



2012 SUMMARY PLAN DESCRIPTION

FOR THE RAMSEY COUNTY

HEALTH CARE REIMBURSEMENT PROGRAM (HCRP)

AND

DEPENDENT CARE REIMBURSEMENT PROGRAM (DCRP)

This summary describes these programs in an easy-to-read manner. Although it is our intent to have this summary accurately reflect the legal documents which constitute the Cafeteria Plan, if there is any conflict or inconsistency between the summary and the plan documents, the legal documents will govern. These programs are subject to IRS regulations. Ramsey County reserves the right to amend or terminate these programs at any time. Participation is not a guarantee of employment.

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WHAT ARE THE HEALTH CARE AND DEPENDENT CARE REIMBURSEMENT PROGRAMS?

These two programs are part of the Ramsey County Cafeteria Plan, which permits contributions by eligible employees to a Health Care Reimbursement Program (HCRP) and/or a Dependent Care Reimbursement Program (DCRP) on a pre-tax basis. This means that the contributions are taken out of employee wages before taxes are determined.

WHAT IS THE PLAN YEAR?

The Cafeteria Plan operates on a "Plan Year" which is also the calendar year. Eligible employees enroll prior to the beginning of each Plan Year for benefits and expenses that will be incurred during the Plan Year. Eligible employees who enroll during the Plan Year (for example, new hires) enroll for benefits and expenses that will be incurred during the remainder of the Plan Year.

WHO IS ELIGIBLE TO PARTICIPATE?

- **Health Care Reimbursement Program** - Any permanent, probationary, provisional, or unclassified employee who is working 40 hours or more per pay period on a regular basis. Employees must have worked for the County for at least six months.
- **Dependent Care Reimbursement Program** – Any permanent, probationary, provisional, or unclassified employee who is working 40 hours or more per pay period on a regular basis.
- Temporary, seasonal and intermittent employees are not eligible to participate in the plan.
- Employees must make an election within 31 days of their eligibility date.
- Employees who do not enroll when first eligible must wait until the next Plan Year for another chance to participate unless they experience an election change event (discussed on page 3 of this booklet). Federal law prohibits any other mid-year enrollment.

WHAT IS THE ENROLLMENT PROCESS?

New hires who meet eligibility requirements will receive an option to enroll in DCRP on the Ramsey County Enrollment Form for new hires. After six months of qualified employment, new hires will receive an enrollment form offering an opportunity to enroll in the HCRP for the remainder of the plan year. In subsequent years, eligible participants may enroll in one or both of the programs during Open Enrollment. Participants must re-enroll each year to participate in these programs.

HOW ARE CONTRIBUTIONS MADE TO THESE PROGRAMS?

Health Care Reimbursement Program. When participants enroll in this program they must designate an annual election amount of at least \$52 and no more than \$3,600 to be used for reimbursement of medical, dental and vision care expenses that would otherwise be paid out-of-pocket.

Dependent Care Reimbursement Program. When participants enroll in this program, they must designate an annual election amount of at least \$26. The maximum reimbursement shall not exceed:

- (A) \$5,000 per household (\$2,500 if married but filing a separate federal tax return) or;
- (B) The lesser of your earned income or your spouse's earned income.
(Earned Income means adjusted gross income. If your spouse does not have earned income but is either a full-time student or is incapable of caring for himself or herself, the spouse will be deemed to have earned income for each month he or she is a full-time student or incapacitated. The amount of deemed earned income is determined by the IRS, and at this time is \$250 if there is one qualifying individual or \$500 if there are two or more qualifying individuals.)

CAN AN ELECTION BE CHANGED DURING THE PLAN YEAR?

Generally, no. Elections are irrevocable during the Plan Year unless there is an election change event. A participant may revoke an election for the balance of the Plan Year and file a new election if the new election is on account of and consistent with the election change event and consistent with the terms of the Plan; generally, the new election must also impact eligibility for the program. There are two categories of election change events:

Change in Status Events:

- A change in legal marital status, including marriage, legal separation, annulment, divorce or the death of spouse.
- A change in the number of tax dependents, including the birth, adoption, placement for adoption or death of a child.
- A change in employment status of the participant, their spouse or their dependents, including termination or commencement of employment, a reduction or increase in hours, a strike or lockout, a commencement of or return from an unpaid leave, a change in job location, or any other change in employment status that affects eligibility under an employer plan.
- An event that changes a dependent's eligibility for coverage.
- A change in work schedule by the participant or their spouse (DCRP only).
- A change in residence of the participant, their spouse or their dependent (DCRP only).

Change in Cost or Coverage Events (Dependent Care Reimbursement Program only)

- Significant cost or coverage change of caregiver or daycare. (Note: An election change cannot be made for cost changes if the dependent care provider is a relative.)

An election change will not be consistent with an election change event if the new amount elected for HCRP or DCRP is less than the amount already reimbursed from such account for the Plan Year prior to the election change request.

A participant must inform the Ramsey County Human Resource Department of their new election within 31 days of the election change event or you will be unable to change your election. **The effective date for a change in annual election is the date the change is made (sign the Ramsey County enrollment form) or the date of the event, whichever comes later.**

WHAT EXPENSES QUALIFY FOR REIMBURSEMENT UNDER THE HEALTH CARE REIMBURSEMENT PROGRAM?

Basically, most medical, dental, or medically-related expenses for the participant, their spouse and their dependents (as defined in Code §152) that would qualify as deductible expenses on a federal income tax return qualify for reimbursement, if:

1. The participant was not reimbursed for the expense by an insurance plan or in any other manner; and
2. The participant does not deduct the expense on their income tax return; and
3. The expense was incurred during the current Plan year, while program participation was in effect. **An expense is incurred when the treatment or services is provided (see exception for orthodontic expenses below).**

Examples of HCRP Reimbursable Expenses:

Out-of-Pocket Medical Expenses:	Deductibles, co-insurance, office co-pays, flu shots, doctor's services, hospital services, laboratory fees, x-ray fees, ambulance fees, etc.
Prescription Drug Expenses:	Co-pays and medicines prescribed by a doctor but not covered by the health plan.
Over-the-Counter Drug Expenses:	Effective 1-1-2011, non-prescription drugs (except for insulin) require a physician's prescription to qualify for reimbursement.
Over-the-Counter Health Supplies	Items such as bandages, blood pressure monitors, heating pads, and nasal strips continue to be eligible for reimbursement without a prescription.
Medical Equipment Expenses:	Crutches (purchase or rental), hearing aids, oxygen, wheelchair, etc.
Transportation Expenses:	Amounts primarily for and essential to medical care (subject to the IRS reimbursable amount)
Out-of-Pocket Dental Expenses:	Deductibles, co-insurance.
Out-of-Pocket Vision Expenses:	Eye exams, contact lens fitting fees, prescription eyeglasses, contact lenses, contact lens solutions, reading glasses.
Out-of-Pocket Orthodontic Expenses:	Co-insurance or payment for placement of braces or payments under a contract (copy of contract must be submitted) only to the extent they are for treatment or services actually received for examining and adjusting braces over the course of orthodontic treatment during the Plan Year. Exception: Expenses may be treated as incurred for orthodontia services before the services are provided if the orthodontist (following his or her normal practice) requires advance payments to receive the services (e.g., requires a lump sum for services to be provided that year and the next). Note: Please call Diane Leyde, Ramsey County Human Resources, at 266-2734 for additional information.
Smoking Cessation Programs:	Smoking cessation programs and prescription drugs.
Weight Loss Programs:	Weight-loss programs if prescribed by physician as medically necessary to prevent or alleviate a specific medical condition. (Medical practitioner's letter required stating specific medical condition.)

Examples of Disallowed Expenses:

- Teeth bleaching
- Cosmetic surgery (unless medically necessary)
- Diaper service
- Health Club dues for general health and fitness
- Insurance premiums
- Pre-payment for service or treatment not yet received (see exception for orthodontic expenses above)
- Nursing home care expenses

WHO QUALIFIES FOR REIMBURSEMENT OF EXPENSES UNDER THE DEPENDENT CARE REIMBURSEMENT PROGRAM?

- An employee who is participating in this plan;
- If married, the participant's spouse must be working in a job for pay or seeking employment, a full-time student, or be physically or mentally unable to care for himself or herself.

WHO QUALIFIES AS A "DEPENDENT" FOR THE DEPENDENT CARE REIMBURSEMENT PROGRAM?

- Any individuals in the participant's family who are under age 13, and who qualify as a dependent for federal income tax purposes.
- Any dependent or spouse who is mentally or physically unable to care for himself or herself. If the care is provided outside the home for a disabled spouse or dependent, the spouse or dependent must spend at least eight hours a day at home.
- If the participant is divorced or legally separated, he/she may only claim reimbursement for dependent care expenses if he/she is the custodial parent, even if he/she is entitled to the

dependency exemption on the tax return.

- Any relative or family member who is not the participant's dependent or spouse for whom the participant provides over half of the support, lives with the participant for more than half of the year, and who is physically or mentally incapable of self-care.

WHAT DEPENDENT CARE EXPENSES QUALIFY FOR REIMBURSEMENT?

Examples of eligible dependent care expenses

- Care at independent day care providers (neighbors, friends or relatives). The daycare provider must provide a signed receipt with social security number or sign the daycare claim form with the social security number.
- Care at licensed nursery schools, day camps (not overnight camp) and day care centers for dependent children or adults. To qualify, the school or center must comply with state and local laws and receive a fee for its services. (Kindergarten and school tuition would not be an eligible expense, but before and after school care would be.)
- If the participant pays their own child to provide day care services while at work, the expense will qualify only if the child who is paid is at least age 19 and the participant does not claim the child who is paid as a dependent on their income tax return.
- Dependent care centers that provide day care, not residential care, for dependent adults.
- Incidental household services related to the care of the disabled individual.

Examples of ineligible dependent care include:

- Amounts paid to a person who qualifies as the participant's tax dependent, regardless of his or her age.
- Care provided while the participant or their spouse is not working or seeking employment, unless they are disabled or a full-time student.
- Care provided so that the participant or their spouse can perform volunteer services.
- Care provided so that the participant or their spouse can attend a social event.
- Care provided by the child's parent (e.g. an ex-spouse).

WHAT IS THE PROCESS FOR REIMBURSEMENT OF EXPENSES?

For the **Health Care Reimbursement Program**, a completed and signed claim form must be submitted to the claims administrator (TASC) along with documentation such as an itemized bill, receipt or explanation of benefits (EOB) from an insurance company. This documentation must include the date the service was incurred, amount of out-of-pocket expense, type of service, name of the provider and the name of the person receiving service.

Alternately, everyone who enrolls in the Health Care Reimbursement Program will be issued a TASC Card. This is a debit card that can be used to pay for eligible health care expenses at merchants with an Inventory Information Approval System (IIAS) in place to identify eligible purchases or at other trusted providers such as doctors, dentists, and vision care facilities. When you use the card to pay for eligible expenses at a provider, the items are verified at the point of sale and you do not have to submit a claim for reimbursement – the expense would be automatically paid and then deducted from your annual election.

If you pay for eligible expenses at a provider that can't accept the TASC card, or if you choose not to use your TASC card, you would still submit your claim for reimbursement online, by fax, or by mail.

A claim for the **Health Care Reimbursement Program** must be the lesser of the amount of the eligible expense you are submitting, or the total amount you have elected to contribute for the year, reduced by any previous claims made during the Plan Year.

For the **Dependent Care Reimbursement Program**, a completed and signed claim form must be submitted along with documentation. Documentation must include the dependent's name, date of service, amount, name and tax I.D./Social security number of the dependent care provider along with a signature on the claim form or an attached receipt.

A **Dependent Care Reimbursement Program** expense claim will be paid up to the amount of money in the participant's account. If the claim exceeds the amount in the account, the participant will be

reimbursed up to the amount available in the account. A claim balance will be carried forward and will be paid when additional funds become available. Participants do not need to send in more than one claim for an eligible expense.

HCRP and DCRP claims should be submitted to the claims administrator as directed on the reimbursement form. If the claim information is incomplete, the claim will be denied and payment delayed. Properly-documented reimbursement requests will normally be processed within 24 hours of receipt; however, mailing and direct deposit processing can add up to five additional business days.

To be eligible for reimbursement from an HCRP or DCRP for a given Plan Year, an expense must be incurred in the same Plan Year during the time within the year that HCRP or DCRP participation is in effect. **An expense is incurred when the health care treatment or service is provided. Incurred does not mean billed or paid.** The only exception is that expenses may be treated as incurred for orthodontia services before the services are provided if the orthodontist (following his or her normal practice) requires advance payments to receive the services (e.g., requires a lump sum for services to be provided that year and the next).

If a participant increases or decreases their annual election due to an election change event, all expenses incurred before the date of the change are subject to the original annual election amount. The effective date for a change in annual election is the date the participant makes the change (signs the Ramsey County enrollment form), or the date of the qualifying event, whichever is later.

A claim for reimbursement for eligible expenses incurred during the Plan Year must be submitted no later than March 31st of the following year.

WHAT IS THE PROCESS FOR APPEALING A DENIED CLAIM?

If a claim is denied in whole or in part, the participant will be notified in writing by TASC within 30 days after the date TASC received the claim. Notification of a denied claim will set out:

- a specific reason or reasons for the denial;
- a description of any additional material or information necessary for the participant to validate the claim;
- appropriate information on the steps to be taken if the participant wishes to appeal TASC's decision, including the right to submit written comments and have them considered, and the right to review (upon request and at no charge) relevant documents and other information.

Appeals

If a claim is denied in whole or part, then the participant (or authorized representative) may request review upon written application to TASC. The appeal must be made in writing within 180 days after the participant's receipt of the notice that the claim was denied. If the participant does not appeal on time, he/she will lose the right to appeal the denial and the right to file suit in court. The written appeal should state the reasons that the participant feels the claim should not have been denied. It should include any additional facts and/or documents that support the claim. The participant will have the opportunity to ask additional questions and make written comments, and may review (upon request and at no charge) documents and other information relevant to the appeal.

Decision on Review

The participant's appeal will be reviewed and decided by TASC in a reasonable time not later than 60 days after TASC receives the request for review. TASC may, in its discretion, hold a hearing on the denied claim. If the decision on review affirms the initial denial of the claim, the participant will be furnished with a notice of adverse benefit determination on review setting forth:

- the specific reason(s) for the decision on review;
- the specific Plan provision(s) on which the decision is based;
- a statement of the participant's right to review (upon request and at no charge) relevant documents and other information;
- if an "internal rule, guideline, protocol, or other similar criterion" is relied on in making the decision on review, then a description of the specific rule, guideline, protocol, or other similar criterion or a statement that such a rule, guideline, protocol, or other similar criterion was relied on and that a copy of such rule, guideline, protocol, or other criterion will be provided free of

charge to the participant upon request.

CAN MONEY LEFT IN AN ACCOUNT AT YEAR'S END BE CARRIED FORWARD INTO THE NEXT YEAR?

No. Participants are not permitted to use remaining funds to pay for expenses that will be incurred the following year. Participants should monitor account balances and take steps to incur expenses in the Plan Year.

SHOULD PARTICIPANTS BE CONCERNED ABOUT FORFEITURES?

Yes. **According to federal law, any funds remaining in participant accounts after the payment of eligible claims incurred during a Plan Year will be forfeited.** Budgeting accounts carefully should help participants avoid forfeitures.

WHAT HAPPENS DURING AN UNPAID LEAVE OF ABSENCE?

Dependent Care Reimbursement Program contributions will terminate during an unpaid leave of absence, regardless of the reason for the leave. Dependent care expenses incurred while not gainfully employed are generally not eligible for reimbursement. However, if the participant is disabled or a full-time student, he/she may continue to submit claims for expenses incurred.

Participants in the Health Care Reimbursement Program may change their annual election to the amount already contributed, or continue contributing on a post-tax basis when going on an unpaid leave. If the participant has already been reimbursed more than the amount contributed, their annual election will be reduced to the amount already reimbursed.

To restart DCRP or HCRP deductions upon return from leave, or to change the annual election amount, participants must notify the Human Resources Department within 31 days of their return. The new amount elected may not be less than the amount already reimbursed prior to the return from leave.

Participants should contact the Human Resources Department at (651) 266-2734 to discuss their options both when going on and returning from an unpaid leave of absence.

WHAT HAPPENS DURING A PAID LEAVE OF ABSENCE?

Although a participant can continue to contribute to the Dependent Care Reimbursement Program during paid leave, dependent care expenses incurred during the leave may not be eligible for reimbursement unless the participant is physically or mentally unable to care for their dependents, if the participant is a full-time student, or if the leave constitutes a short term leave of two weeks or less.

Participation in the Health Care Reimbursement Program will continue during a paid leave of absence.

If participation continues during paid leave, participants cannot make any election changes upon return from leave unless they also experience an election change event. (If the participant terminated their Dependent Care Reimbursement Program contributions, they may reinstate their contributions on return from leave if they do so within 31 days of the date of their return.)

WHAT HAPPENS WHEN A PARTICIPANT TERMINATES EMPLOYMENT DURING THE YEAR?

Health Care Reimbursement Program - If a participant terminates employment during the Plan Year, they may be eligible to elect to continue participation for the remainder of the Plan Year under COBRA or revoke their election and terminate coverage. **If the participant elects to revoke their election and terminate coverage, they may submit claims for reimbursement only for expenses incurred up to the date of termination. Claims must be submitted no later than March 31st of the following year. Any unused balance will be forfeited.**

If a participant elects to continue participation they may submit claims for expenses incurred after their termination date if they are eligible for COBRA and:

1. Authorize deduction of the balance of their full election, on a pre-tax basis, out of their last paycheck prior to their termination; or

2. Make contributions to their account for the remainder of the Plan Year on an after-tax basis.

If the participant is re-employed by Ramsey County within 30 days and in the same plan year, they will be required to resume participation in the plan and prior elections will be reinstated.

Questions about continuing plan participation following termination should be directed to Diane Leyde in the Ramsey County Human Resources Department, at 651-266-2734.

Dependent Care Reimbursement Program - If an employee terminates employment while participating in the Dependent Care Reimbursement Program, expenses incurred during the remainder of the Plan Year will continue to be reimbursed up to the account balance provided the participant continues to meet the eligibility requirements. No new contributions may be made to the Account. **Claims must be submitted no later than March 31st of the following year.** Any unused balance will be forfeited.

HOW MUCH COULD THE PLAN'S TAX SAVINGS INCREASE TAKE-HOME PAY?

-- EXAMPLE ONLY --

<u>WITH HCRP / DCRP</u>		<u>WITHOUT HCRP/DCRP</u>
\$30,000	Employee's Annual Pay	\$30,000
\$1,500	Health Care Reimbursement Program Contribution	\$0
\$28,500	Taxable Pay	\$30,000
\$7,125	Taxes	\$ 7,500
\$21,375	After-Tax Income	\$22,500
\$0	Health Care Costs	\$ 1,500
\$21,375	Net Take-Home Pay	\$21,000
\$375	Tax Savings	\$0

NOTE FOR DEPENDENT CARE PARTICIPANTS CONCERNING INCOME TAX CREDITS:

Federal tax law allows a credit on the federal income tax return for qualified dependent care expenses in the amount of \$3,000 for one dependent and \$6,000 for two or more dependents. The difference between the Dependent Care Reimbursement Program (DCRP) and the tax credit is that DCRP provides a reduction in taxable income, while the tax credit offers a direct reduction on the amount of tax paid. Because each person's tax situation is unique, their own tax advisor should be consulted to help determine which approach is best for their situation.

Participants in DCRP will be required to list the names and taxpayer identification numbers on their annual tax return of any persons who provided dependent care services during the calendar year for which they have claimed a tax-free reimbursement.

The State of Minnesota also offers a child care tax credit. Check with the Minnesota Department of Revenue (www.taxes.state.mn.us) for details on the State Child Care Tax Credit.

COULD CONVERTING PART OF PAY TO PRE-TAX DOLLARS FOR THESE PROGRAMS CAUSE SOCIAL SECURITY AND OTHER GOVERNMENT BENEFITS TO BE REDUCED?

Yes. If a participant's salary is below the Social Security Wage Base (\$110,100 in 2012) or HCRP/DCRP contributions reduce the annual salary below this amount, Social Security taxes will be lower. Consequently, future Social Security retirement benefits will also be slightly lower. For many employees, however, the immediate tax benefits of using these programs outweigh the slightly reduced future Social Security benefit.

WILL CONTRIBUTIONS AND BENEFITS UNDER PERA BE REDUCED BECAUSE OF PARTICIPATION IN THESE PROGRAMS?

No. PERA contributions and benefits will continue to be based on gross pay, so they will not be reduced because of participation in HCRP or DCRP.

WHO IS RESPONSIBLE IF A PARTICIPANT GETS REIMBURSED THROUGH THESE PROGRAMS AND ALSO GETS REIMBURSED FROM ANOTHER SOURCE AND/OR CLAIMS A REIMBURSED EXPENSE ON THEIR TAX RETURN?

The participant is responsible. Duplications of reimbursement or attempts to take tax credits or deductions for reimbursed expenses constitute tax fraud and the participant will incur any penalties. It is not the responsibility of Ramsey County or the claims administrator to monitor the personal income tax or other financial affairs of participants.

IMPORTANT REMINDERS

- Any expense covered under an insurance plan or reimbursed from another source cannot be claimed under these programs.
- Any expense claimed under these programs cannot be claimed on the participant's income tax return.
- Any expense claimed under these programs cannot be claimed under another pre-tax reimbursement account.
- To receive reimbursement for eligible expenses, a participant must submit claims as outlined on page 5 of this document.
- Eligible HCRP and DCRP expenses must be incurred during the Plan Year during which an individual is a participant. (See Page 4 of this document for exception for HCRP and Page 8 of this document for exception for DCRP.)
- An expense is incurred when the individual is provided with the treatment or services, not when the participant is billed or when the bill is paid. (See Page 4 of this document for exception for HCRP.)

ADMINISTRATIVE INFORMATION

1. Plan Sponsor:

Ramsey County
Suite 2100
121 7th Place East
St. Paul, MN 55101

2. Plan Sponsor's Employer Identification Number: 41-6005875

3. Type of Plan:

This Plan is commonly known as a "cafeteria benefit plan." This plan permits eligible employees to choose between reducing their salaries to pay for qualified benefits on a pre-tax basis and forgoing benefits but not having their salaries reduced on a pre-tax basis to pay for the benefits.

4. Type of Funding:

This Plan is funded by participating employees' pre-tax contributions through salary reduction.

5. Plan Administrator: Ramsey County

6. Type of Administration:

The Plan is administered and enrollment and payroll deduction records are maintained by the Plan Administrator. Claims records are maintained by the Claims Administrator.

7. Claims Administrator:

Total Administrative Services Corporation (TASC)
PO Box 7308
Madison, WI 53707-7308
1-800-422-4661 (Customer Service Phone Number)
1-877-233-5217 (Claims Fax Number)
www.tasconline.com

8. Agent for Service of Legal Process: Ramsey County

9. Requests for Information:

Questions regarding these programs should be directed to Diane Leyde of the Ramsey County Human Resource Department at (651) 266-2734. Questions concerning a claim or account balance should be directed to TASC Customer Service at 1-800-422-4661, or check at www.tasconline.com.

10. Plan Year:

The Plan Year is the calendar year of January 1 through December 31, 2012.