



**FLEXIBLE BENEFIT PLAN**  
with General & Limited Medical FSA and HSA on the Beniversal® MasterCard®  
**PLAN HIGHLIGHTS\***

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**A. General Plan Information**

1. Employer name: Board of Cooperative Education First Supervisory District of Monroe County.
2. Plan name: Board of Cooperative Education First Supervisory District of Monroe County Flexible Benefit Plan.
3. Plan type: The Plan is a welfare plan designed to provide benefits permitted under Section 125 of the Internal Revenue Code (IRC). The Plan name and Plan number should be used in any formal correspondence relating to the Plan.
4. Eligibility requirements:
  - For Insurance Premiums, General Medical Flexible Spending Account (General Medical FSA) and Dependent Care Flexible Spending Account (Dependent Care FSA): Must be an employee of Board of Cooperative Education First Supervisory District of Monroe County.
    - *If you or your spouse is reporting contributions to a Health Savings Account (HSA), you are not eligible for a General Medical FSA.*
  - For a Limited Medical FSA: Must be an employee of Board of Cooperative Education First Supervisory District of Monroe County and does not participate in a General Medical FSA.
  - For an HSA, you must:
    - only be covered by an HSA-compatible health insurance plan,
    - not be covered by any non-HSA-compatible medical reimbursement account,
    - not be claimed as a dependent on another person's tax return and
    - not be enrolled in Medicare.
5. The effective date on which you can begin participating in the Plan:
  - For Insurance Premiums, General Medical FSA, Limited Medical FSA and Dependent Care FSA: On the first of the month once the eligibility requirements have been met.
  - For an HSA: On the first of the month once the eligibility requirements have been met.
6. Kinds of group insurance for which you can pay your share of premiums through the Plan: Medical and Dental Insurances.
7. The Plan Year begins on January 1 and ends on December 31.
8. Plan effective date: January 1, 1992.
9. Plan number: 501.
10. Employer ID number: 16-6008841.
11. Name, address and telephone number of the Plan Administrator:  
BOCES #1 Monroe  
41 O'Connor Road  
Fairport, NY 14450  
(585) 249-7235
12. Agent for service of process: Board of Cooperative Education First Supervisory District of Monroe County.

**B. Flexible Spending Accounts (FSAs)**

**1. Types of FSAs**

General Medical FSA

- (a) Maximum amount you can set aside per Plan Year for reimbursement of eligible medical expenses as defined by IRC Section 213(d) except for insurance premiums: \$3,050.
- (b) If expenses are eligible under both a Medical FSA and a Health Reimbursement Account (HRA) sponsored by your Employer, your Medical FSA funds will be used first until they are exhausted.
- (c) For active participants:
  - Eligible services must be provided:
    - after your effective date in the Plan and
    - during the Plan Year.
- (d) If you become ineligible (including termination of employment) during the Plan Year:
  - Eligible services must be provided:
    - after your effective date in the Plan,
    - during the Plan Year and
    - prior to the date on which you become ineligible.
  - The Beniversal Card may no longer be used to access General Medical FSA funds. You may submit a claim for reimbursement of eligible expenses.

Limited Medical FSA

- (a) Maximum amount you can set aside per Plan Year for reimbursement of eligible vision care and dental care expenses as defined by IRC Section 213(d): \$3,050.
- (b) If expenses are eligible under both a Limited Medical FSA and a Limited Health Reimbursement Account (HRA) sponsored by your Employer, your Limited Medical FSA funds will be used first until they are exhausted.
- (c) For active participants:

\*Please review your Summary Plan Description for details of IRS regulations.

The Employer maintains a Plan Document; if anything in this document conflicts with the Plan Document, then the Plan Document controls.

Visit [www.benefitesource.com](http://www.benefitesource.com)

Eff. 01/2023

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- Eligible services must be provided:
  - after your effective date in the Plan and
  - during the Plan Year.
- (c) If you become ineligible (including termination of employment) during the Plan Year:
  - Eligible services must be provided:
    - after your effective date in the Plan,
    - during the Plan Year and
    - prior to the date on which you become ineligible.
  - The Beniversal Card may no longer be used to access Limited Medical FSA funds. You may submit a claim for reimbursement of eligible expenses.

Dependent Care FSA

- (a) Maximum amount you can set aside per calendar year for reimbursement of eligible dependent care services, as defined by IRC Section 21(b), is limited to the smallest of the following amounts:
  - \$5,000 if single or if married and filing jointly; \$2,500 if married and filing separately.
  - The earned income of the participant.
  - The earned income of the participant's spouse.
- (b) For active participants:
  - Eligible services must be provided:
    - after your effective date in the Plan and
    - during the Plan Year or the grace period following the end of the Plan Year. The grace period ends March 15.
- (c) If you become ineligible (including termination of employment) during the Plan Year:
  - Eligible services must be provided:
    - after your effective date in the Plan and
    - during the Plan Year in which you become ineligible.

**2. Claims for FSAs**

Claim submission time frames for Medical and Limited FSA

- (a) Claims must be received by Benefit Resource, Inc. before the end of the 60 day run-out after the Plan Year ends.
- (b) Claims denied during the run-out may be resubmitted, but must be received by Benefit Resource within 21 days after the run-out ends.
- (c) Eligible participants are allowed to rollover up to \$610 of unused General or Limited Medical FSA funds on the 15<sup>th</sup> of the month following the end of the Plan Year. The minimum amount that can rollover must be greater than \$10.
- (d) Any funds remaining in your General and Limited Medical FSA after this will be forfeited.

Claim submission time frames for Dependent Care FSA

- (a) Claims must be received by Benefit Resource, LLC before the end of the one-month run-out that follows the grace period. The run-out ends April 15.
- (b) Claims denied during the run-out may be resubmitted, but must be received by Benefit Resource no later than May 15.
- (c) Any funds remaining in your account after this will be forfeited.

Claim reimbursements

- (a) Complete your claim following all instructions.
- (b) Claims received with proper documentation will be processed within 5 business days.
- (c) Claim reimbursements are processed daily.
- (d) There is a minimum reimbursement amount of \$15 (except during the run-out after the end of the Plan Year).
- (e) A claim should never be submitted for an expense that has been paid for with a Beniversal Card or reimbursed from any other source.

**3. Beniversal Card for General or Limited Medical FSA**

- (a) The Beniversal Card allows you to access General or Limited Medical FSA funds to pay for eligible medical services at qualified merchants.
- (b) If you have a Limited Medical FSA and HSA, the Limited Medical FSA funds will be used first until exhausted.
- (c) The card may only be used to pay for eligible medical services after they have been provided. The IRS allows one exception: eligibility of orthodontia expenses can be based on either date of payment, date of service or payment due date on coupons/statements.
- (d) Payment of a current Plan Year medical service with the card must be completed before the Plan Year ends.
- (e) Once a new Plan Year begins, only General or Limited Medical FSA funds associated with the new Plan Year will be available on the card.
- (f) You are advised to save all documentation related to medical expenses paid with your card, as IRS regulations require all transactions to be verified for eligibility.
- (g) If a card transaction cannot be automatically verified, you will be contacted to submit documentation for that transaction.
- (h) Medical expenses paid with the card should never be submitted for claim reimbursement.

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**C. Health Savings Account (HSA)**

**1. General HSA Information**

- (a) HSA funds should only be used for eligible medical expenses as defined by IRC Section 213(d).
- (b) Information regarding maximum amounts that can be set aside in an HSA per calendar year (including any Employer contributions) can be found at the Benefit Resource website under the FAQ HSA section.
- (c) For active participants:
  - Eligible services must be provided on or after the date the HSA is established.
  - Any funds remaining in your HSA will carry over from year to year and will never be forfeited.
- (d) If you become ineligible (excluding termination of employment) during the Plan Year:
  - You will retain your account and can continue to withdraw funds.
  - You can continue to use your Beniversal Card for HSA to pay for eligible medical expenses.
- (e) If you become ineligible due to termination of employment during the Plan Year:
  - You will retain your account and can continue to withdraw funds because your HSA is portable.
  - You may no longer use your Beniversal Card for HSA.
  - The trustee/custodian will assume administration of your account and will contact you directly regarding any changes that may affect your account.

**2. HSA Withdrawals**

- (a) Withdrawals can be taken anytime after your HSA is established.
- (b) There is no time restriction on when you must take a withdrawal for an eligible expense.
- (c) An eligible medical expense cannot be reimbursed from any other source.
- (d) Maintain receipts and documentation of expenses for tax reporting and potential audit purposes.

**3. Beniversal Card for HSA**

- (a) The Beniversal Card for HSA may only be used to pay for eligible medical services at qualified merchants.
- (b) You are responsible for maintaining all receipts and documentation of eligible expenses for tax reporting and potential audit purposes.