



# **RETIREE HEALTHCARE REIMBURSEMENT ARRANGEMENT (RHRA) PLAN**

## **SUMMARY PLAN DESCRIPTION**

[\*\*www.searveba.com\*\*](http://www.searveba.com)

**Effective January 1, 2025**

***Important Note: This RHRA Plan is integrated with the SEARV VEBA Summary Plan Description and Plan of Benefits, Effective July 1, 2010, As Amended and is the Plan Document for both Plans.***

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### **ATTACHMENT A: Summary of Section 213(d)**

(See **[www.searveba.com](http://www.searveba.com)** for more information)

*This Summary Plan Description summarizes the provisions of the SEARV Retiree Healthcare Reimbursement Arrangement plan (RHRA). While every effort has been made to have this booklet be as complete and accurate as possible, the Summary Plan Description cannot be a full restatement of the plan. If there is any conflict between this summary and the actual terms of the Staff Education Association Retirees' VEBA Summary Plan Description and Plan of Benefits, effective January 1, 2024 (Plan Document), as Amended, the provisions of the Plan Document will control.*

*The Board of Trustees expects that this RHRA program will benefit SEARV Participants for a long time into the future, but the Board of Trustees reserves the right to change or even terminate the RHRA program if it becomes necessary or appropriate for SEARV Trust Fund purposes, legal or other reasons determined by the Board of Trustees.*



## **RETIREE HEALTHCARE REIMBURSEMENT ARRANGEMENT (RHRA) SUMMARY PLAN DESCRIPTION**

### **INTRODUCTION**

SEARV has established the Retiree Healthcare Reimbursement Arrangement Plan (**Plan** or **RHRA Plan**) for the exclusive benefit of SEARV Participants who are enrolled and continue coverage under the SEARV Trust Fund's Prescription Drug (PDP) and Medicare Supplemental Plans.

SEARV will establish a Retiree Healthcare Reimbursement Arrangement Account (**RHRA Account**) for each SEARV Participant described below. SEARV will credit a specified amount to each RHRA Account annually. The RHRA Account may be used to reimburse Eligible Health Care expenses described herein that are incurred during the plan year (which is also the calendar year).

**Eligible Health Care expenses are those medical expenses described under IRS Section 213(d) and further stipulated or restricted by the SEARV Board of Trustees. For additional information on Section 213(d), please refer to IRS publication 502.**

**This RHRA Plan became effective January 1, 2025.**

Please note that Staff Education Association Retirees' VEBA Summary Plan Description and Plan of Benefits, effective January 1, 2024, as Amended is the main Plan Document and is the governing document for the RHRA Plan.

This summary plan description has been prepared to explain the provisions of the RHRA Plan. A summary cannot include all details of the Plan document or the administration and operation of the Plan. Accordingly, if there is any conflict between this summary and the terms of the Plan, the provisions of the Plan Document previously described above will control.

### **ELIGIBILITY & ESTABLISHMENT OF ACCOUNT**

To be eligible for an RHRA Account, a SEARV Participant must be enrolled and covered under the established SEARV Prescription Drug Plan (PDP) and the SEARV Medicare Supplemental Plan (Medigap). SEARV will establish an RHRA Account for each SEARV Participant when covered under the SEARV Medicare Supplemental and Prescription Drug Plan of Benefits. RHRA enrollment is automatic.

## **CONTRIBUTION AMOUNT**

SEARV will credit the RHRA Account of each SEARV Participant annually. **For 2025, the annual credit amount is \$3,000.00.** At the sole discretion of the Board of Trustees, this amount may be adjusted from time to time. RHRA Accounts are not vested benefits.

Any unused credit in your RHRA Account **WILL NOT** carry over from year to year. The amount remaining in your RHRA Account at the end of any plan year and not used to pay for Eligible Health Care Expenses incurred during that plan year will be forfeited; it will not be carried forward and cannot be used for expenses incurred during the next plan year. March 31<sup>st</sup> is the deadline to submit claims for expenses incurred during the prior Plan Year. An expense is considered incurred when the service is provided or, in the case of a Medicare or other insurance premium, on the first day of the month of coverage to which the premium applies.

## **AVAILABLE BENEFITS**

Your RHRA Account can be used to pay for your Eligible Health Care Expenses listed below. It must be used solely for your own expenses, not for anyone else's.

### ***Eligible & Ineligible Health Care Expenses***

A summary of Eligible & Ineligible Health Care Expenses can be found under Attachment A. An expanded listing can be found on the SEARV Web site: **searveba.com**.

Please note that an RHRA Account cannot reimburse any expenses that have been (or will be) paid by another health plan or for which you take a medical expense deduction from your taxes and Participants may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan if the payment has been reimbursed by another plan or tax deduction was made. The RHRA may seek reimbursement of any paid claims subsequently determined to be ineligible under this section.

The monthly Self-Contribution under the SEARV Trust Plan of Benefits is **not** an Eligible Health Care Expense and is **not** reimbursable.

**If you have questions about whether the expense is covered, you should contact the SEARV Administrative Office listed in the General Information section below.**

## **NO CASH OPTION OR ASSIGNMENT**

Benefits under this RHRA Plan may only be used to reimburse Eligible Health Care Expenses. They have no cash value and cannot be assigned or transferred. This means you cannot receive cash or any other benefit from your RHRA Account except reimbursement of Eligible Health Care Expenses.

## **SOURCE OF BENEFITS**

Your RHRA Account is self-funded. All reimbursements are paid from funds held and maintained by the Board of Trustees, and no RHRA self-contribution is permitted or required.

## **NO INTEREST & NO ROLLOVER**

No interest will be credited to your RHRA Account. Unused RHRA Account balances do not roll over at the end of the year to be used for expenses incurred in future years.

## **CLAIMS PROCEDURE**

### ***Claims for Reimbursement***

To obtain reimbursement of Eligible Health Care Expenses, you generally must file a claim form with the SEARV Administrative Office. You must provide: (i) a bill, receipt, explanation of benefits (EOB) or other satisfactory proof of the expense from your health care provider or other independent third party, (ii) proof that you have paid for the expense, (iii) written certification that the expense has not been reimbursed and that you will not seek reimbursement under any other health plan or coverage.

**SEARV Administrative Office has claim forms available for your use. Any questions you may have about submitting claims or obtaining the necessary forms can be answered at the SEARV Administrative Office's toll-free number in the General Information section.**

### ***Claim Submission Deadline***

All claims for expenses incurred during the plan year must be filed **no later than March 31<sup>st</sup> of the following year**. Expenses are considered incurred when services are provided or, in the case of insurance premiums, on the first day of the month to which the premium applies. You must pay an expense prior to submitting a claim for reimbursement. Reimbursement will be made from your available RHRA account balance for the Plan Year the expense is incurred.

If Plan eligibility ends (for example, on account of death), your personal representative may continue to submit claims for expenses incurred while still a participant until March 31<sup>st</sup> of the following year.

For example:

- You incur an eligible expense on September 15, 2025 and you paid for that expense.
- Your 2025 account balance can be used to reimburse the expense, but you still have until March 31, 2026 to submit the claim to the SEARV Administrative Office.

An example of Medicare Part B premium reimbursement payments:

- Medicare Part B premiums reimbursements are paid in the year incurred. The standard monthly Medicare Part B premium is the maximum allowed for this reimbursement.

### ***Claims Review***

A claim will either be paid or denied within 30 days of submission unless the Administrative Office notifies you prior to that time that an extension (not to exceed 15 days) is necessary. If you are required to provide additional information concerning your claim, you will have 45 days to do so. A decision on your claim will be suspended until after the requested information is provided.

### ***Denial of Claim***

If a claim is denied in whole or in part, the Administrative Office will give you written notice of the reason for the denial, a reference to the provision of this Plan on which the denial is based, a description of additional information necessary to approve the claim, a description of any internal guidelines relied upon in making the decision, and an explanation of the Plan's appeal procedure, including your right to file suit under ERISA in the event of a denial on appeal, if applicable.

### ***Appeal of Claim Denial***

If you desire to appeal a denied claim, you must do so in writing to the Administrative Office within 180 days after the denial. Your written appeal should state the reasons you believe your claim should not have been denied. It should include any additional facts and/or documents that support your claim. You will have the opportunity to submit information and make written comments, and you may review (upon request and at no charge) and copy documents and other information relevant to your appeal.

Your appeal will be reviewed by the Administrative Office and decided by a person other than the person responsible for the initial denial (or a subordinate of that person) within 30 days. The identity of any medical expert consulted in connection with your appeal will be provided to you. If the decision on review affirms the initial denial of your claim, the Administrative Office will give you written notice of the reason, a reference to the provisions of this Plan on which the denial is based, a statement that you are entitled to receive (free of charge) reasonable access to, and copies of, all documents,

records, and other information relevant to your claim, a description of any internal guidelines relied upon in making the decision, an explanation of the second-level review procedures, and a statement of your right to file a suit under ERISA (if applicable).

If you disagree with the decision of the Administrative Office on your appeal, you may request a second-level review. This request must be made in writing to the Claims Administrator within 30 days of your receipt of the first decision.

The second- Administrative Office level review will be conducted by the Board of Trustees; it will be decided within 30 days after receipt of your request and will follow the same appeal procedures as above. The determination by the Board of Trustees will be final and binding.

You cannot file a lawsuit for benefits under the RHRA Plan unless you have exhausted the appeals process. You must file your lawsuit within one year from the date of the notice denying your second-level appeal.

### ***Repayment of Improper Reimbursement***

You may be required to repay amounts that should not have been reimbursed to you--for example, amounts improperly paid due to a mistake, fraud, material misrepresentation, or failure to provide material information.

## **PAYMENT OF CLAIMS**

Reimbursement of Eligible Medical Expenses will be paid only to you. No payments will be made to third parties, including medical providers.

## **TERMINATION OF COVERAGE**

Coverage under this Plan will end at midnight on the earliest of the events listed below:

### **For SEARV Participant**

- Date of Participant's Death
- Date coverage is terminated for cause, for example fraud or misrepresentation in connection with eligibility or a claim for benefits

You (or your personal representative in case of death) will be reimbursed for any Eligible Health Care expense that was incurred prior to your termination date up to the amount remaining in your RHRA Account provided your claim is submitted to the Administrative Office by March 31st of the following year. Any unused portion of your RHRA Account will be forfeited. Your RHRA Account is not portable and cannot be rolled over into any other account.

### ***Required Notices***

SEARV must be notified in writing at the "*Address for Notices*" listed in the General Information section within 60 days of death.

## **AMENDMENT AND TERMINATION**

Benefits under this plan are not vested. Although the SEARV Board of Trustees intends to continue the RHRA Plan indefinitely, it may be modified, amended or terminated any time in its sole discretion through a resolution of the SEARV Board of Trustees. Termination of the RHRA Plan will not affect the right to reimbursement for Eligible Health Care Expenses incurred prior to the date of termination.

## **ADMINISTRATION**

The SEARV Board of Trustees is the Plan Administrator and named fiduciary of the RHRA Plan with the discretionary authority to interpret the Plan, to correct any omissions or ambiguity and determine all questions arising in the administration of the Plan. Benefits will be paid only if the Plan Administrator (or its designee) determines in its discretion that a participant is entitled to them under the terms of this Plan. The decision of the Plan Administrator is final and binding.

## **GENERAL INFORMATION**

### **Plan Sponsor & Plan Administrator**

SEARV  
Three Gateway Center, Ste. 1625  
Pittsburgh, PA 15222  
Phone – (412) 325-2805  
Toll Free – 1 (866) 520-9174  
Fax – (412) 325-2801

Email: Michele Gentile: michele@cwb-a.com

### **Employer Identification Number**

37-6532569

### **Plan Year**

January 1 – December 31

### **Plan Number**

001

### **Type of Plan**

Self-Insured Retiree Healthcare Medical Reimbursement Plan provided through the Staff Education Association Retirees' VEBA Summary Plan Description and Plan of Benefits, Effective January 1, 2024, as Amended.



### **Type of Administration & Claims Administrator**

Claims under this Plan will be administered pursuant to a contract with CW Breitsman Associates, LLC. (SEARV Administrative Office). CW Breitsman Associates, LLC is the current Administrator of the SEARV VEBA Trust.

### **Type of Funding**

Benefits are paid from the funds held and maintained by the Board of Trustees.

### **Agent for Service of Legal Process**

Legal Process may also be served upon the Plan Administrator.

## **HIPAA PRIVACY AND SECURITY**

Federal privacy and security rules under the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA) apply to the RHRA Plan. SEARV privacy practices are set forth in the Notice of Privacy Practices previously given to you. You may request a new Notice at any time.

## **ERISA RIGHTS INFORMATION**

As a participant in the RHRA Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

### ***Receive Information About Your Plan and Benefits***

- Examine, without charge, at the Plan Administrator's Administrative Office, all documents governing the Plan, including insurance contracts, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon a written request to the Plan Administrator, copies of documents governing the Plan, including insurance contracts, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

### ***Prudent Actions by Plan Fiduciaries***

In addition to creating rights for Plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called “fiduciaries” of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your Employer, may discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

### ***Enforce Your Rights***

If your claim for a benefit under the Plan is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file a suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials unless the materials are not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which are denied or ignored, in whole or in part, you may file a suit in a state or federal court.

In addition, if you disagree with the Plan’s decision or lack thereof concerning the qualified status of a medical child support order, you may file a suit in federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

### ***Assistance with Your Questions***

If you have any questions about the RHRA Plan, you should first contact the Claims Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

## **ATTACHMENT A**



## **IRS Section 213(d)**

### **Eligible Medical Expenses**

The following relate to expenses currently allowed and not allowed by the Internal Revenue Service as Eligible Health Care expenses. This list is not necessarily inclusive or exclusive. It is based on SEARV interpretation of Section 502 of the IRS tax code and is not legal or tax advice.

Please note that the list is subject to change based on IRS regulations and any determinations or restrictions by the SEARV Board of Trustees. The list is intended only as a general guideline for covered expenses. SEARV may limit which expenses are allowed under its RHRA Plan.

You will not be able to use these spending accounts to pay for most over-the-counter drugs and medicines unless you have a doctor's prescription. You will not need a prescription for insulin and diabetic supplies.

### **IMPORTANT**

Please Note: Only incurred and paid Health Care Expenses not covered under Medicare and not covered under the SEARV Prescription Drug Plan, the SEARV Medicare Supplemental Plan and the SEARV Dental & Vision Plans are eligible for reimbursement under the RHRA Plan.

**[www.searveba.com](http://www.searveba.com)**

## IRS Code Section 213(d) Eligible Medical Expenses

An eligible expense is defined as those expenses paid for care as described in **Section 213 (d)** of the Internal Revenue Code. Below are two lists which may help determine whether an expense is eligible. Additional information is available at the SEARV Web Site: **[www.searveba.com](http://www.searveba.com)**

For more detailed information, please refer to **IRS Publication 502** titled, "Medical and Dental Expenses." If tax advice is required, you should seek the services of a competent professional.

<ul style="list-style-type: none"> <li>• Abdominal supports</li> <li>• Abortion</li> <li>• Acupuncture</li> <li>• Air conditioner (when necessary for relief from difficulty in breathing)</li> <li>• Alcoholism treatment</li> <li>• Ambulance</li> <li>• Anesthetist</li> <li>• Arch supports</li> <li>• Artificial limbs</li> <li>• Autoette (when used for relief of sickness/disability)</li> <li>• Birth Control Pills (by prescription)</li> <li>• Blood tests</li> <li>• Blood transfusions</li> <li>• Braces</li> <li>• Cardiographs</li> <li>• Chiropractor</li> <li>• Christian Science Practitioner</li> <li>• Contact Lenses</li> <li>• Contraceptive devices (by prescription)</li> <li>• Convalescent home (for medical treatment only)</li> <li>• Crutches</li> <li>• Dental Treatment</li> <li>• Dental X-rays</li> <li>• Dentures</li> <li>• Dermatologist</li> <li>• Diagnostic fees</li> <li>• Diathermy</li> <li>• Drug addiction therapy</li> <li>• Drugs (prescription)</li> </ul>	<ul style="list-style-type: none"> <li>• Elastic hosiery (prescription)</li> <li>• Eyeglasses</li> <li>• Fees paid to health institute prescribed by a doctor</li> <li>• FICA and FUTA tax paid for medical care service</li> <li>• Fluoridation unit</li> <li>• Guide dog</li> <li>• Gum treatment</li> <li>• Gynecologist</li> <li>• Healing services</li> <li>• Hearing aids and batteries</li> <li>• Hospital bills</li> <li>• Hydrotherapy</li> <li>• Insulin treatment</li> <li>• Lab tests</li> <li>• Lead paint removal</li> <li>• Legal fees</li> <li>• Lodging (away from home for outpatient care)</li> <li>• Long Term Health Care Insurance Premiums</li> <li>• Metabolism tests</li> <li>• Neurologist</li> <li>• Nursing (including board and meals)</li> <li>• Obstetrician</li> <li>• Operating room costs</li> <li>• Ophthalmologist</li> <li>• Optician</li> <li>• Optometrist</li> <li>• Oral surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Organ transplant (including donor's expenses)</li> <li>• Orthopedic shoes</li> <li>• Orthopedist</li> <li>• Osteopath</li> <li>• Oxygen and oxygen equipment</li> <li>• Pediatrician</li> <li>• Physician</li> <li>• Physiotherapist</li> <li>• Podiatrist</li> <li>• Postnatal treatments</li> <li>• Practical nurse for medical services</li> <li>• Prenatal care</li> <li>• Prescription medicines</li> <li>• Psychiatrist</li> <li>• Psychoanalyst</li> <li>• Psychologist</li> <li>• Psychotherapy</li> <li>• Radium Therapy</li> <li>• Registered nurse</li> <li>• Special school costs for the handicapped</li> <li>• Spinal fluid test</li> <li>• Splints</li> <li>• Sterilization</li> <li>• Surgeon</li> <li>• Telephone or TV equipment to assist the hard-of-hearing</li> <li>• Therapy equipment</li> <li>• Transportation expenses (relative to health care)</li> <li>• Ultra-violet ray treatment</li> <li>• Vaccines</li> <li>• Vasectomy</li> </ul>
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		<ul style="list-style-type: none"> <li>• Vitamins (if prescribed)</li> <li>• Wheelchair</li> <li>• X-rays</li> </ul>
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### Eligible Over-the-Counter Drugs w/Prescription

<ul style="list-style-type: none"> <li>• Antacids</li> <li>• Allergy Medications</li> <li>• Pain Relievers</li> <li>• Cold medicine</li> <li>• Anti-diarrhea medicine</li> <li>• Cough drops and throat lozenges</li> </ul>	<ul style="list-style-type: none"> <li>• Sinus Medications and Nasal sprays</li> <li>• Nicotine medications and nasal sprays</li> <li>• Pedialyte</li> <li>• First aid creams</li> <li>• Calamine lotion</li> </ul>	<ul style="list-style-type: none"> <li>• Wart removal medication</li> <li>• Antibiotic ointments</li> <li>• Suppositories and creams for hemorrhoids</li> <li>• Sleep aids</li> <li>• Motion sickness pills</li> </ul>
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### Non-Deductible Medical Expenses

<ul style="list-style-type: none"> <li>• Advancement payment for services to be rendered next year</li> <li>• Athletic Club membership</li> <li>• Automobile insurance premium allocable to medical coverage</li> <li>• Boarding school fees</li> <li>• Bottled Water</li> <li>• Commuting expenses of a disabled person</li> <li>• Cosmetic surgery and procedures</li> <li>• Cosmetics, hygiene products and similar items</li> <li>• Funeral, cremation, or burial expenses</li> <li>• Health programs offered by resort hotels, health clubs and gyms</li> <li>• Illegal operations and treatments</li> <li>• Illegally procured drugs</li> <li>• Maternity clothes</li> </ul>	<ul style="list-style-type: none"> <li>• Non-prescription medication</li> <li>• Premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits</li> <li>• Scientology counseling</li> <li>• Social activities</li> <li>• Special foods and beverages</li> <li>• Specially designed car for the handicapped other than an autoette or special equipment</li> <li>• Stop smoking programs</li> <li>• Swimming pool</li> <li>• Travel for general health improvement</li> <li>• Tuition and travel expenses for a problem child to particular school</li> <li>• Weight loss programs</li> </ul>
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### Ineligible Over-the-Counter Drugs

<ul style="list-style-type: none"> <li>• Toiletries (including toothpaste)</li> <li>• Acne treatments</li> <li>• Lip balm (including Chapstick or Carmex)</li> <li>• Cosmetics (including face cream and moisturizer)</li> <li>• Suntan lotion</li> <li>• Medicare shampoos and soaps</li> </ul>	<ul style="list-style-type: none"> <li>• Vitamins (daily)</li> <li>• Fiber supplements</li> <li>• Dietary supplements</li> <li>• Weight loss drugs for general well being</li> <li>• Herbs</li> </ul>
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