

Employer Name	Plan Name	Amendment Effective Date
<hr/>		
Group Contact Name	Email	Telephone
<hr/>		
Broker Contact Name	Email	Telephone
<hr/>		

Medical Carrier	Medical Plan Name
<hr/>	
Individual Medical Deductible	Family Medical Deductible
<hr/>	

**HRA Reimburses**  
**(unchecked boxes do not require corresponding tables below to be filled out)**

Deductible     Coinsurance     Copayments     Prescriptions

Does 4<sup>th</sup> Quarter Deductible Carry Over Apply     Yes     No

HRA Reimburses Out of Network (OON) Expenses     Yes     No

Who is responsible for the first portion of the Deductible?    Employee Employer

(unchecked boxes from page 1 do not require corresponding tables below to be filled out)

### Deductible

<b>Employee (EE) Deductible <u>Responsibility</u></b>		
<b>Tier</b>	<b>Current</b>	<b>Amendment</b>
Individual	\$	\$
EE + Spouse	\$	\$
EE + Child	\$	\$
EE + Children	\$	\$
Family	\$	\$

<b>Employee (EE) Deductible <u>Reimbursement</u></b> (after EE Deductible Responsibility is met)		
<b>Tier</b>	<b>Current</b>	<b>Amendment</b>
Individual	\$	\$
EE + Spouse	\$	\$
EE + Child	\$	\$
EE + Children	\$	\$
Family	\$	\$

### Coinsurance

<b>Employee (EE) Coinsurance <u>Responsibility</u></b>		
<b>Tier</b>	<b>Current</b>	<b>Amendment</b>
Individual	\$	\$
EE + Spouse	\$	\$
EE + Child	\$	\$
EE + Children	\$	\$
Family	\$	\$

<b>Employee (EE) Coinsurance <u>Reimbursement</u></b> (after EE Coinsurance Responsibility is met)		
<b>Tier</b>	<b>Current</b>	<b>Amendment</b>
Individual	\$	\$
EE + Spouse	\$	\$
EE + Child	\$	\$
EE + Children	\$	\$
Family	\$	\$

### Copayment

<b>Employee (EE) Copayment <u>Responsibility</u></b>		
<b>Tier</b>	<b>Current</b>	<b>Amendment</b>
PCP Copay	\$	\$
SPV Copay	\$	\$
UC Copay	\$	\$
ER Copay	\$	\$
HC Copay	\$	\$

<b>Employee (EE) Copayment <u>Reimbursement</u></b> (after EE Copayment Responsibility is met)		
<b>Tier</b>	<b>Current</b>	<b>Amendment</b>
PCP Copay	\$	\$
SPV Copay	\$	\$
UC Copay	\$	\$
ER Copay	\$	\$
HC Copay	\$	\$

## Prescriptions

Prescription Reimbursement	
	Deductible Rx Only
	All Rx

**PCP - Primary Care Physician**  
**SPV - Specialist Visit**  
**UC - Urgent Care**  
**ER - Emergency Room**  
**HC - Hospitalization Copay**

Employee (EE) Prescription Reimbursement		
Tier	Current	Amendment
Individual	\$	\$
EE + Spouse	\$	\$
EE + Child	\$	\$
EE + Children	\$	\$
Family	\$	\$

### Current Provisions

Click here to enter text.

### Other Changes

### Requested Change to Provisions

Click here to enter text.

### Prepared and Authorized By:

It is critical that the information in this Amendment Abstract is accurate to enable Admin America to provide timely and accurate reimbursements to plan participants. Inaccurate information may result in excess or delayed reimbursements. Corrections to the information contained in this Amendment Abstract which require review and/or reprocessing of previously processed claims will result in an Plan Correction Fee equal to the plan's most recent monthly invoice for HRA administrative services.

Printed Name

Title

Date