

Monroe Intermediate School District Cafeteria Plan

DATAIR CAFETERIA PLAN DOCUMENT SYSTEM PLAN SPECIFICATIONS

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

Plan Type: Cafeteria Plan

Funding Type: Combination Salary Reduction and Flex Credits

Cafeteria Plan Name: Monroe Intermediate School District Cafeteria Plan

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

Three Digit Plan Number: 501

Employer Information: Monroe Intermediate School District
1101 S. Raisinville Rd.
Monroe, MI 48161
(734) 242-5799

Tax ID#: 38-1910600

State of Legal Construction: Michigan

Type of Legal Entity: Not for Profit Corporation

Benefits Coordinator: Elizabeth Taylor

Document Provider: Basic Benefits, LLC

Legal Representative: Monroe Intermediate School District
1101 S. Raisinville Rd.
Monroe, MI 48161
(734) 242-5799

Plan Administrator: Monroe Intermediate School District
1101 S. Raisinville Rd.
Monroe, MI 48161
(734) 242-5799

Plan Administered by Third Party Administrator: Yes

Employer Representatives/Named Fiduciary: The Employer

Plan Dates:

- * *Effective Date:* January 1, 2020
- * *Plan Year Begin:* January 1st
- * *Plan Year End:* December 31st

******* Administrative Provisions *******

Allow all applicable Change in Status options: Yes

Days until forfeiture: 3 months for current employees
90 days for terminated employees

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

Employer Contributes to Benefits: Yes

Cash Conversion Allowed:

- * *Excess Flex Credits:* Employees waiving employer sponsored group health coverage will receive cash-in-lieu of the benefit. Employees must present proof of valid group health insurance (Medicare or Medicaid included) to receive CIL. Individual plans and Marketplace Plans are not group health insurance.

Maximum Employee Contribution:

- * Sum of costs of most expensive benefit choices

Compensation Definition: Gross Compensation

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:

- * 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:* March 1, 1993
- * *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 Monroe Intermediate School District

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 and Employer Contributions

Flex Credit Formula: Opt Out Benefits will be provided as stated in the employers Opt Out Policy

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: Requirements are same as group medical insurance plan.

- * *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.

Opt-Out Arrangements:

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

Basic Health, Dental and Group Term Life Insurance options.

Health FSA Reimbursement Plan:

- * *Eligibility Requirements are:* Requirements are same as group medical insurance plan.
- * *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 vision/dental care.
- * *Maximum Annual Salary Reduction Limit for the General-Purpose Health FSA:* \$2,750

- * *Maximum Annual Salary Reduction Limit for the Limited-Purpose Health FSA:* \$2,750
- * *FSA Carryover:* If a balance remains in the Participant's FSA account after all reimbursements have been made for the Plan Year, the balance, not to exceed \$500, shall be carried over to the next Plan Year.
- * *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.
- * *Debit Card Availability:* Yes

Dependent Care Assistance Plan:

- * *Eligibility Requirements are:* Requirements are same as group medical insurance plan.
- * *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.
- * *Debit Card Availability:* Yes

Health Savings Account Plan: Eligible participants may elect to make contributions to a Health Savings Account (HSA) on a pre-tax basis through the Cafeteria section 125 plan.

- * The HSA is funded: Solely with Employee's pre-tax salary reductions.