

RETIREE HEALTH REIMBURSEMENT ARRANGEMENT

Tahoe Douglas Fire Protection District (TDFPD)

Employer ID NBS166357

PLAN HIGHLIGHTS

Login at: my.nbsbenefits.com



Congratulations! Your Employer, Tahoe Douglas Fire Protection District (TDFPD), has established a Health Reimbursement Arrangement "HRA Plan" to help you pay for your out-of-pocket medical expenses. The Plan is funded by Employer Contributions. No Employee Salary Deductions are allowed in this plan. If you received a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

GENERAL PLAN INFORMATION

Coverage Period End:.....December 31st

Run-out Period:.....90 Days

QUALIFIED EXPENSES

The plan allows you to be reimbursed for certain out of pocket medical, dental and vision expenses which are incurred by you and your dependents. These would include drugs obtained through a prescription. The expenses, which qualify, are those permitted by Section 213 of the Internal Revenue Code. A list of some of the expenses that qualify is available from the Administrator. Medicare Supplemental Insurance Coverage Premiums are also covered by this Plan.

WHEN AM I ELIGIBLE TO PARTICIPATE

You must meet the conditions for retirement "health benefits" established by the Employer and are enrolled in Medicare.

You will begin participation in the Plan on the first day of the month following the day in which you meet the above eligibility requirements.

BENEFIT

The Employer shall make available to each Participant an Employer contribution for the reimbursement of Qualifying Medical Expenses. The Employer shall contribute the following monthly amount for all allowable 213 expenses and Medicare Supplemental Insurance Coverage Premiums.

- (1) \$285 per month per Retiree; or
- (2) \$570 per month per Retiree and Spouse.

If either the Retiree or the Spouse becomes deceased, then the monthly contribution will be reduced to \$285 per month for the surviving spouse until such spouse becomes deceased.

Any monies left at the end of the Coverage Period will be carried over to the next Coverage Period. You must submit claims no later than 90 days after the end of the Coverage Period.

HOW DO I RECEIVE REIMBURSEMENTS

During the course of the Coverage Period, you may submit requests for reimbursement of expenses you have incurred. However, you must make your requests for reimbursements no later than 90 days after the end of the Coverage Period. The Administrator will provide you with acceptable forms for submitting these requests for reimbursement. In addition, you must submit to the Administrator proof of the expenses you have incurred and that they have not been paid by any other health plan coverage. If the request qualifies as a benefit or expense that the Plan has agreed to pay, you will receive a reimbursement payment soon thereafter. Remember, reimbursements made from the Plan are generally not subject to federal income tax or withholding. Nor are they subject to Social Security taxes.

Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at www.participant.nbsbenefits.com for reimbursement.

WHO ARE HIGHLY COMPENSATED & KEY EMPLOYEES

Under the Internal Revenue Code, "highly compensated employees" and "key employees" generally are Participants who are officers, shareholders or highly paid.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Please refer to your Summary Plan Description for more information. You will be notified of these limitations if you are affected.

Updated: 7/30/2020

NBS Welfare Benefit Service Center

8523 S. Redwood Road
West Jordan, UT 84088
801-532-4000 or 1-800- 274-0503
Fax: 1-800-478-1528



Tahoe Douglas Fire Protection District
(TDFPD) HRA Plan
Tahoe Douglas Fire Protection District
(TDFPD)

Plan Contact Person:

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