Article IV — Benefits

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§ 20B-401 Claims for Reimbursement.

Subject to the procedures and limitations set forth in this Article IV and in Article V, a person who is a Participant in any given Plan Year shall be entitled to receive reimbursement of Qualifying Medical Care Expenses which are incurred during that Plan Year and submitted to the Plan for reimbursement during that Plan Year or within three (3) months after the close of that Plan Year. An expense is incurred on the date services are rendered, regardless of when the services are billed or paid.

§ 20B-402 Application for Reimbursement.

(a) Application Form. All applications for reimbursement of Qualifying Medical Care Expenses under this Plan shall be filed with the Administrator on such forms as the Administrator may require. Each application shall include, with respect to each expense for which reimbursement is requested:

(1) the amount and nature of the expense;

(2) the name and address of the person, organization, or entity to which the expense was paid;

(3) the date(s) on which the services covered by the expense were provided;

(4) the name of the person for whom the expense was incurred, together with an identification of that person as the Participant or a Covered Family Member;

(5) the amount recovered or expected to be recovered with respect to the expense under any insurance arrangement or other plan;

(6) a statement that the expense (or the portion thereof for which reimbursement is sought under this Plan) has not been reimbursed and is not reimbursable under any insurance or other health plan coverage (other than this Plan); *and*

(7) such other information as the Administrator may, from time to time, require.

(b) **Required Documentation.** All applications for reimbursement of Qualifying Medical Care Expenses under this Plan shall be accompanied by the following documents for each expense for which reimbursement is requested:

(1) a written statement from an independent third party, stating that the expense has been incurred and the amount of the expense (such as an explanation of benefits or a provider's invoice); *and*

(2) such other bills, invoices, receipts, cancelled checks, or other statements or documents which the Administrator may request to prove that a Qualifying Medical Care Expense has been incurred.

(c) **Time of Application.**

(1) **Earliest Submission of Reimbursement Applications.** An application for reimbursement of Qualifying Medical Care Expenses under this Plan may not be filed until after all services covered by the application have been rendered, and until after the Qualifying Medical Care Expenses have first been submitted to and adjudicated by the claims administrator of the Primary Health Plan.

(2) **Latest Submission of Reimbursement Applications.** All applications for reimbursement of Qualifying Medical Care Expenses for services rendered during any given Plan Year shall be submitted no later than three (3) calendar months after the end of the Plan Year.

§ 20B-403 Time of Reimbursement.

Reimbursements under this Plan shall be made at such time and in such manner as the Administrator may prescribe. The Administrator need not make any particular reimbursement until an administratively reasonable period after a Participant submits an appropriate application and documentation under § 20B-402. Payments shall not require final approval by Borough Council, and shall not be delayed based on the meeting schedule of Borough Council.

§ 20B-404 Limitation Based on Amount in Participant's HRA Account.

No reimbursement under this Article IV of Qualifying Medical Care Expenses incurred during a Plan Year shall at any time exceed the balance of the Participant's HRA Account for the Plan Year at the time of the reimbursement.

§ 20B-405 HRA Deductibles.

(a) Individual Deductible. Notwithstanding anything to the contrary contained in this Plan (except as provided in this Section), this Plan shall *only* provide reimbursements for the Qualifying Medical Care Expenses incurred in a Plan Year for medical care for any given Participant or Covered Family Member which are in *excess* of the HRA Deductible (Individual) for that Plan Year.

(b) Family Deductible. Notwithstanding subsection (a), if the total Qualifying Medical Care Expenses incurred in a Plan Year for medical care for a Participant and all the Participant's Covered Family Members exceeds the HRA Deductible (Family) for that Plan Year, the excess amount shall be reimbursable by this Plan (subject to the procedures and limitations of this Chapter other than subsection (a)).

§ 20B-406 Death of a Participant.

In the event of the Participant's death, the Participant's surviving Spouse (or, if none, the Participant's personal representative) may apply on the Participant's behalf for reimbursements permitted under this Article IV.

§ 20B-407 Responsibility for Payment.

It is the Participant's (and/or Covered Family Member's) responsibility to pay for all Qualifying Medical Care Expenses. Any payments under this Plan made directly to a Participant or the Participant's representative for Qualifying Medical Care Expenses shall completely discharge all liability of this Plan, the Administrator, and the Employer with respect to such expenses.

§ 20B-408 Overpayments.

(a) In General. If, for any reason, any benefit under this Plan is erroneously paid or exceeds the amount payable on account of a Participant's Qualifying Medical Care Expenses, the Participant shall be responsible for refunding the overpayment to the Plan. The refund shall be in the form of a lump-sum payment, a reduction of the amount of future benefits otherwise payable under the Plan, a deduction from compensation otherwise payable by the Employer to the Participant, or any other method which the Employer, in its discretion, may require.

(b) 2015-2017 CBA. The amendments to this Chapter 20B made by Ordinance 528 in accordance with the new police collective bargaining agreement for 2015-2017 are retroactive to January 1, 2015. Accordingly, any payments for 2015 made prior to the adoption of Ordinance 528 which are not payable for 2015 under the terms of this Chapter as amended by Ordinance 528 are overpayments. These overpayments shall be refunded to the Employer as a reduction in the amount of future benefits otherwise payable under this Plan. If the refund is not completed by December 15, 2015, then the unpaid balance shall be deducted from the final paycheck of 2015 for the affected Participants. If a Participant's employment with the Employer should ter-

minate before December 15, 2015, any unpaid balance shall be deducted from the Participant's final paycheck.

§ 20B-409 Fraudulent Claims.

If any person is found to have falsified any document in support of a claim for benefits or coverage under this Plan, the Employer may, without anyone's consent, terminate that person's coverage under this Plan without any right to future reinstatement, and the Administrator may refuse to honor any claims by such person under this Plan..