

Marin Municipal Water District

Marin Municipal Water District
220 Nellen Avenue
Corte Madera, CA 94925

Marin Municipal Water District Health Reimbursement Arrangement Plan Summary Effective January 01, 2025

TABLE OF CONTENTS

INTRODUCTION

I. ELIGIBILITY

- 01. What Are the Eligibility Requirements for this HRA?
- 02. When is My Entry Date?
- 03. Are There Any Retired Employees Who Are Not Eligible?

II. BENEFITS

- 01. What Benefits Are Available?
- 02. What is the "Plan Year"?
- 03. What is the "Coverage Period"?
- 04. How are payments made from the HRA?
- 05. Uniformed Services Employment and Reemployment Rights Act (USERRA)
- 06. What happens if I die?

III. GENERAL INFORMATION ABOUT OUR HRA

- 01. General HRA Information
- 02. Employer Information
- 03. Plan Administrator Information
- 04. Agent for Service of Legal Process
- 05. Type of Administration
- 06. Claims Administrator Information

IV. ADDITIONAL HRA INFORMATION

- 01. How Claims Are Submitted

V. Appendix A

INTRODUCTION

This is the Summary Plan Description (the "SPD") for the Marin Municipal Water District HRA Plan, a Health Reimbursement Arrangement (the "HRA"). This SPD summarizes your rights and obligations as a Participant (or beneficiary) in the HRA.

Read this SPD carefully so that you understand the provisions of our HRA and the benefits you will receive. You should direct any questions you have to the Plan Administrator. There is a plan document on file, which you may review if you desire. In the event there is a conflict between this SPD and the plan document, the plan document shall control.

I. ELIGIBILITY

01. What Are the Eligibility Requirements for this HRA?

Participants shall be eligible to participate in the HRA if you meet the Employer's eligibility requirements as established by the Employer.

02. When is My Entry Date?

Any Participant shall be eligible to participate in the HRA if such person meets the Employer's eligibility requirements as separately established by the Employer hereunder on the date such individual is enrolled in the Employer's group medical plan.

03. Are There Any Retired Employees Who Are Not Eligible?

Yes, current employees who are otherwise eligible but do not elect to retire on the dates set forth by the Employer are not eligible to join the HRA until the next period in which the Employer provides the opportunity to participate in the HRA. Retired Employees will also cease to be eligible to continue participating in the Plan or receive further payment distributions at the point in which they become re-employed by the Employer at any time after their previous retirements, except for Retired Employees who are qualifying CalPERS retired annuitants performing temporary work for the Employer. Payment may continue for such individual for any previously unpaid amounts at such point as that individual ceases any further employment with the Employer as of any date thereafter.

II. BENEFITS

01. **What Benefits Are Available?**

The Plan allows eligible Participants to be reimbursed for their medical insurance premiums or a portion thereof. Because these premiums are deducted from the Retired Employee's CalPERS retirement check each month, or paid directly to CalPERS when CalPERS benefits are insufficient to cover Participants healthcare premium, the HRA will reimburse them for those premiums or a portion of those premiums. The amount reimbursed will depend on the Retired Employee's bargaining unit or date of hire, years of service with the District ("District's Retiree Healthcare Contribution Schedule") and CalPERS/Medicare plan the eligible retiree and qualifying spouse or dependent, if any, are enrolled in.

02. **What is the "Plan Year"?**

The "Plan Year" begins January 01 and ends December 31.

03. **What is the "Coverage Period"?**

The period of the current "Coverage Period" in which the individual is an eligible employee on or after his or her plan entry date.

04. **How are payments made from the HRA?**

Because the premiums for Participants will be deducted from the Retired Employee's retirement check each month, or in the case of insufficient CalPERS benefits paid directly to CalPERS by Participant, the Employer will notify P&A of the amount to reimburse each Retired Employee under the HRA for those premiums or a portion of those premiums based on the District's Retiree Healthcare Contribution Schedule. Retirees will not submit any claims, or out-of-pocket expenses for reimbursement. Reimbursements will be issued on or before the first of each month. Retirees can receive their reimbursements by check (3-5 business days to receive) or direct deposit into Retiree's bank account (1-2 business days).

05. **Uniformed Services Employment and Reemployment Rights Act (USERRA)**

If you are going into or returning from military service, the Uniformed Services Employment and Reemployment Rights Act of 1994 may give you special rights to health care coverage under the HRA. If you may be affected by this law, ask your Plan Administrator for further details.

06. **What Happens If I Die?**

If you die before the entirety of all remaining balances under your HRA account have been paid or distributed, your remaining balance may continue to be used by your spouse or other qualifying dependent(s) under the same terms and conditions as would be applicable to you during your lifetime. If your spouse predeceases you, or there are no other remaining dependents who can be reasonably located for further use and distribution, any unpaid remaining balances will be forfeited and returned to the Plan.

III. GENERAL INFORMATION ABOUT OUR HRA

This Section contains certain general information, which you may need to know about the HRA.

01. **General HRA Information**

"Marin Municipal Water District HRA Plan" is the name of the Plan.

Your Employer has assigned Plan Number 502 to your Plan.

The company adopted this Plan, and the Plan shall be effective as of January 01, 2025.

Your Plan's records are maintained on the basis of a period of time known as the "Plan Year." The Plan Year begins on January 01 and ends December 31 (the "Plan Year").

02. **Employer Information**

Your Employer's name, address, and identification number are:

Marin Municipal Water District
220 Nellen Avenue
Corte Madera, CA 94925
EIN: 94-6000878

03. **Plan Administrator Information**

The name and address of your Plan Administrator are:

Marin Municipal Water District
220 Nellen Avenue
Corte Madera, CA 94925

The Plan Administrator will also answer any questions you may have about our HRA. The Plan Administrator has the exclusive right to interpret the appropriate HRA provisions. Decisions of the Plan Administrator are conclusive and binding. You may contact the Plan Administrator for any further information about the HRA.

04. **Agent for Service of Legal Process**

Should it ever be necessary, you or your personal representative may serve legal process on the agent for service of legal process for the HRA. The HRA Agent of Service is:

Marin Municipal Water District
Attn: Legal Department
220 Nellen Avenue
Corte Madera, CA 94925

Legal process may also be served on the Plan Administrator.

05. **Type of Administration**

The HRA is a health reimbursement arrangement. The HRA is not funded or insured. Benefits are paid from the general assets of the Employer.

06. **Claims Administrator Information**

The name and address of your Claims Administrator are:

P&A Group
6400 Main Street, Suite 210
Williamsville, NY 14221

The Claims Administrator keeps the claims records for the HRA and is responsible for the claims administration of the HRA. The Claims Administrator will also answer any claims-related questions you may have about the HRA.

IV. ADDITIONAL HRA INFORMATION

01. How claims are submitted

When you have a Claim to submit for payment, you must:

1. File the claim in accordance with the instructions of the Plan Administrator.
2. Submit copies of all supporting documentation and a detailed explanation for which you are requesting reimbursement.

A Claim is defined as any request for a HRA benefit, made by a claimant or by a representative of a claimant that complies with the HRA's reasonable procedure for making benefit Claims. The times listed are maximum times only. A period of time begins at the time the Claim is filed. Unless otherwise specified, decisions will be made within a reasonable period of time appropriate to the circumstances. "Days" means calendar days.

Notification of whether claim is accepted or denied	30 days
Extension due to matters beyond the control of the Plan	15 days

Insufficient information on the claim:

Notification of	15 days
Response by Participant	45 days
Review of claim denial	60 days

The Claims Administrator will provide written or electronic notification of any Claim denial. The notice will state:

1. Information sufficient to identify the claim involved, including the date, the claim amount (if applicable).
2. The specific reason or reasons for the adverse determination.
3. Reference to the specific HRA provisions on which the determination is based.
4. A description of any additional material or information necessary to perfect the claim and an explanation of why such material or information is necessary.
5. A description of the HRA's internal review procedures and time limits applicable to such procedures and available external review procedures.
6. Upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination regarding the claim.

When you receive a denial, you will have 180 days following receipt of the notification in which to appeal the decision to the Claims Administrator. You may submit written comments, documents, records, and other information relating to the Claim. If you request, you will be provided, free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the Claim.

The period of time within which a denial on review is required to be made will begin at the time an appeal is filed in accordance with the procedures of the HRA. This timing is without regard to whether all the necessary information accompanies the filing.

A document, record, or other information shall be considered relevant to a Claim if it:

1. was relied upon in making the Claim determination;
2. was submitted, considered, or generated in the course of making the Claim determination, without regard to whether it was relied upon in making the Claim determination;
3. demonstrated compliance with the administrative processes and safeguards designed to ensure and to verify that Claim determinations are made in accordance with HRA documents

and HRA provisions have been applied consistently with respect to all claimants;

4. or constituted a statement of policy or guidance with respect to the HRA concerning the denied Claim.

The review will take into account all comments, documents, records, and other information submitted by the claimant relating to the Claim, without regard to whether such information was submitted or considered in the initial Claim determination. The review will not afford deference to the initial denial and will be conducted by a fiduciary of the HRA who is neither the individual who made the adverse determination nor a subordinate of that individual.

After receiving notice of an adverse benefit determination or a final internal adverse benefit determination, a claimant may file with the HRA a request for an external review. A claimant may request from the Plan Administrator additional information describing the HRA's external review procedure.

KEEP YOUR PLAN ADMINISTRATOR INFORMED OF ADDRESS CHANGES

In order to protect your rights, you should keep the Plan Administrator informed of any changes in your contact information. You should also keep a copy, for your records, of any notices you send to the Plan Administrator or its designee.

APPENDIX A – HRA PLAN DOCUMENT

Employee Class

Retirees

Qualified Benefits

The purpose of this plan is to reimburse Participants for all or a portion of their Employer Sponsored Retiree health insurance premiums.

Reimbursement Schedule

The amount reimbursed will depend on the bargaining unit, years of service ('District Retiree Healthcare Contribution Schedule') and CalPERS plan the Retired Employee and any qualifying dependent or spouse, if any, have enrolled in. Premiums for the Retired Employee and any qualifying dependent or spouse, if any, will be deducted from the Retired Employee's CalPERS retirement check each month, or will be paid to CalPERS by Participant if CalPERS benefits are less than the premium amount due, the HRA will reimburse them for those healthcare premiums or a portion of those premiums in accordance with the District Retiree Healthcare Contribution Schedule.

Unused HRA Funds

Unused benefits, if any, at the end of the coverage period shall be carried forward to the next coverage period.