Battle Creek Public Schools Cafeteria Plan

DATAIR CAFETERIA PLAN DOCUMENT SYSTEM
PLAN SPECIFICATIONS

***** Plan Definition *****

Plan Type: Cafeteria Plan

Funding Type: Salary Reduction

Cafeteria Plan Name: Battle Creek Public Schools Cafeteria Plan

***** General Information *****

Three Digit Plan Number: 501

Employer Information: Battle Creek Public Schools
3 West Van Buren St
Battle Creek, MI 49017
(269) 965-9508

Tax ID#: 38-6000746

State of Legal Construction: Michigan

Type of Legal Entity: Not for Profit Corporation

Benefits Coordinator: Anne Somers

Document Provider: BASIC

Legal Representative: Battle Creek Public Schools
3 West Van Buren St
Battle Creek, MI 49017
(269) 965-9508

Plan Administrator: Battle Creek Public Schools
3 West Van Buren St
Battle Creek, MI 49017
(269) 965-9508

Plan Administered by Third Party Administrator: Yes

Employer Representatives/Named Fiduciary: The Employer

Plan Dates:
* Effective Date: July 1, 2016
* Plan Year Begin: July 1st
* Plan Year End: June 30th
***** Administrative Provisions *****

Allow all applicable Change in Status options: Yes

Days until forfeiture: 3 months

Appeal & Review:
* Days until Denial Notice: 30
* Days to Return Additional Information: 45
* Days Employee has to Request Review: 180
* Additional days to Process Claim: 15
* Days until Review Decision: 60

Maximum Employee Contribution:
* Sum of costs of most expensive benefit choices

Provide COBRA continuation coverage: COBRA Continuation Coverage is offered. Coverage is suspended during grace period (late COBRA payment) for non-payment.

Note: COBRA Coverage is not required for calendar years in which the Employer has 20 or fewer Employees.

* Day of the Month COBRA payment due: 1
* Days to Notify Administrator of other Qualifying Event: 60
* COBRA coverage is suspended during grace period

Continuing Plan Participation Under FMLA: FMLA Coverage is provided regardless of Employee count.

* Pre-pay with Salary Reduction pre-tax
* Pay-as-you-go
* Catch-up-option

Treatment of Rehires:
* Terminate and Rehire in less than 30 days: Participant will immediately rejoin the Plan and be reinstated with the same elections that the individual had before termination.
* Terminate and Rehire 30 days or more: Participant will be treated as a new hire and must resatisfy (complete the waiting period) Plan eligibility requirements to rejoin the Plan.

HIPAA:
* The HIPAA Effective date is: February 1, 2004
* The Employer shall allow the following persons access to PHI: the Human Resource Manager, Human Resource and payroll staff performing Health FSA functions, the Benefits Manager, and the Plan Administrator.
* HIPAA Privacy Officer is Battle Creek Public Schools

Plan Expenses are paid completely by the Employer.

Forfeitures: All forfeitures under this Plan shall be used to offset losses, administration of the Plan, or applied toward Benefits for subsequent Plan Years.

***** Contribution & Allocation Formula *****

Funding Method: Salary Reduction

Funding Assets are held: Amounts payable may be paid from the general assets of the Employer, but
Premium Payment Benefits are paid as provided in the applicable insurance policy.

***** Eligibility - Exclusions - Entry Dates *****

**Eligibility Requirements:** Minimum of 20 Hours required during each week for part time Employees.

* Failure to File. The Employee is considered to have elected not to participate for the first Plan Year.
* Benefits terminate as of the date of termination of Employee.

**Exclusions:** Self-employed individuals, partners in a partnership, or more-than-2% shareholders in a Subchapter S corporation.

**Entry Date:** On the date the eligibility requirements have been met.

***** Benefits Offered *****

**Basic Health and Dental options.**

**Health FSA Reimbursement Plan:**

* Eligibility Requirements are: Minimum of 20.0 Hours required during each week for part time Employees.
* Entry Date: On the date the eligibility requirements have been met.
* Health FSA Coverage: General-Purpose Option - Participant or his or her Spouse or Dependents for medical care. Limited Option - Participant or his or her Spouse or Dependents for Participant or his or her Spouse or Dependents for vision/dental/preventative care.
* Maximum Annual Salary Reduction Limit for the General-Purpose Health FSA: $2,550
* Maximum Annual Salary Reduction Limit for the Limited-Purpose Health FSA: $2,550
* Over-the-Counter drugs are covered under the Reimbursement Program: Yes
* Allow all applicable Change in Status options: All of the events constituting a Change in Status under the regulations shall be allowed.
* Health FSA falls under ERISA
* Health FSA COBRA Coverage applies for: All Participants, whether they have positive or negative Health FSA Account balances.
* Reimbursement of Health FSA expenses include timeframe: During the Period of Coverage prior to termination.

**Dependent Care Assistance Plan:**

* Eligibility Requirements are: Minimum of 20.0 Hours required during each week for part time Employees.
* Entry Date: On the date the eligibility requirements have been met.
* Maximum Annual Salary Reduction Limit: $5,000.00.
* Allow all applicable Change in Status options: All of the events constituting a Change in Status under the regulations shall be allowed.
* Reimbursements of DCAP expenses include timeframe: During the Period of Coverage following termination - that is, through the balance of the Plan Year if such expenses are otherwise qualifying expenses under the Code.