

**FLEXIBLE SPENDING ACCOUNT
PLAN INFORMATION SHEET**

Employer Name	Portland Community College
Employer Address	705 N. Killingsworth Street P.O. Box 19000 Portland, OR 97217 Portland, OR 97280-0990
Human Resources Contact	Ann Baynton / Paula Johnson – (503) 978-5860
Payroll Contact	Teri Hunt / Tori Vinson – (503) 533-2850
Employer Federal ID Number	93-0575187
Plan Number	
Plan Administrator	Portland Community College

“ PERIOD OF COVERAGE ” of this Plan:	1-1-10	through	12-31-10
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"WAITING PERIOD" - You will be required to satisfy waiting periods before becoming eligible to participate. The employee shall be eligible to participate in the Uninsured Health Expense Reimbursement Program and Dependent Care Assistance Program programs after the following eligibility requirement has been met. All benefits eligible employees may enroll effective the first day of the calendar month after completing 30 days of employment. Part time faculty covered by a collective bargaining agreement may only enroll in the dependent care assistance account. Part time faculty must have completed 600 contact hours to be eligible for participation in this program.

EXCLUDED CLASSES: Non-benefits eligible employees such as casual and student employees, One Term Daily Rate faculty, and part time faculty not covered by a collective bargaining agreement. Retirees receiving a stipend from the college are also excluded from participation.

UNINSURED HEALTH EXPENSE REIMBURSEMENT PROGRAM:

MAXIMUM EMPLOYEE CONTRIBUTION participants can make to the participant’s account under the Uninsured Health Expense Reimbursement Program is:

\$3,000.00	per Plan Year (pro-rated for less than a full year).
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DEPENDENT CARE EXPENSE REIMBURSEMENT PROGRAM:

MAXIMUM EMPLOYEE CONTRIBUTION participants can make to the participant’s account under the Dependent Care Expense Reimbursement Program is:

\$ 5,000.00	per Plan Year (legal maximum of \$5,000; \$2,500 for a married individual filing a separate return).
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“PARTICIPATION ENDS” Your participation in the Unreimbursed Eligible Health Related Expense Account will end on the last day of the month in which you terminate employment unless you elect to participate through COBRA.

"RUN OUT PERIOD" is 90 days after the close of the Plan Year.

BENEFIT PROGRAMS:

- a. Group Health Insurance Premium Program: If you elect this program, your salary reductions will be used to pay the premium for medical and hospitalization insurance, major medical insurance, dental insurance, and/or insurance for you and your eligible family members.

NOTE: The above language regarding the group health insurance premium is included in this document for legal compliance purposes. The College automatically sets up pre-tax payroll deductions for employees who incur out-of-pocket costs for health/dental insurance premiums. *No action is required of the employee to implement the pre-tax deduction.*

- b. Uninsured Health Expense Reimbursement Program: If you elect this program, your salary reductions will be deposited into an account from which funds will be withdrawn to reimburse you for eligible uninsured medical expenses incurred by you and your eligible family members.
- c. Dependent Care Assistance Program: If you elect this program, your salary reductions will be deposited into an account from which funds will be withdrawn to reimburse you for qualified dependent care expenses.

STATUS CHANGES:

Election changes are those made effective by the IRS January 1, 2001. Any new election must be made and communicated in writing to the Administrator and the Administrator's Representative within **30 days** of the Change in Status. If you have a question as to whether a change is allowable, please see your Plan Administrator. Only expenses incurred on or after your change effective date and prior to the end of the plan year are eligible for payment under the plan. An eligible expense is one incurred on the date a service is provided or rendered and not on the date that the service is billed or paid. *Changes to the Unreimbursed Health-Related Expense Account will be allowed with a qualified Change in Status.*

CONTINUATION COVERAGE FOR MEDICAL COVERAGE:

Federal law requires most employers sponsoring a group health plan to offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the new law.

As an employee covered by the Medical Reimbursement Plan, you have the right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or because you terminate your employment (for reasons other than gross misconduct on your part).

If you are the spouse or dependent of an employee covered by these plans you also have certain rights under COBRA.