

**PAISBOA HEALTH BENEFIT TRUST
ADOPTION AGREEMENT
MAVEN WALLET PROGRAM (INTEGRATED HRA)
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**ADOPTION AGREEMENT
HEALTH REIMBURSEMENT ARRANGEMENT
INTEGRATED HRA**

This Adoption Agreement is for a health reimbursement arrangement that is integrated with a qualifying health plan for purposes of the Affordable Care Act. The undersigned plan sponsor hereby adopts this Plan. The Plan is intended to qualify as a health reimbursement arrangement that provides benefits, some which are and others which are not excludable from gross income under Code section 105(b). The Plan shall consist of this Adoption Agreement, HRA Plan Document and any related Appendices and Addenda to this Adoption Agreement. Unless otherwise indicated, all Section references are to Sections of HRA Plan Document.

PLAN SPONSOR INFORMATION

1. Plan Sponsor: The PAISBOA Health Benefit Trust
Address: 301 Iven Ave, Suite 315
City: Wayne
State: PA
Zip: 19087
Phone number: 484-580-8844
4. Plan Sponsor EIN: 46-7526272
5. Plan Sponsor fiscal year end: October 31
6. Plan Sponsor entity type:
 - a. C Corporation
 - b. S Corporation
 - c. Not-for-Profit Organization
 - d. Partnership
 - e. Limited Liability Company
 - f. Limited Liability Partnership
 - g. Sole Proprietorship
 - h. Union

1. Name of the representative of the parties who established or maintain the Plan:
 - i. Government Agency
 - j. Other:
11. State of organization of Plan Sponsor: Pennsylvania
12. Controlled Groups/Affiliated Service Groups
 - a. The Plan Sponsor is a member of an affiliated service group. List all members of the group (other than the Plan Sponsor):
 - b. The Plan Sponsor is a member of a controlled group. List all members of the group (other than the Plan Sponsor):

NOTE: *Affiliated service group members and controlled group members may adopt the Plan with the approval of the Plan Sponsor.*

NOTE: *Listing affiliated service group members and controlled group members is for information purposes only and is optional. Participating Employers in the Plan are listed in Addendum.*

PLAN INFORMATION

SECTION A. GENERAL INFORMATION

1. Plan Number: 501
 2. Plan Name: PAISBOA Health Benefit Trust Medical Plan
 3. Effective Date:
 - a. Original effective date of Plan:
 - b. Is this a restatement of a previously-adopted plan:
 Yes No
 - c. If A.3b is "Yes", effective date of Plan restatement:
- NOTE:** *If a provision of the Plan states another effective date, such stated specific effective date shall apply as to that provision.*
4. Plan Year:
 - a. Plan Year means each 12-consecutive month period ending on 10/31 (e.g. October 31). If the Plan Year changes, any special provisions regarding a short Plan Year should be placed in the Addendum to the Adoption Agreement.
 - b. The Plan has a short plan year:
 Yes No
 - c. If A.4b is "Yes", the short plan year begins _____ and ends on _____.
 5. Period of Coverage:
 - a. Period of Coverage means:
 1. The same as the Plan Year (A.4a)
 2. Other:

SECTION A. GENERAL INFORMATION

- b. The Plan has a short/long Period of Coverage that begins _____ and ends on _____.
6. Integrated Plan. Name of plan(s) with which the HRA is integrated (*select one*):
- a. Employer Group Health Plan(s): PAISBOA Health Benefit Trust Medical Plan
 - b. Medicare Part B or D
 - c. TRICARE
7. Integration Method. The Plan is intended to be integrated with another group health plan within the meaning of 26 CFR section 54.9815-2711(d)(2) using the following method (*select one*):
- a. Minimum value not required (26 CFR section 54.9815-2711(d)(2)(i)).
 - b. Minimum value required (26 CFR section 54.9815-2711(d)(2)(ii)).
 - c. Integration with Medicare Part B or Part D (26 CFR section 54.9815-2711(d)(5)).
 - d. TRICARE-Related HRA (IRS Notice 2015-17, Q/A-3).

SECTION B. ELIGIBILITY

Other Employer-sponsored Group Health Plan

1. An Employee is eligible to participate in the Plan under the same terms and conditions as under the Employer-sponsored group health plan(s) specified in B.2:
- a. Yes - without limitation
 - b. Yes - with limitations and modifications:
 - c. No (remainder of Section B must be completed)
2. If B.1 is not "No", enter name of other Employer-sponsored group health plan(s):

Exclusions

The term "Eligible Employee" shall not include (Check items B.3 - B.7 as appropriate):

3. Union. Any Employee who is included in a unit of Employees covered by a collective bargaining agreement, if health benefits were the subject of good faith bargaining, and if the collective bargaining agreement does not provide for participation in this Plan.
4. Any leased employee.
5. Non-Resident Alien. Any Employee who is a non-resident alien who received no earned income (within the meaning of Code section 911(d)(2)) which constitutes income from services performed within the United States (within the meaning of Code section 861(a)(3)).
6. Part-time. Any Employee who is expected to work less than 30 hours per week.
7. Other. Describe other Employees excluded from definition of Eligible Employee: _____.

NOTE: The Plan may not discriminate in favor of highly compensated employees (within the meaning of Code section 105(h)(5)) as to benefits provided or eligibility to participate.

Immediate Participation/Modifications

- 8. All Eligible Employees employed on November 1, 2023 shall become eligible to participate in the Plan as of such date.
- 9. The following conditions or modifications apply to the term "Eligible Employee": _____.

Service Requirements

- 10. Minimum age requirement for an Eligible Employee to become eligible to be a Participant in the Plan: [18].
- 11. Minimum service requirement for an Eligible Employee to become eligible to be a Participant in the Plan:
 - a. None.
 - b. Completion of _____ hours of service.
 - c. Completion of _____ days of service.
 - d. Completion of _____ months of service.
 - e. Completion of _____ years of service.
- 12. Frequency of entry dates:
 - a. An Eligible Employee shall become a Participant in the Plan as soon as administratively feasible upon meeting the requirements of B.10 and B.11.
 - b. first day of each calendar month.
 - c. first day of each plan quarter.
 - d. first day of the first month and seventh month of the Plan Year.
 - e. first day of the Plan Year.
- 13. An Eligible Employee shall become a Participant in the Plan on the entry date selected in B.12 that is:
 - a. coincident with or next following
 - b. next following

the date the requirements of B.10 and B.11 are met.

- 14. The Plan will make additional modifications to the eligibility rules specified in B.10 - B.13: _____.

NOTE: If the service requirement is different for various groups of Employees, nondiscrimination testing may apply.

Resumption of Participation

15. Describe any additional conditions to resuming participation in the Plan: _____.

SECTION C. BENEFITS

Eligible Expenses

1a. The Plan will reimburse the following Eligible Expenses:

1. Medical Expenses. The Plan will reimburse the following allowable medical expenses incurred by Covered Persons (Section 3.06):
 - A. All allowable medical expenses. All medical expenses that are excludable from gross income under Code section 213(d).
 - B. Non-essential health benefits. All medical expenses that are not essential health benefits under 26 C.F.R. 54.9815-2711(c).
 - C. Listed medical expenses. All medical expenses that are listed on an appendix to the Adoption Agreement [and that are excludable from gross income under Code section 213(d)].
 - D. Limited medical expenses. All medical expenses that are excludable from gross income under Code section 213(d) except expenses that are listed on an appendix to the Adoption Agreement.
2. Health plan deductibles. The Plan will reimburse health plan deductible amounts that are otherwise payable by the Participant under an Employer-sponsored group health plan covering the Participant.
3. Health plan coinsurance. The Plan will reimburse health plan coinsurance amounts that are otherwise payable by the Participant under an Employer-sponsored group health plan covering the Participant.
4. Health plan premiums. The Plan will reimburse health plan premiums for the Qualified Health Coverage of the Covered Person.
5. COBRA premiums. The Plan will reimburse COBRA premiums for the Qualified Health Coverage of the Covered Person.
6. Other. The Plan will reimburse [Fertility (including Egg Freezing), Maternity expenses described in 1a(1)(C)]. These expenses are reimbursed on a taxable/pre-tax basis.

NOTE: Do not select Part C.1a.4 if Eligible Employees are eligible to participate in a cafeteria plan that allows payment of Qualified Health Coverage premiums on a pre-tax basis.

1b. Limitations on Eligible Expenses in conjunction with a Health Savings Account (HSA) Plan:

1. The Plan will limit Eligible Expenses in C.1a to (select all that apply):
 - A. Limited Purpose HRA. Dental care, vision care, and preventive care (as defined under Code section 223(c)(2)(C)).
 - B. Post-Deductible HRA. Expenses incurred after the Participant has satisfied the minimum annual deductible under Code section 223(c)(2)(A)(i).
 - C. Other:
2. The limitations in C.1b.1 only apply to Participants who are enrolled in a high deductible health plan as defined in Code section 223(c)(2).

Covered Persons

2. Covered Persons. A Participant may only be reimbursed from the Plan for expenses that are incurred by (select all that apply):
 - a. Participant
 - b. Participant's spouse
 - c. Participant's Dependents for group health plan purposes
 - d. Other:

3. Adult Children Coverage. Reimbursement for Covered Persons who are adult children may be paid from the Plan for claims incurred until:
 - a. the date the child attains age 26.
 - b. the last day of the calendar year in which the child attains age 26.

4. Coverage under Employer Group Health Plan. Covered Persons must be covered under the Employer's group health plan at the time the expense is incurred to be reimbursed by the Plan.

Administration

5. Account-Based HRA. The Plan will be administered as an account-based HRA:
 - a. The Employer will credit an amount to the Participant's HRA for the Period of Coverage as follows:
 1. Discretionary
 2. \$10,000 per Participant [Lifetime]
 5. Other: [\$10,000 less any reimbursement amounts received by Participant through [Employer's] Adoption Assistance Plan and Surrogacy Assistance Plan as described in the Maven Wallet for [Employer's] Program Overview]

 - b. Amounts shall be credited to the Participant's account at the following times:
 1. Beginning of Plan Year. The entire amount shall be credited at the beginning of the Plan Year.
 2. Semi annually. One half of the amount shall be credited at the beginning of the Plan Year and on the first day of the seventh month of the Plan Year.
 3. Quarterly. One fourth of the amount shall be credited at the beginning of each plan quarter.
 4. Monthly. One twelfth of the amount shall be credited at the beginning of each calendar month during the Plan Year.
 5. Per payroll period. Amounts are credited each payroll period in an amount equal to the entire amount divided by the number of payroll periods.
 6. At the discretion of the Employer.
 7. Other:

Mid-Year Enrollment

8. HRA benefits for Participants who begin participation in the Plan following the beginning of the Period of Coverage

will be calculated as follows:

- a. The Participant's HRA benefit shall not be prorated.
 - b. The Participant's HRA benefit shall be prorated and determined based only on the portion of the Period of Coverage during which the Participant was covered under the Plan.
 - c. Other:
9. If benefits under the Plan are determined based on a Participant's coverage, a Participant's HRA benefits will be automatically adjusted to reflect mid-year changes to the Participant's type of coverage.

Carryover

10. Carryover Amount:

The Plan will carry over unused HRA benefits at the end of the Period of Coverage. The amount of the carryover is subject to the following limit:

- a. No limit. The Participant's entire unused HRA benefit will be carried over to the subsequent Period of Coverage.
 - b. Other:
11. Availability of Carryover Amount:
- b. Carryover benefits are available in any Period of Coverage following the year in which they are carried over (subject to applicable limits).
 - c. Other:

Maximum Benefit

12. Maximum Combined HRA Benefit. The amount available for reimbursement under the Plan for all Periods of Coverage shall not exceed the following:
- a. No Maximum Benefit.
 - b. Other: [\$10,000 lifetime]

Suspension of HRA Coverage

13. A Participant may elect to suspend HRA coverage and forgo the payment or reimbursement of Eligible Expenses incurred during the Period of Coverage.
14. A suspended HRA may reimburse the following Eligible Expenses during the period of suspension (select all that apply):
- a. None
 - b. Other:

NOTE: The suspended HRA cannot reimburse for any expenses not described in Code section 223(c)(1)(B).

SECTION D. REIMBURSEMENT

Run Out Period

1. Active Participants. An active Participant must submit claims for reimbursement of expenses incurred during the Period of Coverage no later than:
 - a. _____ days after the end of the Period of Coverage
 - b. _____ (insert date, e.g., March 31) immediately following the Period of Coverage
 - c. Other: 90 days from when the expense was incurred

2. Former Participants. A Participant whose participation in the Plan terminates during the Period of Coverage may submit claims for reimbursement from the Plan no later than:
 - a. 0 days after a termination of participation.
 - b. _____ days following the Period of Coverage in which the termination of participation occurs.
 - c. Other:

Stored Value Cards

3. The Employer will provide debit, credit, and/or other stored-value cards (Section 3.07(e)).

Coordination with Other Plans

4. Coordination with Health Flexible Spending Account. Eligible Expenses that are also reimbursable by a health flexible spending account (FSA) will be reimbursed as follows:
 - a. Not Applicable. The Employer does not maintain a health flexible spending account, no Participants are eligible to participate in the Employer's health flexible spending account or the Employer's health FSA does not reimburse Eligible Expenses.
 - b. HRA Pays First. A Participant is not entitled to reimbursement under the Employer's health FSA until the Participant has received the maximum reimbursement under this Plan.
 - c. FSA Pays First. Reimbursement under the Plan is only available for expenses exceeding the maximum reimbursement amounts in the health FSA.

Termination of Coverage

6. If an individual ceases to be a Covered Person under the Plan, the Plan shall reimburse Eligible Expenses incurred by the Covered Person incurred through (select one):
 - a. the date on which the individual ceases to be a Covered Person
 - b. the last day of the payroll period during which the individual ceases to be a Covered Person
 - c. the last day of the month during which the individual ceases to be a Covered Person
 - d. the last day of the Period of Coverage during which the individual ceases to be a Covered Person

- e. the date that the Participant's HRA benefit is \$0.
- f. Other:

7. Unused amounts that were credited to an Integrated HRA while the HRA was integrated with other Qualified Health Coverage may be used to reimburse Eligible Expenses incurred after a Covered Person ceases to be covered by other Qualified Health Coverage or the HRA fails to qualify as an Integrated HRA.

SECTION E. MISCELLANEOUS

1. Designation of Plan Administrator (Section 7.01):

- a. Plan Sponsor
- b. Committee appointed by Plan Sponsor
- c. Other:

2. Indemnification. Type of indemnification for the Plan Administrator:

- a. None - the Employer will not indemnify the Plan Administrator.
- b. Standard as provided in Section 7.02.
- c. Custom. (Indemnification for the Plan Administrator is provided pursuant to an Addendum to the Adoption Agreement.)

3. Governing Law. The following state's law shall govern the terms of the Plan to the extent not preempted by Federal law: PA

SECTION F. EXECUTION PAGE

Failure to properly fill out the Adoption Agreement may result in the failure of the Plan to achieve its intended tax consequences.

The Plan shall consist of this Adoption Agreement, its related HRA Plan Document and any related Appendix and Addendum to the Adoption Agreement. The undersigned agrees to be bound by the terms of this Adoption Agreement and HRA Plan Document and acknowledge receipt of the same.

The Plan Sponsor caused this Plan to be executed this 26th day of January, 2024.

[Plan Sponsor]: PAISBOA HEALTH BENEFIT TRUST

Signature:  _____

Print Name: Heather Gelting

Title/Position: Executive Director

MEDICAL EXPENSES APPENDIX

The following medical expenses are available for coverage under this Plan [(but only if also excludable from gross income under Code section 213(d))]:

- Procedures related to in vitro fertilization (IVF) and intrauterine insemination (IUI)
 - Embryo/egg/sperm extraction, freezing, short-term storage, and thawing
 - Medications related to embryo/egg/sperm extraction and freezing
 - Intracytoplasmic sperm injection (ICSI) and assisted hatching
 - Fertilization
 - Gamete Intrafallopian Tube Transfer (GIFT)
 - Zygote intrafallopian transfer (ZIFT)
- Diagnostic and screening tests to improve likelihood of pregnancy success
 - Preimplantation genetic screening (PGS)
 - Preimplantation genetic testing (PGST)
 - Diagnostic hormone kits
- Surgery, including an operation to reverse prior surgery that prevented the person operated on from having children (reversal of sterilization)

- Any maternity-related out of pocket costs for medical services (copays, deductibles, coinsurance) not covered under the plan or any other source
- Any maternity-related Rx not covered under the plan
- Reasonable and necessary cost of travel to obtain [maternity or reproductive] medical care for participants living in a jurisdiction where the medical care or procedure is restricted or otherwise unavailable:
 - Car and rental car expenses; parking fees and tolls; bus, taxi, rideshare, train, plane, and ferry fares; and ambulance services. Note that rental car expenses are limited to the portion attributable to the medical appointment or other care. Instead of actual car expenses, a standard mileage rate (22 cents per mile) for use of a car to obtain medical care is permitted. Taxi or rideshare expenses are only reimbursable when accompanied by a hotel stay or air travel. Air travel is limited to economy seats.
 - Meal expenses while away from home undergoing treatment if they are provided at a hospital or similar licensed institution at which the individual is receiving medical care
 - Lodging expenses are reimbursable up to \$50 per day

EFFECTIVE DATE ADDENDUM

Use this Addendum to provide any effective dates for Plan provisions other than the Effective Date specified in A.3. Any date entered may not override an effective date required by the Internal Revenue Code, Treasury & Department of Labor Relations or other formal guidance.