Inpatient Hospital/Day Surgery Medical Expense Reimbursement Plan (MERP)

PLAN DESCRIPTION

The Medical Expense Reimbursement Plan (MERP) works in conjunction with the Fallon Health and Harvard Pilgrim traditional HMO and PPO plans (the high deductible health plans do not qualify). The College has decided to implement this plan to help offset a portion of the expense associated with the inpatient hospital ($250) and day surgery ($125) copays that are required under the traditional HMO and PPO benefit plan offerings.

For each employee or family member enrolled in one of the College’s eligible health plans as described above, the College will reimburse a portion of the required copayment paid for services incurred as a result of an inpatient hospital stay or outpatient/ambulatory day surgery. The MERP will reimburse the employee $125 per inpatient admission copay and $50 per day surgery copay that they pay throughout the most recent plan year.

HOW DOES THE PLAN WORK?

1) In order to be eligible, you and your eligible family members must be enrolled in one of the College of the Holy Cross Fallon Health or Harvard Pilgrim traditional HMO or PPO medical plans. *Participants enrolled in the high deductible health plans are not eligible.*

2) If you or a covered family member incurs an eligible inpatient hospital or outpatient/ambulatory day surgery expense; you must pay the applicable copayment ($250 per inpatient hospital or $125 per day surgery).

3) At time of payment, you should request proof of such payment and retain it for your records.

4) Once you have proof of payment, you must complete and submit a (MERP) claim form, including proof of payment, an explanation of benefits, or an invoice, to Sullivan Benefits for adjudication.

5) College of the Holy Cross will issue you reimbursement via check for each eligible expense that you submit for you or your eligible family members. $125 per inpatient hospital copay, $50 per outpatient/ambulatory day surgery copay. Note: Reimbursements are provided tax free.

QUESTIONS?

Please contact Holy Cross Human Resources Department with any questions that you may have.

HOW TO GET REIMBURSED?

Submit the MERP claim form along with proof of payment and corresponding explanation of benefits via Mail (pre-addressed envelope) or Fax to:

Sullivan Benefits
Attn: Leslie Schuster
33 Boston Post Road W, Suite 120
Marlborough, MA 01752
Fax: 508-439-4197
MEDICAL EXPENSE REIMBURSEMENT PLAN
CLAIM FORM FOR REIMBURSEMENT

SUBMIT TO SULLIVAN BENEFITS  Fax: (508) 439-4197 or

<table>
<thead>
<tr>
<th>Mail To:</th>
<th>Your Name:</th>
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<tbody>
<tr>
<td>Sullivan Benefits</td>
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<td>Attn: Leslie Schuster</td>
<td>Employee HC ID#:_________________________</td>
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*Please include proof of payment and a copy of the corresponding explanation of benefits with your claim form submission.*

<table>
<thead>
<tr>
<th>Date incurred</th>
<th>Service provider</th>
<th>Expense description</th>
<th>Person for whom expense was incurred</th>
<th>Total paid</th>
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Total amount of copay(s) paid $ _______________

For each eligible claim submitted a reimbursement check will be issued ($125 Inpatient copay, $50 Day surgery copay) to you by the College of the Holy Cross.

Employee’s Signature: ___________________________ Date: __________________