

**CALHOUN CITY BOARD OF EDUCATION CAFETERIA PLAN HIGHLIGHTS**

**IMPORTANT:** *This is a brief summary of the features of the Calhoun City Board of Education Cafeteria Plan. For a full summary, please refer to the Summary Plan Description.*

<b>Benefits</b>	
<b>Premium Conversion Account</b>	The Premium Conversion Account can be used to pay the premiums of the following types of coverage: <ul style="list-style-type: none"> <li>• Employer Group Health</li> <li>• Employer Dental</li> <li>• Employer Vision</li> <li>• Supplemental Benefits</li> </ul>
<b>General Purpose Health FSA</b>	Health FSAs may be used to reimburse eligible medical expenses incurred during the year.  Employees who are not eligible to participate in the employer health plan are not eligible to participate in the Health FSA.  Employees who participate in the HSA are not eligible to participate in the Health FSA.
<b>Dependent Care Account</b>	DCAP Accounts may be used to reimburse eligible dependent care expenses incurred during the year.
<b>Health Savings Account</b>	HSA's may be used to reimburse eligible medical expenses incurred during the year.  Employees who are enrolled in any health plan that is not a high-deductible health plan are not eligible to participate in the HSA.  Employees who participate in the General Purpose Health FSA are not eligible to participate in the HSA.
<b>Eligibility</b>	
<b>Eligible Employees</b>	Employee will become eligible for the Plan on the first day of the calendar month coincident with or next following the day they meet the following requirements: <ul style="list-style-type: none"> <li>• Attainment of 18 years of age.</li> <li>• Completion of 30 days of service.</li> </ul> The benefits offered under the Plan may have additional eligibility requirements. Please see the SPD for more information.
<b>Excluded Employees</b>	The following Employees are excluded from the Plan: <ul style="list-style-type: none"> <li>• Union Employees</li> <li>• Leased employees</li> <li>• Non-resident aliens who received no U.S. source earned income</li> <li>• Part-time employees who are expected to work fewer than 20 hours per week</li> </ul>
<b>Enrollment</b>	
<b>Elections</b>	Newly eligible employees who become eligible may enroll within 30 days of the date of eligibility. Ongoing employees may enroll during open enrollment. See SPD when elections may be modified mid-year.
<b>Contributions</b>	
<b>Premium Conversion Account</b>	The amount of the contribution to the Premium Conversion Account is equal to the amount of the Participant's portion of the premium due.

<b>General Purpose Health FSA</b>	<p>The maximum amount the Participant may contribute each year to a General Purpose Health FSA is \$2,850 for 2023.</p> <p>The Employer will not make additional contributions to the General Purpose Health FSA.</p>
<b>Dependent Care Assistance Plan Account</b>	<p>The maximum amount the Participant may contribute each year to a DCAP Account is the maximum amount permitted under the tax code (\$5,000 for 2023 or \$2,500 if the Participant is single or married filing separately).</p>
<b>Health Savings Account (HSA)</b>	<p>The maximum amount the Participant may contribute each year to the Participant's HSA is the maximum amount permitted under the tax code (\$3,850 in 2023 if the Participant is enrolled in individual health coverage and \$7,750 if the Participant is enrolled in family health coverage).</p> <p>The Employer may make discretionary contributions to the Participant's HSA on the Participant's behalf.</p>
<b>Reimbursement</b>	
<b>General Purpose Health FSA</b>	<p>Timing:</p> <p>The Participant must submit claims for reimbursement from the Participant's General Health FSA no later than 60 days after the end of the Plan Year.</p> <p>Carryover Allowed: up to \$570.00, which may be used to pay or reimburse eligible expenses for the subsequent Plan Year.</p>
<b>Dependent Care Assistance Plan Account</b>	<p>Timing:</p> <p>The Participant must submit claims for reimbursement from the Participant's DCAP Account no later than 60 days after the end of the Plan Year.</p> <p>Any amounts remaining in the Participant's DCAP Account at the end of the Plan Year after all timely claims have been paid will be forfeited.</p>
<b>Health Savings Account (HSA)</b>	<p>Employees must contact the HSA provider for information on how to submit claims for reimbursement.</p>
<b>Contact Information</b>	
<p>The Plan Administrator is Calhoun City Board of Education.  Address: 334 South Wall Street, Calhoun, Georgia 30710  Phone number: 706-629-2900  Fax number: 706-629-3235  Email: <a href="mailto:inglem@calhounschools.org">inglem@calhounschools.org</a></p>	
<p><i>Note: These plan highlights are intended to be a very concise overview of plan features. For a detailed description of plan features, please review the Summary Plan Description or contact the Plan Administrator for more information. The plan features described in these plan highlights are subject to change. In the event of a discrepancy between the legal plan document and these highlights (or any other summary of plan features), the plan document shall control.</i></p>	