

APPENDIX
SUMMARY OF BENEFITS AND COVERAGE
St. Johns County
HEALTH REIMBURSEMENT ARRANGEMENT PLAN

For the period from 1/1/2024 through 12/31/2024

What benefits are you provided under the Plan?

You will be reimbursed \$600 for Employee Only coverage, \$1,000 Employee + Spouse coverage, \$1,000 Employee + Children coverage and \$1,500 Employee + Family coverage for covered medical, prescription, dental, and vision 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 health plan.

You will be credited with the annual amount at the beginning of the Plan Year if you are enrolled in the PPO with HRA (05360) as of January 1. The HRA contribution will be pro-rated on a monthly basis for employees whose benefits become effective after January 1.

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

What expenses are considered covered health care expenses?

For reimbursement, "covered health care expenses," means: Those expenses that would be reimbursed by your employer insured group medical, prescription, dental and vision plan, except it is applied to: the deductible, a co-payment, and/or co-insurance amounts.

When are covered health care expenses incurred?

For you to be reimbursed for covered health care 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: Medcom at (800) 523-7542 or P.O. Box 10269, Jacksonville, FL 322470269.

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:
The last day of the month in which the termination or loss of eligibility occurs.

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 does 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 does meet the minimum value standard for the benefits it provides.

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 the Summary of Benefits and Coverage (SBC) for the group medical plan.

Where can you receive additional information regarding the HRA Plan?

If you have questions or need additional information, you may call Medcom at (800) 523-7542 or visit www.medcom.net.

