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

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

What benefits are you provided under the Plan?

You will be reimbursed up (Select a, b or c) to a. ☐ $_____, b. ☐ $ _____ for individual coverage and $_____ for family coverage, or c. ☐ Other (Specify): _____for covered medical expenses, incurred by you and/or your covered dependents in a Plan Year, if those expenses are not reimbursed under your employer's insured group medical plan.

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) _____.

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

What expenses are considered covered medical care expenses?

For reimbursement, "covered medical care expenses" means (Specify a, b, or c):

a. ☐ Expenses incurred by you and/or your covered dependents for "medical care" as defined in Code Section 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 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;

b. ☐ Those expenses that would be reimbursed by your employer insured group medical Plan, but for (Select all that apply): i ☐ the deductible, ii ☐ co-payment, and/or iii ☐ co-insurance amounts; or

c. ☐ Other (Specify) _____.

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, 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, 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.

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 the employer's insured group health plan (Select a or b): 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 (Select a or b): a. ☐ does or b. ☐ does not meet the minimum value standard for the benefits it provides.

Is this coverage "affordable"?

For 2021, for coverage to be considered "affordable," you must not pay more than 9.83% of your pay for single coverage. This health coverage along with the coverage of the employer's insured health plan is (Select a or b): a. ☐ affordable or b ☐ not affordable.

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 medical plan. For details regarding coverages under that plan, please refer to its Summary of Benefits and Coverage.

If you have any questions?

Questions: Call 1-800-[insert] or visit us at www.[insert].