



My Company Plan

Appendix to the Summary Plan Description

My EBC HRA Plan

Plan Name: School District of Fort Atkinson Health Reimbursement Arrangement (S33513)

Type of Plan: The EBC HRA SM (Health Reimbursement Arrangement)

My EBC HRA Plan Dates

Plan Effective Date: October 1

My Company's Plan Year: October 1 - September 30

Eligibility and Waiting Period

The employee must elect the qualifying health plan(s).

My EBC HRA Plan and Features

Type of Plan: **Single (Employee only)**

Each type of expense detailed below is a stand-alone account and the amounts listed apply to that expense only.

Health Plan Deductible: \$2,000.00

HRA Benefit Payment Arrangement	Maximum Individual Benefit Payable*	Maximum Individual Out of Pocket*	Benefit Payable (Family)	Out of Pocket (Family)
You pay the first \$100.00	N/A	\$100.00	N/A	N/A
The EBC HRA pays the next \$1,900.00	\$1,900.00	N/A	N/A	N/A
	\$1,900.00	\$100.00	N/A	N/A

Type of Plan: **Family (Employee, spouse and/or any dependents)**

Each type of expense detailed below is a stand-alone account and the amounts listed apply to that expense only.

Health Plan Deductible: \$4,000.00 - No Individual Maximums Apply (Aggregate)

HRA Benefit Payment Arrangement	Maximum Individual Benefit Payable*	Maximum Individual Out of Pocket*	Benefit Payable (Family)	Out of Pocket (Family)
You pay the first \$200.00	N/A	N/A	N/A	\$200.00
The EBC HRA pays the next \$3,800.00	N/A	N/A	\$3,800.00	N/A
	N/A	N/A	\$3,800.00	\$200.00

* Individual Maximums represent the most that a single individual in a family is liable to receive from the HRA or pay out-of-pocket according to the HRA Benefit Payment Arrangement for the expense type. The Family Maximums may be reached before any one (1) person reaches their Individual Maximum.

Additional Important Information About Your EBC HRA Plan

Claim Reimbursement Process

Web Address:
www.ebcflex.com

U.S. Mail:
Employee Benefits Corporation
PO Box 44347
Madison, WI 53744-4347

Phone:
Monday-Friday, 8:00-5:00 CST
608 831 8445
800 346 2126

Fax:
608 831 4790



My Company Plan

Appendix to the Summary Plan Description

Dean will electronically submit claim data for deductible expenses directly to Employee Benefits Corporation for reimbursement from your EBC HRA. The claim data will be applied to your EBC HRA and reimbursements will be made based on the deductible parameters listed above for your plan on a weekly basis. You do not need to submit requests for reimbursement for any deductible expenses. If applicable, other eligible out-of-pocket medical expenses require you to file a claim directly with Employee Benefits Corporation. Please access our website, www.ebcflex.com, or call Participant Services at 800.346.2126 to monitor your reimbursements.

Dean will submit claim data until December 31, 2015.

Expense Reimbursement Availability

The entire HRA benefit becomes available for use at the start of the Plan Year.

The HRA benefit will be the same for participants that are hired or become eligible for the plan after the plan's effective date.

Rollover of Unused Dollars

The Single HRA plan does not support rolling money over into future plan years.

The Family HRA plan does not support rolling money over into future plan years.

Additional Benefits

Your plan does not support the use of Additional Benefit Dollars.

Custom Reimbursement Arrangement (CRA)

My Company Information

Contact:	Human Resources Representative
Employer Name:	School District of Fort Atkinson
Address:	201 Park Street Fort Atkinson, WI 53538
Telephone:	(920)563-7800
Federal ID Number:	39-6008361
ERISA Status:	The Plan is not governed by ERISA.
Legal Plan Name:	School District of Fort Atkinson Health Reimbursement Plan
Plan Number:	505
Agent of Process:	Jason Demerath
Collectively Bargained:	No

Legal Information

Your Employer, School District of Fort Atkinson has adopted the EBC HRA (the Plan) and has engaged EMPLOYEE BENEFITS CORPORATION, P.O. Box 44347, Madison, Wisconsin, 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.

Web Address:
www.ebcflex.com

U.S. Mail:
Employee Benefits Corporation
PO Box 44347
Madison, WI 53744-4347

Phone:
Monday-Friday, 8:00-5:00 CST
608 831 8445
800 346 2126

Fax:
608 831 4790