HEARD COUNTY SCHOOL SYSTEM CAFETERIA PLAN HIGHLIGHTS

IMPORTANT: This is a brief summary of the features of the Heard County School System Cafeteria Plan. For a full summary, please refer to the Summary Plan Description.

| | Benefits |
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| Premium Conversion Account | The Premium Conversion Account can be used to pay the premiums of the following types of coverage: Employer Group Health Employer Dental Employer Vision Supplemental Benefits |
| General Purpose Health FSA | 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. |
| Dependent Care Account | DCAP Accounts may be used to reimburse eligible dependent care expenses incurred during the year. |
| | Eligibility |
| Eligible Employees | 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: Attainment of 18 years of age. Completion of 30 days of service. The benefits offered under the Plan may have additional eligibility requirements. Please see the SPD for more information. |
| Excluded Employees | The following Employees are excluded from the Plan: Union Employees Leased employees Non-resident aliens who received no U.S. source earned income Part-time employees who are expected to work fewer than 20 hours per week |
| | Enrollment |
| Elections | New employees may enroll 30 days after their date of hire. 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. |
| Contributions | |
| Premium Conversion Account | The amount of the contribution to the Premium Conversion Account is equal to the amount of the Participant's portion of the premium due. |
| General Purpose Health FSA | The maximum amount the Participant may contribute each year to a General Purpose Health FSA is the maximum amount permitted under the tax code (\$2,750 for 2021). The Employer will not make additional contributions to the General Purpose Health FSA. |
| Dependent Care Assistance Plan Account | 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 2021 or \$2,500 if the Participant is single or married filing separately). The minimum contribution for participation in a DCAP Account is: \$10.00. |

| Reimbursement | |
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| General Purpose Health FSA | Timing: |
| | 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. |
| | Carryover Allowed: up to \$550.00, which may be used to pay or reimburse eligible expenses for the subsequent Plan Year. |
| Dependent Care Assistance Plan Account | Timing: |
| | 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. |
| | 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. |
| Contact Information | |
| The Plan Administrator is: Consolidated Admin Services. Address: 131 East Court Square, P.O. Box 1330, Franklin, Georgia 30217 Phone number: 877-941-5956 Email: sabrina.lawson@heard.k12.ga.us | |
| review the Summary Plan Description or contact the Plan | cise overview of plan features. For a detailed description of plan features, please in Administrator for more information. The plan features described in these plan acy between the legal plan document and these highlights (or any other summary of |