



**Health Reimbursement
Account
INSURANCE BENEFIT
GUIDE
2017**

WELCOME TO YOUR BENEFITS!

This is a benefit summary only and may not outline all of your benefits. When you enroll, you will receive a summary plan description or certificate of coverage. This booklet does not replace, supplement or change any of the individual benefit product summary plan descriptions or certificates of coverage and should not be used in determining actual benefits available. Remember this is a summary only and the legal plan documents determine actual benefits. Please be aware that if there are differences between the statements in this booklet and actual legal plan documents or laws, the legal course will prevail. Contact the insurance carrier for more information and answers to specific questions, or see your Human Resource Office for a copy of the plan document before making a decision.

This booklet provides an overview of the following insurance benefits:

- Health Reimbursement Arrangement (HRA) / VEBA

Corporate Health Systems is the Benefit Consultant and/or Administrator for the above insurance benefits. For questions concerning enrollment, eligibility or ID cards (if applicable) please contact Corporate Health Systems at the number listed below.

Reimbursement Team
(952) 939-0911 option 1
mn-reimbursement@onedigital.com

You may also contact your employer's benefits representative.
Molly Viesselman
(507) 663-0624

To verify coverage or for questions concerning how a specific claim will be paid, please consult the applicable insurance carrier or plan document of the coverage in question. Neither Corporate Health Systems nor your employer can quote benefits for reasons involving accuracy and confidentiality. When in doubt, contact Corporate Health Systems and you will be directed to the appropriate resource.

HEALTH REIMBURSEMENT
ARRANGEMENT (HRA)
with
VOLUNTARY EMPLOYEE
BENEFICIARY ASSOCIATION (VEBA)

Plan Details

Administrator:	Corporate Health Systems, Inc. Local Phone: (952) 939-0911 Toll Free Phone: (888) 939-0922 Website: https://www.corphealthsys.com/fsa/index.php
Plan Year:	January 01 - December 31
Employee Eligibility:	Must elect the high deductible major medical coverage sponsored by the Employer.
Waiting Period for Enrollment: <i>(Time employee must wait before being eligible to enroll)</i>	Once you become eligible for and elect to participate in the high deductible health plan, you will be automatically be enrolled.
Initial Enrollment Period: <i>(Time frame after the waiting period during which employee must enroll)</i>	30 days
Coverage Termination Date upon loss of Eligibility:	Employer contributions cease the day a participant loses eligibility. Expenses can be submitted against the participant's account balance until the participant's account balance reaches zero.
Percent of Unused Balance that rolls over into the next plan year:	100%
<u>Annual</u> <u>Employer</u> <u>HSA</u> contribution:	\$750.00 for employees electing single high deductible health coverage. \$1,500.00 for employees electing family high deductible health coverage.
<u>Employer</u> <u>Limited</u> <u>HRA</u> Contribution Funding:	Semi-annually, half of the contribution on the first date and the other half on the second. The first contribution date: January 01, 2017 The second contribution date: July 01, 2017
HRA Run-Out Period: <i>(This is the number of days after the end of a plan year you have to file a claim that was incurred within the plan year)</i>	90 days

Commonly Asked Questions

What is HRA?

HEALTH REIMBURSEMENT ARRANGEMENT

~Allows reimbursement of your un-reimbursed health, dental and optical expenses and is funded by your employer.

How do I enroll?

You can enroll during your company's "annual open enrollment period" which is typically during the 1-2 months prior to your employer's "Plan Anniversary Date" (you will be notified with exact dates). The ONLY other opportunity you may have to make or change an election is if you experience a "Family Status Change".

How are the HRA rules determined?

The IRS determines the rules and regulations for the HRA. All HRA's must meet IRS Revenue Rulings 2002-41 and IRS Notice 2002-45 and be in accordance with Sections 105 and 106 of the Internal Revenue Code of 1986 and with Revenue Ruling 2002-41 (June 26, 2002).

Where are the funds held?

The funds are held in a VEBA 501(c) (a) trust account managed by Trust Point and invested in an interest earning money market account.

Are my HRA expenses coordinated with my Flexible Spending Health Care account?

Yes. If you participate in the Flexible Spending Health Care account, expenses must first be submitted and processed under the Flexible Spending Health Care account and those monies exhausted prior to reimbursement under the HRA account.

When are HRA funds available to me for reimbursement?

Once your Flexible Spending Health Care account is exhausted (if applicable), you can be reimbursed for money which your employer has already contributed to your HRA account. If your employer has not yet contributed an amount equal to your claim, Corporate Health Systems will reimburse you up to the amount contributed, pending the remaining amount until further contributions have been made. The remainder of the claim, up to the deposited amount, will be paid out automatically until the entire claimed amount has been reimbursed.

How do I get information regarding my HRA Account?

Go to <https://www.corphealthsys.com/fsa/index.php> to view your account's claim history, account balance and payment history. Claim forms can also be printed from the website. Your user ID and PIN number will be mailed to your home. Your account information can only be accessed with these codes. You can also contact your Corporate Health Systems Benefit Administrator.

What happens to money I do not use by the end of the plan year?

If you do not have claims that equal or exceed the amount of the annual contribution, your remaining funds will be moved to the next plan year and will be available to you for reimbursement after the plan run-out period has been exhausted.

This summary is only an outline of general information. It is not a contract for coverage. Please refer to your summary plan description or certificate for detailed information

Commonly Asked Questions Continued

How do I submit a claim?

To be reimbursable, the Participant must have incurred an eligible expense after his/her entry date into the plan. An expense is "incurred" when the Participant is provided with the care giving rise to the expense, not when the service is billed or paid. Reimbursement shall not be made for future projected expenses.

Complete a Request for Reimbursement claim form and submit an **ITEMIZED BILLINGS** for each line you have filled out. Receipts must include the following information:

- Nature of the expense – the specific service that was provided (not payment on accounts)
- Date of service – when the service happened (not when the service was paid for)
- Person receiving service (can be an eligible dependent)
- Amount of the service
- Name of the provider – clinic name and/or doctor's name and address

If any of these requirements are not met, the line missing the documentation cannot be paid until the corrected portion is received. All other lines with correct documentation will be paid. The IRS regulates the requirements for documentation.

All claims must be incurred during the plan year. Claims incurred outside of the plan year, before your enrollment date or after your participation terminates, will not be reimbursed.

Claim forms and documentation must be mailed, faxed or emailed to:

Corporate Health Systems, Inc.
 PO Box: 46390
 Eden Prairie, MN 55344-6390
 Fax: (952) 939-0990 option 1
 Email: mn-reimbursement@onedigital.com

You now have the ability to enter your claims via the CHS Website. <https://www.corphealthsys.com/fsa/index.php>
 Simply log into your account, click on "File A Claim", complete all applicable fields, and click on the submit button. Once you have submitted your claim, you can either upload your receipt and email or simply fax your receipt for review. Step by step instructions will be included with your confirmation mailing if you choose to enroll in the medical health plan with the HRA component.

When must a claim be incurred in order to be eligible?

All claims must be incurred during the plan year. Claims incurred outside of the plan year or before your enrollment date will not be reimbursed. Claims incurred after your participation terminates can be reimbursed, if you file the request for reimbursement during the plan year and if you have funds remaining in your HRA account.

This summary is only an outline of general information. It is not a contract for coverage. Please refer to your summary plan description or certificate for detailed information.

Eligible HRA Expenses

The HRA covers a variety of health care services that may not be included in certain medical and dental insurance plans. All medical, dental and optical expenses that qualify as medical deductions under IRS rules will qualify for reimbursement under this plan. Below is a short list of example expenses; both allowable and not allowable.

HRA EXPENSES ALLOWED:

Dental and Orthodontic Care:

- Artificial teeth or dentures
- Braces, orthodontic devices

Therapy and Treatments:

- X-ray treatments
- Speech therapy
- Alcoholism treatment
- Drug therapy treatment
- Legal sterilization
- Acupuncture
- Physical therapy treatment
- Vaccinations
- Hair transplant (if medically necessary)
- Electrolysis (if medically necessary)
- The cost of a weight loss program (only to treat obesity as prescribed by a physician)

Fees and Services:

- Physicians' fees
- Hospital services fees
- Services of chiropractors
- Christian Science practitioner
- Services connected with donating an organ

Hearing Expenses:

- Hearing aids and batteries

Eye Care:

- Eyeglasses
- Contact lenses
- Contact Solution
- Lasik surgery

Medical Equipment:

- Wheelchair or autoeette (cost of operating/maintaining)
- Excess cost of orthopedic shoes over cost of ordinary shoes
- Crutches (purchased or rented)
- Excess cost of special mattress prescribed to alleviate arthritis
- Prescribed oxygen equipment and oxygen used to relieve breathing problems
- Support hose (if medically necessary)
- Artificial limbs

Insurance Premiums:

- Health and dental Insurance (including individual and non-employer sponsored coverage and including continuation premiums)
- Long Term Care Insurance

Co-Payments:

- Health insurance out-of-pocket
- Dental insurance out-of-pocket
- Prescription medication co-payments

Assistance for individuals with disabilities:

- Cost of guide for the visually impaired
- Special devices, such as tape recorder and typewriter, for the visually impaired
- Costs of equipping automobile
- Cost of Braille books and of regular editions
- Seeing Eye Dog

Psychiatric Care:

- Services of psychotherapists, psychiatrists and psychologists

Physical Exams

Prescription & Over-the-counter medications:

- Prescription co-payments
- Over-the-counter medications used to treat a medical condition (with doctor's prescription)

HRA EXPENSES NOT ALLOWED:

- Illegal medication
- Mechanical exercise device not prescribed
- Vacuum cleaner purchased by an individual with dust allergy
- Expenses of divorce when doctor or psychiatrist recommends divorce
- Sunglass clips
- Life Insurance premiums

- Contributions to State disability funds
- Maternity clothes
- Insurance against loss of income, life, limb or eyesight
- Distilled water purchased to avoid drinking fluoridated city water supply
- Mobile telephone used for personal calls as well as calls to physician

- Treatments unrelated to a specific problem (for example, massage for general well-being)
- Marriage counseling
- Nursemaids or practical nurses in charge of healthy infants
- Cosmetic procedures
- Over-the-counter supplements/vitamins or other substances related to general good health.

Eligible Over-the-Counter Medications

What documentation is required when I submit an Over-the-Counter medication expense?

- The nature of the expense – the name of the medication must be on the receipt OR a copy of the packaging (i.e. box) must be attached to the claim form
- Date of Service
- Amount of service
- Name of the provider
- Prescription from your physician, if required

Why are certain items not reimbursable?

All reimbursable items must meet the definition of “Medical Care” – in particular, the medication must cure, mitigate, treat or prevent or affect the structure or function of the body. Certain items (as listed toward the bottom of this page) do not meet this definition of “Medical Care”.

What if I wish to be reimbursed for items not on these lists?

Contact Corporate Health Systems for additional information regarding reimbursable Over-the-Counter medications.

OVER-THE-COUNTER EXPENSES ALLOWED: (The items below do not represent a complete list)

- | | | |
|------------------------------|-------------------------------------|--------------------------------|
| • Band-Aids, bandages, gauze | • Contact lens supplies & solutions | • Insulin & diabetic supplies |
| • Birth control | • Denture adhesives | • Ostomy supplies |
| • Catheters | • Diagnostic tests & monitors | • Pedialyte for dehydration |
| • Cold pack | • Elastic bandages & wraps | • Reading glasses |
| • Condoms | • First aid kits | • Rubbing alcohol |
| | • Hot pak | • Wheelchairs, walkers & canes |
| | • Incontinence supplies | |

OVER-THE-COUNTER EXPENSES ALLOWED ONLY WITH A DOCTOR'S PRESCRIPTION: (The items below do not represent a complete list)

- | | | |
|--------------------------------|--------------------------------------|---------------------------------------|
| • Acne Treatments | • Bug bite ointments | • Motion Sickness pills |
| • Allergy & sinus medicine | • Calamine lotion | • Muscle pain creams |
| • Antacids | • Carmex/Blistex/Medicated lip balms | • Nasal strips – medicated/vapor only |
| • Antibiotic products | • Cold medicine | • Nicotine gum and patches |
| • Anti diarrhea medicine | • Cough drops, lozenges | • Pain reliever |
| • Anti-gas | • Diaper rash ointments | • Respiratory treatments |
| • Anti-itch & insect bite | • Digestive aids | • Sinus sprays |
| • Anti-parasitic treatments | • Feminine anti-fungal / anti-itch | • Sleeping aids & sedatives |
| • Aspirin | • First aid cream | • Sunburn ointment |
| • Baby rash ointments & creams | • Hemorrhoidal preps | • Suppositories |
| • Bactine | • Lactaid for lactose intolerance | • Visine eye |
| • Bee Sting kits | • Laxatives | • Wart remover |
| | • Menstrual cycle products for pain | |

**THE IRS WILL CHANGE THIS LIST FROM TIME TO TIME.
FOR A COMPLETE AND CURRENT LISTING OF HEALTH EXPENSES SEE IRS PUBLICATION 502.**

Eligible Over-the-Counter Medications Continued

OVER-THE-COUNTER EXPENSES ALLOWED ONLY WITH A DOCTORS NOTE:

These items would not normally be eligible for reimbursement under your HRA plan, but, could be if used to treat a specific medical condition. The IRS requires a letter from your attending physician stating your medical condition and also stating that the following item is being prescribed for treatment of that condition.

(The items below do not represent a complete list)

- | | | |
|----------------------------------|---|-----------------------------------|
| • Acne Treatments | • Fiber supplements for constipation | • Lactaid for lactose intolerance |
| • Feminine hygiene products | • Glucosamine/Chondroitin for arthritis | • Orthopedic shoes |
| • St. John's Wart for depression | • Hormone therapy for menopause | • Sunscreen for cancer |
| • Weight loss medications | | • Prenatal vitamins |

OVER-THE-COUNTER EXPENSES NOT ALLOWED:

(The items below do not represent a complete list)

- | | | |
|--------------------------------|---------------------------|--------------------------------|
| • Chapstick | • Food, food replacements | • Medicated shampoos and soaps |
| • Face creams and moisturizers | • Toiletries | • Toothbrush/toothpaste |
| • Vitamins* | • Dietary supplements | |
| • Cosmetics | | |

** Vitamins would not normally be eligible for reimbursement under your HRA plan, but, could be if used to treat a specific medical condition. The IRS requires a letter from your attending physician stating your medical condition and also stating that the vitamin is being prescribed for treatment of that condition.*

Northfield School District 659

2017 Reimbursement Schedule

Reimbursement Request Deadline Date	**Reimbursements Distributed By
01/13/2017	01/20/2017
01/30/2017	02/06/2017
02/15/2017	02/22/2017
02/28/2017	03/07/2017
03/15/2017	03/22/2017
03/30/2017	04/06/2017
04/14/2017	04/21/2017
04/28/2017	05/05/2017
05/15/2017	05/22/2017
05/30/2017	06/06/2017
06/15/2017	06/22/2017
06/30/2017	07/07/2017
07/14/2017	07/21/2017
07/28/2017	08/04/2017
08/15/2017	08/22/2017
08/30/2017	09/06/2017
09/15/2017	09/22/2017
09/29/2017	10/06/2017
10/13/2017	10/20/2017
10/30/2017	11/06/2017
11/15/2017	11/22/2017
11/30/2017	12/07/2017
12/15/2017	12/22/2017
12/29/2017	01/05/2018
**01/31/2018	**02/07/2018
**02/28/2018	**03/07/2018
**03/30/2018	**04/06/2018

Claims must be received by the end of the day on the "Reimbursement Request Deadline Date" in order to be paid on the "Reimbursements Distributed By" Date.

- ✓ For employees electing to have Direct Deposit, your reimbursement is deposited on the "Reimbursements Distributed By" Date.
- ✓ If you choose to have a standard check mailed to you, the check is mailed on the "Reimbursements Distributed By" Date.

* If your employer renews their flex contract with CHS for the next plan year, that year's reimbursement schedule will be used for reimbursement distribution dates: if not, the dates listed above will be used.

**If the "Reimbursements Distributed by" date conflicts with a holiday, your reimbursement will be mailed the next working day.



CONSUMER PORTAL QUICKSTART GUIDE

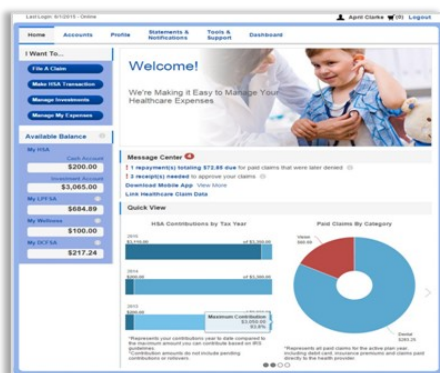
11

Welcome to your Corporate Health Systems (CHS) Benefit Accounts Consumer Portal.
This one-stop portal gives you 24/7 access to view information and manage your reimbursement accounts.

HOW DO I LOG ON TO THE HOME PAGE?

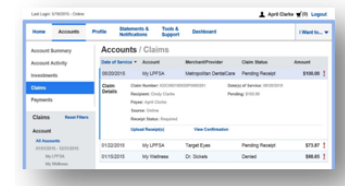
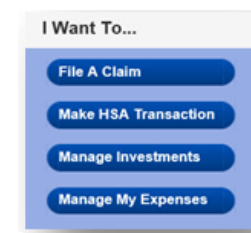
1. Go to: <https://corporatehealthsystems.lh1ondemand.com/Login.aspx>
2. Your initial login ID is your SSN without dashes and password is changeme*
3. Click **Login**

**If you have previously logged in, the default login will not work. Please use the setting you created.*



HOW DO I FILE A CLAIM AND UPLOAD A RECEIPT?

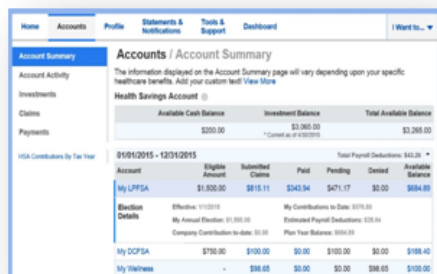
1. On the **Home Page**, you may simply select the “**File a Claim**” section which can be located on the left-hand side of the homepage. **OR** from any page on the portal, expand the “**I want to...**” section on the right-hand side of any screen.
2. The claim filing wizard will walk you through the request including entry information and uploading a receipt.
3. For submitting more than one claim, click **Add Another**, from **Transaction Summary** page.
4. When all claims are entered in the **Transaction Summary**, agree to the terms and conditions click **Submit** to send the claims for processing.
5. The **Claim Confirmation** page displays. You may want to print the **Claim Confirmation Form** as a record of your submission. If you did not upload a receipt, you can upload the receipt from this screen or print a **Claim Confirmation Form** to submit to the administrator with required receipts.



HOW DO I VIEW CURRENT ACCOUNT BALANCES AND ACTIVITY?

1. For current Account Balance only, on the **Home Page**, see the **Available Balance** section.
2. For all Account Activity, click on the **Available Balance** link from the Home Page to bring you to the Account Summary Page. Then you may select the underlined dollar amounts for more detail. For example, click on the amount under the “Eligible Amount” to view enrollment detail.

NOTE: You can see election details by clicking to expand the line item for each amount.



1MOBILE

The 1Mobile app makes it far easier to submit claims, view your account(s), and more. If you have any questions, feel free to e-mail info@corphealthsys.com or call (952) 939-0911

1. **Download the app:** go to your Android or Apple app store, and conduct a search using the phrase, “**CHS Mobile**”. When it appears, click the install button to ensure it gets to your phone.
2. **View Account Balances:** the balance of your account(s) will automatically show up on the home screen when you pull up the app on your phone.
3. **Use the App to File Claims:** to file a claim, click “**File a claim**” and follow the prompts on the phone for each step. You’ll be asked to take a picture of your receipt and upload it into the app.





CONSUMER PORTAL QUICKSTART GUIDE

HOW DO I VIEW MY PAYMENT (REIMBURSEMENT) HISTORY?

1. From the **Home Page**, under the **Profile**, click the **Banking/Cards** link on the left-hand side of the screen.
2. By clicking on the line of payment, you can expand the data to display additional details about the transaction.

HOW DO I REPORT A DEBIT CARD MISSING AND/OR REQUEST A NEW CARD?

1. From the **Home Page**, under the **Profile**, click the **Banking/Cards** link on the left-hand side of the screen.
2. Under the Debit Cards column, click **Report Lost/Stolen** or **Order Replacement** and follow instructions.

HOW DO I GET MY REIMBURSEMENT FASTER?

The fastest way to get your money is to sign up online for direct deposit to your personal checking or savings account. Before you begin, make sure that your employer is offering direct deposit setup online.

1. From the **Home Page**, under the **Tools & Support**, click **Change Payment Method** under the “How do I” section.
2. Select **Reimburse Myself Using Direct Deposit** and click **Change Payment Method**. Then **Add Bank Account: Direct Deposit Setup** page displays.
3. Enter your banking information, click **Submit**.
4. The **Payment Method Changed** confirmation displays.
5. If there is a bank validation requirement, you will be notified on the portal to look for a small transaction or “micro-deposit” in your designated bank account in the next couple of days to enter online, which will validate your account.

HOW DO I UPDATE MY PERSONAL PROFILE?

1. From the Home Page, under the Profile, you will find links to updated profile information including profile summary details and dependents.
2. Click the appropriate link on the Profile screen for your updates.
- **Update Profile** or **Add/Update Dependent**; some profile changes will require you to answer an additional security question.
3. Complete your change in the form.

HOW DO I VIEW OR ACCESS...

-Documents & Forms?

1. From the **Home Page**, click the **Tools & Support** tab.
2. Click any form or document of your choice.

-Notifications?

1. From the **Home Page**, click the **Statements & Notifications** tab.
2. Click any link of your choice. **Receipt Reminders**, **Account Statements**, **Advice of Deposits**, **Denial Letters**, or **Denial Letters with Repayments** are a few options.

-Plan Information?

1. On the **Home Page**, under the **Accounts** tab, you will be directed to the **Account Summary** page.
2. Click onto the applicable account name and the **Plan Rules** will open in a pop-up window. **OR** from the **Home Page**, under the **Tools & Support** tab, you may view **Plan Summaries** for Basic information. Then click each applicable plan to see the plan details.

Corporate Health Systems, Inc.
Reimbursement Account Authorization Form
AUTOMATIC DIRECT DEPOSIT

EMPLOYEE NAME:	(Last)	(First)	(MI)
TELEPHONE NUMBER:	()		
SOCIAL SECURITY NUMBER:			
EMPLOYER:			
DIVISION OR LOCATION:			

FINANCIAL INSTITUTION:		BRANCH:	
CITY:	STATE:	ZIP:	
<input type="checkbox"/> CHECKING (Attach a Voided Check)		<input type="checkbox"/> SAVINGS	
For Savings Only: indicate 9-digit Routing/Transit Number			
For Savings Only: indicate Accounting Number			

I hereby authorize Corporate Health Systems, Inc. to deposit reimbursements from my Reimbursement Account directly into my checking or savings account indicated above. I also authorize the financial institution named above to accept my deposits and to credit the amount to my account. This authority will remain in effect until Corporate Health Systems, Inc. has received written cancellation notice from me in such time and such manner as to afford my employer a reasonable opportunity to act upon it.

Date: _____

Signature: _____

Please note: The first time a reimbursement is made on an Automatic Direct Deposit basis, your financial institution will process the reimbursement as a trial run. The funds will not actually be deposited to your account. Instead you will be issued a reimbursement check that you will have to cash and deposit yourself. After the trial run all subsequent reimbursements will be deposited directly into your account. Remember to attach a voided check if you want deposits made to your checking account.

AUTOMATIC DIRECT DEPOSIT

Another Convenient Feature of Your Reimbursement Account

You have the option to have your Reimbursements automatically deposited into your checking or savings account. This added service is designed to save you time handling your reimbursements from the plan. Instead of receiving a check for your Reimbursement, which you need to take to your bank or credit union to deposit, you will receive a notification stating the amount that has been deposited directly into your checking or savings account. You will continue to receive the flexible spending account summary highlighting the activity of your Reimbursement account(s) from Corporate Health Systems, Inc.

To sign up for Automatic Direct Deposit:

- ♦ Fill out the form completely, including: your name, Social Security number, telephone number, name and location of your financial institution and the name of your employer, including your division or location.
- ♦ Mark the appropriate box to indicate whether your Reimbursements will be deposited to your checking or savings account. If Savings, please indicate the 9 digit Federal Routing/Transit Number of your account.
- ♦ Attach a voided check to the form if you want Reimbursements deposited in your checking account.
- ♦ Sign the form and mail it along with the voided check to:

Corporate Health Systems, Inc.
P.O. Box 46390
Eden Prairie, MN 55344-6390

If you participated in this option with Corporate Health Systems, Inc. last plan year and your banking information has not changed, you do not need to complete this form again as your banking information is still on file.

Northfield Public Schools ISD 659 Health Reimbursement Arrangement (HRA) Plan HRA Suspension Election Form

By completing this HRA Suspension Election Form (the Form), I hereby suspend my ability to receive reimbursements from my HRA Account under my employer's Health Reimbursement Arrangement (HRA) Plan for Expenses incurred during the upcoming Plan Year,

beginning on _____ and ending on _____.
(start of plan year or status date) (end of plan year)

I understand that:

- By suspending my HRA Account, I will not be able to receive reimbursements from my HRA Account for any expenses incurred by myself, my Spouse, or my Dependent(s) during that Plan Year, regardless of whether I submit those Medical Care Expenses during the upcoming Plan Year or any other Plan Year.
- My Employer will continue to contribute to my HRA Account during the upcoming Plan Year, if I met all other eligibility requirements.
- I may not modify or revoke this Form during the upcoming Plan Year.
- I must complete this Form and return it prior to the start of the plan year or prior to the date my spouse becomes eligible for HSA contributions stated above.

Participant's Name (Please Print)

Date

Participant's Signature

Employer's Name

For CHS Administrator's Use Only:

Received this Form on _____, 20____.

Processed on: _____