Employee Benefits Corporation



Kingman Healthcare Center

Flexible Spending Accounts
Dependent Care Accounts
Health Savings Accounts

January thru December 2025



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 Ninnescah Valley Health Systems, Inc (N13997)

Cafeteria Plan Name Ninnescah Valley Health Systems, Inc. Medical Flexible Spending Account

Plan

Plan Year January 1 - December 31

My Plan Eligibility

Benefit Type	Eligibility
Dependent Care FSA	The employee is eligible the first of the month following 60 days of employment. Only employees who are regularly scheduled to work at least 30 hours weekly can participate.
Health Care FSA - Limited	The employee is eligible the first of the month following 60 days of employment. Only employees who are regularly scheduled to work at least 30 hours weekly can participate.
Health Care FSA - Standard	The employee is eligible the first of the month following 60 days of employment. Only employees who are regularly scheduled to work at least 30 hours weekly can participate.
HSA Contributions	Employees must participate in a qualified High Deductible Health Plan. See your Summary Plan Description (SPD) for more information.
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 FSAUsed 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

None for this plan year

Contribution:

Maximum Plan Year

\$5.000

Contribution:

Health Care FSA - Limited (with Rollover)

Used for eligible vision and dental expenses incurred by you, your spouse, your eligible child(ren) or your eligible dependent(s). This plan is compatible with making health savings account (HSA) contributions in the same plan year. You may only enroll in one Health Care FSA for the plan year – the limited or the standard.

Minimum Plan Year

None for this plan year

Contribution:

Maximum Plan Year \$3,300

Contribution:

Rollover Details:

Your Health Care FSA - Limited option includes

rollover, which allows unused balances of up to \$660 to roll into the next plan year. Please refer to Health Care FSA Details in your BESTflex Plan Summary Plan Description (SPD) for more

information about how rollover works.

(with Rollover)

Health Care FSA - Standard Used for eligible medical, vision, and dental expenses incurred by you, your spouse, your eligible child(ren) or your eligible dependent(s). This plan is not compatible with making health savings account (HSA) contributions in the same plan year. You may only enroll in one Health Care FSA for the plan year - the limited or the standard.

Minimum Plan Year

Contribution:

None for this plan year

Maximum Plan Year

Contribution:

\$3.300

Rollover Details:

Your Health Care FSA - Standard option includes rollover, which allows unused balances of up to \$660 to roll into the next 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, 2026.

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

Accident January 1
Dental Insurance January 1
Hospital Indemnity January 1
Medical Insurance January 1
Vision Care January 1

Health Savings Account (HSA) Contributions

If you are an eligible HSA accountholder, your BESTflex Plan allows you to contribute to your HSA on a pre-tax basis by making a salary reduction election.

Additional Details

Employer Contributions The Employer will contribute monthly the following amounts into the

Employee's Health Savings Account (HSA) based on their coverage type: \$50

Single, \$50 Family.

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

My Health Care FSA ERISA Information

ERISA Status The Plan is governed by ERISA

Contact Human Resources Representative

Plan Administrator Ninnescah Valley Health Systems, Inc

Address 750 West D Avenue

Kingman, KS 67068

Telephone (620)532-0200 Federal ID Number 48-0761700

Legal Plan Name Kingman Healthcare Center Flexible Compensation Plan

Plan Number 501

Original Effective Date 1/1/2019

Agent for Service of Process Christine Jennings

Collectively Bargained No

Your company, Ninnescah Valley Health Systems, Inc, 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

Phone Number

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



Standard Health FSA Eligible Expenses



There are two types of Health Care FSAs: a standard health FSA and a limited health FSA. Your standard health FSA allows you to pay for eligible medical, vision, and dental expenses that are not covered by another health plan.

Examples of Eligible Expenses for Standard Health FSAs:



Dental Expenses

- Dental X-Rays
- Exams/Teeth Cleanings, Gum Treatments
- Fillings, Crowns/Bridges
- Oral Surgery, Extractions, Dentures
- Orthodontia/Braces



Vision Expenses

- · Contact Lenses, Contact Lens Solution and Cleaners
- Eye Examinations
- Eyeglasses, Reading Glasses, Prescription Sunglasses
- Laser Eye Surgeries, Radial Keratotomy/LASIK



Out-of-Pocket Uncovered Medical Care Expenses

- Copays, Coinsurance, Deductible Expenses
- Prescribed Medication (including insulin and birth control)
- Prescribed Vitamins



Lab Exams/Tests

- Blood Tests, Spinal Fluid Tests, Urine/Stool **Analyses**
- Cardiographs
- Diagnostic Fees, Laboratory Fees
- At-Home COVID-19 Testing



Medical Treatments/Procedures

- Acupuncture, Chiropractor
- Hearing Exams, Hearing Aids and Batteries
- Individual Behavioral or Mental Health
- Infertility, In-vitro Fertilization
- Inpatient treatment for addiction to alcohol/drugs
- Physical Therapy, Speech Therapy
- Sterilization, Vasectomy and Vasectomy Reversals
- Vaccinations and Immunizations
- Well Baby Care



Medical Supplies and Services

- Abdominal/Back Supports, Arch Supports/Orthopedic Insoles (not for general comfort) or Diabetic Shoes
- Blood Pressure Monitors
- Breast Pumps and Lactation Supplies
- Compression Hosiery above 30 mmHg
- Contraceptives, Norplant Insertion or Removal
- Counseling (except for Marriage and Family)
- Crutches, Wheelchair, Oxygen Equipment, Splints/Casts
- Medic Alert Bracelet or Necklace
- Hospital and Ambulance Services
- Insulin Supplies, Syringes
- Guide Dog (for visually/hearing impaired person)
- Mastectomy Bras, Prosthesis
- Medical Miles, Tolls, Parking, or Transportation Expenses (essential to medical care)
- Pregnancy Tests, Pre-Natal Vitamins







Over the Counter (OTC) Products

- Allergy, Anti-Itch, Antihistamine Medicines, Eye Drops
- Digestive Tract Relief Medications, Antacids, Anti-Diarrhea Medications, Laxatives
- Anti-Nausea Medications, Motion Sickness Pills
- Cold and Flu Medications, Cough Drops & Syrups, Decongestants, Nasal Sinus Sprays, Sore Throat Spray, Sinus Medications, Throat Lozenges, Vapor Rubs
- First Aid Creams, Diaper Rash Ointments. Calamine Lotion, Bug Bite Medication, Wart Remover Treatments, Special Ointments/Burn Ointments, Rubbing Alcohol
- Menstrual Pain and Cramp Relief Medication
- Menstrual Products, including Tampons and
- Pain Relievers, Analgesics, Aspirin, Fever Reducers, Muscle/Joint Pain Relievers
- Smoking Cessation Products, Nicotine Gum/Patches
- Sunscreen with at least SPF 15
- Athletes Foot Creams and Powders, Cold Sore Remedies, Hemorrhoid Medications, Lice and Scabies Treatments, Yeast Infection Treatments



Personal Protective Equipment (PPE) to Prevent Spread of COVID-19

- Face masks (disposable or cloth), with multiple layers of material and with nose wire
- Hand sanitizer rubs and hand sanitizing wipes with at least 60% alcohol content

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please contact us if you have any questions.

Examples of <u>Ineligible</u> Expenses for Standard Health FSAs:

We're commonly asked which expenses are not eligible for payment. Here are some examples, but the list is not all inclusive.



- Canceled Appointment Fees
- Drugs or treatments that are illegal under Federal law
- Cosmetic Surgery, Treatments, or Procedures
- Toiletries or Sundry Items
- Vitamins or Supplements for General Health
- Food and meals that replace regular nutritional requirements
- Household cleaning products, including surface cleaning
- Face shields, neck gaiters, or face masks with vents/valves
- Fitness expenses such as gym memberships, athletic gear, and exercise equipment when used for an individual's general health

Personal care items or services for general health are not usually eligible, but if your health care provider recommends an otherwise personal product or service to treat a specific diagnosis, you can submit the expense for reimbursement with a Letter of Medical Necessity.

This is a letter from your health care provider that includes a recommendation of the item or service to treat your diagnosis, and the duration of the recommendation. Depending on the expense, you may have to provide additional documentation to show the expense would not have been incurred "but for" the medical condition.

Sometimes a personal or general use item may be specialized for the specific purpose of treating or alleviating a medical condition. In this case, only the excess cost of the specialized item over the non-specialized item can be reimbursed. A Letter of Medical Necessity may be requested for these items as well.



Where can I shop?

Visit www.ebcflex.com/WhereToShop







Health Savings Account

The benefit that helps you save and invest in your health care.



A health savings account (HSA) is a savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. With an HSA, you save approximately 30%* on your eligible expenses, making a \$1,000 expense cost you about \$700. You get these savings because the contributions you make to your HSA are exempt from Federal, State, and FICA payroll taxes.

*This tax example is a broad approximation of tax liability. Your specific savings depend on your tax bracket. Further, your contributions may be subject to state income tax in some states. You should consult a tax advisor for help with your own situation. Current IRS tax laws control all pre-tax payment and contribution matters and are subject to change.



HSA Options

HSAs offer flexibility and planning beyond what you get with other benefits. Spend your HSA dollars when you need them, save your HSA dollars when you don't have an immediate need, and invest some of your savings as your balance grows to see your money grow even faster.



Use funds on a tax-free basis to pay for eligible purchases as they come up. For more information on where you can spend your HSA funds, visit www.ebcflex.com/WheretoShop.



Put funds away for future expenses. Take advantage of a high-yield HSA, which gives you the potential of a higher interest rate.



Invest

Help support your financial wellness by **investing funds** for health emergencies or health costs incurred during retirement.

1. Consider Your Interest Options

There are two interest options for your HSA—a traditional interest option or a high-yield interest option. When you first enroll in your HSA, your HSA cash balance will automatically start with the traditional HSA interest option, but you can transition your HSA cash balance to a high-yield HSA option at any time. The high-yield HSA gives you the opportunity to earn higher interest on your HSA funds by having your HSA held in a non-FDIC-insured account that is backed by a highly rated insurance company, Pacific Life. You can change your interest option preference anytime through your online account. Learn more at www.ebcflex.com/highyieldhsa.

2. Learn More About Investing

Once your HSA reaches a \$1,001 cash balance, you can start investing your HSA funds. There are three investment models to choose from based on your expertise—Managed, Self-Directed, and Brokerage. Whether you're new to investing and are looking for a guided experience or are a seasoned investor looking to research and trade stocks and ETFs, you will have an investment model that best fits your needs. If your investment needs ever change, you can switch your investment model at any time.

You can also transfer funds between your HSA cash balance and investment balance at any time.

3. View Eligible Expenses

Consider which eligible expenses you can use your HSA funds on to help inform your contribution amount. For a full list of eligible HSA expenses, visit www.ebcflex.com/eligibleexpenses.

4. Choose Your Contribution Amount

After considering the eligible expenses, decide how much you would like to contribute to the HSA. For 2024, you can elect to contribute up to the established limit:

Self-Only Health Plan | \$4,300* Family Health Plan | \$8,550*

*Limits are based on the assumption that an individual is HSA eligible for the full plan year. Limits may be prorated based on the duration of HSA eligibility.

6. Complete the Enrollment Process

After determining that an HSA is right for you, if you are eligible for an HSA, and determining your election amount, you should be prepared to complete the enrollment process.

7. Spend Your HSA Funds

Use your Benefits Card to pay for eligible expenses directly from your HSA. You can also use the Bill Pay feature in your online account to pay a provider directly or pay yourself back for an eligible expense you made without your Benefits Card. For more information on where you can spend your HSA funds, visit www.ebcflex.com/WheretoShop.





Maximizing your contributions

As you decide how much to contribute, it's important to note that contributing the maximum allowable amount helps you to get the most from your HSA. At the very least, you'll want to contribute enough to cover anticipated health care expenses. Because your balance rolls over year to year, there is no penalty for contributing more than you're able to use in one year. The tax advantages of an HSA make it a powerful long-term savings vehicle.

The maximum annual contribution can be made even if you become HSA-eligible after your tax year begins, as long as you are covered under a qualified High Deductible Health Plan (HDHP) on the first day of the last month of your tax year (December 1 for most taxpayers) and remain in a qualified HDHP for the following 12 months. See IRS publication 969 for details. Contributions are allowed until the tax filing deadline for the previous calendar year, typically this is April 15th. Additionally, if you are 55 or older, you are allowed to make a \$1,000 catch up contribution.

Keep in mind that HSA contribution limits, established by the IRS, may change each year and you must not over contribute to avoid adverse tax consequences.

	2025 Contribution Limit	tion Limit Catch-Up Contribution*	
Single	\$4,300	\$1,000	
Family	\$8, 550	\$1,000	

^{*}Participants age 55 or older may make additional contributions above the set HSA maximum.

Catch-up contributions can be made any time during the year in which the HSA participant turns 55.

Catch-up contributions for account holders 55 and older

If you are age 55 or older, you may be able to make a catch-up contribution above the annual limit. Even if you join a qualified HDHP after the start of the year, you can contribute the maximum amount, as long as you have qualified HDHP coverage for the last month of the taxable year and for the following 12 months. Catch-up contributions for the partial year of HDHP coverage must be pro-rated.

High-Yield interest option

Unlike an FSA, unused funds stay in your account from year to year and earn interest tax-free. You can choose the interest rate option that best meets your needs: High-Yield or Traditional. The High-Yield interest option can help you earn higher interest on your HSA cash balance, making it a great way to maximize the savings potential of your HSA cash balance.

Simply log in to your online account and select the HSA tile. Click on your account balance and select *interest options* to make your selection or change it at any time.

Does this sound complicated? Don't worry. There are tools within the online account that will help you monitor your contributions and help prevent over contributing. Contact us if you have questions at participantservices@ebcflex.com.

COMPLIANCE OVERVIEW





HSA Limits for 2025

The following chart shows the health savings account (HSA) limits that will apply for 2025, along with the 2024 limits for comparison purposes. The IRS limits for HSA contributions, as well as the minimum deductible and out-of-pocket maximum limits for high deductible health plans (HDHPs), will increase in 2025.

Type of Limit	2024	2025	Change	
HSA Contribution Limit	Self-only	\$4,150	\$4,300	Up \$150
H3A Contribution Limit	Family	\$8,300	\$8,550	Up \$250
HSA Catch-up Contributions (not subject to adjustment for inflation)	Age 55 or older	\$1,000	\$1,000	No change
HDHP Minimum Deductible	Self-only	\$1,600	\$1,650	Up \$50
none willimani bedactible	Family	\$3,200	\$3,300	Up \$100
HDHP Maximum Out-of-Pocket Expense Limit (deductibles,	Self-only	\$8,050	\$8,300	Up \$250
copayments and other amounts, but not premiums)	Family	\$16,100	\$16,600	Up \$500

LINKS AND RESOURCES

- IRS Revenue Procedure 2023-23—HSA limits for 2024
- IRS Revenue Procedure 2024-25—HSA limits for 2025

Provided to you by PIC Benefit Services











My Account Summary

Plans





Quick Links

Message Center C
Manage Direct Deposit
Submit a New Claim
Download Forms and Materials
Track Upcoming Payments
Track Processed Claims
Track Payment Details

Any device, any time.

You can access your EBC account by logging in online or on our mobile app, EBC Mobile.

Accessing Your Account

Online

To log in to your online account, go to www.ebcflex.com and log in as a participant.

Mobile

To log in to EBC Mobile, download the app from the <u>App Store</u> or <u>Google Play</u> and enter your login information.

If you don't have an account set up, you can create your account online or on EBC Mobile by selecting **Register** on the login screen.

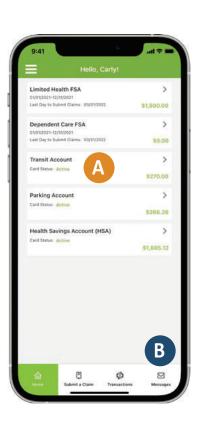
Account Overview

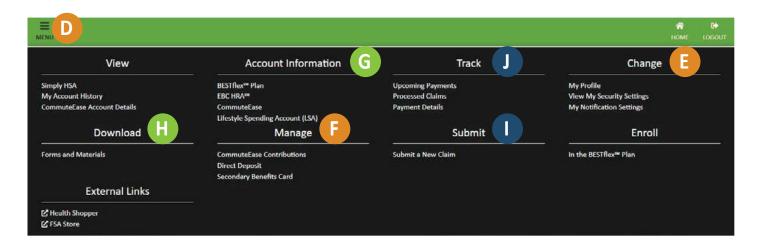
Home

When you log in to your EBC account, you will be taken to the home screen where you can find an overview of your EBC accounts. Click each account tile [A] to access your account details.

Account Notifications

You can access important messages by selecting *Messages* [B] in the app or *Message Center* [C] in your online account.





Account Settings

Navigate to the **Menu** [D] to see the following account settings.

My Profile

It's important to keep your contact information up-to-date to receive important messages from us. You can view and/or update your contact information under **Change** [E] > **My Profile**.

Username and Password Management*

If you have forgotten your password and would like to reset it, you can do so from the login screen. If you'd like to update your username and password, go to *Change* [E] > *View My*Security Settings in your online account and navigate to *User Security Settings*.

Direct Deposit*

You can sign up for direct deposit in your online account. When you sign up for direct deposit, you get your money faster because your reimbursement funds will be deposited electronically and securely in your checking or savings account. Go to *Manage* [F] > *Direct Deposit*.

Resources

Navigate to the menu to see the following resources.

Account Information*

Find additional information in the online main menu under *Account Information* [G].

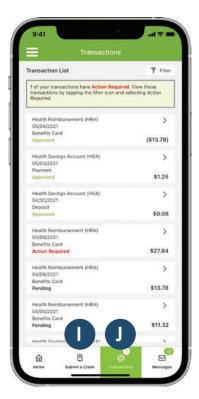
Forms and Materials*

Forms and additional materials can be found under *Download* [H] > *Forms and Materials* in your online account. Once you navigate to *Forms and Materials*, you will have to choose which account you'd like to see materials for.

Some commonly accessed materials include the *Participant Authorization Form, Letter of Medical Necessity, Contract on File,* and *Eligible Expense List. Note that these documents are examples and are not available for all accounts.*

Claim Submission and Tracking

You can submit [1] and track [J] the status of your claims. Select each claim to view the full details. If you experience a denied claim, selecting the claim will provide the reason for the claim denial.





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*The following is not available on EBC Mobile.

In the states of Arizona, California, Florida, Kentucky, Massachusetts, Montana, North Carolina, Nebraska, New York, Ohio, Rhode Island, Tennessee, Virginia, and Washington, Employee Benefits Corporation is registered under the "doing business as" (DBA) name EBC Benefits Administration Corporation. In the state of New Hampshire, Employee Benefits Corporation is registered under the DBA name Employee Benefits Administrators of WI. In the state of Vermont, Employee Benefits Corporation is registered under the DBA name EBC Benefits Administration.