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Wilkes University (the "Employer") sponsors the Wilkes University Cafeteria Plan (the "Cafeteria Plan") that allows eligible Employees to

(Such plans are also commonly known as "salary reduction plans" or "Section 125 plans").

This Summary Plan Description ("Summary") describes the basic features of the Cafeteria Plan,

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*Health Flexible Spending Arrangement*  
tax" doll

permits an Employee to use "pre

An "Employee" is any individual who the Employer classifies as a common  
who is on the Employer's W

individual is so classified, whether or not any such individual is on the Employer's W

s out to \$4,200 in income tax plus \$2,142 in FICA tax. That's a \$453 tax

This example is intended to illustrate the general effect of "pre taxing" benefits

Plan until the next Open Enrollment Period (unless a "Change in Election Event" occurs, as

The "Open Enrollment Period" is the period during which you have an opportunity to

Year (this is known as the "irrevocability rule"). Of course, you can change your elections for

*(Applies to Health FSA and DCAP Benefits.)*

*(Applies to Health FSA Benefits as Limited Below and to DCAP Benefits.)*



- *Gain of Coverage Eligibility Under Another Employer's Plan*

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change in your, your Spouse's, or your Dependent's employment status, your election to cease

other employer's plan.

- *DCAP Benefits*

*Example:*

employer's plan offers a DCAP as part of its cafeteria plan. Mike elect

a Change in Status. Mike's election to cancel





plan of the Employer or a plan of your Spouse's or Dependent's employer), so long as (

employer's open enrollment, you may add coverage

- *DCAP Coverage Changes.*

a prospective basis at any time during the Plan Year, in accordance with the Plan's

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change involves a loss of your Spouse's or Dependent's e

defined by the Internal Revenue Code ("the Code"), if necessary to prevent the Cafeteria Plan





*COBRA.*

*For a discussion of your Continuation and Reinstatement rights please refer to Appendix A.*

*USERRA.*

*FMLA Leaves of Absence.*

*NOTE: The following shall only apply if the Employer is subject to the federal Family and Medical Leave Act of 1993 (FMLA).*





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PLEASE NOTE: "Down" payments for orthodontia are immediately reimbursable.

In cases where you do not use an electronic payment card or “debit” card to pay for your

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which they are approved. Remember, though, that you can't be reimbursed for any total

- Medical Care Expenses incurred du

- Once paid, a claim will not be reprocessed or otherwise re

\$



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example, you cannot be reimbursed for the same expense from your Spouse's DCAP).

If you elect DCAP Benefits, an account called a "DCAP Account" will be set up in your name to

Benefits, you'll pay for the benefits with a \$3,000 salary reduction).









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ber, though, that you can't be reimbursed for any total expenses

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—this is called the “use or lose” rule under applicable tax laws and it is on

(" Child and Dependent Care Expenses" ) with your annual tax return (Form 1040) or a similar

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503 ("Child and Dependent Care Expenses"). You may also wish to consult a tax advisor, as

treating benefits payments depends on certain factors such as a person's tax filing status (e.g.,

decision. Use IRS Form 2441 ("Child and Dependent Care Expenses") to help you.





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- Examine, without charge, at the Plan Administrator's office and at other specified locations

- Obtain, upon writ



Plan Year: June 1 to May 31. Your Plan's records are maintained on this period of time.





*Health FSA COBRA coverage lasts only until the end of the plan year*

*All qualified beneficiaries are covered together under the Health FSA unless otherwise elected*

*No Health FSA open enrollment*

We use the pronoun "you" in the following paragraphs regarding

*Qualifying events for the covered employee*

the Plan because either one of the following (pertaining to) reasons

- your spouse's emplo

-



the plan's definition of dependent child.

*You must notify the plan administrator of certain qualifying events by this deadline*

*Independent election rights*

sponsored by your spouse's employer) within 30 days after your group health coverage under





dependent child's ceasing to be eligible for coverage as a dependent under the

*You must notify Wilkes University of a second qualifying event by this deadline*

*No extension will be available unless you follow the Plan's notice procedures and meet the notice deadline*

*You must notify Wilkes University if a qualified beneficiary becomes entitled to Medicare or obtains other group health plan coverage*

Plan's form entitled "Notice of Other Coverage, Medicare Entitlement, or Cessation of Disability Form" (you may obtain a copy of this

d "Notice Procedures." In addition, if you were already entitled to entitlement at the address shown in the section below entitled "Notice Procedures."

*You must notify Wilkes University if a qualified beneficiary ceases to be disabled*

Security Administration's determination. You must use the Plan's form entitled

procedures specified below in the section entitled "Notice Procedures."

*How premium payments must be made*

*When premium payments are considered to be made*

*Grace periods for monthly COBRA premium payments*

*Children born to or placed for adoption with the covered employee during a period of COBRA coverage*

himself or herself. The child's COBRA coverage begins when the child



Any notice that you provide must be in writing and must be submitted on the Plan's required form (the Plan's required forms are described above in this SPD, and you may obtain copies

However, if a different address for notices to the Plan appears in the Plan's most recent not have a copy of the Plan's m

periods are described in the paragraphs above entitled "You must notify the plan administrator of certain qualifying events by this deadline," "You beneficiary's disability by this deadline," and "You must notify Wilkes University of a second qualifying event by this deadline.")

Administration's determination; and (6) a statement whethe