



My Company Plan

Appendix to the BESTflex Plan Summary Plan Description

This document outlines all of the options included in your company's BESTflex Plan. It may include options you have chosen not to participate in. For further information about your plan, refer to your BESTflex Plan Summary Plan Description.

My Plan

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| Organization Name | Deerfield Community School District (D1141) |
| Cafeteria Plan Name | Deerfield Community School District Flexible Compensation Plan |
| Plan Year | September 1 - August 31 |

My Plan Eligibility

| Benefit Type | Eligibility |
|----------------------------|--|
| Dependent Care FSA | The employee is eligible on their date of hire. Employees who were hired prior to 8/5/2019 and who are regularly scheduled to work at least 20 hours weekly can participate. Employees who were hired on or after 8/5/2019 and who are regularly scheduled to work at least 30 hours weekly can participate. |
| Health Care FSA - Standard | The employee is eligible on their date of hire. Employees who were hired prior to 8/5/2019 and who are regularly scheduled to work at least 20 hours weekly can participate. Employees who were hired on or after 8/5/2019 and who are regularly scheduled to work at least 30 hours weekly can participate. |
| HSA Contributions | Employees must participate in a qualified High Deductible Health Plan. See your Summary Plan Description (SPD) for more information. |
| Individual Premium FSA | The employee is eligible on their date of hire. Employees who were hired prior to 8/5/2019 and who are regularly scheduled to work at least 20 hours weekly can participate. Employees who were hired on or after 8/5/2019 and who are regularly scheduled to work at least 30 hours weekly can participate. |
| Insurance Premiums | Employees otherwise eligible for certain insurance coverages (listed in the My Other Pretax Benefits section) are eligible to pay for those premiums before taxes. |

My FSA Options

You may choose to participate in and contribute to the following flexible spending account (FSA) options.

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| Dependent Care FSA | Used for daycare expenses incurred for the care of your child(ren) or other eligible dependents. You (and your spouse, if you are married) must be working, looking for work, or be a full-time student to use this account. |
| Minimum Plan Year Contribution: | None for this plan year |
| Maximum Plan Year Contribution: | \$5,000 |

Health Care FSA - Standard Used for eligible medical, vision, and dental expenses incurred by you, your spouse, your eligible child(ren) or your eligible dependent(s). This plan is not compatible with making health savings account (HSA) contributions in the same plan year.

Minimum Plan Year Contribution: None for this plan year

Maximum Plan Year Contribution: \$2,700

Individual Premium FSA Used for eligible individual insurance expenses incurred by you, your spouse, your eligible child(ren) or your eligible dependent(s).

Minimum Plan Year Contribution: \$0

Maximum Plan Year Contribution: None for this plan year

Submitting FSA Claims

The Accessing Your Funds section in your BESTflex Plan Summary Description includes more information about the following.

Submitting FSA Claims for Reimbursement Online, through the Mobile App, or on a Claim Form

You may submit claims for reimbursement online at www.ebcflex.com, through the mobile app, or by filling out and submitting a claim form. Reimbursement is made in the order claims are received. The first claim received and processed is the first one paid from the FSA.

Paying for Eligible Health Care Expenses with the Benefits Card

Your employer's Health Care FSA includes a Benefits Card. The Benefits Card is a prepaid debit card you can use to pay for eligible expenses with funds directly from your Health Care FSA balance.

The Benefits Card debits your Health Care FSA when you use the card at approved service providers and retailers to pay for eligible expenses. Remember to save your receipts and purchase documentation when using the Benefits Card. If your transaction cannot be automatically substantiated at the point of sale, you will be sent a Documentation Request to verify the expense is eligible for payment from your Health Care FSA.

You can only use your Benefits Card for an expense incurred in the same plan year it is paid. To be reimbursed during your runout period for prior plan year expenses, submit a claim for reimbursement online, through the mobile app, or on a claim form.

If you use your Benefits Card while you have pending claims for reimbursement that you previously submitted, your Benefits Card transaction may be processed before the pending claims. As a reminder, the first claim processed is the first one paid from the Health Care FSA.

Runout Period

Your runout period is 3 months long and you may submit claims for eligible expenses incurred during the plan year until November 30, 2020. If you end your employment or lose eligibility mid-plan year, you will still have 3 months to submit Health Care FSA claims from the date your employment ended or you lost eligibility.

My Other Pretax Benefits

The BESTflex Plan allows your employer to withhold certain pretax benefit contributions from your payroll before taxes, which saves you money.

Group Insurance Premiums Renewal Date

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|-------------------|-------------|
| Dental Insurance | September 1 |
| Medical Insurance | September 1 |
| Vision Care | September 1 |

Health Savings Account (HSA) Contributions

If you are an eligible HSA accountholder, your BESTflex Plan allows you to contribute to your HSA on a pre-tax basis by making a salary reduction election.

Additional Details

Cash in Lieu of Coverage

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| Health Coverage | <p>Teachers/Administration: \$3,000.00/year cash in lieu compensation paid for full-time staff according to district payroll procedures and prorated based on FTE less than full-time (to .50 FTE).</p> <p>Support Staff: \$50.00/month cash in lieu compensation paid for full-time staff according to the district payroll procedures and prorated based on FTE less than full-time status (40 hours per week). No contribution will be made for employees who work less than 20 hours per week.</p> |
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Employer Contributions

The employer will contribute \$2000 to employees on single coverage and \$4000 to employees on family coverage. Funds will go towards the Health Savings Account (HSA) and will fund 1/4 on 9/1/2018 and effective 12/1/2018 will fund monthly.

Administration Fees

Your employer is paying all fees for this plan.

My Health Care FSA ERISA Information

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| ERISA Status | The Plan is not governed by ERISA |
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Your company, Deerfield Community School District, has adopted the BESTflex Plan (the Plan) and has engaged Employee Benefits Corporation, P.O. Box 44347, Madison, WI, 53744 (telephone: 608 831 8445; toll free: 800 346 2126), to provide services related to the Plan. For purposes of federal law, the Employer is the Plan Sponsor and the Plan Administrator.

Employee Benefits Corporation Contact Information

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|-----------------|--|
| Web Address | www.ebcflex.com |
| E-mail Address | participantservices@ebcflex.com |
| Fax Number | (608) 831-4790 |
| Mailing Address | Employee Benefits Corporation PO Box 44347 Madison, WI 53744-4347 |
| Phone Number | Monday-Friday 7:00 am-5:00 pm Central Time (800) 346-2126 (608) 831-8445 |