

HEALTH REIMBURSEMENT ARRANGEMENT

ARUP Laboratories

PLAN HIGHLIGHTS

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Congratulations! ARUP Laboratories, 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 by the Employer for any deductibles, co-pays, co-insurance, or prescriptions of an Alternate Qualifying Group Health plan. The difference in the premium cost of an Alternate Qualifying Health Plan and the ARUP Group Medical Plan may also be reimbursed if the premium cost difference is greater than zero.

WHEN AM I ELIGIBLE TO PARTICIPATE

If you work 20 hours or more per week and meet the eligibility requirements of the ARUP Group Medical Plan but have obtained health insurance elsewhere for either you or your dependent(s), you may qualify to participate in this HRA plan.

Participants in this plan must waive coverage in the ARUP Group Medical Plan for either themselves or their dependent(s) and provide a signed statement that you or your dependent(s) are covered under an Alternate Qualifying Group Health Plan. The premiums for the alternate plan must be paid on a post-tax basis or be included as taxable income.

Participation in the Plan begins on the day in which you meet the above requirements.

BENEFIT

Out of Pocket Contribution (*Deductibles, Co-pays, Co-insurance, prescriptions under the Alternate Qualifying Group Health Plan*)

This amount is equal to the out-of-pocket equivalent set by the Affordable Care Act each year. This amount may change annually due to cost of living. Amounts will be communicated and made available to eligible participants at the beginning of each Coverage Period.

The amounts for 2024 are as follows:

- Individual: \$9,450
- Family: \$18,900

Premium Reimbursement:

This benefit reimburses the employee for the difference in the premium cost between the Alternate Qualifying Group Health Plan obtained elsewhere and the ARUP Group Medical Plan. The amount must be greater than zero and will be capped according to the coverage tier listed below:

2024 Monthly Caps:

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

Eligible employees will receive a Highlights Page at the beginning of each Coverage Period that shows the monthly cap for premium reimbursements. The reimbursements will be made on a semi-monthly basis.

Any monies left at the end of the Coverage Period will be forfeited. 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 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.

NBS Welfare Benefit Service Center

(855) 399-3035
service@nbsbenefits.com



ARUP Alternate Qualifying Health HRA ARUP Laboratories

Plan Contact Person:

Lashell Johnson
500 Chipeta Way, Mail Code 151
Salt Lake City, Utah 84108-1221
(801) 582-2787 x 2282
lashell.johnson@aruplab.com

Health Reimbursement Arrangement Highlights Continued

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.mynbsbenefits.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: 12/8/2023

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