

## Flexible Spending Account Plan Details

<b>Administrator</b>	OneBridge Phone Number: 888-865-1628
<b>Plan Year</b>	July 01 – June 30
<b>Employee Eligibility</b>	Must be working 20 hours per week or more
<b>Waiting Period for Enrollment</b> (Time employee must wait before being eligible to enroll)	Date of hire
<b>Initial Enrollment Period</b> (Time frame after the waiting period during which employee must enroll)	30 days
<b>Coverage Termination Date upon loss of Eligibility</b>	Date of termination
<b>Maximum Annual Health FSA Election</b>	\$3,300
<b>Maximum Annual Dependent Care FSA Election</b>	\$ 5,000 (\$2,500 if married but filing separately)
<b>Pre-Tax Premiums Account</b> (For health care and dental insurance premiums)	Premiums for Employer sponsored insurance plan are automatically withdrawn from your paycheck on a pre-tax basis.
<b>Flex Run-Out Period</b> (This is the number of days after the end of the plan year you have to file a claim that was incurred within the plan year)	90 days
<b>Dependent Care Claims Grace Period</b> (this is the time period after the end of the plan year during which you may incur dependent care claims. Claims incurred during this time period must be submitted for reimbursement before the end of the Flex Run-Out Period)	2 ½ months after the end of the plan year
<b>Percent of Unused Health FSA or Limited Scope FSA Balance that rolls over into the next plan year</b>	100% of prior year remaining balance not to exceed \$660