The BESTflex Plan

My Company Plan

This document defines the BESTflex Plan options by your company and helps you complete your BESTflex Plan Enrollment Form.

Appendix to the BESTflex Plan Summary Plan Description and Program Summary

My Plan

Plan Name:	**Hustisford School District Flexible Benefit Plan - H19523**
Type of Plan:	The BESTflex[SM] Plan

My Plan Dates

Plan Effective Date:	July 1
Plan Year:	July 1 - June 30

Eligibility

Coverage Type	Eligibility
Dependent Care FSA	Teachers that are 50% of full-time and staff such as support, contracted teachers and administration working 20 or more hours a week are eligiblie for the plan on their first day of employment.
Health Care FSA	Teachers that are 50% of full-time and staff such as support, contracted teachers and administration working 20 or more hours a week are eligiblie for the plan on their first day of employment.

My BESTflex Plan Benefits

Group Insurance Premiums

Group Insurance Premiums are automatically withheld from your paycheck for each pay period before taxes for:

Benefit	Renewal Date
Dental Insurance	July 1
Medical Insurance	July 1

My BESTflex Plan Accounts

Dependent Care FSA(with Grace Period)

You use the Dependent Care FSA for daycare expenses that are incurred for the care of your child(ren) or other eligible dependents.

Minimum Plan Year Contribution:	None for this plan year
Maximum Plan Year Contribution:	$5,000.00

The Dependent Care FSA limits spending to a $5,000 maximum for married and head-of-household filers or $2500 for those who are married and filing separately. If you are married and your spouse is either a full-time student or is physically or mentally incapable of caring for him or herself, the reimbursement limit is: $250 in any one month if you have only one dependent or $500 in any one month if you have more than one dependent.

Health Care FSA(with Grace Period)

You use the Health Care FSA for out-of-pocket, unreimbursed medical, vision, and dental expenses incurred by you, your spouse, or your eligible dependent(s).

Minimum Plan Year Contribution:	None for this plan year
Maximum Plan Year Contribution:	$2,550.00

The Health Care FSA limits employee salary reduction contributions to the amount listed in the Maximum Plan Year Contribution section above. The limit applies on a per participant basis. Employer contributions to the Health Care FSA are not included in the limit. See the Employer Contributions section below.

My BESTflex Plan Options

Administration Fees

Your Plan has administration fees in which you are responsible to pay. Please see your Human Resources Department for the amount and payment method of those fees.

Cash in Lieu of Health Coverage

Employee Benefits Corporation

Web Address: www.ebcflex.com

U.S. Mail: Employee Benefits Corporation PO Box 44347 Madison, WI 53744-4347

Phone: Monday-Friday, 7:00- 5:00 CST 608 831 8445 800 346 2126

Fax: 608 831 4790

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Health Coverage:
Teachers: Eligible for $6,000 annual cash benefit.
Support Staff: For Class 1A and 1B employees, annual cash benefit of $2,500 per year. For Class 2, 3, and 4 employees, the annual cash benefit will be $1,600 per year.

Employer Contributions
Employer makes no contribution for this plan year.

Additional Important Information About Your BESTflex Plan

Claim Reimbursement Process

To receive reimbursement for eligible expenses, you need to submit a claim to Employee Benefits Corporation. You can get account information by calling Participant Services at 800 346 2126.

You may submit claims for eligible expenses incurred during the plan year until September 30, 2016.

Grace Period
The BESTflexPlan Flexible Spending Account allows for a 2-1/2 month Grace Period. This allows you to continue to incur eligible expenses against your account(s) until September 15 and submit them for reimbursement. The accounts to which the Grace Period applies are indicated next to the account name.

Claims reimbursement for the Grace Period is made on a 'first in, first out' basis. Claims to be paid with funds from the prior plan year must be submitted first to ensure all the funds from the prior plan year are depleted. Then, new claims submitted will be applied against the current plan year's funds. Once claims are submitted, they cannot be reprocessed.

Health Care FSA Rollover
The BESTflex Plan Health Care FSA does not allow rollover.

My Company Information

Contact Person:	Human Resources Representative
Employer Name:	Hustisford School District
Address:	845 S Lake St Hustisford, WI 53034
Telephone:	(920)349-8109
Federal ID Number:	39-6008357
ERISA Status:	The Employer cannot determine if the Plan is governed by ERISA.
Legal Plan Name:	Hustisford School District Flexible Benefit Plan
Plan Number:	505
Agent of Process:	Michael Gerlach
Collectively Bargained:	No

Legal Information

The BESTflex™ Plan

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Appendix to the BESTflex Plan Summary Plan Description and Program Summary

Your company, Hustisford 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.

Printed on: 5/13/2016

Employee Benefits Corporation

Web Address:
www.ebcflex.com

U.S. Mail:
Employee Benefits Corporation
PO Box 44347
Madison, WI 53744-4347

Phone:
Monday-Friday, 7:00- 5:00 CST
608 831 8445
800 346 2126

Fax:
608 831 4790