

CEBT'S HOSPITAL REIMBURSEMENT PLAN

Purpose

For employees of CEBT member groups, who have other coverage they wish to have as primary, offer an option of a secondary plan. This plan design would allow employees to file claims under other plans as primary. CEBT's coverage would be considered secondary.

Plan Design

All eligibility, exclusions and conditions of CEBT's other plans would apply. The Schedule of Benefits would state:

"The plan will pay up to \$1,000 per day for otherwise un-reimbursed eligible medical expenses for hospital confinement. This may include expenses for visits to the plan participant from a provider when confined.

The reimbursement will be paid directly to the plan participant. There is a \$30,000 maximum hospital benefit per calendar year."

Funding

The employer would need to submit \$275.00 per month reimbursement for anyone electing this plan

**CEBT HEALTH REIMBURSEMENT PLAN
ACKNOWLEDGEMENT**

I understand and agree that by enrolling in the CEBT Health Reimbursement Plan (HRP) that this coverage will be secondary. The HRP will only pay benefits for un-reimbursed eligible hospital expenses after my primary plan has processed the charges. The benefit under the HRP will be \$1,000 per day, up to a \$30,000 calendar year maximum.

Signature

Date signed

Name (Please Print)

Social Security Number

Branch #