

**SUMMARY OF BENEFITS AND COVERAGE—SUPPLEMENT  
HOLLAND ENTERPRISES, INC.  
HEALTH REIMBURSEMENT ARRANGEMENT PLAN (THE “PLAN”)**

**For the period from April 1, 2021 through December 31, 2021**

**What benefits are you provided under the Plan?**

You will be reimbursed for 80% of covered medical and prescription drug expenses, incurred by you and/or your covered dependents in a Plan Year, if those medical expenses are applied towards the plan deductible or prescription drug copays as described in the attached Summary of Benefits and Coverage. The maximum reimbursement amount available for the current short plan year is \$2,250.

In order to receive reimbursement for those amounts, you will need to submit a separate claim to the Plan’s Claim Administrator, Connect Your Care.

**What expenses are considered covered medical care and prescription drug expenses?**

Covered medical care and prescription drug expenses means expenses incurred by you and/or your covered dependents that would be reimbursed by the BlueSaver 100 plan option in which you are enrolled, but for the application of deductible or co-payment amounts.

**When are covered medical expenses incurred?**

For you to be reimbursed for covered medical expenses, you must have incurred them during above plan year. An expense is incurred when the service that gives rise to the expense is provided, not when the expense was paid. Note that if you have paid for the expense but if the services have not yet been rendered, then the expense has not been incurred for this purpose. You may not be reimbursed for any expenses arising before you participate or after the close of the Plan Year, or after a you terminate, unless you continue coverage under COBRA.

**Where can you receive information regarding coverage under the employer’s insured group health plan?**

This plan is integrated with your employer’s insured group medical plan. For details regarding coverages under that plan, please refer to the attached Summary of Benefits and Coverage and your insurance Certificate of Coverage.

**If you have any questions or need additional information:**

Please refer to your Summary Plan Description or contact your employer at 701-373-7127.