TMWA - HUMAN
RESOURCES
JANUARY 30, 2020

Post Retirement Medical Plan & Trust - Medical Premium Expense Reimbursement Request

RETIREE
~~RETIREE~~ INFORMATION:

DATE RANGE From: JANUARY 1, 2019
To: DECEMBER 31, 2019

Name: [redacted]

Employee #: 50077

Address: [redacted]

Phone #: [redacted]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
2019	MONTHLY MEDICAL	BLUE CROSS BLUE SHIELD	JAN-$218.00; Feb-Dec $209.82	$ 2,526-02
2019	MONTHLY DENTAL	METLIFE	JAN-$45.48; Feb-Dec $43.29	$ 521-67
2019	MONTHLY VISION	VSP	JAN-DEC $14.47	$ 173-64
				$ -
				$ -
				$ -
			$0.00	
			Total	$ 3,221-33

Medicare Eligible? ____YES X NO

Attach copies of Proof of Insurance and Payment of Premium. See back of form for examples of acceptable documentation.

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s) and I will be liable for all related taxes. I also authorize the Trust, and its designees to contact the insurance company I have listed above to verify coverage and premium amounts paid. I certify that all expenses for which reimbursement or payment is claimed were incurred by myself, my spouse, my eligible dependents, or a spouse beneficiary (after the participant's death only) while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

Retiree Signature: [redacted] **Date:** January 29, 2020

PRMPT Approval*: _____ **Date:** _____

* Indicates the reimbursement request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

Accounting Approval:** _____ **Date:** _____

** Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance.

Return completed form to: PRMPT c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520

Post Retirement Medical Plan & Trust - Medical Premium Expense Reimbursement Request

In order for an eligible recipient to receive reimbursement of medical insurance premiums from the Post Retirement Medical Plan & Trust, the eligible participant must submit at least one of the following as proof of payment for the medical insurance premiums:

- A copy of the invoice from the insurance company and copy of the receipt of payment;
- A copy of the invoice from the insurance company and copy of the front and back of the cancelled check made out to the insurance company;
- A copy of a pay stub if the pay stub clearly shows a deduction for medical insurance on a post-tax basis;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages on a post-tax bas
- A copy of a bank statement showing deductions for medical insurance if the statement clearly indicates payment to a company that provides only medical insurance;
- A copy of a bank statement showing deductions to an insurance company along with a statement from the insurance company listing dates and amounts of premiums; or
- Other documentation which the Trust, or its designees, determines is sufficient to prove payment for medical insurance.

Retirement Services

[redacted]

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT PROGRAMS
BOYERS, PA 16017

Summary of Payment

ClaimNumber: [redacted]

Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Gross Amount of Annuity	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Basic Life Insurance Premiums	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Blue Cross/Blue Shield Service Benefit Plan-Basic	-$372.32	-$369.56	-$369.56	-$369.56	-$369.56	-$369.56	-$369.56	-$369.56	-$369.56	-$369.56	-$369.56	-$369.56	-$4,437.48
Federal Dental Insurance	-$87.45	-$86.58	-$86.58	-$86.58	-$86.58	-$86.58	-$86.58	-$86.58	-$86.58	-$86.58	-$86.58	-$86.58	-$1,039.83
Federal Income Tax Withheld	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Federal Vision Insurance	-$28.90	-$28.90	-$28.90	-$28.90	-$28.90	-$28.90	-$28.90	-$28.90	-$28.90	-$28.90	-$28.90	-$28.90	-$346.80
Payment of FERS Supplement	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Net Amount of Annuity	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

* An *(asterisk) reflected in the payment description indicates that the amount is a one-time only adjustment.

The summary of payments and total paid to date is current as of Dec 1, 2019, payment. The Summary of Payments contains information regarding the recurring monthly payments that are issued to you. The Summary of Payments does not include any adjustment payments that have been made. Generally, in the middle of the month, we authorize payments that are payable for the first business day of the following month.

The information contained in the Summary of Payments is not to be used for income tax filing purposes.

TRUCKEE MEADOWS WATER AUTHORITY
POST-RETIREMENT MEDICAL PLAN & TRUST - MEDICAL PREMIUM EXPENSE REIMBURSEMENT
2019 MEDICAL, DENTAL AND VISION PAID PREMIUMS FOR [redacted]

Below is an itemized list of my 2019 paid premiums. Attached is documentation.

MEDICAL - BCBS BASIC		**PREMIUM**											**TOTAL**	
	JAN	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**		
[redacted]	**$ 218.00**	**$ 209.82**	**$ 209.82**	**$ 209.82**	**$ 209.82**	**$ 209.82**	**$ 209.82**	**$ 209.82**	**$ 209.82**	**$ 209.82**	**$ 209.82**	**$ 209.82**	**$ 2,526.02**	**$ 2,526.02**
	$ 154.32	$ 159.74	$ 159.74	$ 159.74	$ 159.74	$ 159.74	$ 159.74	$ 159.74	$ 159.74	$ 159.74	$ 159.74	$ 159.74	$ 1,911.46	
Total monthly	$ 372.32	$ 369.56	$ 369.56	$ 369.56	$ 369.56	$ 369.56	$ 369.56	$ 369.56	$ 369.56	$ 369.56	$ 369.56	$ 369.56	$ 4,437.48	

DENTAL - METLIFE		**PREMIUM**												
[redacted]	**$ 45.48**	**$ 43.29**	**$ 43.29**	**$ 43.29**	**$ 43.29**	**$ 43.29**	**$ 43.29**	**$ 43.29**	**$ 43.29**	**$ 43.29**	**$ 43.29**	**$ 43.29**	**$ 521.67**	**$ 521.67**
	$ 41.97	$ 43.29	$ 43.29	$ 43.29	$ 43.29	$ 43.29	$ 43.29	$ 43.29	$ 43.29	$ 43.29	$ 43.29	$ 43.29	$ 518.16	
Total monthly	$ 87.45	$ 86.58	$ 86.58	$ 86.58	$ 86.58	$ 86.58	$ 86.58	$ 86.58	$ 86.58	$ 86.58	$ 86.58	$ 86.58	$ 1,039.83	

VISION - VSP		**PREMIUM**												
[redacted]	**$ 14.47**	**$ 14.47**	**$ 14.47**	**$ 14.47**	**$ 14.47**	**$ 14.47**	**$ 14.47**	**$ 14.47**	**$ 14.47**	**$ 14.47**	**$ 14.47**	**$ 14.47**	**$ 173.64**	**$ 173.64**
	$ 14.43	$ 14.43	$ 14.43	$ 14.43	$ 14.43	$ 14.43	$ 14.43	$ 14.43	$ 14.43	$ 14.43	$ 14.43	$ 14.43	$ 173.16	
Total monthly	$ 28.90	$ 28.90	$ 28.90	$ 28.90	$ 28.90	$ 28.90	$ 28.90	$ 28.90	$ 28.90	$ 28.90	$ 28.90	$ 28.90	$ 346.80	

2019 TOTAL PREMIUMS FOR [redacted] **$ 3,221.33**

2019 Rate Information for the Blue Cross and Blue Shield Service Benefit Plan

To compare your FEHB health plan options please go to www.opm.gov/fehbcompare.

To review premium rates for all FEHB health plan options please go to www.opm.gov/FEHBpremiums or www.opm.gov/Tribalpremium.

Non-Postal rates apply to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment.

Postal rates apply to certain United States Postal Service employees as follows:

- Postal Category 1 rates apply to career bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NALC, NPMHU, and NRLCA.
- If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on https://liteblue.usps.gov/fehb.
- Postal Category 2 rates apply to career bargaining unit employees who are represented by the following agreement: PPOA.

Non-Postal rates apply to all career non-bargaining unit Postal Service employees. Postal rates do not apply to non-career Postal employees, Postal retirees, and associate members of any Postal employee organization who are not career Postal employees.

If you are a Postal Service employee and have questions or require assistance, please contact:

USPS Human Resources Shared Service Center: 877-477-3273, option 5, Federal Relay Service 800-877-8339

Premiums for Tribal employees are shown under the monthly non-Postal column. The amount shown under employee contribution is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
Basic Option Self Only	111	$221.18	$73.72	$479.21	$159.74	$70.78	$61.19
Basic Option Self Plus One	113	$492.27	$170.57	$1,066.59	$369.56	$163.73	$143.22
Basic Option Self and Family	112	$525.32	$177.24	$1,138.19	$384.02	$169.94	$148.06
Standard Option Self Only	104	$230.18	$112.23	$498.72	$243.17	$109.03	$99.44
Standard Option Self Plus One	106	$492.27	$256.54	$1,066.59	$555.83	$249.70	$229.19
Standard Option Self and Family	105	$525.32	$268.21	$1,138.19	$581.13	$260.91	$239.03

2019 FEDVIP dental payment history

Note: The information displayed below reflects transactions from 1/1/2019 through 12/31/2019, as of January 27, 2020.

Transaction date	Description	Pre-tax	Post tax
12/04/2019	Annuity Payment		$86.58
11/06/2019	Annuity Payment		$86.58
10/04/2019	Annuity Payment		$86.58
09/06/2019	Annuity Payment		$86.58
08/06/2019	Annuity Payment		$86.58
07/05/2019	Annuity Payment		$86.58
06/06/2019	Annuity Payment		$86.58
05/06/2019	Annuity Payment		$86.58
04/04/2019	Annuity Payment		$86.58
03/06/2019	Annuity Payment		$86.58
02/06/2019	Annuity Payment		$86.58
01/07/2019	Annuity Payment		$87.45
Subtotals		**$0.00**	**$1,039.83**
Year-to-date total:			$1,039.83

Rate Information

How to find your rate

- **In the first chart below, look up your state or zip code to determine our rating area.**
- **In the second chart on the following page, match your Rating Area to our enrollment type and plan option.**

Premium Rating Areas by State/Zip Code (first three digits)

State		Rating Area	State		Rating Area	State		Rating Area
AK	Entire state	5	ME	Entire state	2	PR	Entire area	1
AL	Entire state	1	MI	480-485	3	RI	Entire state	5
AR	Entire state	1	MI	Rest of state	2	SC	Entire state	1
AZ	Entire state	1	MN	550-555, 563	4	SD	Entire state	1
CA	919-921, 942, 956-958	4	MN	Rest of state	2	TN	Entire state	1
CA	Rest of state	5	MO	Entire state	1	TX	Entire state	1
CO	Entire state	4	MS	Entire state	1	UT	Entire state	1
CT	Entire state	5	MT	Entire state	1	VA	201-205, 220-227	4
DC	Entire district	4	NC	Entire state	1	VA	Rest of state	1
DE	Entire state	3	ND	Entire state	1	VT	Entire state	2
FL	330-334	3	NE	Entire state	1	WA	980-985	5
FL	Rest of state	1	NH	Entire state	5	WA	Rest of state	4
GA	300-303, 305, 311, 399	2	NJ	080-084	3	WI	540	4
GA	Rest of state	1	NJ	Rest of state	5	WI	Rest of state	2
HI	Entire state	4	NM	Entire state	1	WV	254	4
IA	Entire state	1	NV	Entire state	2	WV	Rest of state	1
ID	Entire state	1	NY	005, 063, 100-119, 124-126	5	WY	Entire state	1
IL	600-608	4	NY	Rest of state	2	VI	All	1
IL	Rest of state	1	OH	Entire state	1	GU	All	1
IN	463-464	4	OK	Entire state	1	AS	All	1
IN	Rest of state	1	OR	970-973	4	MH	All	1
KS	Entire state	1	OR	Rest of state	3	PW	All	1
KY	Entire state	1	PA	173-174	4	FM	All	1
LA	Entire state	1	PA	183	5	MP	All	1
MA	Entire state	5	PA	189-196	3	INTER	International	5
MD	219	3	PA	Rest of state	1			
MD	Rest of state	4						

Monthly Rates

Rating Areas	High option Self Only	High option Self Plus One	High option Self and Family	Standard option Self Only	Standard option Self Plus One	Standard option Self and Family
1	$38.65	$77.33	$115.98	$21.17	$42.36	$63.53
2	$43.29	$86.58	$129.87	$22.97	$45.91	$68.88
3	$47.15	$94.32	$141.46	$25.48	$50.96	$76.44
4	$51.07	$102.14	$153.18	$28.25	$56.51	$84.78
5	$57.16	$114.29	$171.45	$31.07	$62.12	$93.19

Bi-weekly Rates

Rating Areas	High option Self Only	High option Self Plus One	High Option Self and Family	Standard option Self Only	Standard option Self Plus One	Standard option Self and Family
1	$17.84	$35.69	$53.53	$9.77	$19.55	$29.32
2	$19.98	$39.96	$59.94	$10.60	$21.19	$31.79
3	$21.76	$43.53	$65.29	$11.76	$23.52	$35.28
4	$23.57	$47.14	$70.70	$13.04	$26.08	$39.13
5	$26.38	$52.75	$79.13	$14.34	$28.67	$43.01

2019 FEDVIP vision payment history

Note: The information displayed below reflects transactions from 1/1/2019 through 12/31/2019, as of January 27, 2020.

Transaction date	Description	Pre-tax	Post tax
12/04/2019	Annuity Payment		$28.90
11/06/2019	Annuity Payment		$28.90
10/04/2019	Annuity Payment		$28.90
09/06/2019	Annuity Payment		$28.90
08/06/2019	Annuity Payment		$28.90
07/05/2019	Annuity Payment		$28.90
06/06/2019	Annuity Payment		$28.90
05/06/2019	Annuity Payment		$28.90
04/04/2019	Annuity Payment		$28.90
03/06/2019	Annuity Payment		$28.90
02/06/2019	Annuity Payment		$28.90
01/07/2019	Annuity Payment		$28.90
Subtotals		**$0.00**	**$346.80**
Year-to-date total:			$346.80

Rate Information

VSP is a nationwide vision plan that does not require rating regions. The following are nationwide and international rates.

Monthly Rates

Enrollment Type	High Option	Standard Option
Self Only	$14.43	$7.63
Self Plus One	$28.90	$15.23
Self and Family	$43.38	$22.88

Bi-weekly Rates

Enrollment Type	High Option	Standard Option
Self Only	$6.66	$3.52
Self Plus One	$13.34	$7.03
Self and Family	$20.02	$10.56

U.S. OFFICE OF PERSONNEL MANAGEMENT

FREQUENTLY ASKED QUESTIONS INSURANCE
RETIREMENT

- **Will my deduction continue to be pre-tax after I retire?**
  No, retiree pay premiums on a post tax basis.

- **I am not enrolled in FEHB. If I stay enrolled in a FEDVIP plan for the next five years, can I then get FEHB coverage in retirement?**
  No, your FEDVIP enrollment will not count towards the 5-year enrollment requirement for carrying FEHB coverage into retirement.

- **I'm eligible for Medicare. What do I do?**
  You should examine your Medicare coverage in order to determine if the Federal Employees Dental and Vision Insurance Program (FEDVIP) will benefit you or your family. Your FEDVIP premiums will not change if you enroll in Medicare.

- **Are retirees receiving a deferred annuity eligible?**
  No.

- **If I accept a deferred retirement annuity at age 62, would I then be eligible for FEDVIP? What about MRA+10 retirees?**
  If you are on a deferred retirement annuity, you are not eligible for FEDVIP.

  If you are retiring with title to an MRA+10 annuity and you postpone receiving your annuity, you are eligible for FEDVIP only when you begin to receive that annuity. You would not be eligible for FEDVIP during the time between your separation from duty and before actual receipt of your annuity.

- **Will employees be responsible for contacting BENEFEDS and letting them know they have retired and FEDVIP premiums need to come out of their annuity payment instead of billing the agency they just retired from?**
  No, you are not required to contact BENEFEDS. However, you can speed up the process by contacting BENEFEDS.

- **Does my coverage change if I go back to work as a reemployed annuitant?**
  No. The Federal Employees Dental and Vision Insurance Program (FEDVIP) coverage is the same for all enrollees.

  However, if you go back to work and you are in a position that conveys FEDVIP eligibility, you must contact BENEFEDS (1-877-888-3337), if you want your premiums to be deducted from your paychecks. Most reemployed annuitants want to make that change because retirees pay FEDVIP premiums with post-tax dollars and employees pay FEDVIP premiums with pre-tax dollars. If your new position does not convey FEDVIP eligibility you may retain the coverage as