

#### 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 Omaha Track, Inc. (O1174)

Cafeteria Plan Name

Omaha Track, Inc. Premium Conversion and Health Savings Account Contribution Plan

Plan Year January 1 - December 31

## My Plan Eligibility

Benefit Type Eligibility

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 Pretax Benefits

section) are eligible to pay for those premiums before taxes.

# **My 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

Dental Insurance 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 to the Health Savings Account (HSA) in the following way:

ER Match: \$100 seed dep + \$1 for \$1 up to \$25/mo Employee Only; \$400/yr(1st yr), then

\$300/vr

ER Match: \$150 seed dep + \$1 for \$1 up to \$50/mo Family; \$750/yr(1st yr), then \$600/yr

Your company, Omaha Track, Inc., has adopted the BESTflex Plan (the Plan). For purposes of federal law, the Employer is the Plan Sponsor and the Plan Administrator.