

## Alight Smart-Choice Accounts

### Retiree Medical Account (RMA) Reimbursement List

✓ Eligible    ✗ Ineligible    □ Potentially Eligible

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Expense	Covered?	More Detail
Dental expenses – examples include fees for X rays, fillings, braces, extractions, crowns, and orthodontia	✗	
Dental Premiums	✓	
EAP Premiums	✓	
Medical expenses – examples include copays, deductibles, or out of pocket expenses	✗	
Kaiser Permanente Medicare HMO Premiums (California Residents Only)	✓	Proof of premium payment for the Kaiser Permanente Medicare HMO is required for reimbursement.  Contact Kaiser for proof of premium payment letter at 1-800-464-4000.
Medicare Part B and Part D Premiums (excluding any late Medicare enrollment penalty fees)	✓	
Nursing or retirement home fee – fees for medical services. Examples include fees for doctors, therapists, and other medical practitioners	✗	
Over the counter (OTC) medicine – medications taken to relieve pain, colds, and the medical conditions	✗	
Phillips 66 Retiree Medical Plan and COBRA	✓	Once you elect to use your RMA to pay for a percentage of your Phillips 66 pre-65 retiree medical premium, your RMA will be reduced automatically each month. A claim form does not need to be submitted for reimbursement.

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Expense	Covered?	More Detail
<b>Public Health Insurance Exchanges for Non Medicare and Medicare Plans</b>	✓	<p>You Must provide a statement validating your monthly medical premium. Reimbursements are limited to coverage already received. Annual claims or requests for future months will not be accepted.</p> <p>Contact your health plan carrier that you enrolled with for proof of premium payment letter for Medical and RX premium reimbursement.</p>
<b>Prescription drugs</b>	✓	
<b>Tricare Premiums</b>	✓	<p>Proof of premium payment for Tricare coverage is required for reimbursement.</p> <p>Contact your Tricare provider for a proof of premium payment letter.</p>
<b>United Healthcare (UHC) AARP Medicare Supplemental Premiums</b>	✓	<p>Proof of premium payment for the UHC AARP Medicare Supplemental plan is required for reimbursement.</p> <p>Contact UHC for a proof of premium payment letter referencing Phillips 66 at 888-268-2514.</p>
<b>Vision Expenses</b>	✗	
<b>Vision Premiums</b>	✓	