

Summary Plan Description

Onondaga County Retiree Reimbursement Account

Effective January 1, 2016

RETIREE REIMBURSEMENT ACCOUNT

NOTICE TO RETIREES

This booklet describes the Employer-sponsored Retiree Reimbursement Account (RRA) (“Plan”) as of January 1, 2016.

Onondaga County has entered into an arrangement with OptumHealth Financial Services (OHFS) under which OHFS will process reimbursements and provides certain other administrative services pertaining to the Plan.

OHFS does not insure the benefits described in this booklet.

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PLAN HIGHLIGHTS

What this Booklet includes:

- Retiree Reimbursement Account Information;
- Funding of the RRA and your Benefit Dollars;
- Using the Benefit Dollars in your RRA;
- Eligible Medical Expenses;
- Requesting Reimbursement;
- Claims and Appeals; and
- Glossary

Onondaga County is pleased to provide you with this Summary Plan Description (SPD), which describes some key features of the Retiree Reimbursement Account (RRA) available to you and your eligible Spouse under the Onondaga County Retiree Reimbursement Account.

Onondaga County allocates healthcare dollars for when you retire. In particular, and except as otherwise indicated, this SPD will address the Retiree Reimbursement Account and not the benefits as described in your medical plan offered by Onondaga County that you are eligible for prior to retirement.

This SPD is designed to meet your information needs and the disclosure requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

If you have any questions after reading this material, please call OptumHealth Financial Services (OHFS) at (877) 298-2322.

Onondaga County intends to continue this Plan, but reserves the right, in its sole discretion, to modify, change, revise, amend or terminate the Plan at any time, for any reason, and without prior notice subject to any collective bargaining agreements between the Employer and various unions, if applicable. This SPD is not to be construed as a contract of or for employment. If there should be an inconsistency between the contents of this summary and the contents of the Plan, your rights shall be determined under the Plan and not under this summary.

RETIREE REIMBURSEMENT ACCOUNT INFORMATION

A Retiree Reimbursement Account (RRA) is considered a Health Reimbursement Arrangement (HRA) under Internal Revenue Service guidance for use in an employee's retirement years. The allocated Benefit Dollars are used to pay for specified Eligible Medical Expenses such as medical coinsurance and co-pays during retirement with all the tax benefits of an HRA.

The Retiree Reimbursement Account:

- lets **your employer** allocate tax advantaged dollars for certain Eligible Medical Expenses after you retire;
- allows you to spend Onondaga County allocated Benefit Dollars in your RRA for Eligible Medical Expenses; and
- pays for certain Eligible Medical Expenses as determined by Onondaga County the first of the month following retirement.

Important

The RRA is available from the first of the month following retirement. Once you retire you will have access to the RRA account for Eligible Medical Expenses as determined by Onondaga County. If you leave the company before retirement there is no ability to claim the funds in the RRA. RRA contributions will terminate on the earliest date on which (1) you cease to be an eligible Retiree; (2) termination of your Retiree health plan; (3) your death; or (4) the RRA plan terminates.

Please read this SPD thoroughly to learn how the Retiree Reimbursement Account works. If you have questions contact OptumHealth Financial Services (OHFS) at (877) 298-2322.

FUNDING OF THE RRA AND YOUR BENEFIT DOLLARS

Employer Allocations/Contributions

You are not permitted to make any contribution to your RRA, whether made on a pre-tax or after-tax basis. Your RRA is an “unfunded” account, and Benefit Dollars are payable solely from the general assets of Onondaga County. The RRA is set up to allow Onondaga County to allocate a specified amount of Benefit Dollars into an RRA on an annual basis in your name.

In the event of the Retiree’s death, no further contributions will be made to the Retiree’s RRA; any remaining balance will be forfeited.

This Benefit Dollar amount is determined by Onondaga County.

Contribution Category	Annual Employer Allocation of RRA Benefit Dollars ¹
■ Retiree	\$4000

¹This is the only amount that will be placed in your RRA during the Plan year.

Unused Benefit Dollars

Your RRA Plan year runs from January 1 – December 31. Eligible Medical Expenses must be incurred during the applicable Plan year. You have an additional 90 days after the end of the Plan year in which to submit claims for Eligible Medical Expenses that were incurred during the Plan Year. Any balance remaining in your RRA after the end the 90 day run-off period will be forfeited.

In the event of the death of the Retiree, the balance reverts back to Onondaga County.

You can keep track of the Benefit Dollars in your RRA by going online to www.optumhealthfinancial.com, by calling the toll-free number (877) 298-2322 or by checking your explanation of benefits (EOB) sent to you by OptumHealth Financial Services.

USING THE BENEFIT DOLLARS IN YOUR RRA

Your RRA Benefit Dollars may be used to pay for Eligible Medical Expenses to help you pay a portion of your out-of-pocket costs beginning the first of the month following your retirement or as otherwise defined in this SPD. When you go to your Physician, you may pay upfront and then submit a reimbursement form as described under the section, *Requesting Reimbursement From Your Retiree Reimbursement Account*, to be reimbursed from your RRA for the Eligible Medical Expenses that have been incurred. You may also receive a debit card to facilitate reimbursement of your Eligible Medical Expenses.

You can use your RRA Benefit Dollars to specifically pay for:

- Medical Copayments (co-pays);
- Medical Co-insurance; and
- Vision Copays*

* **Please note** that vision co-pays, and Ophthalmologist expenses are reimbursable, but will require manual claim submission. A *Retiree Reimbursement Request Form* is available on the Internet at www.optumhealthfinancial.com.

Note

Any expense for which you have received reimbursement through your RRA cannot be used as a medical expense deduction on your federal income tax return or can not be reimbursed under any plan covering health benefits, including a spouse's or dependent's plan.

REQUESTING REIMBURSEMENT FROM YOUR RETIREE REIMBURSEMENT ACCOUNT

Filing a Claim

If you have funds available in your RRA you may submit a claim for reimbursement of Eligible Medical Expenses from your RRA. If you do choose to submit a request for reimbursement, the request must be received no later than 90 days following the end of the Plan year and during which you were eligible under this Plan. If you don't provide this information to the Claims Administrator within this timeframe, your claim will not be eligible for reimbursement, even if there are funds available in your RRA. This time limit does not apply if you are legally incapacitated. Any eligible medical expense for which you are reimbursed from your RRA cannot be included as a deduction or credit on your federal income tax return.

You can request reimbursement for Eligible Medical Expenses up to your total Benefit Dollars as soon as such Eligible Medical Expenses have been incurred. Requests for reimbursements will be processed **daily**.

Required Information for Filing a Claim

To be reimbursed from your RRA, simply submit a reimbursement form, called a *Retiree Reimbursement Request Form*, for the Eligible Medical Expenses that have been incurred. A *Retiree Reimbursement Request Form* is available on the Internet at www.optumhealthfinancial.com. For reimbursement from your RRA, you must include proof of the expenses incurred. For Eligible Medical Expenses, proof can include a bill, an invoice, or an Explanation of Benefits (EOB) from any group medical plan under which you are covered. In such cases, an EOB will verify what your out-of-pocket expenses were after payments under other group medical plan.

Receiving Reimbursements – Paper Checks or Direct Deposit

You can receive reimbursements via a standard paper check or via direct deposit into your checking or savings account. For reimbursement by check, you will be reimbursed for Eligible Medical Expenses and/or Premium Expenses as long as the amount requested is at least \$25. If you submit a claim that is less than \$25 (for example, \$20), it will be accumulated and processed for payment once you submit additional claim(s) and the amount reaches \$25.

To authorize direct deposit of your reimbursement to your savings or checking account you must complete the Direct Deposit Request Form available at www.optumhealthfinancial.com or you can contact Customer Care at (877) 298-2322 to request a form. Sign the form and return it via FAX to (855) 244-5016; or mail it to OptumHealth, PO Box 30516, Salt Lake City, Utah 84130-0516. Include a copy of a voided check or savings deposit slip with the form (make sure you include the nine digit routing number usually found on the lower left hand side of the check).

Important Note

- The date on which your Claims Administrator processes your claim is used when deducting Benefit Dollars from your RRA. This allows the Benefit Dollars in your RRA to act like a savings account, available for your use when your claim is paid.

Debit Card

Onondaga County will provide a County funded debit card that can be used to cover the following expenses not covered under your Medicare Advantage plan:

- Medical Co-pays (this account does not cover co-pays for pharmacy);
- Medical Co-insurance; and
- Vision Co-pays*

Please note that vision co-pays, and Ophthalmologist expenses are reimbursable, but will require manual claim submission. A *Retiree Reimbursement Request Form* is available on the Internet at www.optumhealthfinancial.com.

Each time you use the card you will be deemed to certify that:

- you are using the card for only Eligible Medical Expenses for yourself or your Spouse, as permitted under the Onondaga County Retiree Reimbursement Account;
- the expense paid with the card has not been reimbursed (except in accordance with the Onondaga County Retiree Reimbursement Account);
- you will not seek reimbursement under any claim covering health benefits other than the Onondaga County Retiree Reimbursement Account; and
- you agree to retain sufficient documentation, as required by the Plan Administrator for any expense paid with the card, including invoices and receipts, where appropriate.

If the Plan Administrator determines that you have made an improper payment using the card (such as paying for an item or service that does not constitute an Eligible Medical Expense), you will be required to repay Onondaga County the amount equal to the improper payment. If you do not repay this amount, Onondaga County may take reasonable actions to ensure recovery of the amount owed or that further violations of the card does not occur, including (to the extent permitted by law), using a claim substitution or offset approach, or denying you the use of the card until any indebtedness is repaid. The debit card will be available to you as an eligible Retiree.

Important

You can view your RRA online via www.optumhealthfinancial.com. This website includes many features such as the option to:

- View your RRA summary page detailing contributions and amount left in your RRA;
- View your RRA Claims Summary including claim transaction details.

CLAIM DENIALS AND APPEALS

If Your Claim is Denied

If a claim for Benefits is denied in part or in whole, you may call OptumHealth Financial Services (OHFS) at (877) 298-2322 before requesting a formal appeal. If OptumHealth Financial Services (OHFS) cannot resolve the issue to your satisfaction over the phone, you have the right to file a formal appeal as described below.

How to Appeal a Denied Claim

If you wish to appeal a denied claim, you or your authorized representative must submit your appeal in writing within 180 days of receiving the denial. This written communication should include:

- the patient's name;
- the provider's name;
- the date of medical service or expense;
- the reason you disagree with the denial; and
- any documentation or other written information to support your request.

If you wish to request a formal appeal of a denied claim for reimbursement, you should call (877) 298-2322 to obtain the OptumHealth Financial Services (OHFS) address where the appeal should be sent.

Review of an Appeal

OptumHealth Financial Services (OHFS) will conduct a full and fair review of your appeal. The appeal may be reviewed by:

- an appropriate individual(s) who did not make the initial benefit determination.

Once the review is complete, if OptumHealth Financial Services (OHFS) upholds the denial, you will receive a written explanation of the reasons and facts relating to the denial.

If your claim for reimbursement continues to be denied or you do not receive a timely decision, in limited circumstances you may be able to request an external review of your claim by an independent third party who will review the denial and issue a final decision.

Note: Upon written request and free of charge, any covered persons may examine documents relevant to their claim and/or appeals and submit opinions and comments. Onondaga County will review all claims in accordance with the rules established by the U.S. Department of Labor. Onondaga County's decision will be final.

The table below describes the time frames which you and OptumHealth Financial Services (OHFS) are required to follow:

Claim Denials and Appeals	
Type of Claim or Appeal	Timing
If your claim is incomplete, OptumHealth Financial Services (OHFS) must notify you within:	30 days
You must then provide completed claim information to OptumHealth Financial Services (OHFS) within:	45 days after receiving an extension notice*
If OptumHealth Financial Services (OHFS) denies your initial claim, they must notify you of the denial:	
■ if the initial claim is complete, within:	30 days
■ after receiving the completed claim (if the initial claim is incomplete), within:	30 days
You must appeal the claim denial no later than:	180 days after receiving the denial
OptumHealth Financial Services (OHFS) must notify you of the appeal decision within:	60 days after receiving the appeal

* *OptumHealth Financial Services (OHFS)* may require a one-time extension of no more than 15 days only if more time is needed due to circumstances beyond their control.

Limitation of Action

You cannot bring any legal action against Onondaga County or the Claims Administrator to recover reimbursement until 90 days after you have properly submitted a request for reimbursement as described in this section and all required reviews of your claim have been completed. If you want to bring a legal action against Onondaga County or the Claims Administrator, you must do so within three years from the expiration of the time period in which a request for reimbursement must be submitted or you lose any rights to bring such an action against Onondaga County or the Claims Administrator.

You cannot bring any legal action against Onondaga County or the Claims Administrator for any other reason unless you first complete all the steps in the appeal process described in this section. After completing that process, if you want to bring a legal action against Onondaga County or the Claims Administrator you must do so within three years of the date you are notified of our final decision on your appeal or you lose any rights to bring such an action against Onondaga County or the Claims Administrator.

IMPORTANT ADMINISTRATIVE INFORMATION

What this section includes:

- Plan administrative information.

This section includes information on the administration of the Plan. While you may not need this information for your day-to-day participation, it is information you may find important.

Additional Plan Description

Claims Administrator: The company which provides certain administrative services for the Plan Benefits described in this Summary Plan Description.

You may contact the Claims Administrator by phone at (877) 298-2322 or in writing at:

OptumHealth Financial Services (OHFS)
PO Box 30516
Salt Lake City, UT 84130-0516
Attention: EV1 Team
Fax: (855) 244-5016

The Claims Administrator shall not be deemed or construed as an employer for any purpose with respect to the administration or provision of benefits under the Plan Sponsor's Plan. The Claims Administrator shall not be responsible for fulfilling any duties or obligations of an employer with respect to the Plan Sponsor's Plan.

Type of Administration of the Plan: The Plan Sponsor provides certain administrative services in connection with its Plan. The Plan Sponsor may, from time to time in its sole discretion, contract with outside parties to arrange for the provision of other administrative services including claims processing services, including coordination of benefits and subrogation; utilization management and complaint resolution assistance. This external administrator is referred to as the Claims Administrator. The Plan Sponsor retains all fiduciary responsibilities with respect to the Plan except to the extent the Plan Sponsor has delegated or allocated to other persons or entities one or more fiduciary responsibility with respect to the Plan.

GLOSSARY

What this section includes:

- Definitions of terms used throughout this SPD.

Many of the terms used throughout this SPD may be unfamiliar to you or have a specific meaning with regard to the way the Plan is administered and how benefits are paid. This section defines terms used throughout this SPD, but it does not describe the benefits provided by the Plan.

Addendum – any attached written description of additional or revised provisions to the Plan. The benefits and exclusions of this SPD and any amendments thereto shall apply to the Addendum except that in the case of any conflict between the Addendum and SPD and/or Amendments to the SPD, the Addendum shall be controlling.

Amendment – any attached written description of additional or alternative provisions to the Plan. Amendments are effective only when distributed by the Plan Sponsor or the Plan Administrator. Amendments are subject to all conditions, limitations and exclusions of the Plan, except for those that the amendment is specifically changing.

Benefits – Plan payments for Eligible Medical Expenses, subject to the terms and conditions of the Plan and any Addendums and/or Amendments.

Benefit Dollars – the amount of notional credits Onondaga County allocates for you into Retiree accounts for use during retirement.

Claims Administrator – OptumHealth Financial Services (OHFS) and its affiliates, who provide certain claim administration services for the Plan.

Coinsurance – the percentage of Eligible Medical Expenses you are required to pay for under a health plan.

Company – Onondaga County.

Copayment (or Co-pay) – the set dollar amount you are required to pay for Eligible Medical Expenses under a health plan.

Covered Person – either the Retiree or Spouse, only while eligible and enrolled in Benefits under the Plan. References to “you” and “your” throughout this SPD are references to a Covered Person.

Eligible Medical Expenses – an expense incurred by a Covered Person that is a medical expense included under Section 213(d) including those expenses not typically reimbursed by a health plan, (for example amounts paid to doctors, medical labs, hospitals, pharmacies, and mental health centers that fall within the plan deductible or your share of the medical expense, such as coinsurance (percentage of medical expense that you pay) and co-payments but only to the extent that the Covered Person who incurred the expense is not reimbursed

for the expense (nor is the expense reimbursable) through a medical benefit plan, other insurance, or any other accident or medical plan.

Employer – Onondaga County.

EOB – see Explanation of Benefits (EOB).

Explanation of Benefits (EOB) – a written statement to a beneficiary, from a third-party payer (e.g., insurance company), after a claim has been reported, indicating the benefits and charges covered or not covered by the benefit plan.

Physician – any Doctor of Medicine or Doctor of Osteopathy who is properly licensed and qualified by law.

Please note: Any podiatrist, dentist, psychologist, chiropractor, optometrist or other provider who acts within the scope of his or her license will be considered on the same basis as a Physician. The fact that a Provider is described as a Physician does not mean that Benefits for services from that Provider are available to you under this Plan or any health plan.

Plan – The Onondaga County Retiree Reimbursement Account.

Plan Administrator – Onondaga County or its designee.

Plan Sponsor – Onondaga County.

Provider – a health care professional or facility operating as required by law.

RRA - Retiree Reimbursement Account or RRA is a limited purpose Health Reimbursement Arrangement (HRA) for retirees. It is an IRS section 105 and 106 account that follows all of the standard regulations and has all of the tax benefits of an HRA. It can only be used for qualified medical expenses during retirement.

Sickness – physical illness or disease.

Spouse – an individual who meets the legal definition of Spouse and also meets the eligibility requirements specified under the Plan.