



# 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	County Of Dunn (D28)
Cafeteria Plan Name	County Of Dunn Flexible Compensation Plan
Plan Year	January 1 - December 31

## My Plan Eligibility

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Benefit Type	Eligibility
Dependent Care FSA	The employee is eligible the first of the month following 30 days of employment.
Health Care FSA - Limited	The employee is eligible the first of the month following 30 days of employment.
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

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

<b>Dependent Care FSA</b>	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
<b>Health Care FSA - Limited (with Grace Period)</b>	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:	\$2,650

**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 March 15 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

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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](http://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 March 31, 2020. If you end your employment or lose eligibility mid-plan year, you will still have 3 months to submit claims from the date your employment ended or you lost eligibility.

## My Other Pretax Benefits

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

### **Group Insurance Premiums**

Dental Insurance  
Medical Insurance

### **Renewal Date**

January 1  
January 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

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### Cash in Lieu of Coverage

Health Coverage Eligible employee's electing to not be covered by family health = \$75  
 Eligible employee's electing single health instead of family or reducing coverage from single plan to no health = \$50. This will be paid out on a bi-weekly basis.  
 Cash in Lieu is conditioned on an employee's reasonable evidence of enrollment in other employer-sponsored health coverage or evidence they will have minimum essential coverage (does not include individual market coverage plans) during the plan year for themselves and their expected tax dependents.

**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 governed by ERISA
Contact	Human Resources Representative
Plan Administrator	County Of Dunn
Address	800 Wilson Avenue (Room 103)
	Menomonie, WI 54751
Telephone	(715)231-6403
Federal ID Number	39-6005690
Legal Plan Name	County Of Dunn Flexible Compensation Plan
Plan Number	
Original Effective Date	1/1/1996
Agent for Service of Process	Patty Isaacson
Collectively Bargained	No

Your company, County Of Dunn, 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