

Self-Insured Medical Reimbursement Plan

Effective Date , Company Name ,
Hereby establishes the following Health & Accident
Reimbursement Plan for the exclusive benefit of its employees.
This Plan is to be considered “Secondary Coverage” for those
employees who are covered under any other Medical Insurance
Plan or Plans.

1. Reimbursement for Medical Expenses.

- (a) As of date of employment, per Employment Contract, all employees of Company Name whether employed full-time or part-time, qualify to be reimbursed for all Medical Care expenses incurred by the employee and not eligible for coverage under any other Insurance Plan(s) in effect at the time the cost(s) was/were incurred. This Plan is to be considered Secondary Coverage, for reimbursement purposes.
- (b) For purposes of the Plan, Medical Expenses shall be defined by IRS Code, Section 213(d).
- (c) This Plan also covers any employee’s spouse and the employee’s legal dependents, as defined in IRS Code, Section 152.
- (d) For minor employee’s defined as employees less than 18 years of age, any and all benefits due under this plan will be made payable to the parent or legal guardian of the employee.
- (e) In lieu of providing reimbursement for expenses for which the employee or his/her dependent would be eligible under this Plan, the employer may, at his/her option, elect to pay the expenses directly to the service provider.

2. Secondary Coverage.

- (a) As previously stated and alluded to, eligibility for reimbursement under this Plan shall be limited to such amounts as not covered under any other Medical Insurance Plan under which the employee/dependent is covered and/or any government Medical Reimbursement Plan under which the employee/dependent is covered.

3. Covered Medical Expenses.

- (a) In addition to costs customarily considered to be “medical expenses”, this Plan also included costs for annual eye exams, reading glasses, sun glasses, contact lenses and/or surgery to correct vision; routine dental check-ups, and any and all necessary and required dental preventative care, repair and restoration, and orthodontics; outpatient or inpatient treatment for chemical dependency, drug/alcohol abuse and psychiatric disorders, Insurance premiums, deductibles, co-pays for doctor visits, prescription drugs and natural supplements, chiropractic care, acupuncture and other services by alternative health care practitioners. Also included are any products related to medical care or service, such as Band-Aids, antiseptics, aspirin, etc. plus any prescriptions prescribed by physicians.

4. Termination and Amendments to this Plan.

- (a) The employer may, at his sole discretion, elect to terminate or modify this Plan for any reason.
- (b) Any termination of this Plan or changes or modifications thereto, shall be communicated to all covered employees in writing at least sixty (60) days prior to the effective date of the termination or change in coverage.

5. IRS Exclusions.

- (a) It is the intent of the provider of this Medical Coverage that all medical benefits paid to an eligible employee under this Plan shall be eligible for exclusion from the gross income of the employee and/or his/her parent or legal guardian, as provided for in Sections 105 and 106 of the Internal Revenue Code.

Employee Acknowledgment:

I have read this employee benefit entitled Self-Insured Medical reimbursement Plan and I understand how it applies to me personally.

(Employee's Signature)

Date

(Name)