

## City of Norwalk

### Appendix Summary of Benefits and Coverage Health Reimbursement Arrangement (The "Plan")

For Period of Coverage: January 1, 2016 through December 31, 2016

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#### What benefits are you provided under the Plan?

The Plan will reimburse you up to \$2,500.00 per Person for your deductible after you have paid the first \$500.00 per Person of your deductible. The Plan will also reimburse you up to \$1,500.00 per Person for your coinsurance expenses after you have paid the first \$1,500.00 per Person of your coinsurance expenses. The Plan will reimburse for expenses incurred by you and/or your eligible covered dependents, if those expenses are not reimbursed by your health plan or any other plan.

The Plan is integrated with the employer's insured group health plan.

#### The funds will be credited as follows:

at the beginning of the plan year       Pro-rated during the Plan Year       Monthly Accrual

Remember, you will only be reimbursed for covered medical expenses up to the amount credited

#### What expenses are considered covered medical care expense? Covered medical care expenses:

Expenses incurred by you and/or your covered dependents for "medical care" as defined in Code 213(d). Generally, this means an item for which you could have claimed a medical care expense deduction on an itemized federal income tax return (without any regard to any threshold limitation or time of payment) for which you have not otherwise been reimbursed or could be reimbursed from insurance or from some other source. For a list of those expenses not covered, please refer to the Summary Plan Description.

You have 60 days after the end of the plan year or after your coverage terminates to submit claims for reimbursement.

#### What documentation is required for claim reimbursement?

- For Plans that reimburse deductible and/or co-insurance expenses, an Explanation of Benefits from the insurance carrier must accompany each request for reimbursement.
- For Plans that reimburse prescription expenses, a cash register receipt or copy of prescription tag or pharmacy printout must accompany each request for reimbursement.
- For Plans that reimburse all eligible medical expenses as defined by Code Section 213(d), documentation must show a detailed description of the service provided, original date of service, amount of charge and the provider's name and address.

#### How to submit a claim for reimbursement:

1. Obtain the necessary receipt(s) and Explanation of Benefits (EOB) showing date of service and description of service.
2. Complete and sign the HRA Reimbursement Claim Form.
3. FAX: 515-224-9256

USPS: Kabel Business Services, 1454 30<sup>th</sup> St., Suite 105, West Des Moines, IA 50265.

Employee Portal: You may submit your claims through the employee online portal

SECURE UPLOAD: <https://myflexonline.com>

**What if I have questions?**

Contact our HRA Department at 515-224-9400.

**When are covered medical expenses incurred?**

For you to be reimbursed for covered medical expenses, you must have incurred them during above Plan Year. An expense is incurred when the service that gives rise to the expense is provided, not when the expense was paid. Note that if you have paid for the expense but if the services have not yet been rendered, then the expense has not been incurred for this purpose. You may not be reimbursed for any expenses arising before you participate or after the close of the Plan Year, or after you terminate, unless you continue coverage under Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

**Can you continue coverage after termination?**

Under COBRA, your employer is required to provide you and/or your covered dependents with the opportunity to be reimbursed for covered medical expenses under the Plan for a limited period of time after termination of your participation in the Plan. You may be eligible for this continued coverage after certain defined qualifying events have occurred that otherwise would cause you and/or your covered dependents to lose coverage under this Plan.

Please note that such continued coverage will not be offered if you or your covered dependents were not eligible for benefits under the Plan prior to your qualifying event. Please review the Summary Plan Description for the Plan for more details.

**When does your participation under the Plan end?**

Terminated employees (including retirement) shall:

- cease to be a participant
- continue to be a participant as long as funds remain in his/her account. The funds available for reimbursement will be the amount in the HRA account on the termination date.
- other: \_\_\_\_\_

**Does this coverage provide minimum essential coverage?**

The Affordable Care Act (the Act) requires most people to have health care coverage that qualifies as "minimum essential coverage." This plan along with the employer's insured group health plan: a.  does or b.  does not provide minimum essential coverage.

**Does this coverage meet the minimum value standard?**

The Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage along with the coverage of the employer's insured health plan: a.  does or b.  does not meet the minimum value standard for the benefits it provides.

**What happens if your claim for benefits is denied?**

If you have a complaint or are dissatisfied with a denial of coverage for claims under the Plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you should refer to your Summary Plan Description for more details.

**Where can you receive information regarding coverage under the employer's insured group health plan?**

This Plan is integrated with your employer's insured group health plan. For details regarding coverages under that plan, please refer to its Summary of Benefits and Coverage.