



# My Company Plan

## Appendix to the BESTflex Plan Summary Plan Description

This document outlines all of the options included in your company's BESTflex Plan. It may include options you have chosen not to participate in. For further information about your plan, refer to your BESTflex Plan Summary Plan Description.

## My Plan

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Organization Name	YMCA of the Fox Cities, Inc. (Y05)
Cafeteria Plan Name	YMCA of the Fox Cities, Inc. Flexible Compensation Plan
Plan Year	January 1 - December 31

## My Plan Eligibility

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Benefit Type	Eligibility
Dependent Care FSA	Employees are eligible the first of the month following 30 days of employment. RFT (Regular Full-Time Employee) regularly scheduled to work on a continuous basis for 12 months of calendar year. Only employees who are regularly scheduled to work at least 37.5 hours weekly can participate.
Health Care FSA - Standard	Employees are eligible the first of the month following 30 days of employment. RFT (Regular Full-Time Employee) regularly scheduled to work on a continuous basis for 12 months of calendar year. Only employees who are regularly scheduled to work at least 37.5 hours weekly can participate.
Insurance Premiums	Employees otherwise eligible for certain insurance coverages (listed in the My Other Pretax Benefits section) are eligible to pay for those premiums before taxes.

## My FSA Options

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You may choose to participate in and contribute to the following flexible spending account (FSA) options.

<b>Dependent Care FSA</b> (with Grace Period)	Used for daycare expenses incurred for the care of your child(ren) or other eligible dependents. You (and your spouse, if you are married) must be working, looking for work, or be a full-time student to use this account.
Minimum Plan Year Contribution:	None for this plan year
Maximum Plan Year Contribution:	\$5,000
Grace Period Details:	Your Dependent Care FSA option includes a grace period, which extends your plan year by 2 months and 15 days. This allows you to continue to incur eligible expenses for payment from your Dependent Care FSA until March 15 and submit them for reimbursement. Please refer to Dependent Care FSA Details in your BESTflex Plan Summary Plan Description (SPD) for more information.
<b>Health Care FSA - Standard</b> (with Grace Period)	Used for eligible medical, vision, and dental expenses incurred by you, your spouse, your eligible child(ren) or your eligible dependent(s).

Minimum Plan Year Contribution:	None for this plan year
Maximum Plan Year Contribution:	\$2,500
Grace Period Details:	Your Health Care FSA - Standard option includes a grace period, which extends your plan year by 2 months and 15 days. This allows you to continue to incur eligible expenses for payment from your Health Care FSA - Standard until March 15 and submit them for reimbursement. Please refer to Health Care FSA - Standard Details in your BESTflex Plan Summary Plan Description (SPD) for more information.

## Submitting FSA Claims

The Accessing Your Funds section in your BESTflex Plan Summary Description includes more information about the following.

### Submitting FSA Claims for Reimbursement Online, through the Mobile App, or on a Claim Form

You may submit claims for reimbursement online at [www.ebcflex.com](http://www.ebcflex.com), through the mobile app, or by filling out and submitting a claim form. Reimbursement is made in the order claims are received. The first claim received and processed is the first one paid from the FSA.

### Runout Period

Your runout period is 3 months long and you may submit claims for eligible expenses incurred during the plan year until March 31, 2022. If you end your employment or lose eligibility mid-plan year, you will still have 3 months to submit Health Care FSA claims from the date your employment ended or you lost eligibility.

## My Other Pretax Benefits

The BESTflex Plan allows your employer to withhold certain pretax benefit contributions from your payroll before taxes, which saves you money.

Group Insurance Premiums	Renewal Date
Dental Insurance	January 1
Medical Insurance	January 1
Vision Care	January 1

## Additional Details

### Administration Fees

Your employer is paying all fees for this plan.

## My Health Care FSA ERISA Information

ERISA Status	The Plan is governed by ERISA
Contact	Human Resources Representative
Plan Administrator	YMCA of the Fox Cities, Inc.
Address	218 East Lawrence St.  Appleton, WI 54911
Telephone	(920)882-3668
Federal ID Number	39-0806191
Legal Plan Name	YMCA of the Fox Cities, Inc. Flexible Compensation Plan
Plan Number	590
Original Effective Date	7/1/2002
Agent for Service of Process	Michelle Sorenson
Collectively Bargained	No

Your company, YMCA of the Fox Cities, Inc., 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.

## Employee Benefits Corporation Contact Information

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Web Address	<a href="http://www.ebcflex.com">www.ebcflex.com</a>
E-mail Address	<a href="mailto:participantservices@ebcflex.com">participantservices@ebcflex.com</a>
Fax Number	(608) 831-4790
Mailing Address	Employee Benefits Corporation PO Box 44347 Madison, WI 53744-4347
Phone Number	(800) 346-2126 (608) 831-8445