

**ADOPTION AGREEMENT
FOR
MEDICAL EXPENSE REIMBURSEMENT PLAN**

The undersigned Employer amends the Medical Expense Reimbursement Plan and elects the following provisions:

EMPLOYER INFORMATION

1. The Village at Morrisons Cove
429 South Market Street
Martinsburg, PA 15931
(814) 793-2104
2. Tax ID: 23-1381403
3. TYPE OF ENTITY: Corporation
4. PLAN NAME: The Village at Morrisons Cove. Medical Expense Reimbursement Plan
5. EFFECTIVE DATE: This is an amendment and restatement of a previously established Medical Expense Reimbursement Plan of the Employer which was originally effective July 1, 2007 (hereinafter called the "Effective Date"). The effective date of this amendment and restatement is July 1, 2019.
6. PLAN NUMBER: 504
7. PLAN ADMINISTRATOR'S NAME, ADDRESS AND TELEPHONE NUMBER:
The Village at Morrisons Cove
429 South Market Street
Martinsburg, PA 15931
(814) 793-2104
Tax ID 23-1381403
8. CLAIMS ADMINISTRATOR'S NAME, ADDRESS AND TELEPHONE NUMBER:
L.R. Webber Associates,
PO Box 593
Hollidaysburg, PA 16648
(814) 695-8066

ELIGIBILITY REQUIREMENTS

9. ELIGIBLE EMPLOYEE: Any Employee shall be eligible to participate hereunder if he satisfies the eligibility requirements of the Employer's Group Health Plan
10. AFFILIATED EMPLOYERS ADOPTING THE PLAN:
10. 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.
11. 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.

Medical Expense Reimbursement Plan

BENEFITS

12. BENEFIT PER COVERAGE PERIOD:

Base Plan - Participants will be reimbursed **90%** of any in-network deductible after they have satisfied the first \$1,500 per individual or \$3,000 per family. Maximum MERP reimbursement will be \$2,250 per individual or \$4,500 per family. The co-insurance under this plan is **NOT** eligible for reimbursement under the Medical Expense Reimbursement Plan. 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. Any remaining in-network deductible expenses after both insurances have been applied will be eligible for processing through the Village at Morrisons Cove Medical Expense Reimbursement Plan.

13. COVERAGE PERIOD is based on the 12 month period starting July 1, annually.

14. A CLAIM may be submitted up to 3 months after the end of each coverage period. 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 Administrator within Six (6) months of the date on the Explanation of Benefits in order to be eligible for reimbursement.

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

Village at Morrisons Cove

By: _____