

ST. JOHN FISHER COLLEGE

SUMMARY PLAN DESCRIPTION

2012-2013

INTRODUCTION

This document, together with the Summary Plan Description for the St. John Fisher College
Welfare Benefits Plan (the "Plan") and the Plan Document ("P.D.")

description of the Flexible Benefits Program and Pre-Tax Premium Benefits Program. It is not meant to extend or change the official Plan documents. If there is any conflict between this SPD and the Plan documents, the Plan documents will govern your rights to benefits. Copies of the

Plan Name: St. John Fisher College
Flexible Benefits Program
and Pre-Tax Premium Benefits Program

Plan Number: 506

Plan Type: Cafeteria (Section 125) Plan and
Health Care and Dependent Care Flexible Spending Accounts

1. What is the advantage to me of the Flexible Benefits Program and Pre-Tax Premium Benefits Program?

[Redacted line]

[Redacted line]

[Redacted line]

[Redacted line]

[Redacted line]

[Redacted line]

[Redacted line]

[Redacted line]

[Redacted line]

sponsored by your Employer and listed in Question & Answer 5. (Your cost for the group coverage listed is referred to in this SPD as your “premium” whether the coverage is provided through an insured plan or is self-insured by your Employer.) You can also use the Plan to make pre-tax contributions that can be used to pay or reimburse you for expenses described in Question & Answer 6. These amounts are deducted from your pay and are not reported as taxable income on your W-2 form, so you do not pay income tax or Social Security taxes on them.

Alternatively, under the Plan you will receive an additional amount in your paycheck per payroll period if you are eligible for, but decline and do not receive, group medical coverage. The additional amounts you receive in your paycheck are subject to income tax and Social Security taxes, and are reported as taxable income on your W-2 form.

A summary of dependent eligibility for each Program is available at <http://www.sjfc.edu/dotAsset/130805.pdf>. See the Summary Plan Descriptions for the various Programs, contact Human Resources, and/or visit the St. John Fisher College

Website: <http://www.sjfc.edu/commu>

[services/hr/benefits/legal.dot#benefits](#)) for more information regarding eligible

parent, parent in-law, or sibling, who lives with you for more than half the year (or someone other than a spouse whose primary residence is your household for more than half of the calendar year), spends at least eight hours a day in your household, and is physically or mentally incapable of caring for himself or herself.

If you meet the eligibility requirements listed above, you may begin participating in the Plan on the first of the month following the date of hire. If you are hired on the first of the month, then you become eligible on your hire date.

If you are a new hire, you must enroll online within 30 days of your hire date. Your coverage will be effective as of the first day of the month following your date of hire. Failure to enroll within 30 days may result in no coverage until the next open enrollment, or until you experience a qualifying event.

If you are not a new hire but are becoming eligible for benefits under the Plan due to a ~~change in status~~ (a.g. if you have a qualifying change in family status, or are changing

You should consult with a tax advisor to determine if such an individual qualifies as your

tax dependent. You may be required provide the College with a signed affidavit attesting to the dependent's tax status in order to receive Plan benefits for such individuals.

In general, the requirements for a same sex spouse, domestic partner, or the child of such

an individual to be your tax dependent for purposes of the benefits available under the Plan are:

The individual has the same principal place of abode as you for the entire calendar

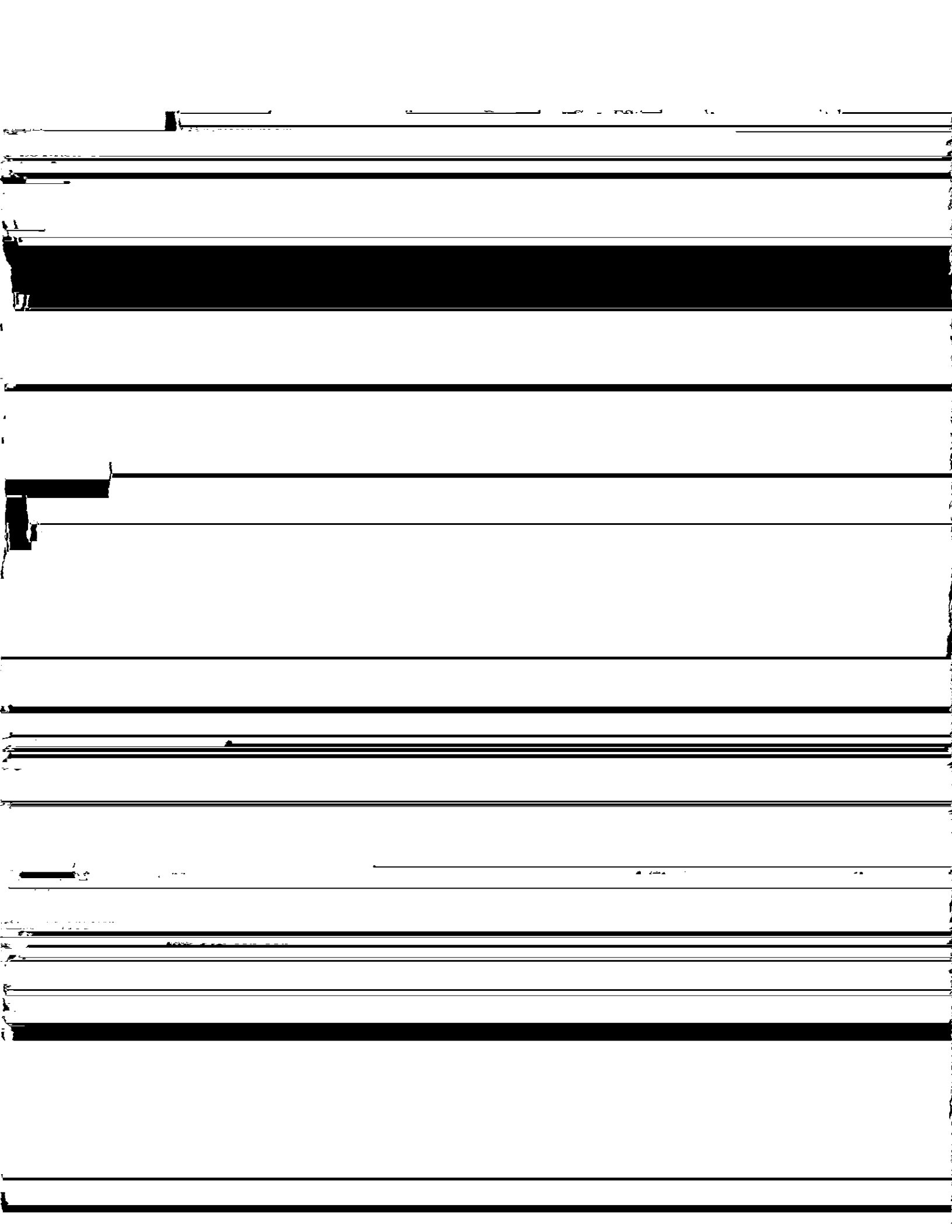
for Federal, state, or local income tax purposes.

5. What premiums can I pay through the Plan?

You can pay your premiums for the following types of group coverage sponsored by your Employer:

- medical coverage through the Health Benefits Program (on a pre-tax basis for you, your spouse or any person who qualifies as your dependent for Federal

- Dependent Care FSA: work-related dependent care expenses that would otherwise qualify for a dependent care credit on your Federal income tax return if they were



— You, your spouse or your dependents experience the termination of employer contributions toward non-COBRA group health plan or health

~~You, your spouse or your dependents elect COBRA continuation~~

coverage

— You acquired a new dependent by marriage, birth, adoption, or placement for adoption

~~You, your spouse or your dependents elect COBRA continuation~~

- There is a change in your employment status, or in the employment status of your

under this Plan. For more information regarding election changes and the consistency requirements, contact the Human Resources Department, St. John Fisher College, 3690 East Avenue, Kearney Hall, Room 211, Rochester, New York 14618, (585) 385-8048.

Your election change for payment of pre-tax premiums or for FSA or HSA contributions will not be effective until the date you complete your election change

request (so long as it is submitted to the Human Resources Office prior to the

Note:

- The amount of dependent care expenses paid or reimbursed cannot exceed the

11. How can I contribute to a Health Savings Account (“HSA”)?

You can elect HSA contributions only if you are enrolled in a high deductible health plan

if you meet the other criteria for participation, and are actually enrolled in an HSA with a participating HSA trustee/custodian.

You cannot make an HSA contribution through the plan if you have disqualifying medical coverage that would prohibit you from contributing to an HSA. For example, if you have medical insurance that is not qualifying high deductible health plan coverage, or if you are enrolled in Medicare Part A, you cannot make HSA contributions. Also, if you

Although your Employer limits the HSA providers to whom it will forward HSA

contributions, your Employer does not endorse of any particular HSA provider.

12. What happens if my employment terminates or I move to an ineligible status before the end of a Plan Year?

You may claim payment or reimbursement for expenses reimbursable under the Health Care FSA, Limited Purpose Health Care FSA, and Dependent Care FSA that were incurred before your termination, provided you submit your claim for payment or

the leave begins. FSA participation and HSA contributions are terminated as of the effective date that you are approved for Long-Term Disability.

While on Short-Term Disability, Workers' Compensation, or Faculty Medical Leave

disability benefits (up to 12 months). You will be billed for and must pay for any supplemental and/or dependent life insurance coverage. After you are no longer eligible

18. Who controls the operation of the Program?

[REDACTED]

If the Employer health care plan is not the primary plan for you and/or your dependents, then you will need to file claims manually. You will also need to file your dental and

Reimbursement forms for manual claims are available from Human Resources or can be

If a claim is denied and you want a review, you must notify the Committee or claims administrator (as applicable) in writing within 180 days after you receive the written notice of denial of health claim, or 60 days after you receive the written notice of denial of any other type of claim. You may submit written comments, documents and other information relating to the claim, and may have reasonable access to, and copies of, all

the determination on review within 60 days after the Committee or claims administrator (as applicable) receives the request for review. A notice of an adverse determination on review will contain: (i) the specific reasons for the adverse determination; (ii) reference to the specific Program provisions on which the determination is based; (iii) a statement that, upon request, you are entitled free of charge to reasonable access to, and copies of, all documents and records relevant to the claim; (iv) a statement that you have a right to

P.O. Box 22999
Rochester, NY 14692
Fax: 1-877-256-7228

20. What additional rights do I have as a participant?

Federal law gives you rights with regard to coverage and certain specific benefits. The following is a summary of those rights.

COBRA Continuation Coverage

You may have a right under "COBRA" to continue to participate in the Health Benefits

If you are the spouse of an employee, you will become a qualified beneficiary if you lose

happens:

- (1) Your spouse dies;
- (2) Your spouse's hours of employment are reduced;
- (3) Your spouse's employment ends for any reason other than his or her gross misconduct;
- (4) Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
- (5) You become divorced or legally separated from your spouse.

coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. **For the General Health Care FSA and the Limited Purpose FSA, COBRA coverage lasts no longer than the last day of the Plan Year in which the qualifying event occurs.** (COBRA coverage lasts much longer for the Health Benefits Program and Dental Benefits Program; see the summary plan description for the St. John Fisher College Welfare Benefits Plan for more information)

UNIVERSITY OF ROCHESTER COLLEGE OF BUSINESS

Your Rights Under ERISA

Certain components of the Plan are governed by a Federal law known as the Employee Retirement Income Security Act of 1974 (ERISA), specifically the Health Benefits Program, the Dental Benefits Program, the General Health Care FSA, and the Limited Purpose FSA. If you participate in those components of the Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all Program participants shall be entitled to:

Receive Information About Your Program and Benefits

This includes the ability to:

be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Program participants, ERISA imposes duties upon the people who are responsible for the operation of the Program. The people who operate