

## 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	Black Hawk County Iowa (B23947)
Cafeteria Plan Name	Black Hawk County Iowa Flexible Compensation Plan
Plan Year	July 1 - June 30

## My Plan Eligibility

<b>Benefit Type</b>	<b>Eligibility</b>
Dependent Care FSA	The employee is eligible the first of the month following 60 days of employment. Only employees who are regularly scheduled to work at least 30 hours weekly can participate.
Health Care FSA - Standard	The employee is eligible the first of the month following 60 days of employment. Only employees 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.

<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:	\$100
Maximum Plan Year Contribution:	\$5,000

<b>Health Care FSA - Standard</b>	Used for eligible medical, vision, and dental expenses incurred by you, your spouse, your eligible child(ren) or your eligible dependent(s).
Minimum Plan Year Contribution:	\$100
Maximum Plan Year Contribution:	\$3,300

## 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](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 September 30. 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
AFLAC	July 1
Dental Insurance	July 1
Medical Insurance	July 1
Vision Care	July 1

### Renewal Date

## Additional Details

### 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, Black Hawk County Iowa, 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