INPATIENT HOSPITAL REIMBURSEMENT PLAN

Notice Date: March 2026 **Plan Year:** April 1, 2026 to March 31, 2027

Eligibility:

- You must be enrolled in one of the Medical Plans offered by Horizon House to Full-time employees during the Plan Year noted above and must be admitted on an inpatient basis into the Hospital or a Skilled Nursing Facility (SNF) during the plan year.

Benefits:

- If you are admitted to the Hospital or a Skilled Nursing Facility (SNF) on an inpatient basis during the Plan Year, you will be responsible to pay either a deductible or a copayment depending on the medical plan option you selected.
- Horizon House will reimburse you **50% of the Member's Out-of-Pocket Cost** per day up to a maximum of $1,000 per person per year or $2,000 per covered family unit per year.

Instructions for Submission of Claims to Horizon House:

- **Employees must submit a request to the Benefits Unit with the following information:**
    1. Complete the attached form or provide the same information in a cover memo.
    2. Attach the Explanation of Benefits (EOB) statement from your insurance company.
        - If you have already paid the facility, please provide us a receipt and we will reimburse you.
        - If you want Horizon House to pay the facility directly, please provide us with the invoice so we can reference the account number on the payment.
    3. Please fax or mail these documents to Benefits Unit at Horizon House for processing.
- Horizon House will review all the documentation in a confidential manner and make a payment directly to the Hospital or SNF or reimburse you if you had already paid. The EOB and Billing Statement do not contain any diagnosis or details regarding your condition to protect your privacy.
- **Submission Deadline**: Requests for a reimbursement must be presented to the Benefits Unit within **90 days from the end of the Plan Year**. The Plan Year ends March 31, 2027, so your deadline to request a reimbursement under this plan is June 30, 2027.
- Horizon House reserves the right to terminate this plan at any time and would communicate this to employees in writing. Horizon House would be responsible to reimburse any eligible expenses incurred prior to the date of termination.
- **THIS IS YOUR ONLY NOTICE REGARDING THIS PLAN**. You can access through UKG at Benefits>Manage My Benefits> Documents section.

Fax or mail your request along with the above documentation to:

Benefits Unit
Phone: 215-386-3838, Ext 11121
Dedicated Fax line: 215-438-5484

Horizon House, Inc.
Attn: Benefits Unit
5901 Market Street
Philadelphia, PA 19139