

## Staker & Parson Companies Health Reimbursement Arrangement

*All information provided is in summary format. For complete details of coverage, exclusions, limitations, etc., please refer to the summary plan document, certificate or master contract, not this online summary.*

<p><b>What is the purpose of the Plan?</b></p>	<p>The purpose of the HRA Plan is to reimburse eligible employees for “Eligible Medical Expenses” that they or their eligible dependents incur during the Calendar Year.</p>
<p><b>What is an “Eligible Medical Expense”</b></p>	<p>An eligible medical expense under this Plan is a medical expense incurred by a covered employee and / or enrolled dependents that would otherwise qualify for a deduction under Code § 213(d) <a href="#"><i>[see 213 (d) list]</i></a>.</p> <p>Benefits will be payable under the Plan as a first dollar benefit except for Calendar Year Medical Deductible, Prescription Drugs and Lasik Eye Surgery items which are subject to a \$250 calendar year individual HRA deductible and / or \$500 aggregate employee + dependent(s) HRA deductible.</p> <p>The \$50 Dental Plan deductible is <i>not</i> eligible for reimbursement under the HRA benefit.</p>
<p><b>What is the Reimbursement Cap?</b></p>	<p><b><u>The annual employer HRA contribution benefits are:</u></b></p> <p style="padding-left: 40px;">\$ 600 Per Individual Employee \$1,200 Per Employee + Dependent(s)</p> <p><b><u>The maximum HRA Cap amounts are:</u></b></p> <p style="padding-left: 40px;">\$2,100 Per Individual Employee \$4,200 Per Employee + Dependent(s)</p>

<p><b>How do I receive Benefits (or reimbursements) under the Plan?</b></p>	<p>You should use the HRA Fax Cover Sheet and submit it with the necessary supporting documentation to Advanced Benefits Management. (\$25 check minimum reimbursement)</p> <p><u>Documentation for your HRA consists of:</u></p> <ul style="list-style-type: none"> <li>- Explanation of Benefits (EOB) form(s) from BCBSTX indicating the amount(s) applied to the deductible(s)</li> <li>- Rx receipts from pharmacy indicating the amount(s) applied to the deductible(s)</li> <li>- Valid receipt for other eligible items (213 [d]) (i.e., dental receipts (excluding \$50 dental plan deductible), vision receipts, or receipts for eligible over-the-counter items)</li> </ul>
<p><b>What happens if I do not use the maximum Annual Reimbursement Amount made available during the Plan Year?</b></p>	<p>100% of the annual employer contribution amount that you <i>do not</i> use for expenses incurred during the Calendar Year and submit for reimbursement before the end of 90 days may be rolled over subject to the maximum cap amount (see above).</p>
<p><b>Coordination of Benefits with FSA</b></p>	<p>If an employee participates in both a health FSA and an HRA, the employee's Eligible Medical Expenses will be paid out of the HRA first until the funds are exhausted, unless Advanced Benefits Management is otherwise directed by the employee.</p>
<p><b>How long do I have to submit claims for reimbursement?</b></p>	<p>You must submit an expense incurred during the plan (calendar) year no later than 90 days after the end of the plan year which is December 31st; or 90 days after you or your enrolled dependents' coverage ends.</p>