

Article IV – Benefits

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Article IV — Benefits

§ 20-401 Claims for Reimbursement.

Subject to the procedures and limitations set forth in this Article IV, a Participant who has elected to receive Medical Expense Reimbursement coverage under this Plan for a Plan Year shall be entitled to receive reimbursement of Qualifying Medical Care Expenses incurred by the Participant, his/her spouse, or his/her Dependents—

(a) during the Plan Year and while the Participant is a Participant, *or*

(b) during the Grace Period for such Plan Year *if* the Participant was a Participant on the last day of the Plan Year.

[Ord. 454 01-10-2007]

§ 20-402 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 date that the expense was paid;

(5) the name of the person for whom the expense was incurred, together with an identification of that person as the Participant, the spouse of a Participant, or a Dependent of a Participant;

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

(7) 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*

(8) 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 providing information describing the service or product, the date of the service or sale, and the amount (including, but not

limited to, statements from a provider, and an explanation of benefits from an insurance company); *and*

(2) such other bills, invoices, prescriptions or other documentation showing that a prescription has been issued for the item purchased, receipts, cancelled checks, or other statements or documents which the Administrator may request to prove that a Qualifying Medical Care Expense has been incurred and has been paid.

(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* paid for.

(2) **Latest Submission of Reimbursement Applications.** All applications for reimbursement of Qualifying Medical Care Expenses for services rendered during any given Plan Year (or for services rendered in the Grace Period for a Plan Year where the reimbursement is requested from the Medical Expense Reimbursement Account for that Plan Year) shall be submitted no later than three (3) calendar months after the end of the Plan Year.

[Ords. 454 01-10-2007, 515 12-23-2013]

§ 20-403 Time of Reimbursement.

Reimbursements under this Plan shall be made at such time and in such manner as the Administrator may prescribe, but no less frequently than monthly. The Administrator need not make any particular reimbursement until an administratively reasonable period after a Participant or Continuation Coverage Participant submits an appropriate application and documentation under § 20-402.

[Ord. 454 01-10-2007]

§ 20-404 Limitation Based on Amount in Participant's Medical Expense Reimbursement 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 Medical Expense Reimbursement Account for the Plan Year at the time of the reimbursement.

[Ord. 454 01-10-2007]

§ 20-405 No Reimbursement While Required Premium Payments Are In Default.

No reimbursement shall be made from this Plan of Qualifying Medical Care Expenses of a Participant at any time that the Participant is in default with respect to the payment of any required premiums to this Plan under § 20-205(a) (relating to continuation of coverage). After the

person cures all such defaults, reimbursements may be made in accordance with the provisions and limitations of this Article IV.

[Ord. 454 01-10-2007]

§ 20-406 Limitation on Reimbursements or Payments With Respect to Certain Participants.

Notwithstanding any other provision of this Plan, the Administrator may limit, temporarily, the amounts to be reimbursed or paid under this Plan to the extent directed by the plan administrator of the Cafeteria Plan to assure compliance with the overall limitations on benefits for “key employees” under the Cafeteria Plan. If, after the end of any Plan Year, the Administrator determines that any Qualifying Medical Care Expenses incurred during such Plan Year cannot be reimbursed due to restrictions imposed under the Cafeteria Plan for “key employees” as allocated to this Plan by the plan administrator of the Cafeteria Plan, and any balance remains in a person’s Medical Expense Reimbursement Account for such Plan Year after all the permissible reimbursements under this Plan (and after taking into account the restrictions under the Cafeteria Plan), then, notwithstanding the fact that there are sufficient amounts in the person’s Medical Expense Reimbursement Account to pay all or part of the remaining Qualifying Medical Care Expenses submitted for reimbursement—

(a) the balance in the person’s Medical Expense Reimbursement Account for such Plan Year shall *not* be carried over to reimburse the person for any Qualifying Medical Care Expenses incurred during a subsequent Plan Year;

(b) such balance shall not be available to the person in any other form or manner;

(c) the person shall forfeit all rights with respect to such balance; *and*

(d) such balance shall remain the property of the Employer, and be applied in accordance with § 20-305.

[Ord. 454 01-10-2007]

§ 20-407 Termination of Participation.

After a person shall cease to be a Participant, he/she is still entitled to reimbursement for Qualifying Medical Care Expenses incurred while he/she was a Participant, subject to the procedures and limitations set forth in this Article IV, but shall not be entitled to reimbursement for Qualifying Medical Care Expenses incurred after the date his/her participation terminates, except as provided in § 20-401(b) (relating to Grace Period). In the event of the Participant’s death, the Participant’s spouse (or, if none, the Participant’s personal representative) may apply on the Participant’s behalf for reimbursements permitted under this Article IV.

[Ord. 454 01-10-2007]