

**ADOPTION AGREEMENT
FOR
HEALTH REIMBURSEMENT ARRANGEMENT**

The undersigned Employer amends the Health Reimbursement Arrangement and elects the following provisions:

EMPLOYER INFORMATION

Fidelity Deposit & Discount Bank
N. Blakely & W. Drinker Streets
Dunmore, Pennsylvania 18512
(570) 342-8281

Tax ID: 24-0578040

TYPE OF ENTITY: Corporation

PLAN NAME: Fidelity Deposit & Discount Bank Health Reimbursement Arrangement

EFFECTIVE DATE: The effective date of this amendment is January 1, 2021 (hereinafter called the "Effective Date"). This plan was originally effective January 1, 2012

PLAN NUMBER: 501

PLAN ADMINISTRATOR'S NAME, ADDRESS AND TELEPHONE NUMBER:

Fidelity Deposit & Discount Bank
N. Blakely & W. Drinker Streets
Dunmore, Pennsylvania 18512
(570) 342-8281

THIRD PARTY CLAIMS ADMINISTRATOR'S NAME, ADDRESS AND TELEPHONE NUMBER:

L.R. Webber Associates, Inc.
P.O. Box 593
Hollidaysburg, PA 16648
(814) 695-8066

ELIGIBILITY REQUIREMENTS

ELIGIBLE EMPLOYEE: Any Employee shall be eligible to participate hereunder if he satisfies the eligibility requirements of the Employer's Group Medical Plan.

CONDITIONS OF ELIGIBILITY: Any Eligible Employee shall be eligible to participate hereunder as of the date he satisfies the eligibility conditions for the Employer's Group Medical Plan, the provisions of which are specifically incorporated herein by reference.

EFFECTIVE DATE OF PARTICIPATION: An Eligible Employee SHALL BECOME a Participant effective as of the entry date under the Employer's Group Medical Plan, the provisions of which are specifically incorporated herein by reference.

Health Reimbursement Arrangement

BENEFITS

BENEFIT PER COVERAGE PERIOD:

In-Network Deductible:

The employer has adopted a high deductible group health plan with the following deductibles:

The Group Health Plan Design is a \$1,500 Individual/ \$3,000 (2person)/\$4,500 Family deductible. The selected plan reimburses for In-Network deductible. No Out-of-Network deductibles will be reimbursed.

There is a general deductible where the employee is responsible to pay for the first \$500 for the individual, or \$1,500 for the family.

The employee and spouse have an additional personal deductible based on their completed Health Form. The following table shows the breakdown of possible credits.

Health Affidavit of Bio Medical Screenings	HRA Credit when within healthy range, or under physician care seeking treatment or interventions to bring elevated levels under control when feasible
Body Mass Index	\$250.00
Total Cholesterol Level	\$250.00
Blood Pressure	\$250.00
Tobacco Use Status	\$250.00

Employees and covered spouses must take the Form to their Physician to have the four parts reviewed and the applicable sections completed. If the physician designates that the employee's body mass index, total cholesterol level, blood pressure and Tobacco use status are within a healthy range, or that the employee is under a physicians care seeking treatment or interventions to bring elevated levels under control when feasible, then the Eligible Employee will receive a reimbursement for \$250.00 in deductible expenses with respect to each acceptable standard. The maximum amount available per year under this Plan is credits of \$1,000 for each Participant, if all four standards are available and acceptable. A new affidavit will be provided to employees and spouses each year to re-certify for the deductible for the following year.

Employees and their spouse who are eligible for Benefits after January 1 of any given year will not need to complete a Health Affidavit form for the first partial year of coverage. They will need to complete the health form for subsequent years.

The employee and their spouse are each eligible for up to \$1,000 in HRA credits to apply to their \$1,500 in-network deductible from the Group Health Plan.

HRA Tiers for Employee and Spouse, if Applicable				
HRA Form	General Deductible EE Responsibility	Health Form Deductibles EE Responsibility	Total EE Responsibility	HRA Max Reimbursement Amount
No Form Completed	\$500	\$1000	\$1,500	\$0
Form with 1 credit	\$500	\$750	\$1,250	\$250
Form with 2 credits	\$500	\$500	\$1,000	\$500
Form with 3 credits	\$500	\$250	\$750	\$750
Form with 4 credits	\$500	\$0	\$500	\$1,000

HRA Tiers for Child(ren), if Applicable				
HRA Form	General Deductible EE Responsibility	Health Form Deductibles EE Responsibility	Total EE Responsibility	HRA Max Reimbursement Amount
No Form Necessary	\$500	N/A	\$500	\$4,000

The maximum allowed HRA reimbursement is \$1,000 for individual; \$2,000 for 2 person coverage; \$3,000 for EE/Sp/Child; or \$4,000 for children only

Expenses are considered “incurred” when the service is performed, not necessarily when it is paid for. Any amounts reimbursed to you under the Plan may not be claimed as a deduction on your personal income tax return nor reimbursed by other health plan coverage including our health flexible spending account.

The HRA program will reimburse the employee’s and spouse’s health insurance in-network deductible based on each of the responses on the Health Affidavit forms. Employee’s and spouse’s deductibles can vary from \$500, \$750, \$1,000, \$1,250 or \$1,500; however your covered children’s health insurance in-network deductible will reimburse at 100% after the first \$500.

In the event the Participant is covered under a second medical plan, the claim must be billed under both insurance plans before it is processed under this Plan. The Explanation of Benefits from both insurance plans are required to be submitted to this Plan.

COVERAGE PERIOD is a calendar year.

A **CLAIM** may be submitted up to 3 months after the end of the each calendar year. However, in cases where the carrier does not submit the Explanation of Benefits to the Employee until after the 3-month period, the employee, at the discretion of the Employer, may submit the claim for reimbursement. However, these claims exceptions must be received by the Third Party Claims Administrator within two (2) weeks of the date on the Explanation of Benefits in order to be eligible for reimbursement.

Health Reimbursement Arrangement

This Adoption Agreement may be used only in conjunction with The Health Reimbursement Arrangement Basic Plan Document. This Adoption Agreement and the Health Reimbursement Arrangement document shall together be known as Health Reimbursement Arrangement.

FIDELITY DEPOSIT & DISCOUNT BANK

By: _____

Date: _____