



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	School District Of Waupaca (W83W)
Cafeteria Plan Name	School District Of Waupaca 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. Hourly Requirement for Teachers is a minimum of 17.5 hrs weekly; Non-Teachers is a minimum of 20 hrs weekly.
Health Care FSA - Standard	The employee is eligible on their date of hire. Hourly Requirement for Teachers is a minimum of 17.5 hrs weekly; Non-Teachers is a minimum of 20 hrs weekly.
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 - Standard	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:	None for this plan year
Maximum Plan Year Contribution:	\$3,200

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.

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, 2025.

Health Care FSA Termination:

If you end your employment, lose eligibility, or revoke your Health Care FSA mid-plan year, your FSA terminates. You have 3 months from the date your FSA terminates to submit Health Care FSA claims for eligible expenses incurred prior to your FSA termination date.

If you are eligible for and choose to elect COBRA continuation coverage on your Health Care FSA, your FSA is reactivated and you have access to your entire election as long as you remain on COBRA.

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

Dental Insurance July 1

Medical Insurance July 1

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, School District Of Waupaca, 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	(800) 346-2126 (608) 831-8445