My Company Plan

Appendix to the BESTflex Plan Summary Plan Description
This document outlines all of the options included in your company's BESTflex Plan. It may include options you have chosen not to participate in. For further information about your plan, refer to your BESTflex Plan Summary Plan Description.

My Plan

Organization Name	Verona Area School District (V03)
Cafeteria Plan Name	Verona Area School District Flexible Compensation Plan
Plan Year	January 1 - December 31

My Plan Eligibility

Benefit Type	Eligibility
Dependent Care FSA	The employee is eligible on their date of hire. Only employees who are regularly scheduled to work at least 30 hours weekly can participate.
Health Care FSA - Standard	The employee is eligible on their date of hire. Only employees who are regularly scheduled to work at least 30 hours weekly can participate.
Insurance Premiums	Employees otherwise eligible for certain insurance coverages (listed in the My Other Pretax Benefits section) are eligible to pay for those premiums before taxes.

My FSA Options

You may choose to participate in and contribute to the following flexible spending account (FSA) options.

Dependent Care FSA

Used for daycare expenses incurred for the care of your child(ren) or other eligible dependents. You (and your spouse, if you are married) must be working, looking for work, or be a full-time student to use this account.

Minimum Plan Year Contribution:	None for this plan year
Maximum Plan Year Contribution:	$7,500

Health Care FSA - Standard (with Rollover)

Used for eligible medical, vision, and dental expenses incurred by you, your spouse, your eligible child(ren) or your eligible dependent(s).

Minimum Plan Year Contribution:	None for this plan year
Maximum Plan Year Contribution:	$3,400

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Rollover Details:	Your Health Care FSA - Standard option includes rollover, which allows unused balances of up to $680 to roll into the next plan year, provided you either make a Health Care FSA election for the new plan year or your balance is equal to or more than $50 at the end of the plan year. Please refer to Health Care FSA Details in your BESTflex Plan Summary Plan Description (SPD) for more information about how rollover works.

Submitting FSA Claims

The Accessing Your Funds section in your BESTflex Plan Summary Description includes more information about the following.

Submitting FSA Claims for Reimbursement Online, through the Mobile App, or on a Claim Form

You may submit claims for reimbursement online at www.ebcflex.com, through the mobile app, or by filling out and submitting a claim form. Reimbursement is made in the order claims are received. The first claim received and processed is the first one paid from the FSA.

Paying for Eligible Health Care Expenses with the Benefits Card

Your employer's Health Care FSA includes a Benefits Card. The Benefits Card is a prepaid debit card you can use to pay for eligible expenses with funds directly from your Health Care FSA balance.

The Benefits Card debits your Health Care FSA when you use the card at approved service providers and retailers to pay for eligible expenses. Remember to save your receipts and purchase documentation when using the Benefits Card. If your transaction cannot be automatically substantiated at the point of sale, you will be sent a Documentation Request to verify the expense is eligible for payment from your Health Care FSA.

You can only use your Benefits Card for an expense incurred in the same plan year it is paid. To be reimbursed during your runout period for prior plan year expenses, submit a claim for reimbursement online, through the mobile app, or on a claim form.

If you use your Benefits Card while you have pending claims for reimbursement that you previously submitted, your Benefits Card transaction may be processed before the pending claims. As a reminder, the first claim processed is the first one paid from the Health Care FSA.

Runout Period

Your runout period is 3 months long and you may submit claims for eligible expenses incurred during the plan year until March 31, 2027.

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Health Care FSA Termination:	If you end your employment, lose eligibility, or revoke your Health Care FSA mid-plan year, your FSA terminates. Your Benefits Card is not available for use after your FSA termination date; however, you have 3 months from the date your FSA terminates to submit Health Care FSA claims for eligible expenses incurred prior to your FSA termination date. If you are eligible for and choose to elect COBRA continuation coverage on your Health Care FSA, your FSA is reactivated and you have access to your entire election as long as you remain on COBRA.

My Other Pretax Benefits

The BESTflex Plan allows your employer to withhold certain pretax benefit contributions from your payroll before taxes, which saves you money.

Group Insurance Premiums	Renewal Date
Dental Insurance	July 1
Group Term Life Insurance (Up to $50,000/employee only)	July 1
Medical Insurance	July 1
Vision Care	January 1

Additional Details

Administration Fees	Your employer is paying all fees for this plan.

My Health Care FSA ERISA Information

ERISA Status	The Plan is not governed by ERISA

Your company, Verona Area School District, has adopted the BESTflex Plan (the Plan) and has engaged Employee Benefits Corporation, P.O. Box 44347, Madison, WI, 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.

Employee Benefits Corporation Contact Information

Web Address	www.ebcflex.com
E-mail Address	participantservices@ebcflex.com
Fax Number	(608) 831-4790
Mailing Address	Employee Benefits Corporation PO Box 44347 Madison, WI 53744-4347

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Phone Number

(800) 346-2126
(608) 831-8445

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