



LVMEBT Frequently Asked Questions

NOTE: This information is general guidance and not official or binding on the Board or the EBT Plan. All benefits will be administered by the actual Plan Document in force at the relevant time, which may have been/be amended. The Board in its sole and complete discretion shall conclusively resolve any disagreements regarding any Plan benefit.

1. Question: What is EBT (Employee Benefit Trust)?

Answer: EBT is a Voluntary Employees' Beneficiary Association ("VEBA"). EBT provides reimbursement of IRS-qualifying health care expenses such as insurance premiums, health plan self-payments (including the Metro Health Trust), medical copays, medications, eye care, and dental care. Generally, EBT contributions are not taxable income, and reimbursements of qualified medical expenses are also not taxable income (check with your own tax advisor for your particular situation). At this time, EBT provides up to \$400 per month in qualifying reimbursements (some employees retired with a \$300 benefit).

2. Question: If I decide to retire before 20 years of commissioned service work time (purchased time does not count towards the 20 years of service time), what benefit will I receive?

Answer: A calculator is available to members and nonmembers on the LVPPA website to estimate their future benefit. PMSA members may access the calculator after logging into the PMSA site using their member credentials. The tool will calculate 4 options for you.

- 1) A Buy-up if you want to collect the full benefit right away.
- 2) A Buy-up if you want to defer and collect the full benefit on your 20th anniversary.
- 3) A reduced benefit based on your years of service with two options:
 - a. Collect immediately; or,
 - b. Defer benefits until your 20th anniversary

3. Question: Who is eligible to be named as a beneficiary and when/how often can the designation be updated?

Answer: The only eligible beneficiaries are spouses/domestic partners** or children under the age of 26. While you are an active employee, you may change the beneficiary at any time. **WHEN YOU OUT-PROCESS FOR RETIREMENT WITH UMR, YOU WILL BE ASKED TO CONFIRM YOUR BENEFICIARY. AFTER RETIREMENT, YOU MAY NOT UPDATE YOUR BENEFICIARY.** If you designate a spouse/domestic partner at that time and you get divorced or dissolve the domestic partnership, that person is no longer eligible for death benefits once you pass.

****Domestic Partners:** Any participant who has registered with the State of Nevada with their partner would be able to be considered an eligible dependent. You would have to supply the certificate of the registered domestic partnership.

4. Question: What are the benefits for our beneficiaries upon our death?

Answer: If you have not yet met the eligibility requirements for reimbursement benefits, your qualified spouse/domestic partner may receive a lump sum payout, or in some cases a monthly benefit based on years of service if the employee dies while still employed.



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If you die after meeting the eligibility requirements, your benefit will transfer to your qualified spouse/domestic partner. If there is no qualified surviving spouse/domestic partner, qualified children share 50% of the benefit amount.

The qualified surviving spouse/domestic partner of an active employee that is killed in the line of duty or passes away with the minimum 10 years of commissioned service referred to in Section 2.1 of the Plan, is eligible to either receive a cash out or can elect to receive the monthly benefit (based on years of service) to be used for the reimbursement of healthcare expenses.

- 5. Question:** If I have my wife/husband and children listed as my beneficiaries, but I recently established a Family Trust, do I need to change the beneficiary to the trust?

Answer: The only eligible beneficiaries are spouses/domestic partners or children under the age of 26. **A "Trust" is not a valid beneficiary.**

***IF YOU NEED TO CONFIRM YOUR ASSIGNMENT, CALL UMR AT **702-413-1701**, option 0 (enrollment). You may also email lvmpd.enrollment@umr.com.

- 6. Question:** My spouse carries his or her health coverage until we retire, does she/he need to be on my health coverage now to get the benefit when we retire?

Answer: EBT is a benefit to be used after retirement for the reimbursement of IRS-qualifying healthcare expenses. This benefit will pass to your qualified surviving spouse/domestic partner (or children). EBT is not part of, nor a function of the Metro Health Trust's plan provided under the Collective Bargaining Agreement (CBA).

- 7. Question:** How do I collect the benefit and what will it reimburse?

Answer: If you choose to stay with the LVMPD Employee Health Trust, your reimbursement claim will be filed for you, and your benefit will automatically be processed. Payment will be issued via check or if you have signed up for direct deposit, it will be deposited into your checking or savings account. For other qualified healthcare expenses please call **866-868-1395** or online at **umr.com**. You must submit timely reimbursement claims to the Plan.

- 8. Question:** If I don't plan on retiring in the USA, how can I collect the benefit?

Answer: If you live in a country that allows or requires you to purchase in-country coverage, you may submit a request to the Board for approval of those expenses. To verify if an expense is eligible, please call **866-868-1395** or review the eligible expense list online. Additional medical expenses from care in the United States or the country of your retirement may also qualify for reimbursement and would need to be submitted to the plan for review.

- 9. Question:** Can I opt out of contributing to the Trust?

Answer: No, this is a benefit that has been negotiated through your CBA. IRS rules require all plan participants to participate in the plan to maintain its tax benefits.



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10. Question: When I retire, I am eligible for VA Benefits or Tricare. How do I take advantage of the reimbursement benefit?

Answer: Not all Tricare coverage is FREE. You may submit any premiums you pay for coverage through Tricare for reimbursement. Some services you receive “downtown” using your Tricare might require you to pay a copay (pharmacy or medical provider). You may submit those expenses for reimbursement.

You may also submit claims for reimbursement for prescription glasses, dental work, etc. There are also some over-the-counter items you may be able to submit as claims. You may not use all of your benefits every month, but some services still qualify for reimbursement, allowing you to maximize the benefit as much as possible.

11. Question: What happens when I turn 65 and I go on Medicare?

Answer: Medicare Part A is your “entitlement” benefit and covers hospitalizations, etc. You do not pay for Medicare Part A when you qualify. Medicare Part B is for outpatient services, like coverage for doctor visits, and Part D is for pharmacy coverage. Both require you to pay a premium to Medicare for coverage. Those premiums are eligible expenses and may be submitted for reimbursement. Many of our retirees also purchased Medicare Supplement or Gap plans to cover out-of-pocket expenses not covered by original Medicare. Those premiums as well as any out-of-pocket expenses you pay like copays, deductibles, etc. are all reimbursable expenses.

12. Question: Do I have to be on the Metro Health Trust to receive this benefit?

Answer: No, if you do not enroll in retirement coverage through the Metro Health Trust you can still claim expenses such as premiums and out-of-pocket expenses. The only difference is you will be submitting claims yourself through UMR versus claims being automatically submitted for you.

13. Question: How do I submit claims?

Answer: If you are enrolled in the Metro Health Trust retiree coverage, UMR will automatically submit claims on your behalf after PERS reports the payment of your retiree coverage to them. If you are not enrolled in Metro Health Trust retiree coverage, you can submit claims directly online, once you have registered, via mail at UMR / PO Box 8022 / Wausau WI 54402-8022, fax 877-390-4782, or email at fsa@umrfsa.com. Please call 1-866-868-1395 for additional information.

PLEASE NOTE: Claims must be filed within one year of the date the expense was incurred.

14. Question: How long does it take to get reimbursed?

Answer: UMR normally processes claims quickly, within 5-7 business days from the receipt of the claim; however, during peak times of the year this may take longer.



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Filing online is the quickest way to get paid. Filing claims by any other means takes longer because a processor must manually enter the claim information into the system and scan the documents into the file before being able to pay the claim. The beginning of April, July, and October are always very busy as those months following the close of the quarter and claims are heavier than normal.

15. Question: I am married to another commissioned officer, how does EBT work in that situation?

Answer: Each of you is eligible for a benefit. You will have two separate accounts. If you stay on the retirement coverage through the Metro Health Trust, one claim will be automatically processed, and you submit manually for the second benefit. For example, you both qualify for \$400; you remain under the Metro Health Trust under one of your names as the primary account holder and the other as a dependent.

The primary account holder's claim will be processed automatically, and you then submit the second claim through UMR for the additional benefit using the PERS statement as your supporting document.

16. Question: If I am not married, can I add other direct family members as beneficiaries?

Answer: NO. The IRS rules that govern this type of benefit plan only allow for your spouse/domestic partner or your children under the age of 26 to be beneficiaries.

17. Question: What happens if I stay on my spouse's/domestic partner's health coverage upon retirement?

Answer: Your portion of the cost is eligible for reimbursement as well as any additional IRS-qualifying medical expenses.

If you have additional questions about Employee Benefit Trust ("EBT"), please email me directly at A13126S@LVMPD.COM so I can bring it up at the next Board of Director meeting and answered once it's approved by the legal team. For other related questions, please feel free to contact Linda L. Lester at LLL4EBT@outlook.com or 702-706-8583.

To update or verify your beneficiary or change your status, please email UMR at LVMPD.ENROLLMENT@UMR.COM

Revised 06/20/2023

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