



SUMMARY OF BENEFITS AND COVERAGE
HEALTH REIMBURSEMENT ARRANGEMENT PLAN (THE "PLAN")
For Barnesville Schools
For the period 07/01/2016 thru 06/30/2017

What benefits are you provided under the Plan?

You will be allocated coverage based on the following table to use 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.

Coverage Type	Annual Amount
Single	\$3,000.00
Family	\$6,000.00

You will be credited with a portion of the annual amount, specified above, every month.

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?

"Covered medical care expenses" means those expenses that would be reimbursed by your employer insured group medical Plan, for the deductible only.

When are covered medical expenses incurred?

For you to be reimbursed for covered medical expenses, you must have incurred the expense during the above 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 the services have not yet been rendered, the expense has not been incurred for this purpose. You may not be reimbursed for any expenses arising before you participate, or after you terminate, unless you continue coverage under Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA").

Can you continue coverage after termination?

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), your employer is required to provide you and/or your covered dependents with the opportunity to be reimbursed 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 the 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: Vested Health Customer Solutions at 1.866.347.3640.

When does your participation under the Plan end?

If you terminate employment, and do not continue coverage as explained above, your participation under Plan will end 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 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 coverage under that plan, please refer to its Summary of Benefits and Coverage.

If you have any questions, please call 1.866.347.3640 or visit www.vestedhealth.com.

A glossary of terms is available at www.vestedhealth.com/forms, or you may request a paper copy by calling customer solutions at the number referenced above.

This document is only a summary of coverage. For full plan information, please reference your Summary Plan Description.