



HEALTH REIMBURSEMENT ACCOUNT PLAN
with General & Limited HRA on the Beniversal® MasterCard®
PLAN HIGHLIGHTS*

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A. Plan Information for your Health Reimbursement Account (HRA)

1. Employer name: Board of Cooperative Education First Supervisory District of Monroe County.
2. Plan name: B.O.C.E.S. #1 Monroe Health Reimbursement Account Plan.
3. Eligibility requirements: Must be an employee of Board of Cooperative Education First Supervisory District of Monroe County and:
 - For a General HRA: who is enrolled in the Employer sponsored Blue Point 2 Value or Select Health Plan.
 - *If you or your spouse is reporting contributions to a Health Savings Account, you cannot participate in a General HRA.*
 - For a Limited HRA: who is enrolled in the Employer sponsored Blue Point 2 Value or Select Health Plan and does not participate in a General HRA.
4. The effective date on which you can begin participating in the Plan: Once the eligibility requirements have been met.
5. Employer contribution per Plan Year:
 - For a General HRA: As set by your bargaining unit's union contract.
 - For a Limited HRA: As set by your bargaining unit's union contract.
 - If the contribution amount changes in subsequent Plan Years, the Employer shall provide written notice of the change to Participants prior to the first day of the Plan Year.
6. The Plan Year begins on January 1 and ends on December 31.
7. Plan effective date: January 1, 2000.
8. Plan number: 505.
9. Employer ID number: 16-6008841.
10. Name, address and telephone number of the Plan Administrator:
 - Board of Cooperative Education First Supervisory District of Monroe County
 - 41 O'Connor Road
 - Fairport, NY 14450
 - (585) 249-7235
11. Agent for service of process: Board of Cooperative Education First Supervisory District of Monroe County.

B. Account Information

1. Medical Expense Information

General HRA:

- (a) Eligible expenses under the Plan are defined by Internal Revenue Code Section 213(d) including over-the-counter medical expenses (and group medical, dental and vision insurance premiums not taken on a tax-free basis for retired employees only).
- (b) Eligible expenses must be provided to you, your spouse or eligible dependents who are covered by a group health insurance plan outlined in A.3. above.
- (c) If expenses are eligible under both an HRA and a Medical Flexible Spending Account (Medical FSA) sponsored by your Employer, your Medical FSA funds will be used first until they are exhausted.
- (d) Expenses must not be reimbursed from any other source.

Limited HRA:

- (a) Eligible expenses under the Plan are limited to vision and dental care including over-the-counter vision and dental care expenses, as defined by Internal Revenue Code Section 213(d).
- (b) Eligible expenses must be provided to you, your spouse or eligible dependents who are covered by a group health insurance plan outlined in A.3. above.
- (c) If expenses are eligible under both an Limited HRA and a Limited Medical Flexible Spending Account (Medical FSA) sponsored by your Employer, your Limited Medical FSA funds will be used first until they are exhausted.
- (d) Expenses must not be reimbursed from any other source.

2. Eligible Service Time Frames

- (a) For active participants:
 - Eligible services must be provided after your effective date in the Plan.
- (b) If you become ineligible to participate during the Plan Year due to termination of employment or resignation:
 - Eligible services must be provided:
 - after your effective date in the Plan,
 - during the Plan Year and
 - prior to the date on which you become ineligible.
 - The Beniversal Card may no longer be used to access General or Limited HRA funds. You may submit a claim for reimbursement of eligible expenses.



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- (c) If you retire during the Plan Year:
 - Eligible services must be provided:
 - after your effective date in the Plan.
 - The Beniversal Card may no longer be used to access HRA funds. You may submit a claim for reimbursement of eligible expenses.

3. Claims for HRAs

Claim submission time frames

- (a) For active participants:
 - Claims can be submitted to Benefit Resource, Inc. any time after the eligible service has been provided.
 - Any funds remaining in your account at the end of the Plan Year will be carried over and added to your account for the next Plan Year.
- (b) If you terminate employment or resign during the Plan Year:
 - Eligible claims must be received by Benefit Resource before the end of the 60 day run-out after the end of the Plan Year in which you become ineligible.
 - Claims denied during the run-out may be resubmitted, but must be received by Benefit Resource within 21 days after the run-out ends.
 - Any funds remaining in your account after this will be forfeited.
 - Any monthly account administration fees will be deducted from your account balance.
- (c) If you retire during the Plan Year:
 - Claims can be submitted to Benefit Resource, Inc. any time after the eligible service has been provided.
 - Claims for reimbursement of eligible expenses will continue to process until the balance in your account falls below \$15. Any funds remaining in your account after this will be forfeited.

Claim reimbursements

- (a) Complete your claim following all instructions.
- (b) Claims received with proper documentation will be processed within 5 business days.
- (c) Claim reimbursements are processed daily.
- (d) There is a minimum reimbursement amount of \$15 (except during the run-out after the end of the Plan Year).
- (e) A claim should never be submitted for an expense that has been paid for with a Beniversal Card or reimbursed from any other source.

4. Beniversal Card for General or Limited HRA

- (a) The Beniversal Card allows you to access General or Limited HRA funds to pay for eligible medical services at qualified merchants.
- (b) The card may only be used to pay for eligible medical services after they have been provided. The IRS allows one exception: eligibility of orthodontia expenses can be based on either date of payment, date of service or payment due date on coupons/statements.
- (c) Payment of a current Plan Year medical service with the card must be completed before the Plan Year ends.
- (d) You are advised to save all documentation related to medical expenses paid with your card, as IRS regulations require all transactions to be verified for eligibility.
- (e) If a card transaction cannot be automatically verified, you will be contacted to submit documentation for that transaction.
- (f) Medical expenses paid with the card should never be submitted for claim reimbursement.