

Schedule A, Store Associates 177/236/272

SCHEDULE OF ELIGIBILITY, BENEFITS, AND PLAN PROVISIONS

Eligibility Requirements	
Employee Class	Store Associates 177/236/272
Date of Eligibility	Participants are eligible to participate in the HRA no earlier than their date of hire and no later than the first day of the next calendar month after their date of hire once they meet the eligibility requirements below.
Minimum Hours Per Week	30.00
Waiting Period (days)	90 Days, including the date on which employment commences.
Require Health Insurance Coverage	Health insurance coverage or proof of uninsurability, rate-up, or exclusion, is NOT required for eligibility.
Group Plan Participation	Eligibility for this class is restricted to employees NOT participating in the following group plan: Kaiser HMO or Kaiser PPO

HRA Allowances, Deductibles, and Co-Insurance			
	Allowance	Annual Deductible	Coinsurance
Employee Only	\$279.00/month	\$0.00	10.00%
Employee & Spouse	\$279.00/month	\$0.00	10.00%
Employee & Child(ren)	\$279.00/month	\$0.00	10.00%
Employee & Family	\$279.00/month	\$0.00	10.00%

Other Plan Provisions	
Cap on Annual Rollover of Unused Amounts	Employee Only: \$0.00 Employee & Spouse: \$0.00 Employee & Child(ren): \$0.00 Employee & Family: \$0.00
Annual Carryover of Unpaid Claims Amounts	No
Administrative Fees	Paid by employer
Vesting Options	None
Eligible Reimbursable Expenses	<p>Expenses are reimbursable if they meet the definition of "medical care" under the Internal Revenue Code Section 213 and may otherwise be reimbursable under IRS guidance pertaining to HRAs, except as noted in Schedule B. See IRS Publication 502 for additional information on reimbursable expenses permitted by the Internal Revenue Code.</p> <p>Participants may not submit expenses that have already been reimbursed by, or will be reimbursed by, any other insurance or health benefit plan.</p> <p>Participants are responsible to ensure that medical expenses for which they request reimbursement are eligible for reimbursement under the terms and conditions of the health insurance, HRA, and/or other health benefit plans under which they and/or their eligible dependents are covered.</p>
Embedded Deductibles	Participant: N/A Spouse: N/A Child: N/A

Non-Insurance Premium Expenses Annual Limit	N/A
First Dollar Coverage per Plan Year	Employee Only: N/A Employee & Spouse: N/A Employee & Child(ren): N/A Employee & Family: N/A