

ARUP Laboratories
Employer ID: NBS468933

Health Reimbursement Arrangement



Congratulations!

Your employer, ARUP laboratories, has established a Health Reimbursement Arrangement “HRA Plan” to help you pay for your out-of-pocket medical expenses associated with your Alternate Qualifying Group Health Plan. 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.

Available Benefits:

Out of Pocket Reimbursement:

The plan allows you to be reimbursed by the Employer for any deductibles, co-pays, co-insurance, or prescriptions of an Alternate Qualifying Group Health Plan.

The amount available is equal to the out-of-pocket maximum set by the Affordable Care Act. This amount may change each year due to the cost of living. Amounts will be made available to eligible participants at the beginning of each plan year.

2020 Amounts:

Individual: \$8,150
Family: \$16,300



Premium “Difference” Reimbursement:

You may be reimbursed to the difference in premium cost between the Alternate Qualifying Group Health Plan and the ARUP Group Medical Plan if you waive coverage in the ARUP Group Medical Plan. This amount must be greater than zero and will be capped according to each coverage tier.

Premium “difference” reimbursement will be made on a monthly basis. Eligible employees will receive a FAQ dictating the coverage tier caps at open enrollment each year.

Monthly Caps:

Individual: \$250
Two-Party: \$500
Family: \$750

When am I eligible to Participate?

This is a voluntary benefit available to you if you work 20 or more hours a week for the company. You must provide a signed statement that you are covered under an Alternate Qualifying Group Health Plan, the premiums of which are paid post-tax or included as taxable income. Medicare, Tricare Retirees, or Health Savings Accounts are not Alternate Qualifying Group Health Plans.

How do I receive reimbursements?

During the course of the coverage period, you may submit requests for reimbursement of expenses you have incurred. You may also use our convenient web portal or mobile app for reimbursement and “provider pay” tools.

You must make your requests for reimbursement no later than 90 days after the end of the coverage period. The administrator will provide you with acceptable claim 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.

Reimbursements made from the Plan are generally not subject to federal income tax or withholding. Nor are they subject to Social Security taxes.

General Plan Information

Coverage period end:.....December 31st
Run-out period:.....90 Days
Login at:.....my.nbsbenefits.com

Example of Premium Reimbursement:

Example of Premium Reimbursements	Sample monthly amount charged by your spouse's medical plan	Sample monthly amount you would pay under the ARUP Plan	Sample monthly amount you will be reimbursed by the HRA.
Family	\$850	\$250	\$600
Employee + Children	\$850	\$250	\$600
Employee + Child	\$625	\$180	\$445
Employee + Spouse	\$625	\$180	\$445
Employee Only or Spouse Only	\$300	\$100	\$200

Who are highly compensated and key employees?

Under the Internal Revenue Code, "highly compensated employees" and "key employees" are generally employees 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.



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