

Macomb County Cafeteria Plan

DATAIR CAFETERIA PLAN DOCUMENT SYSTEM PLAN SPECIFICATIONS

***** Plan Definition *****

Plan Type: Cafeteria Plan

Funding Type: Combination Salary Reduction and Flex Credits

Cafeteria Plan Name: Macomb County Cafeteria Plan

***** General Information *****

Three Digit Plan Number: 501

Employer Information: Macomb County
1 South Main Street 6th Floor
Fraser, MI 48026
(586) 469-5280

Tax ID#: 38-6004868

State of Legal Construction: Michigan

Type of Legal Entity: Church or Government Plan (Exempt from ERISA)

Benefits Coordinator: HRLR

Document Provider: BASIC

Legal Representative: Macomb County
1 South Main Street 6th Floor
Fraser, MI 48026
(586) 469-5280

Plan Administrator: Macomb County
1 South Main Street 6th Floor
Fraser, MI 48026
(586) 469-5280

Plan Administered by Third Party Administrator: Yes

Employer Representatives/Named Fiduciary: The Employer

Plan Dates:

- * *Effective Date:* January 1, 2018
- * *Plan Year Begin:* January 1st
- * *Plan Year End:* December 31st

******* Administrative Provisions *******

Allow all applicable Change in Status options: Yes

Days until forfeiture: 3 months

Appeal & Review:

- * *Days until Denial Notice:* 30
- * *Days to Return Additional Information:* 45
- * *Days Employee has to Request Review:* 180
- * *Additional days to Process Claim:* 15
- * *Days until Review Decision:* 60

Employer Contributes to Benefits: Yes

Maximum Employee Contribution:

- * Sum of costs of most expensive benefit choices

Compensation Definition: Gross Compensation

Provide COBRA continuation coverage: COBRA Continuation Coverage is offered. Coverage is suspended during grace period (late COBRA payment) for non-payment.

Note: COBRA Coverage is not required for calendar years in which the Employer has 20 or fewer Employees.

- * *Day of the Month COBRA payment due:* 1
- * *Days to Notify Administrator of other Qualifying Event:* 60
- * COBRA coverage is suspended during grace period

Continuing Plan Participation Under FMLA: FMLA Coverage is provided:

- * Pre-pay with Salary Reduction pre-tax
- * Pay-as-you-go
- * Catch-up-option

Treatment of Rehires:

- * *Terminate and Rehire in less than 30 days:* Participant will immediately rejoin the Plan and be reinstated with the same elections that the individual had before termination.
- * *Terminate and Rehire 30 days or more:* Participant will be treated as a new hire and must resatisfy (complete the waiting period) Plan eligibility requirements to rejoin the Plan.

HIPAA:

- * *The HIPAA Effective date is:* January 1, 2015
- * *The Employer shall allow the following persons access to PHI:* the Human Resource Manager, Human Resource and payroll staff performing Health FSA functions, the Benefits Manager, and the Plan Administrator.
- * HIPAA Privacy Officer is Macomb County

Plan Expenses are paid completely by the Employer.

Forfeitures: All forfeitures under this Plan shall be used to offset losses, administration of the Plan, or applied toward Benefits for subsequent Plan Years.

******* Contribution & Allocation Formula *******

Funding Method: Salary Reduction and Employer Contributions

Flex Credit Formula: Opt Out Benefits will be provided as stated in the employers Opt Out Policy

Funding Assets are held: Amounts payable may be paid from the general assets of the Employer, but Premium Payment Benefits are paid as provided in the applicable insurance policy.

******* Eligibility - Exclusions - Entry Dates *******

Eligibility Requirements: No age or service required.

- * *Failure to File.* The Employee is considered to have elected not to participate for the first Plan Year.
- * *Benefits terminate as of the date of termination of Employee.*

Exclusions: Self-employed individuals, partners in a partnership, or more-than-2% shareholders in a Subchapter S corporation.

Entry Date: the first day of the next plan year following satisfaction of the eligibility requirements have been met..

Opt-Out Arrangements:

******* Benefits Offered *******

Basic Health, Dental and Vision options.

Health FSA Reimbursement Plan:

- * *Eligibility Requirements are:* No age or service required.
- * *Entry Date:* the first day of the next plan year following satisfaction of the eligibility requirements have been met..
- * *Health FSA Coverage:* General-Purpose Option - Participant or his or her Spouse or Dependents for medical care.
- * *Maximum Annual Salary Reduction Limit for the General-Purpose Health FSA:* \$2,650
- * *Over-the-Counter drugs are covered under the Reimbursement Program:* Yes
- * *Grace period of 2.5 months applies.*
- * *Allow all applicable Change in Status options:* All of the events constituting a Change in Status under the regulations shall be allowed.
- * *Health FSA COBRA Coverage applies for:* All Participants, whether they have positive or negative Health FSA Account balances.
- * *Reimbursement of Health FSA expenses include timeframe:* During the Period of Coverage prior to termination.
- * *Debit Card Availability:* Yes

Dependent Care Assistance Plan:

- * *Eligibility Requirements are:* No age or service required.

- * *Entry Date:* the first day of the next plan year following satisfaction of the eligibility requirements have been met..
- * *Maximum Annual Salary Reduction Limit:* \$5,000.00.
- * *Allow all applicable Change in Status options:* All of the events constituting a Change in Status under the regulations shall be allowed.
- * *Reimbursements of DCAP expenses include timeframe:* During the Period of Coverage following termination - that is, through the balance of the Plan Year if such expenses are otherwise qualifying expenses under the Code.
- * *Debit Card Availability:* Yes