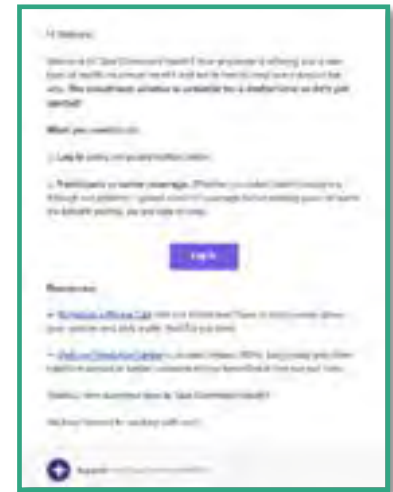


So, you've received an email from Take Command and you're wondering, now what? Don't worry! We're here to walk you through this process step by step!

- 1 Click on the purple Log In button in your email and follow the enrollment steps. We have designed our shopping experience to be user-friendly but if you need help, you can schedule a call with one of our Enrollment Navigators. You can do that by clicking on [the link in the email](#) or calling **(214) 866-7757**.



- 2 After you log in to your portal, you'll be prompted to update your date of birth. Your age will determine your reimbursement amount.

Click **Continue** to see your allowance.

- 3 Next, we'll ask you to review your plan documents. Acknowledge and continue.
- 4 You'll then fill out some personal information including address and dependent info.
- 5 Let's shop! You can sort by premium, search for doctors and prescriptions, and compare plans side by side to find the one that's best for you and your family. If you are feeling overwhelmed, please [reach out to us](#)! We're here to help!
- 6 Once you've settled on a plan, you're ready to enroll! Click 'Choose Plan' and complete the enrollment process. You can expect your insurance card in the mail!



Need help? On the bottom right corner of each screen, you'll see a screen help icon. Our chat team is available to answer your questions via chat.

You can also call (214) 866-7757.



Employee Health Benefit Guide

A new and innovative approach to health benefits.

takecommandhealth.com

214-866-7757

Health Insurance 101

An overview of the terms you will see while shopping

What Your Plan Costs

What You Pay	Description	Example
PREMIUM	The monthly cost of the plan	\$200 a month
COPAY	A fixed amount for care	\$25 for a doctor visit
DEDUCTIBLE	For things without a copay, you have to pay this amount first before insurance pays	If your plan has a \$1,000 deductible, you'll pay the first \$1,000 each year
COINSURANCE	The percentage you pay after the deductible	If your bill after your deductible is \$100 & your coinsurance is 20%, you pay \$20
MAX-OUT OF-POCKET	The most you'll pay in one year. After you reach this amount, insurance pays everything	If your annual max is \$1,000 and you get a bill for \$1M, you pay \$1,000 & nothing more

What Your Plan Covers



NO COST PREVENTATIVE CARE

Things like annual OBGYN visits, screening tests & immunizations are covered at no costs to you.



FORMULARY

A list of prescription drugs your health plan covers & their cost to you.

Other Plan Features

HDHP

A High Deductible Health Plan offers lower premiums but has a higher deductible. They are a great way to save money if you're relatively healthy and protect yourself from serious injuries & illnesses.

HSA

A Health Savings Account is a bank account that allows users to pay medical bills tax-free. HSAs only work with HDHPs.

What Doctors are Included

PROVIDER NETWORK

Most insurance plans have a specific group of doctors you can see called a Provider Network. There are 4 major network types. Understanding the network type & making sure your doctor is "in network" are important for saving money.

	Most Flexible		Most Affordable	
Types of Networks	PPO Preferred Provider Organization	EPO Exclusive Provider Organization	POS Point-of-Service	HMO Health Maintenance Organization
Tip: Find the most affordable network with your doctors.				
Primary Care Physician (PCP) required	NO	SOMETIMES	YES	YES
Referral required to see a specialist	NO	NO	SOMETIMES	YES
"In-network" benefits	YES	YES	YES	YES
Non-emergency "out-of-network" benefits	YES	NO	YES	NO
Emergency coverage	YES	YES	YES	YES

The New Individual Coverage HRA.

There's a new way to do health insurance.

What is ICHRA?

An "Individual Coverage Health Reimbursement Arrangement" (ICHRA) is a new kind of HRA that enables employers of any size to reimburse their employees tax-free for health insurance premiums and medical expenses. Employers set an allowance and employees choose the plan that fits their needs.



Unlike group insurance, ICHRA provides employees the freedom to choose from multiple options provided by various carriers.

Why ICHRA?

Benefits For Employees:

Choice: Pick the health plan to meet needs

Portability: Keep their health insurance

Control: Secure the right level of coverage

Benefits For Employers:

Costs Control: Set your budget & cap spend

Remove Risk: No more carrier renewals

Participation: No minimum requirements

Compliant: Satisfies employer mandate

Savings: Keep unclaimed reimbursements

Why Take Command?

We are a leading end-to-end ICHRA platform. We've set up thousands of employers so you can lean on us as you explore this fresh approach to health insurance.

- ✓ Expert Consultants for customizing program design
- ✓ Online shopping & licensed team for health insurance enrollment
- ✓ Software platform and world-class service for easy administration
- ✓ Legal documents, reporting & expertise for compliance ease

Health Insurance Benefits for Peace of Mind

Your employer is offering health insurance coverage through a health reimbursement arrangement (HRA) that allows **you to choose** the health plan that best fits **your needs!**

Our **AutoPay** feature make health insurance even easier - your employer will pay your monthly premium directly to the insurance carrier. If your premium is higher than your allowance, your portion will simply be deducted via payroll. Automatic & easy!

How to Log in & Get Started



Identify your needs

- List of preferred doctors & any prescriptions
- Type of care- preventive, specialty, & planned procedures
- Gather birth dates & SSN for you & dependents



Shop for insurance plan

- Look for a "welcome" email from Take Command to create an account
- Narrow plans using our filters and plan tags
- Need help? [Schedule an enrollment call](#)



Enroll & enjoy coverage

- **"Easy-Enroll"** plans, Take Command will submit application, payment, confirm enrollment*
- **"Self-Enroll"** plans, **you** complete application, payment, & provide proof of coverage

Additional Steps for Self-Enroll Plans

- ✓ After choosing your intended plan on the Take Command platform, you'll receive unique AutoPay payment details (routing & account numbers). Follow the link to the insurance company's site/an exchange to complete enrollment on your own. Enter your specific payment details & select recurring/automatic payments!
- ✓ Within 24 hours, return to the Take Command platform and confirm the plan you purchased and the respective premium amount. Or indicate if you need more time to enroll.
- ✓ Upload your proof-of-coverage documents on the Take Command platform so recurring payments are successful.

Helpful Tips

- ✓ Shop & enroll right away to prevent delays in receiving coverage confirmation & insurance cards.
- ✓ With AutoPay from Take Command, your monthly premium will be paid by your employer. **DO NOT** use your personal banking info to make payments.
- ✓ You can often log in to the insurance company's website to access temporary cards.

****"Easy Enroll - Extra-Step" Plans:** Follow instructions sent to you by Take Command and/or the insurance company to finish your enrollment. Examples include entering AutoPay payment details for the initial premium payment, enabling recurring payments, providing a signature, etc.

Health Insurance Benefits for Peace of Mind.

Your employer is offering health benefits that include access to *AutoPay insurance plans*, where your employer pays your premium directly to the insurance carrier. If you have a premium higher than your allowance, your portion will be deducted from your paycheck.

If you prefer a traditional "Reimbursable" plan, you can choose one and your employer will reimburse you for their monthly contribution.

How it Works

1. Identify Your Needs.

- + Make a list of any preferred doctors or prescriptions.
- + Consider how you may use your insurance this year – planned medical procedures, routine preventative care, etc.



2. Shop for Insurance Plan.

- + Log into your portal, view plans available in your area, & compare plans.
- + Look for plans with "**AutoPay**" tag – your employer pays the premium. Other plans have "Reimbursed" tag.
- + Select and purchase an insurance plan.
- + Don't worry - the Take Command team can help!

3. Enjoy Healthcare Coverage.

- + Enjoy the peace-of-mind knowing you have health insurance!
- + If you have a traditional reimbursable plan, submit your proof of coverage.



Get Started

Visit <https://app.takecommandhealth.com>

If you are enrolling/enrolled in AutoPay (payroll deduction) with Take Command

If you are currently enrolled, or consider enrolling in a medical plan using the Take Command portal offered by HouseWorks/Care and Help Home Care, you have AutoPay where we, as your company, pays your premium directly to the insurance carrier. However, when you have a premium higher than your allowance, your portion is deducted from your paycheck. In other words, you are paying the premium through a weekly payroll deduction.

Here's why you are receiving this notice.

Instead of traditional *group-plan* coverage, you are an individual policy holder of your medical plan. Therefore, you are going to receive notices via email / mail from your medical insurance carrier. Some of these notices may be billing information or a request for payment, **even though** you are enrolled in AutoPay.

These communications are auto generated by most of the national insurance carriers, and it is not something that Take Command or HouseWorks/C&H can control.

If you get *routine* billing emails

While we are not advising you to ignore any emails from your medical insurance, you can disregard routine billing emails and invoices because you have AutoPay. Take Command has confirmed this with all the medical carriers that are on their portal. However, if you are still concerned, you can always check your member portals or reach out to the Take Command Support team. **For routine bills you SHOULD NOT make payments with personal banking information.**

If you get *non-routine* billing emails

If you ever see something *out of the ordinary* like a cancellation notice or something saying your account is at risk, you should contact your medical carrier *and* your Take Command support team for verification if action is required.

Summary - As an AutoPay Client

TYPE OF BILLING EMAIL	SHOULD YOU PAY	WHAT YOU SHOULD DO NEXT
Routine request for payment	NO – your payment is deducted from Payroll	Disregard
Cancellation Notice	NOT until you speak with your medical provider or Take Command.	First contact your Medical Carrier and Take Command Team
Account at Risk	NOT until you speak with your medical provider or Take Command.	First contact your Medical Carrier and Take Command Team

Again, please contact your Take Command Team or the benefits team with any questions. Thank you.

Take Command – www.takecommandhealth.com/contact-us 214-866-7757
 Benefits Team – benefits@house-works.com 617-831-4627

You are eligible for the autopay option with Take Command, our ICHRA provider. Autopay allows you to have pre-tax deductions taken from your paycheck to pay for your individual medical plan. As such, we want to be sure that you are getting the most out of this feature.

You may enroll in a plan that is considered a 'two-step' carrier. What this means is that this particular medical carrier requires an extra step to accept the Autopay feature offered to you. Please find the steps below. **If you haven't completed or enabled them yet, it's important to do so ASAP to get the full benefit of Autopay.**

Feel free to contact Take Command directly and they can walk you through this process step-by-step. A Benefits team member can also assist but we do not have access to your account with IBX for privacy reasons. All contact information is also below.

It's important to note that Autopay is sometimes referred to as *binder payment* or enabling *recurring payments*.

If you have not set up your Autopay option:

- Log into your member portal on the Independence Blue Cross [website](#) and locate *payment settings*.
- If you have never logged in before, you will need to create a login if you are a new member. You can contact IBX if you need help with this. Their contact information will be available on their page that you are directed to. Contact the insurance company if you need help.

If you haven't enabled Autopay (or don't remember if you did)

If your initial binder payment is paid (by you or Take Command) but you are unsure if you enabled your Autopay (recurring payments), please log into your insurance carrier's member portal and make sure those are *enabled/turned on* to make sure monthly payments aren't missed and your coverage isn't put at risk.



Here's where you can find your AutoPay payment details from Take Command in order to make your premium payments.



1. Log into your [Take Command portal](#). Payment details are viewed by clicking *Settings* on the left side of screen, then *Payment Information*.
2. Copy the payment details and enter them on your insurance company's site.
 - a. Clicking the *document icon* allows you to copy the information.
 - b. Clicking the *eye icon* will show you the digits.
 - c. Protect this information. It is only authorized to make your premium payment.
3. If requested, list your name as bank account owner. The account is checking, and the bank name is "**Blue Ridge Bank**".

It will look something like this:

Take Command Portal - Settings

Bank name: Blue Ridge Bank

Account number:  

Routing number:  

If you have already completed these steps, you may disregard this message.

If you have questions or need help, please reach out to the [Take Command Support team](#) at:

- Phone: (214)-866-7757.
- support@takecommandhealth.com

or contact the benefits team at benefits@house-works.com or 617-831-4627. Thank you!!



ICHRA Basic Plan Document

Accompanies ICHRA Adoption Agreement

No changes are required or permissible to the Individual Coverage Health Reimbursement Arrangement (ICHRA) Basic Plan Document. The Basic Plan Document is not to be executed. The Employer's adoption of the Adoption Agreement incorporates all the provisions of the Basic Plan Document.

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Article I. Introduction

By adopting the Adoption Agreement paired with this Basic Plan Document the Employer establishes an Individual Coverage Health Reimbursement Arrangement (alternatively, the "ICHRA," or the "Plan"). The Plan is intended to be an ICHRA within the meaning of ICHRA Regulations and shall be administered accordingly. Capitalized terms used in this Plan document that are not otherwise defined shall have the meanings set forth in Article II.

Article II. Definitions

"Administrator" means the Employer.

"Adoption Agreement" means the document that is paired with this Basic Plan Document and that both records the specifics of the Plan as adopted by the Employer and evidences the Employer's adoption of the Plan.

"ALE" means an applicable large employer under § 4980H(c)(2) of the Code. Generally, an employer is an ALE as of January 1 of any calendar year if in the immediately preceding calendar year the employer had or was part of a group of common law employers treated as a single employer under Section 414(b), (c), (m), or (o) of the Code that had, an average of at least 50 full-time and/or full-time equivalent employees as determined under the Code and regulations.

"Basic Plan Document" means this Basic Plan Document, which together with the Adoption Agreement, comprises the Plan's plan document.

"Benefits" means cash reimbursement for Individual Health Insurance Premiums and Medical Care Expenses (if applicable) as set forth in Article VI.

"COBRA" means Title X of the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended.

"Code" means the Internal Revenue Code of 1986, as amended.

"Covered Individual" means a Participant, Spouse, or Dependent.

"Dependent" means, with respect to an Eligible Employee, such Eligible Employee's spouse and each child (as defined in Code § 152) of the Eligible Employee and/or his or her spouse until the end of the calendar year in which such child reaches age 26.

"Effective Date" is the effective date of the Plan as specified in the Adoption Agreement.

"Electronic Protected Health Information" has the meaning described in 45 CFR § 160.103 and generally includes Protected Health Information that is transmitted by electronic media or maintained in electronic media. Unless otherwise specifically noted, Electronic Protected

Health Information shall not include enrollment/disenrollment information or summary health information.

"Eligible Employee" means an Employee eligible to participate in this Plan, as provided in Article III.

"Employee" means any person employed by the Employer on or after the Effective Date, except that it shall not include a self-employed individual as described in Code § 401(c).

"Employer" means the Adopting Employer identified in the Adoption Agreement.

"Employment Commencement Date" means the first regularly scheduled working day on which the Employee first performs an hour of service for the Employer for salary or wages.

"Enrollment Form" means the form used by an Eligible Employee to participate in the Plan.

"ERISA" means the Employee Retirement Income Security Act of 1974, as amended.

"Excepted Benefits" has the meaning set forth in § 2791(c) of the PHSA, § 733(c) of ERISA, and § 9832(c) of the Code.

"FMLA" means the Family and Medical Leave Act of 1993, as amended.

"Former Employee" means an employee who is no longer performing services for the employer.

"HIPAA" means the Health Insurance Portability and Accountability Act of 1996, as amended.

"ICHRA Regulations" means Treasury Regulation § 54.9802-4, and any subregulatory guidance promulgated thereunder by the Internal Revenue Service.

"Individual Health Insurance Coverage" means health insurance coverage offered to individuals in the individual market that is subject to and complies with the requirements in Public Health Service Act §§ 2711 and 2713 and does not include short-term limited duration insurance or coverage that consists solely of excepted benefits.

"Individual Health Insurance Premium" has the meaning defined in Section 6.2.

"Medical Care Expenses" has the meaning defined in Section 6.2.

"Non-Resident Alien" means an individual with no U.S.-based income.

"Participant" means an Eligible Employee who is participating in this Plan in accordance with the provisions of Article III.

"Period of Coverage" means the Plan Year, with the following exceptions: (a) for Eligible Employees who become Participants during the Plan Year, it shall mean the portion of the Plan Year following the date their participation commences; and (b) for Participants who terminate participation during the Plan Year, it shall mean the portion of the Plan before

such termination. A different Period of Coverage (e.g., a calendar month) may be established by the Employer and communicated to Participants.

"PHSA" means the Public Health Service Act, as amended.

"Plan" means this Plan as set forth in this Basic Plan Document and the Employer's Adoption Agreement, as either or both may be amended from time to time.

"Plan Year" means the calendar year (i.e., the 12-month period commencing January 1 and ending on December 31), except in the case of a short plan year representing the initial Plan Year, or where the Plan Year is being changed, in either of which case the Plan Year shall be the entire short plan year.

"Privacy Official" shall have the meaning described in 45 CFR § 164.530(a).

"Protected Health Information" shall have the meaning described in 45 CFR § 160.103 and generally includes individually identifiable health information held by, or on behalf of, the Plan.

"QMCSO" means a qualified medical child support order as defined in ERISA § 609(a).

"ICHRA Account" means the ICHRA account described in Section 6.4.

"Spouse" means an individual who is treated as the Participant's spouse for federal income tax purposes.

"SPD" means the summary plan description describing the terms of the Plan.

"Staffing Firm Employee" means an Employee who, under all the facts and circumstances, is an employee of an entity that hired the employee for temporary placement at the Employer and that is not a member of the Employer's controlled group.

"USERRA" means the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended.

Article III. Eligibility and Participation

3.1 Eligibility to Participate

An Employee is an Eligible Employee and may become a Participant in this Plan:

- (a) If he or she is actively employed by the Employer in a class selected by the Employer to participate in the Plan (as set forth in the Adoption Agreement);
- (b) establishes to the satisfaction of the Plan Administrator that he or she has Individual Health Insurance Coverage initially and annually thereafter or such lesser period as specified in the Adoption Agreement, and with each reimbursement request.

An Eligible Employee who has submitted an Enrollment Form to the Administrator and fulfilled all conditions of participation shall be enrolled in the Plan and become a Participant as described in Article IV.

3.2 Opt Out

An Eligible Employee may opt out of the ICHRA for himself or herself and his or her family members. If the Eligible Employee opts out of the ICHRA and the ICHRA is considered unaffordable he or she may claim the premium tax credit for himself or herself and for any family members enrolled in Marketplace coverage if the Eligible Employee is otherwise eligible. If the Eligible Employee opts out of the ICHRA and the ICHRA is considered affordable, he or she may not claim the premium tax credit for himself or herself or any family members.

3.3 Participation Following Termination of Employment or Loss of Eligibility

If a Participant terminates his or her employment for any reason (including, but not limited to, disability, retirement, layoff, or voluntary resignation) and then is rehired within 30 days of the date of the termination of employment, the resulting break in employment will be disregarded for purposes of determining whether the Employee is an Eligible Employee, and the rehired Employee will be reinstated with the same ICHRA Account balance, if any, that he or she forfeited at termination of employment, provided the individual still has Individual Health Insurance Coverage.

If an Employee (whether or not a Participant) terminates employment and is not rehired within 30 days, or ceases to be an Eligible Employee for any other reason for more than the 90-day or shorter waiting period under Section 3.1 (including, but not limited to, a reduction in hours), the Employee's service before his or her loss of Eligible Employee status will not be taken into account when determining whether the Employee has regained Eligible Employee status, so the Employee will be required to complete the 90-day or shorter waiting period under Section 3.1 before again becoming eligible to participate in the Plan.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers that sponsor group health plans to offer employees and their families (qualified beneficiaries) the ability to elect and pay for continuation coverage in certain instances (qualifying events). To the extent required by COBRA, a Participant and his or her Spouse and Dependents, as applicable, whose coverage terminates under the Plan because of a COBRA qualifying event (and who is a qualified beneficiary as defined under COBRA), shall be given the opportunity to continue on a self-pay basis the same coverage that he or she had under the Plan the day before the qualifying event for the periods prescribed by COBRA. Such continuation coverage shall be subject to all conditions and limitations under COBRA. The Administrator

shall be solely responsible for providing all required COBRA notices and for annually setting (and collecting) the applicable COBRA premiums listed in the Adoption Agreement.

3.4 FMLA and USERRA Leaves of Absence

Notwithstanding any provision in this Plan to the contrary, if a Participant goes on a qualifying leave under the FMLA or USERRA, then to the extent required by the FMLA or USERRA, as applicable, the Employer will continue to maintain the Participant's Benefits on the same terms and conditions as if the Participant were still an active Eligible Employee.

3.5 Non-FMLA and Non-USERRA Leaves of Absence

Employers may determine whether or not a Participant who takes a leave of absence that is not subject to the FMLA or USERRA is treated as having terminated participation, as described above under Section 3.2. This determination must be applied with the same terms for all employees within each class.

3.6 Loss of Eligibility or Termination of Plan

An Employee will cease to be a Participant when the first of the following occurs:

- (a) the Employee ceases to be an Eligible Employee as described in Section 3.1; or
- (b) the Plan terminates.

If the Employee does not maintain Individual Health Insurance Coverage or the Plan terminates, the Employee's loss of Participant status shall occur immediately upon occurrence of the applicable event. If an Employee ceases to be a Participant for any other reason, the Employee's loss of Participant status shall occur at the end of the month in which the applicable event occurs. Any reimbursements from the ICHRA Account after termination of participation will be made pursuant to Section 6.7 (relating to the run-out period for submitting claims incurred before termination).

Article IV. Method and Timing of Enrollment

An Eligible Employee who is not a Participant will commence participation for the calendar month in which he or she satisfies the eligibility requirements. Once the Eligible Employee is enrolled as a Participant, his or her participation will continue until his or her participation ceases pursuant to Article III. The Enrollment Form shall identify the Spouse and Dependents if any, whose Individual Health Insurance Premiums and Medical Care Expenses (if applicable) may be submitted to the ICHRA and shall contain or be accompanied by such evidence of Individual Health Insurance Coverage as the Employer shall require. The Participant must promptly notify the Administrator if this information changes.



Article V. Benefits and Method of Funding

5.1 Benefits

An Employer has the choice to establish an ICHRA that reimburses (1) Individual Health Insurance Premiums only or (2) Individual Health Insurance Premiums and Medical Care Expenses. The Adoption Agreement specifies whether the Employer allows for the reimbursement of Medical Care Expenses.

When an Eligible Employee becomes a Participant in accordance with Article III and IV, an ICHRA Account will be established for him or her to receive Benefits in the form of reimbursements for Individual Health Insurance Premiums and Medical Care Expenses (if applicable), as described in Article IV, but only to the extent specified in the Adoption Agreement. In no event shall Benefits be provided in a form other than reimbursement of Individual Health Insurance Premiums and Medical Care Expenses (if applicable), nor shall Benefits be provided in the form of any other taxable or nontaxable benefit other than reimbursement of Individual Health Insurance Premiums and Medical Care Expenses (if applicable).

5.2 Employer Contributions Only

- (a) **Employer Contributions.** The Employer funds the entire amount credited to the ICHRA Accounts. There are no Participant contributions.
- (b) **No Funding Under Cafeteria Plan.** Benefits may not be funded with salary reduction or employer contributions (e.g., flex credits), or any other amount, under a Code § 125 cafeteria plan, nor will salary reduction or employee contributions be treated as Employer contributions to the Plan.

5.3 Nature of Plan's Funding

All of the amounts payable under the Plan shall be paid from the general assets of the Employer. Nothing herein will be construed to require the Employer or the Administrator to maintain any fund or to segregate any amount for the benefit of any Participant. No Participant or other person shall have, on account of the Plan, any claim against, right to, or security or other interest in, any fund, account or asset of the Employer. There is no trust or other fund separate from the Employer from which Benefits are paid.