City of Crete Health Reimbursement Arrangement Plan Document and Summary Plan Description Amendment #3 Effective: July 1, 2025

The following changes, clarifications, revisions, and/or updates will become part of the City of Crete Employee Health Reimbursement Arrangement Plan Document and Summary Plan Description.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) BENEFIT SUMMARY CITY OF CRETE

INTEGRATED GROUP HEALTH PLAN: Embedded Out-of-Pocket

In-Network Out-of-Pocket: \$6,500.00 (Single) - \$13,000.00 (Family)

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) ADMINISTERED AS: Embedded Benefit

Single Coverage: Employee Liability \$3,000.00 / Employer Liability \$3,500.00 Individual Coverage Within A Family: Employee Liability \$3,300.00 / Employer Liability \$3,200.00 Embedded Benefit Family Coverage: Employee Liability \$6,000.00 / Employer Liability \$7,000.00 Embedded Benefit HRA benefits do not apply to out-of-network services.

Illustration for Single Coverage

\$6,500.00 Out-of-Pocket				
\$3,500.00 Deductible		\$3,000.00 Coinsurance		
Employee	Employer	Employer		
\$3,000.00	\$500.00	\$3,000.00		

• For single coverage, once the employee satisfies the first \$3,000.00 in deductible, the next \$500.00 of claims is processed at 100% being paid by the employer. At that point, the deductible that must be met before the Integrated Group Health Plan will pay claims has been fulfilled by a combination of the employee and the employer. For the coinsurance, the employer pays 20%, up to a maximum of \$3,000.00. After the out-of-pocket limit has been met, the Integrated Group Health Plan pays 100%.

Illustration for Individual Coverage within a Family

\$6,500.00 Out-of-Pocket				
\$3,500.00 Deductible		\$3,000.00 Coinsurance		
Individual	Employer	Employer		
\$3,300.00	\$200.00	\$3,000.00		

• For individual coverage within a family, once the individual satisfies the first \$3,300.00 in deductible, the next \$200.00 of claims is processed at 100% being paid by the employer. At that point, the deductible that must be met before the Integrated Group Health Plan will pay claims has been fulfilled by a combination of the employee and the employer. For the coinsurance, the employer pays 20%, up to a maximum of \$3,000.00. After the out-of-pocket limit has been met, the Integrated Group Health Plan pays 100%.

Illustration for Family Coverage				
\$13,000.00 Out-of-Pocket				
\$7,000.00 Deductible		\$6,000.00 Coinsurance		
Family	Employer	Employer		
\$6,000.00	\$1,000.00	\$6,000.00		

• For family coverage, once the family satisfies the first \$6,000.00 in deductible, the next \$1,000.00 of claims is processed at 100% being paid by the employer. At that point, the deductible that must be met before the Integrated Group Health Plan will pay claims has been fulfilled by a combination of the family and the employer. For the coinsurance, the employer pays 20%, up to a maximum of \$6,000.00. After the out-of-pocket limit has been met, the Integrated Group Health Plan pays 100%.

The Health Reimbursement Arrangement Document will be amended to reflect this change. All other terms and conditions of the Plan which are not affected by this Amendment are unchanged.

Accepted: City of Crete	
Signature:	
Printed Name:	
Title:	
Date:	