

County of San Joaquin, California

Post Employment Health Reimbursement Plan

Plan Highlights

As of October 5, 2011

This is a brief overview of important features of your Plan. More detailed information can be found in your Summary Plan Description or is available by contacting your benefits administrator.

Joining the Plan

You will be eligible to have contributions made on your behalf if you meet the eligibility provision under the Plan

Employee Contributions









Employee contributions are not allowed.

Employer Contributions

The County will make contributions to the Plan in accordance with the Adoption Agreement

Eligible Expenses

Under the plan, once you terminate employment, for any reason, you will have the option of choosing to receive a reimbursement from the plan (tax-free) to pay for any of the following expenses that you may incur.

-  Medical Insurance Premiums
-  COBRA Premiums
-  Medicare Premiums
-  Medicare Supplemental Insurance Premiums
-  Long Term Care Insurance Premiums (up to the limit provided by the IRS)
-  Dental Insurance Premiums
-  Vision Care Insurance Premiums
-  Out-of-Pocket expenses to the extent eligible under Code Section 213(d)

Reimbursements

This is a reimbursement program. You are responsible for paying your own bills. You must make a claim within 365 days from the date you incur the expense.

Statement of Account – Reporting

You will receive quarterly statements directly from the Hartford, sent to the address on file, until such time as you no longer have an account balance in the plan.

Payments for Claim

Payments will be mailed to you at the address we have on file. You will have the opportunity to choose to have a direct ACH deposit at the time of the transfer to your individual account.

Reimbursements will be made on the 25th day of each month, provided you submitted your claim by the 20th of the month.

Forfeiture

Your account balance will not be subject to forfeiture unless you die without a spouse and/or legal dependent. At such time, the forfeited amount (if any) shall be distributed to the other participants of the plan on a per capita basis.

Beneficiary

Any amounts remaining in your account at the time of your death will be paid to your spouse or dependents upon their proper claim for reimbursement of eligible expense. Your spouse or dependents will have the same amount of time to spend down the account balance as you would have if you were still alive.

**Point of Contact:**

EBC
Attn: HRA Division
3125 Airport Parkway, NE
Cambridge, MN 55008
Toll-Free #: 1-888-507-6053
Metro #: 763-552-6053
www.ebcsolutions.com