



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.midamerica.biz or by calling 1-800-430-7999. This summary describes the coverage provided by the Health Reimbursement Arrangement (HRA); which is intended to supplement your other major medical coverage. This summary only describes the coverage offered under the HRA and does not reflect any coverage that may be offered by your major medical coverage. See the summary for your major medical coverage for more information regarding your major medical coverage. Please refer to page 8 for the Plan Highlights which contain plan specific information.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	N/A	See the chart starting on page 2 for your costs for services this plan covers. The HRA may be used to offset the eligible deductible portion of expenses not covered by your major medical plan and other out-of-pocket medical expenses. See the summary for your major medical coverage for more details regarding expenses covered by your major medical coverage.
Are there other <u>deductibles</u> for specific services?	No	See the chart starting on page 2 for your costs for services this plan covers. The HRA may be used to offset the eligible deductible portion of expenses not covered by your major medical plan and other out-of-pocket medical expenses. See the summary for your major medical coverage for more details regarding expenses covered by your major medical coverage.
Is there an <u>out-of-pocket limit</u> on my expenses?	No	There is no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the <u>out-of-pocket limit</u> ?	This plan has no out-of-pocket limit .	Not applicable because there's no out-of-pocket limit on your expenses.
Is there an overall annual limit on what the plan pays ?	Yes, based on vested account value as provided by the employer contribution to your account.	This plan will pay the eligible deductible portion for covered services and other out-of-pocket medical expenses only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above your account balance.

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HRA-Class A: School District of Greenfield

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 1/1/2016-12/31/2016

Coverage for: Single&Family | Plan Type: HRA

Does this plan use a <u>network of providers</u> ?	No	This plan will only pay for the eligible deductible portion of covered services and other out-of-pocket medical expenses, even if your own need is greater. You're responsible for all expenses above your account balance and those not eligible for reimbursement.
Do I need a referral to see a <u>specialist</u> ?	No	You can see the specialist you choose without permission from this plan. However, the HRA will only pay for the eligible deductible portion of covered services and other out-of-pocket medical expenses, even if your own need is greater. You're responsible for all expenses above your account balance and those not eligible for reimbursement.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .



- This HRA generally covers expenses that (i) qualify as “medical care” by the Internal Revenue Code under Section 213(d), (ii) are not covered by other medical insurance, and (iii) satisfy any additional requirements imposed by the HRA plan document.
- Expenses not covered by health insurance may be submitted for reimbursement using the Health Reimbursement Arrangement Claim Form found at www.midamerica.biz

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you visit a health care <u>provider's office or clinic</u>	Primary care visit to treat an injury or illness	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Specialist visit	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Other practitioner office visit	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Preventive care/screening/immunization	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
If you have a test	Diagnostic test (x-ray, blood work)	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Imaging (CT/PET scans, MRIs)	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.

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HRA-Class A: School District of Greenfield

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 1/1/2016-12/31/2016

Coverage for: Single&Family | Plan Type: HRA

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.midamerica.biz .	Generic drugs	May be reimbursable	Medical deductibles, medical co-insurance, medical co-pays, and prescription co-pays may be eligible for reimbursement subject to your account balance.
	Preferred brand drugs	May be reimbursable	Medical deductibles, medical co-insurance, medical co-pays, and prescription co-pays may be eligible for reimbursement subject to your account balance
	Non-preferred brand drugs	May be reimbursable	Medical deductibles, medical co-insurance, medical co-pays, and prescription co-pays may be eligible for reimbursement subject to your account balance
	Specialty drugs	May be reimbursable	Medical deductibles, medical co-insurance, medical co-pays, and prescription co-pays may be eligible for reimbursement subject to your account balance
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Physician/surgeon fees	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
If you need immediate medical attention	Emergency room services	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Emergency medical transportation	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Urgent care	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
If you have a hospital stay	Facility fee (e.g., hospital room)	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Physician/surgeon fee	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.

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HRA-Class A: School District of Greenfield

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 1/1/2016-12/31/2016

Coverage for: Single&Family | Plan Type: HRA

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Mental/Behavioral health inpatient services	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Substance use disorder outpatient services	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Substance use disorder inpatient services	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
If you are pregnant	Prenatal and postnatal care	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Delivery and all inpatient services	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
If you need help recovering or have other special health needs	Home health care	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Rehabilitation services	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Habilitation services	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Skilled nursing care	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Durable medical equipment	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Hospice service	May be reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
If your child needs dental or eye care	Eye exam	Not reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Glasses	Not reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
	Dental check-up	Not reimbursable	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Medical expenses other than Medical deductibles, medical co-insurance, and medical co-pays

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Medical deductibles, medical co-insurance, and medical co-pays

Your Rights to Continue Coverage:

COBRA coverage shall be available upon payment of the applicable COBRA premium and is limited in duration. As an alternative to COBRA continuation coverage, you may choose to continue to access the account via coverage in lieu of COBRA. No additional contributions will be made to the account during the coverage in lieu of COBRA period and no premium will be charged for the coverage.

For more information on your rights to continue coverage, contact your employer. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: MidAmerica toll-free at 800-430-7999 or visit our website at www.midamerica.biz.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 800-430-7999.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays:** Eligible out-of-pocket medical expenses and deductible amounts not covered by major medical insurance, not to exceed HRA account value
- **Patient pays:** Amounts not covered by major medical insurance and expenses not reimbursed by the HRA

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	Per major medical insurance
Copays	Per major medical insurance
Coinsurance	Per major medical insurance
Limits or exclusions	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
Total	Dependent on HRA Account Value

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays:** Eligible out-of-pocket medical expenses and deductible amounts not covered by major medical insurance, not to exceed HRA account value
- **Patient pays:** Amounts not covered by major medical insurance and expenses not reimbursed by the HRA

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	Per major medical insurance
Copays	Per major medical insurance
Coinsurance	Per major medical insurance
Limits or exclusions	Medical deductibles, medical co-insurance, and medical co-pays may be eligible for reimbursement subject to your account balance.
Total	Dependent on HRA Account Value

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples in this HRA Summary to compare plans?

✓ **No.** HRAs are designed to supplement other health insurance. Thus the coverage examples in this HRA summary can only help you understand how your costs under other plans may be impacted.

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School District of Greenfield
Health Reimbursement Arrangement
Plan Highlights Class ActA

Effective Date: The effective date of the Plan is January 1, 2012, amended and restated July 1, 2015.

Plan Year: The Plan Year ends on December 31.

Class ActA Eligibility: Participation in this Plan is mandatory for all Employees of the class or classes as determined by the Employer:

- Employees participating in the High Deductible Health Plan that are not contributing to an HSA – No further contributions, but participants are able to spend down balances – Effective July 1, 2015, funds are immediately available for medical deductibles, medical co-insurance, medical co-pays, and prescription co-pays.

Contribution Types: All funds for the Plan shall come exclusively from the Employer and shall be a specified dollar amount as the Employer shall from time to time determine.

Contribution Frequency: Annually

Investments: Funds are invested in a guaranteed fixed annuity with American United Life Insurance Company, a *OneAmerica Financial Partner*. The interest rate may change on an annual basis, but is guaranteed never to fall below the standard NAIC rate. The guarantee is based on the claims paying ability of AUL. All earnings in the account are tax-free!

Reimbursements: Participants may request reimbursements from their accounts as soon as the accounts are funded, but only for Limited Purpose medical deductibles, medical co-insurance, medical co-pays, and prescription co-pays incurred subsequent to becoming eligible to participate in the Plan. Participants must exhaust any funds available in a flexible spending arrangement ("FSA") prior to receiving reimbursement from this Plan. Funds in a participant's account at the end of each year shall be rolled into the following year.

Vesting Schedule: Participants shall own their account balance in accordance with the following vesting schedule:

- 100% vested after five (5) years of participation in the HRA or 100% vested upon retirement meeting the District's eligible requirements for retirement and five (5) years of service with the District.

Run-off Times: Participants who are no longer participating in the HRA or no longer have access to the funds for reimbursement will be allowed 0 (zero) days to continue incurring expenses after the date that their Participation in the Plan ends. The Run-off time for Participants to submit claims for reimbursement from funds that shall be forfeited will be 90 (ninety) days. The Run-off time for funds that shall be forfeited due to death will be one year.

Death Benefit: If a Participant dies prior to exhausting a vested account balance, the Participant's surviving spouse and/or dependents are eligible to be reimbursed under this Plan for their eligible medical expenses until the vested account balance is exhausted. In the event of the death of the Participant, the Participant's spouse, and all of the Participant's qualifying dependents, any funds remaining in the account shall be forfeited in accordance with the Plan's provisions. Forfeited funds shall reduce future Employer contributions.

Administrative Fees: An administrative fee of \$5.00 per active employee per quarter will automatically be deducted from account balance at quarter end.

Participants will be charged a reimbursement processing fee of \$5.00 for each claim processed, up to a maximum annual reimbursement processing fee of \$30.00.

Reports: On demand statements available anytime by logging into your account at www.midamerica.biz. Quarterly statements are mailed approximately 6 to 8 weeks after plan quarter end.

Representative: Ken Zastrow, National Insurance Services

Contact: To access account information, request forms, or for plan related questions, please contact MidAmerica toll-free at (855) 329-0095 or visit our website at www.midamerica.biz.

Please mail all forms to: MidAmerica Administrative & Retirement Solutions, Inc., Attn: HRA ADMIN
P.O. Box 24927, Lakeland, FL 33802

Please refer to the Plan Document for more information on the Plan. In the event of a discrepancy, the Plan Document will prevail.



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