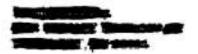


JIM STRICKLAND MAYOR

DIVISION OF HUMAN RESOURCES

June 21, 2018



Re: City of Memphis Donut Hole Coverage Benefit (update) Effective 7/1/2018 - Maximum Benefit - \$1,250

On March 27, 2017 we informed City of Memphis retirees and/or spouses who purchased Medicare prescription drug coverage (Part D) through ViaBenefits (formerly known as OneExchange) that the City would provide an additional benefit when you entered the Medicare coverage gap, also known as the "donut hole".

Effective 7/1/2018, the maximum amount donut hole reimbursement is \$1,250 per calendar year.

Reimbursements will be made from the HRA managed by ViaBenefits (aka OneExchange) for future eligible expenses.

What is Updating?

The City of Memphis contribution for donut hole is \$1,250 per calendar year.

How do I receive reimbursements?

File the attached form along with appropriate documentation. Once it is reviewed and approved, the additional contribution will be added to your HRA funding.

What if I am currently in the donut hole and have already had an amount reimbursed?

Any amounts currently reimbursed will be applied against the \$1,250 limit on July 1, 2018.

Is this taxable?

The funds are not taxable because they are made available through an HRA. However, participants should note that this will advance their current out-of-pocket expenses through the donut hole.

CATASTROPHIC COVERAGE

In the Catastrophic Coverage stage, you pay only a coinsurance or co-pay for covered drugs for the remainder of the plan year. On January 1, your plan restarts again, and begins either at the Part D Annual Deductible stage or in the Initial Coverage stage if your plan doesn't require a deductible.



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MEDICARE PART D COVERAGE GAP BENEFITS REQUEST

This form should be completed and returned, along with the required documentation, to City of Memphis Benefits when a Medicare retiree who purchased Part D coverage through ViaBenefits (formerly known as OneExchange), enters the coverage gap, also known as the "donut hole".

ACCEPTABLE DOCUMENTATION:

- Explanation of Benefits (EOB) from the Part D insurance company showing you entered the donut hole;
- 2. Statement from Medicare showing you entered the donut hole.

NAME:		
LAST 4 OF SSN:	DATE OF BIRTH:	
PHONE:()	EMAIL:	-
By signing below, I am attesting th City of Memphis deposit additiona	at I have entered the Medicare Part D coverage gap and a funds into my health reimbursement arrangement (HRA	m requesting the
SIGNATURE:		
PRINTED NAME:		
DATE:		