

Faribault Public Schools

SelectAccount Flexible Benefit Plan

Plan Specifics

<p>Plan Sponsor/Company: The Company is the Plan Administrator and the Agent for Service of Legal Process.</p>	<p>FARIBAULT PUBLIC SCHOOLS PO BOX 618 FARIBAULT, MN 55021 507 333 6022</p>
<p>Employer/Participating Employer</p>	<p>Faribault Public Schools</p>
<p>Plan Benefit Options</p>	<ul style="list-style-type: none"> • Pre-tax Premium Benefit for the following Company-Sponsored Health Insurance Coverage: [Medical] [Dental] [Vision] • Medical Flexible Spending Account • Dependent Care Flexible Spending Account • Health Savings Account <p>Details of each Benefit Option are stated in the <i>Summary</i> for that Benefit Option.</p>
<p>Maximum and Minimum Contributions through Employee Salary Reduction</p>	<ul style="list-style-type: none"> • Medical Flexible Spending Account <p>Minimum Annual Contribution: \$100.00 Maximum Annual Contribution: \$2500.00</p> <ul style="list-style-type: none"> • Dependent Care Flexible Spending Account <p>Minimum Annual Contribution: \$100.00 Maximum Annual Contribution*: \$5000.00 (or \$2,500 if married and filing separate income tax returns)</p> <p>*The Maximum Annual Contribution for this Benefit is determined by law.</p>
<p>Eligible Employees</p>	<p>You are eligible if you are:</p> <ul style="list-style-type: none"> • employed by the Company or a Participating Employer; • regularly scheduled to work 20 or more hours per week;

	<ul style="list-style-type: none"> • are not an Excluded Individual; and • satisfy any other eligibility requirements stated in the <i>Summary</i> for the Benefit Option.
Participants	You are a participant if you are an Eligible Employee, satisfy the Service Requirement, if any, have enrolled in the Benefit Option in the manner required by the Plan Administrator and have not terminated participation.
Service Requirement	An Eligible Employee may participate in the Plan immediately after employment begins. Service prior to termination of an employee is not counted for this purpose.
Excluded Individuals	<p>Eligible Employees do not include:</p> <ul style="list-style-type: none"> • leased employees; • independent contractors; • interns; • employees classified as temporary; and • employees covered by written agreements stating they are not eligible to participate in this Plan.
Entry Date	<p>Enrollment during the Open Enrollment Period: the first day of the Plan Year</p> <p>Mid-year enrollment for new hires (enrollment must occur within 30 days of the date of hire): the date of hire</p>
Participation Following Reemployment	<p>Whether you are required to resume your elections in place prior to your termination or may make new elections depends on the length of time between your termination and reemployment and whether you are reemployed in the same Plan Year or a new Plan Year.</p> <p>A Participant who terminates employment and <u>is re-employed by a Participating Employer in an Eligible Employee class within 30 days and within the same Plan Year</u> will be required to resume participation in the Plan and the Participant's prior Benefit elections will be reinstated.</p> <p>A Participant who terminates employment and <u>is re-employed by a Participating Employer in an Eligible Employee class after 30 days or more and within the same Plan Year</u> will be treated as a</p>

	<p>new employee. Such a person must satisfy any Service Requirement and re-enroll in the Plan.</p> <p>A Participant who terminates employment and <u>is re-employed by a Participating Employer in an Eligible Employee class in a new Plan Year</u> will be treated as a new employee. Such a person must satisfy any Service Requirement and re-enroll in the Plan.</p>
Employer Contributions	There are Employer contributions to the HSA.
Claims and Appeal Administrator	<p>SelectAccount 3535 Blue Cross Road Eagan, MN 55122-1154 651 662 5065 or 800 859 2144 www.selectaccount.com</p>
Plan Year	January 1 – December 31
Claims Submission Period	<p>SelectAccount must receive all claims for reimbursement in our office no later than 180 days for the medical FSA and 60 days for the dependent care FSA after the plan year end date to be reimbursed. For employees that have dependent care FSA and terminated during the plan year and if the employee has elected COBRA (if available), claims must be received 60 days from the earlier of the end of the plan year or termination of the COBRA election.</p> <p>For employees that have medical FSA and been terminated and they have not elected COBRA, if available, claims must be received in our office 180 days from their termination date.</p>
Your SelectAccount Group Number	007706

Additional Plan Specific Provisions:

USE OF DEBIT CARDS

You may obtain an immediate conditional reimbursement for eligible medical expenses from your applicable spending account using a Debit Card.

The Debit Card conditional reimbursement is subject to the following conditions:

- (1) Upon enrollment and at the beginning of each Plan Year, you must certify that the debit card will only be used for eligible medical expenses and that any such expenses paid using the Debit Card will not be reimbursed from any other plan. Each use of the Debit Card will be considered reaffirmation of this certification.

(2) The Debit Card can only be used at a merchant or health care provider with specified merchant codes relating to medical care.

(3) The status of all purchases using the Debit Card as eligible medical expenses for reimbursement under this Plan must be substantiated in accordance with Plan Rules. The Claims Administrator will provide details regarding the substantiation requirements.

(4) If you have received conditional reimbursement for an expense from your FSA using a Debit Card and the Plan Administrator or Claims Administrator later determines that such expense does not qualify as an eligible medical expense, the Claims Administrator may prohibit your use of the Debit Card until the improper reimbursement amount is recovered. The Claims Administrator will use the recovery methods indicated in the “Recovery of Improper Reimbursements” section.