



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

Organization Name	Merrill Area Public Schools (M397W)
Cafeteria Plan Name	Merrill Area Public Schools Flexible Compensation Plan
Plan Year	July 1 - June 30

My Plan Eligibility

Benefit Type	Eligibility
Dependent Care FSA	The employee is eligible on their date of hire. Only employees who are regularly scheduled to work at least 30 hours weekly can participate.
Health Care FSA - Limited	The employee is eligible on their date of hire. Only employees 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.
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.

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 - Limited (with Grace Period)	Used for eligible vision and dental expenses incurred by you, your spouse, your eligible child (ren) or your eligible dependent(s). This plan is 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

Grace Period Details:

Your Health Care FSA - Limited option includes a grace period, which extends your plan year by 2 months and 15 days. This allows you to continue to incur eligible expenses for payment from your Health Care FSA - Limited until September 14 and submit them for reimbursement. Please refer to Health Care FSA - Limited Details in your BESTflex Plan Summary Plan Description (SPD) for more information.

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 September 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

Cancer Insurance
Dental Insurance

Renewal Date

July 1
July 1

Medical Insurance	July 1
Vision Care	July 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

Health Coverage Each employee shall elect annually, subject to a qualifying event, under the District's Section 125 Plan, prior to the start of each plan year, either the health insurance benefit or \$4,000. If an employee elects the \$4,000, it shall be paid to the employee in four (4) equal quarterly payments throughout the year (November 30, February 28, May 31 and August 31) and the payments will be subject to all applicable payroll taxes.

The Alternate Benefit Arrangement provision does not apply to a spouse of a current or former district employee who is receiving a family health insurance benefit from the District. Employees wishing to resume receiving health insurance under this section are subject to waiting period and insurability provisions imposed by the carrier.

Administration Fees Your employer is paying all fees for this plan.

My Health Care FSA ERISA Information

ERISA Status The Plan is not governed by ERISA

Your company, Merrill Area Public Schools, 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

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