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Use the EBC HRASM to help manage health care and deductible expenses.

■ **The EBC HRA and Employee Benefits Corporation**

Welcome to Employee Benefits Corporation's EBC HRA *Summary Plan Description (SPD)*. This booklet is designed to familiarize you with the EBC HRA (Health Reimbursement Arrangement), a Section 105 Health Reimbursement Arrangement (HRA) governed by the Internal Revenue Code (IRC). We hope you find this booklet useful.

The EBC HRA lets your employer pool funds, which you draw upon as reimbursement for your qualified, eligible medical expenses. The funds contributed and your reimbursements are tax-free.

■ Additional Benefits of the EBC HRA:

Manage health care costs: The EBC HRA helps reduce the financial impact of new health care expenses.

Comprehensive account information: Our website, www.ebcflex.com, offers 24-7, secure access to your personal account information using My Account Assistant. You can also listen to your account information using our Telephone Account Assistant using a touch-tone phone by dialing 800 346 2126 or 608 831 8445.

Participant Services Team: Our Participant Services Team is available at 800 346 2126.

Remember, our job is to help you get the most from your EBC HRA.

■ About Employee Benefits Corporation

Employee Benefits Corporation is 100 percent employee-owned. The priority of each team member is to contribute to the success of your plan.

We are not your insurance carrier. We manage your company's EBC HRA and process your claims for the eligible expenses you incur.

■ Understanding My Company Plan

The EBC HRA can help you pay for qualified eligible medical expenses, such as deductibles, coinsurance and prescription drugs. Refer to *My Company Plan* and review the expenses that qualify under your company's plan design.

My Company Plan is an appendix to this document and describes the specific details of your company's EBC HRA. **It can include benefits not covered in this document.** Your employer distributes a copy of *My Company Plan* and any documents specific to your plan design to you. Documents and forms specific to your plan design are available online. You use *My Company Plan* to help you understand the specific benefits offered as part of your company's plan design.

My Company Plan contains:

- A. Your EBC HRA Plan Dates, including the start and end dates of your EBC HRA plan year and the dates between which you can normally submit claims
- B. Your EBC HRA Plan and Features, including the amount available for reimbursement and the types of expenses that are eligible for reimbursement under your employer's EBC HRA plan design
- C. A description of the claim reimbursement process, which indicates whether or not you must submit an EBC HRA *Claim Form* for claims
- D. Expense reimbursement availability, which details when reimbursement funds become available to you
- E. Contact information for your employer
- F. Legal information that defines the relationship between your employer and Employee Benefits Corporation

■ Data Collection

At the beginning of each plan year, your Employer may ask you for additional information or to complete an *Enrollment Form*. This additional data is necessary to comply with a reporting requirement with the Centers for Medicare and Medicaid Services (CMS). The information is necessary for anyone enrolled in a group health plan that must coordinate benefits with Medicare and Medicaid.

If you have any changes that affect you, your spouse or dependent's eligibility for Medicare or Medicaid entitlement, please report those changes to your Employer as soon as possible. This could include you, your spouse or your dependent's entitlement to Medicare or Medicaid, loss of Medicare or Medicaid or if anyone received a kidney transplant or receives kidney dialysis.

■ Opt Out

At the beginning of each plan year when you are selecting your benefits and making changes, you have the opportunity to opt out of the EBC HRA. If you decide you do not want to participate in the EBC HRA, you must contact your Human Resources Department and complete an *EBC HRA Opt Out Form*.

If you Opt Out of the EBC HRA for the plan year, you may not re-enter the EBC HRA at any time during the plan year for any reason. If your plan allows you to rollover or accumulate balances, you will forfeit those balances.

■ Using your EBC HRA

The EBC HRA helps you pay for all or a portion of your qualified, eligible medical expenses. You do not have to pay for an expense before being reimbursed, but it must have already been incurred within your company's plan year. You then have up to three months after the plan year ends or three months after your termination date to be reimbursed. Typically, reimbursement will proceed after the following steps:

1. You present your insurance carrier card to your health care provider
2. Your health care provider sends the expense to your insurance carrier
3. Your insurance carrier reviews the expense, negotiates charges, awards discounts and creates an Explanation of Benefits (EOB), which is sent to you and your health care provider
4. The fourth step, submitting your expense for reimbursement, depends on the claims submission process for the incurred expense; refer to *My Company Plan* for the reimbursement method that is available for your company's plan

Automatic Reimbursement:

If your insurance carrier automatically submits your eligible medical expenses to Employee Benefits Corporation, you do not need to take any further steps; make sure to periodically review your Participant Statement of Account online and/or EOBs to determine which expenses have been reimbursed.

Important Reminders

- It is up to you to ensure that claims are ONLY submitted for qualified, eligible expenses as defined by My Company Plan. You also must ensure that these expenses have not been, and will not be, reimbursed by ANY other benefit plan, paid on a pre-tax basis, and/or will not be claimed as an income tax deduction.
- Save a copy of claim forms that you submit to Employee Benefits Corporation for your records.
- The IRS does not recognize personal checks or credit card statements as valid proof of an expense.
- Funds in the EBC HRA belong to the plan and are not returned to participants who terminate or do not incur expenses.

Standard Reimbursement:

If your insurance carrier does not automatically submit your medical expenses to us, you need to follow standard reimbursement steps; submit claims online, using your smart phone or complete an EBC HRA *Claim Form* and fax or mail it to us with a copy of the EOB using the entire amount of the eligible expense and we will determine the dollar amount or percentage to reimburse for you

5. We review your claim and if it is a qualified eligible expense under your company's plan design, we issue you a reimbursement check which you deposit and use to pay your health care provider when you receive their bill

Qualified, eligible expenses, other than deductible or coinsurance expenses, may not require submission to your insurance carrier; however, you must submit an EBC HRA *Claim Form* and a copy of the receipt or bill showing the date, cost, type of service and provider name.

Failure to properly substantiate a claim may result in claim denial.

Direct Deposit Authorization

We can deposit your reimbursement checks directly into your financial account, saving you from having to make a trip to deposit the check. Direct deposit also makes it more convenient to pay your health care provider; once the funds are deposited, you simply write a check against the funds. If you'd like to take advantage of this feature, complete and mail or fax to us an EBC HRA *Direct Deposit Authorization Form*. You can download this form from our home page, at www.ebcflex.com. Otherwise, we will mail your checks directly to your home.

Frequently Asked Questions

Q. What benefits are available under the EBC HRA?

- A. The EBC HRA reimburses qualified, eligible medical expenses incurred by you, your spouse, or your dependent(s) as defined in IRC 152, or your child(ren) as defined in IRC 152(f)(1) who has not attained age 27 as of the end of the calendar year.

Q. What medical care expenses are covered?

- A. The types of medical expenses that are eligible under the EBC HRA are described in *My Company Plan*. They must meet the requirements of Section 213 of the IRS Code and are defined as amounts paid for "the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." The EBC HRA only reimburses expenses as defined by IRS law.

Cosmetic procedures or items purchased for cosmetic reasons are not reimbursed. Many general health items are also not reimbursed unless they are necessary to treat a specific medical condition.

Q. What is the maximum limit on benefits?

- A. The maximum limit on benefits is defined in *My Company Plan*.

Dependent and Child Definitions

Federal law requires group health plans that offer dependent coverage to make coverage available to children of a covered employee until age 26.

A "dependent" or "eligible child" is someone who can have tax-favorable coverage under a health plan, such as a Health Reimbursement Arrangement.

Dependent Definitions for Health Plans

A "dependent" is defined as either a "qualifying child" or a "qualifying relative," as described below.

A "qualifying child" is someone who:

- A. Is a child of the taxpayer (or a descendent of such child), brother, sister, stepbrother, stepsister, a grandchild, an adopted child or an eligible foster child of the taxpayer (or a descendent of any such relative);
- B. Is not yet 19 or is a student who is not yet 24 by the end of that year or is permanently and totally disabled at any time during the year;

Note: A student for this purpose must be a full-time student for at least 5 calendar months during the year;

- C. Has not provided more than half of his/her own support in that year; and
- D. Has the same principal place of abode as the taxpayer for more than half of the relevant calendar year.

Note: A child who is supported by his/her parent but lives with another relative, such as an aunt or uncle, would no longer be a dependent of the taxpayer (but could be a dependent of the relative). Temporary absences due to illness, education, military service, and similar factors will not result in loss of residency with the taxpayer. A child who attends college away from home could still have the same principal place of abode as the taxpayer.

A “qualifying relative” is someone who:

- A. Is a child of the taxpayer (or a descendent of such child), grandchild, brother, sister, stepbrother, stepsister, father, mother (or ancestor), stepmother, stepfather, niece, nephew, aunt, uncle, in-law (father-in-law, mother-in-law, sister-in-law, brother-in-law, son-in-law, or daughter-in-law) or who (other than a spouse) has the same principal place of abode as the taxpayer and is a member of his/her household (unless the relationship violates local law);
- B. Receives more than half of his/her support in the year from the taxpayer; and
- C. Is not a “qualifying child” of any taxpayer in the year.

■ Child Definitions for Health Plans**A “child” is someone who:**

- A. Is a son, daughter, stepson or stepdaughter of the taxpayer;
- B. Is an eligible foster child of the taxpayer, or;
- C. Is a legally adopted child of the taxpayer.

■ No Gross Income Requirement for Health Plan Dependents

Taxpayers can claim an individual as a “qualifying relative”-type dependent for non-health plan purposes, such as becoming entitled to a personal exemption for the dependent. In order for a relative to qualify as a dependent in these cases, his/her gross income for the relevant year must be less than the exemption amount for the year. This gross-income requirement is NOT part of the definition of a “dependent” who can have tax-favorable coverage under a health plan (including a Health Reimbursement Arrangement). Therefore, an elderly parent who has too much income to be claimed by a taxpayer as a personal exemption can still be a dependent for whom the taxpayer pays medical expenses and receives tax-free reimbursements.

■ Citizens or Nationals of Other Countries

An individual can be a dependent only if he or she is a U.S. citizen, a U.S. national, a U.S. resident or a resident of a country contiguous with the U.S. That rule does not apply to an adopted child of a U.S. citizen or U.S. national if the child has the same principal place of abode as the taxpayer and is a member of the taxpayer’s household.

■ Dependents in Cases of Divorce

Special rules apply to determine what parent has a dependent child in the case of divorce, legal separation or the parents living apart. In general, the custodial parent is the parent with whom the child resided for the longest period of time or the greatest number of nights during the year.

For purposes of the EBC HRA, the custodial parent with the right to the tax exemption may claim the child as a dependent. A child may be treated as the dependent of both parents when certain requirements are met. It can be the non-custodial parent if three requirements are met.

The three requirements are:

1. More than half of the child’s annual support comes from one or both parents
2. The child is in the custody of one or both parents for more than half the year
3. The child qualifies as a “qualifying child” or “qualifying relative” of one of the parents

■ Changes in Status

A change in status occurs when a participant moves from family to single coverage or single to family coverage under the EBC HRA.

■ Family to Single Coverage

When a participant changes from family to single coverage, his/her EBC HRA coverage is changed accordingly. Any expenses submitted after the date of the change in status will be applied at the new coverage level. In no instances will participants be reimbursed for expenses exceeding the initial family coverage amount. Any previous reimbursements will reduce the amount that is available for future, single-coverage EBC HRA reimbursements.

■ Single to Family Coverage

When a participant changes from single to family coverage, his/her EBC HRA coverage is changed accordingly. Any amount that was reimbursed under single coverage applies to the family coverage level. Expenses submitted after the date of the coverage change will be applied to the family coverage level.

■ EBC HRA Administrator

The EBC HRA Administrator is your Employer. Your Employer has full and complete authority, responsibility, discretion, and control over the management, administration, and operation of the EBC HRA.

■ Operation of the EBC HRA

Employee Benefits Corporation, the representative as designated by your Employer, handles the day-to-day operation of the EBC HRA. Your Employer retains sole discretion for interpreting the EBC HRA, managing the EBC HRA, and adopting uniform rules and procedures for the administration of the EBC HRA.

Any funds used by your Employer to pay for benefits are treated as assets and are subject to the claims of general creditors of your Employer. These funds can come from the company’s general assets, can be funds set aside especially for the EBC HRA, or can be funds held by a third-party administrator, such as Employee Benefits Corporation.

Your Employer may, at any time, amend the EBC HRA. Modifying the *Plan Adoption Agreement* or executing a new *Plan Adoption Agreement* may make such an amendment. Your Employer may, at any time, terminate the EBC HRA.

Your Employer may take any appropriate action to maintain the EBC HRA's compliance with IRS Code Sections 105 and 106. Such action may include, without limitation, a reduction of benefits without your consent.

If you terminate or lose eligibility, you can only submit claims for expenses incurred prior to the termination date, within three months of your termination date or loss-of-eligibility date. If you would like to receive reimbursement for expenses incurred after your termination date, you must elect COBRA continuation, by making after-tax contributions to the EBC HRA.

■ Notice of Denial and Appeals

All claims and required documentation must be submitted no later than three months after the end of the plan year or your termination from employment. Initial claims will be decided no later than 30 days from receipt of the claim.

If, for reasons beyond the control of Employee Benefits Corporation, the claim cannot be decided within this 30-day period, Employee Benefits Corporation has an additional 15 days to review the claim, as long as you are notified of the delay within the original 30-day window.

If your claim is denied, you will receive a written notice citing the specific reasons for the denial and the EBC HRA provisions on which it is based. You are also provided with a description of any additional documents or material you might need to complete an incomplete claim.

If your claim has been denied for any reason, you have 180 days to submit a written appeal to Employee Benefits Corporation detailing your reasons why the claim should have been paid. Provide any additional, relevant documentation. Your appeal is decided by someone other than the individual, or a subordinate of that individual, who made the initial determination of your claim.

Employee Benefits Corporation provides you with notice of any information and documents that may be relevant to the appeal of your claim. Your appeal is decided no later than 60 days from receipt of the appeal.

If your appeal is denied, you will receive a written notification of the "adverse benefit determination on review" with the reason(s) for the denial and the EBC HRA provisions on which it is based.

If the appeal denial is based on any internal rule, guideline, protocol or other criterion, this rule, guideline, etc. is provided to you, free of charge, upon your request. You may obtain from Employee Benefits Corporation any relevant information regarding your claim. You also have the right to sue in federal court under the Employee Retirement Income Security Act of 1974 (ERISA).

The claims and appeals process will be applied in a manner that complies with all applicable laws and regulations, including regulations under the Patient Protection and Affordable Care Act (PPACA) of 2010. You are required to go through the entire appeals process described above before you would be able to bring any lawsuit in court. Once all appeals have been completed, you have 12 months in which you may file a lawsuit; beyond that you will not have any legal recourse on your claim.

■ Funding Source

The EBC HRA is funded exclusively by your employer.

■ Assignment of Benefits

You cannot assign your EBC HRA benefits to anyone else. The EBC HRA cannot reimburse anyone other than you or your estate for covered expenses.

■ Subrogation and Refund

If you are reimbursed under the EBC HRA for medical expenses incurred due to illness or injuries caused by the act or omission of a third party, you (a) automatically assigns to the EBC HRA any rights you have to recoveries from the third party up to the full amount of the reimbursements and you must repay to the EBC HRA the reimbursements paid on your behalf out of any recovery. The details regarding these subrogation rights and your obligation to refund the reimbursements paid on your behalf are set forth in the EBC HRA Plan Document.

■ Continuation of Coverage Pursuant to COBRA

If your employer normally has at least 20 employees and is not a governmental entity or a church-controlled entity, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) may apply to your EBC HRA. If COBRA applies and you, your spouse or your dependent(s) lose coverage due to a qualifying event, then you, your spouse or your dependent(s) may elect to continue coverage, subject to the limitations described in the section entitled "COBRA continuation coverage is temporary."

■ COBRA Continuation Coverage

COBRA continuation coverage is a continuation of EBC HRA coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this section. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." Qualified Beneficiaries (QBs) are individuals who have the same rights as active employees on the group health plan. QBs are generally employees, employees' spouses and employees' dependents, who were covered by the group health plan on the day prior to a COBRA qualifying event. QBs are also children who are born or adopted by the covered employee during the COBRA continuation period. These children must be added to the plan within 30 days of their birth or adoption. The newborn or adopted child will remain covered only for the period of time the other family members continue to be covered.

If you are an employee who is covered by your employer's EBC HRA, you will become a Qualified Beneficiary if you lose coverage under the EBC HRA due to one of the following qualifying events and were covered the day prior to the event:

- A. Your hours of employment are reduced, causing you to no longer be eligible for the EBC HRA; or
- B. Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee who is covered by his/her employer's EBC HRA, you will become a qualified beneficiary if you lose your coverage under the EBC HRA because of any of the following qualifying events and were covered the day prior to the event:

- A. Your spouse dies;
- B. Your spouse's hours of employment are reduced, causing you to no longer be eligible for the same group health plan(s) or causing your premium to increase for the same group health plan(s);
- C. Your spouse's employment ends for any reason other than gross misconduct;
- D. Your spouse becomes enrolled on Medicare Part A, Part B or both; or
- E. You become divorced or legally separated from your spouse.

If an employee drops his/her spouse from coverage in anticipation of a divorce or other qualifying event before it actually happens, the ex-spouse must still be provided with COBRA notification. When the divorce or other qualifying event becomes final, the employer must be notified so the notification can be sent.

Your dependent children will become qualified beneficiaries if they lose coverage under the plan as a result of any of the following qualifying events and were covered under the plan the day prior to the event:

- A. The parent-employee dies;
- B. The parent-employee's hours are reduced, causing the child to no longer be eligible for the same group health plan(s) or causing the child's premium to increase for the same group health plan(s);
- C. The parent-employee's employment ends for any reason other than his/her gross misconduct;
- D. The parent-employee becomes enrolled in Medicare Part A, Part B or both;
- E. The parents become divorced or legally separated; or
- F. The child loses eligibility for coverage under the plan as a "dependent child."

■ COBRA Continuation Coverage is Temporary

COBRA continuation rules regarding maximum continuation coverage periods of 18, 29 or 36 months (depending on the qualifying event) will be applicable. COBRA continuation rules regarding second qualifying events, which can extend those coverage periods, will generally also be applicable.

■ Notification of Qualifying Events and Paying for COBRA Coverage

COBRA continuation coverage will be offered to qualified beneficiaries only after the employer has been notified that a qualifying event has occurred. When the qualifying event is the end

of employment or a reduction in hours of employment, the death of the employee, or enrollment in Medicare (Part A, Part B or both), your employer must notify you, your spouse, and dependent(s) of the qualifying event:

- A. Within 44 days of any of these events; or
- B. Within 44 days following the date on which coverage ends.

For all other listed qualifying events, you must notify your employer within 60 days after the qualifying event occurs. Failure to notify your employer may result in EBC HRA continuation coverage being unavailable.

Once your employer receives your notice that a qualifying event has occurred, COBRA continuation coverage will be offered to the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin:

- A. On the date of the qualifying event; or
- B. On the date the group health plan coverage would otherwise have been lost; COBRA notices will be sent to the employee's last known address. Under the law, you must notify your employer that you want to continue coverage within 60 days of the later of:
 1. The date you would lose coverage due to a qualifying event above; or
 2. The date the COBRA election notice is provided.

Qualified beneficiaries that are incapacitated or die may have the legal representative, the estate or spouse make the election. Elections are considered received on the date that they are mailed. The postmark on the envelope is used as verification. If you do not choose continuation coverage on a timely basis (within 60 days), you will not be able to enroll in the continuation plan.

If you choose continuation coverage, your employer is required to give you coverage that, at the time it is being provided, is identical to the coverage of similarly situated employees or family members under the plan. If your employer were to change its EBC HRA in any way while you are on continuation coverage, your EBC HRA coverage would also reflect the new changes.

Each qualified beneficiary in a family may make separate, independent elections. A separate election simply means that family members can pick and choose coverage they wish to continue. COBRA regulations do not allow multiple plans to be continued under the same coverage. An example of what is not allowed would be taking two single health policies instead of the QB and Spouse or Family health plan. The covered employee or spouse may elect for all dependents.

Under the law, you may have to pay all or part of the premium for your continuation coverage. The initial premium payment has a grace period of 45 days from the date of the COBRA continuation coverage election. Coverage will not be reinstated until payment has been made. Premiums are normally due on the first of the month and will be stated in your COBRA notification. There is a grace period of at least 30 days for payment of the regularly scheduled premium.

Payment is considered made on the day it was mailed. Verification will be the postmark date on the envelope.

Under federal regulations, the employer can charge COBRA continuation participants up to 102% of the premium to help offset the administration costs. Participants making separate elections during the disability extension can be charged up to 150% of the premium.

■ Statement of ERISA Rights

As a participant in the EBC HRA, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all participants are entitled to:

- A. Examine, without charge, all documents of the EBC HRA and copies of all documents filed by the EBC HRA with the U.S. Department of Labor, such as annual reports and Plan descriptions;
- B. Obtain copies of all documents of the EBC HRA and other information regarding the EBC HRA upon written request for a reasonable charge; and
- C. Receive a summary of the EBC HRA's annual financial report.

In addition to creating certain rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the EBC HRA. The people who operate your EBC HRA, called fiduciaries of the EBC HRA, have a duty to do so prudently and in the interest of you and other EBC HRA participants and beneficiaries. No one may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA. If your claim for a benefit under the EBC HRA is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have your Employer review and reconsider your claim.

Under ERISA, there are steps you can take to enforce the above rights.

- A. If you request materials from the EBC HRA and do not receive them within 30 days, you may file suit in federal court. In such case, the court may require your Employer to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the Employer's control.
- B. If you have a claim of benefits that is denied or ignored in whole or in part, you may file suit in a state or federal court.
- C. If you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in federal court. The court will decide who should pay costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if your claim is found frivolous), the court may order you to pay these costs and fees.

If you have any questions about the EBC HRA, you should contact your Employer or Employee Benefits Corporation. If you have any questions about this Summary Plan Description or about your rights under ERISA, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

■ HIPAA and Privacy

■ Summary of Privacy Practices

Please refer to the complete Privacy Notice provided by your employer for a complete description of privacy practices.

■ Protected Health Information

Whenever a health provider treats you, protected health information (PHI) is created. Health information may be written (medical billings), spoken (physicians discussing x-rays), or electronic (billing information on a computer).

■ How Employee Benefits Corporation uses PHI

The most common use of PHI by Employee Benefits Corporation is for the payment of claims. Information received with your reimbursement request includes a third-party provider statement. The information on the statement is used to verify the date the service was provided, the type of service provided, the name of the provider, and the charges for the service. This information is used only for claims payment purposes.

Protecting your PHI is very important to Employee Benefits Corporation. As a participant in our benefit plans, you are trusting us with your private information. Be assured that this information will be kept confidential.

■ Pre-existing Condition Limitations

The EBC HRA does not contain any pre-existing condition limitations.

■ Women's Health and Cancer Rights Act

The EBC HRA, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, may provide benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications arising from a mastectomy. This may also include lymph edema. Eligibility will be based on the types of expenses eligible through your EBC HRA.

■ Mental Health Parity Act (MHPA)

If the EBC HRA reimburses for medical care expenses (i.e., plans not limited to dental, vision, insurance or prescription reimbursement only), the plan will comply with all requirements under the Mental Health Parity Act of 1996.

■ Questions or Concerns

Please contact your Employer's privacy officer. You may also contact Employee Benefits Corporation's Director of Compliance at 800 346 2126.

■ Complete Plan Description

This is a summary of the EBC HRA. The complete EBC HRA Plan Document is available from your Employer. (If there is any inconsistency between this summary and the complete EBC HRA Plan Document, the EBC HRA Plan Document is the most accurate resource.)

■ Contact Employee Benefits Corporation

Contact Employee Benefits Corporation if you have any questions about your EBC HRA.

**Employee
Benefits
Corporation**

We make it easy.

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