club membership
- Fiber supplements
- Fish oil
- Herbalist
- Hormone therapy (bioidentical/compounding)
- Massage therapy; if prescription indicates length of time needed and number of treatments needed
- Nutritional supplements
- Orthopedic shoes, limited to one pair per prescription; only excess of cost over \$100
- Prenatal vitamins
- Preservision
- Shampoo and soaps, medicated
- St. John's Wort (depression)
- Vitamins and minerals
- Weight loss program (does not include food)
- Wig (hair loss due to disease)





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