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
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