

# HEALTH REIMBURSEMENT ARRANGEMENT

Brady Independent School District

Employer ID NBS187641

## PLAN HIGHLIGHTS

Login at: [www.participant.NBSbenefits.com](http://www.participant.NBSbenefits.com)



Congratulations! Your Employer, Brady Independent School District, 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:.....August 31st  
Run-out Period:.....60 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.

### WHEN AM I ELIGIBLE TO PARTICIPATE

You must have waived our group medical plan in order to participate. If you work 15 hours or more each week for the company, you will be eligible to join the Plan following your date of hire.

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

Employer will contribute \$376 monthly for each participant who waives Employer Group Medical.

If the maximum Employer Contribution is not used in its entirety, such remainder will be forfeited.

All Contributions will be pro-rated based on the Employee's eligibility date to join the plan.

### 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 60 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.

### NBS Flexcard – FSA Pre-paid MasterCard

Your employer may sponsor the use of the NBS Flexcard, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept credit cards, so there is no need to pay cash up front then wait for reimbursement.

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](http://www.participant.nbsbenefits.com) for reimbursement.

Terminated Employees have 60 Days after their date of termination to submit receipts for services prior to their termination date

### 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: 7/1/2019

### 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



### Brady Independent School District HRA Plan

Brady Independent School District

### Plan Contact Person:

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