

Appendix to the BESTflex Plan Summary Plan Description and Program Summary

My Plan

Plan Name: **Community Unit School District 95 Flexible Compensation Plan - C630**

Type of Plan: The BESTflexSM Plan

My Plan Dates

Plan Effective Date: September 1

Plan Year: September 1 - August 31

Eligibility

Coverage Type	Eligibility
Dependent Care FSA	Employees are eligible on their hire date. Only employees who are regularly scheduled to work at least 20 hours weekly can participate.
Health Care FSA	Employees are eligible on their hire date. Only employees who are regularly scheduled to work at least 20 hours weekly can participate.

My BESTflex Plan Benefits

Group Insurance Premiums

Group Insurance Premiums are automatically withheld from your paycheck for each pay period before taxes for:

Benefit	Renewal Date
AFLAC	September 1
Dental Insurance	September 1
Medical Insurance	September 1

My BESTflex Plan Accounts

Dependent Care FSA

You use the Dependent Care FSA for daycare expenses that are incurred for the care of your child(ren) or other eligible dependents.

Minimum Plan Year Contribution: None for this plan year

Maximum Plan Year Contribution: \$5,000

The Dependent Care FSA limits spending to a \$5,000 maximum for married and head-of-household filers or \$2500 for those who are married and filing separately. If you are married and your spouse is either a full-time student or is physically or mentally incapable of caring for him or herself, the reimbursement limit is: \$250 in any one month if you have only one dependent or \$500 in any one month if you have more than one dependent.

Health Care FSA

You use the Health Care FSA for out-of-pocket, unreimbursed medical, vision, and dental expenses incurred by you, your spouse, or your eligible dependent(s).

Minimum Plan Year Contribution: None for this plan year

Maximum Plan Year Contribution: \$5,000

My BESTflex Plan Options

Administration Fees

Administrative fees are paid by your employer.

Cash in Lieu of Health Coverage

Employer pays no cash to employees who decline coverage.

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Employer Contributions

Employer makes no contribution for this plan year.

Additional Important Information About Your BESTflex Plan

Claim Reimbursement Process

To receive reimbursement for eligible expenses, you must submit a paper BESTflex Plan Reimbursement Form directly to Employee Benefits Corporation. Forms are available for download from our website at www.ebcflex.com, where you can also monitor your account activity. You can also get account information by calling the Participant Services Department at 800 346 2126.

You may submit claims for eligible expenses incurred during the plan year until November 30.

Grace Period

Grace Period is not available for this plan year.

My Company Information

Contact Person:	Human Resources Representative
Employer Name:	Community Unit School District 95
Address:	400 South Old Rand Rd LAKE ZURICH, IL 60047
Telephone:	(847)540-4960
Federal ID Number:	36-6004879
ERISA Status:	The Plan is not governed by ERISA.

Legal Information

Your company, Community Unit School District 95, 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.

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