

University of Akron
Health Reimbursement Arrangement - Pre and Post 65
Plan Summary



Effective 07/01/2018

ABOUT THIS PLAN

This plan is designed to help pay for certain medical expenses. Your employer makes contributions to an account so that if you are a participant in this plan, you can be reimbursed for expenses incurred by you, and your eligible spouse and dependents.

WHAT THIS PLAN PAYS FOR

This plan will reimburse you for the following expenses:

- Medical insurance premiums
- Medical expenses
- Dental expenses
- Vision expenses
- Prescription expenses
- Other medical expenses covered by section 213(d) of the Internal Revenue Code. To see a complete list of expenses eligible under Section 213(d), log in to your account, then click on the Tools & Support tab to find the EBIA Health Care Expenses Table.

Eligible expenses cannot also be reimbursed by another plan nor paid pre-tax by another health plan coverage or program.

HOW THIS PLAN WORKS

Expenses incurred between 07/01/2018 and 06/30/2019 are eligible for reimbursement as described below.

Single

You will be reimbursed up to \$4000 for eligible expenses.

Employee + One / Family

You will be reimbursed up to \$4000 for eligible expenses.

If you have amounts remaining in your account as of 06/30/2019 these amounts will carry forward to be used for future eligible expenses. The cumulative maximum amount you can have in your account is \$16000.

HOW TO BE REIMBURSED

You will be provided with a debit card to use to pay for your eligible expenses under this plan.

It is also easy to submit a claim form for reimbursement. Along with the claim form you will need to include Explanation of Benefit (EOB), Pharmacy Receipt or Provider Receipt. Your documentation must include the date of the expense, a description of the item or service, the name of the store or provider and the amount you must pay.

Save your receipts and other documentation. In many cases no further action is required, but occasionally we may need to ask you for additional documentation as proof that your expense was eligible.

Claims can be filed online at www.chard-snyder.com, emailed to askpenny@chard-snyder.com, through our mobile app, or faxed to 888.245.8452. Chard Snyder will issue payments directly to you by Check or Direct Deposit for expenses that are reimbursable.

IF YOU HAVE QUESTIONS

If you have questions about this plan, contact Chard Snyder online at www.chard-snyder.com, email askpenny@chard-snyder.com, or call 800.982.7715.

This is only a brief summary of this plan. Please see the Summary Plan Description (SPD) for more important information concerning this plan, such as the rules you must satisfy before you become eligible, the time period you have to submit a claim and other plan requirements. Your SPD is available through your human resources department.