SUMMARY OF BENEFITS AND COVERAGE ("SBC")
INDIVIDUAL COVERAGE HEALTH
REIMBURSEMENT ARRANGEMENT PLAN (THE "PLAN")

For the period from _____ through _____ (the "Plan Year")

This SBC will help you choose a health plan coverage. The SBC shows you how you and the Plan would share the cost for "covered health care services."

What benefits are you provided under the Plan? You will be reimbursed up to (Select a, b or c): a. ☐ $ _____, or b. ☐ $_____ for single individual health coverage, $_____ for other individual coverage or c. ☐ Other (Specify): _____

You will be credited with a portion of the annual amount, specified above (Select a, b, or c): a. ☐ at the beginning of the Plan Year, b. ☐ at the end of the Plan Year or c. ☐ pro rata during the Plan Year (Select i, ii, iii, iv or v): i ☐ every pay period, ii ☐ every month, iii ☐ every other month, iv ☐ every calendar quarter or v ☐ Other (Specify): _____.

What expenses are considered covered medical care expenses? For reimbursement, "covered medical care expenses" means (Specify all that apply): a.☐ Premiums for individual health coverage only, b.☐ Premiums for individual health, dental and vision coverages only (must be enrolled in health coverage to received reimbursement), c. ☐ Any expense for medical care within the meaning of the term "medical care" or "medical expense" as defined in Code Section 213(d), and the rulings and Treasury regulations.

What premiums for individual coverage will qualify for reimbursement?

Premiums for following individual coverages will qualify for reimbursement (Select all that apply):

a. ☐ Individual insurance coverage purchased outside of the Marketplace or Exchange;

b. ☐ Individual insurance coverage purchased through the Marketplace or Exchange;

c. ☐ Coverage under Medicare Parts A, B, C, or D as well as Medigap;

d. ☐ Student health insurance;

e. ☐ Individual catastrophic coverage;

f. ☐ Individual insurance coverage obtained in states that have received a Section 1332 waiver from certain Affordable Care Act requirements from the DOL, HHS, or IRS; and

g.☐ "Grandmothered" coverage (meaning non-grandfathered coverage that is not compliant with the Affordable Care Act but on which HHS has announced it will not take enforcement action).

When are covered medical expenses incurred? For you to be reimbursed for covered medical expenses, you must have incurred them during the Plan Year. An expense is incurred when the service that gives rise to the expense is provided or when premium is due, not when the expense was paid. You may not be reimbursed for any expenses or premiums 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, unless your participation was terminated due to gross misconduct. 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.

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: [insert State, HHS, DOL, and/or other applicable agency contact information]. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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 can contact: [insert applicable contact information from instructions]

When does your participation under the Plan end? If you terminate employment (including retirement), and do not continue coverage as explained above, your participation under Plan will end on (Select a, b or c): a.☐ the last day of the month in which the termination or loss of eligibility occurs, b.☐ coverage ends on the date termination or loss of eligibility occurs, or c.☐ Other (Specify): _____.

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 your insured individual health coverage does provide minimum essential coverage.

Only include below if the Employer is an Applicable Large Employer.

Because of the amounts I receive under the Plan, will I be eligible for premium credits on the Marketplace?

Your employer has determined that your coverage under this Plan makes the coverage under insured health coverage (Select a or b): a. ☐ "affordable" and provides minimum value or b. ☐ "unaffordable" or does not provide minimum value and therefore would make you (Select a or b): a. ☐ eligible or b. ☐ ineligible for credits or subsidies on the Marketplace.

If you have any questions? Questions: Call 1-800-[insert] or visit us at www.[insert].