OFFICIAL PUBLIC NOTICE

MEETING OF THE PERSONNEL COMMITTEE

MONDAY, NOVEMBER 16, 2026 AT 5:30 PM

CONFERENCE ROOM AT THE MUNICIPAL BUILDING, 450 S. MAIN STREET, RICHLAND CENTER, WI 53581

AGENDA

CALL TO ORDER *Roll Call for the meeting, determine whether a quorum is present; determine whether the meeting has been properly noticed.*

APPROVAL OF MINUTES

1. September Meeting Minutes

REPORTS & UPDATES

2. City Administrator's Report

DISCUSSION & POSSIBLE ACTION ITEMS

3. Contracting a Flexible Spending Account (FSA) Administrator
4. **Closed Session:** Regarding Employee Conduct Complaint - Review of Procedure and Response. *The Committee may convene in Closed Session pursuant to Wis. Stat. § 19.85(1)(c) for the purpose of considering employment, promotion, compensation, or performance evaluation data of public employee, and (f) Considering financial, medical, social or personal histories or disciplinary data of specific persons, preliminary consideration of specific personnel problems or the investigation of charges against specific persons except where par. (b). applies which, if discussed in public, would be likely to have a substantial adverse effect upon the reputation of any person referred to in such histories or data, or involved in such problems or investigations.*
5. Reconvene in open session pursuant to Wisconsin Stat, Sec 19.85(2) to vote on matters discussed during closed session. Roll call vote if motion is not unanimous.

AGENDA ITEMS FOR FUTURE MEETINGS

SET NEXT MEETING DATE *Third Monday of the Month - December 21st*

ADJOURNMENT

Posted this 13th day of November, 2026 by 4:30 PM.
Copy to the official newspaper the Richland Observer.

PLEASE NOTE: To request disability-related accommodations, please contact City Administrator Ashley Oliphant (608-647-3466 or 450 S. Main St.) at least 24 hours in advance. Notice is hereby given that a quorum of other city governmental bodies may be present at this meeting for informational and discussion purposes only, and no formal action will be taken by those bodies at this meeting. The City of Richland Center is an equal opportunity employer, provider, and lender.

MINUTES OF THE PERSONNEL COMMITTE

MONDAY, SEPTEMBER 21, 2026 AT 5:30 PM

CONFERENCE ROOM AT THE MUNICIPAL BUILDING, 450 S. MAIN STREET, RICHLAND CENTER, WI 53581

Call to Order: Chair Ryan Cairns called the meeting to order at 5:30 PM. A quorum was present. Committee Members Chris Jarvis and Brad Wegner were present. City Treasurer/Deputy Clerk Misty Molzof affirmed that the meeting was properly noticed.

Others Present: City Administrator, Ashley Oliphant; Police Chief Billy Jones; Police Officer Jason Pilla; Utility Manager, Scott Glad; Treasurer/Deputy Clerk Misty Molzof; and Mayor Karin Tepley.

Minutes: *Motion by Wegner, second by Jarvis, to approve July 20, 2026 meeting minutes. Motion carried unanimously.*

Reports & Updates

City Administrator's Report

- Options was selected to provide alcohol and other drug abuse (AODA) testing for employees who hold commercial driver's licenses (CDLs). The Richland Police Department will no longer perform alcohol testing for these employees. The change is expected to save the City money; Richland County also uses Options.
- Budget meetings with department heads are underway.
- Onboarding is being completed with Ready Rebound, a program that helps employees and their family members navigate medical needs. The program is available at no cost through Baer Insurance, the League of Wisconsin Municipalities insurance provider.
- One employee has returned from medical leave with a remote work schedule through the end of 2026.

2027 Health Insurance. *No Action.*

The Committee discussed 2027 health insurance options, including whether to leave the Wisconsin Department of Employee Trust Funds (ETF) program, plans with different employee deductibles, and the costs and benefits of each option. City Administrator Oliphant explained that, during the last budget process, staff was asked to review 2027 insurance options, including high-deductible plans and other carriers. Rising insurance costs are putting significant pressure on a City budget that is already constrained by levy limits. Alderperson Walters later informed Oliphant that Richland County was considering The Insurance Center (TIC) as an alternative to ETF and encouraged administration to research out. Oliphant discussed four options involving ETF and TIC and said administration was comparing plan designs to find appropriate coverage and cost for the City and employees. TIC's proposal showed substantial potential savings, but choosing TIC would require the City to leave ETF. Oliphant stated that the Common Council would need to adopt a resolution by October 1, 2026, to make that change. Wegner expressed concern about making a significant change with limited notice to employees. Cairns emphasized the importance of savings for both the City and employees while maintaining comparable coverage. Jarvis raised concerns about Quartz based on his personal experience with the company.

2027 COLA

Motion by Wegner, second by Jarvis to recommend 3.5% wage rate increase. Wegner – Aye, Jarvis – Aye, Cairns – Aye. Motion Carried 3-0.

The Committee discussed how wage increases are determined and its role in deciding how increases apply to different employees. Oliphant explained past practice has been to provide a cost-of-living adjustment (COLA), or an amount close to it, to non-represented employees. Raises for union-represented police employees are negotiated through their contract. The Library determines its own raises but has generally followed the City's increase for non-represented employees. Cairns said the City has increased wages over the past several years to bring them closer to market rates and that annual COLAs, together with the benefits package, help the City remain competitive. Jarvis

asked whether wage increases could vary by work assignment, such as greater increases form manual laborers t office positions.

Organization / Staffing Updates: Jarvis requested an update on the work completed and progress made since the office became fully staffed.

AGENDA ITEMS FOR FUTURE MEETINGS: Organizational structure, staffing, and a historical overview of those matters.

SET NEXT MEETING DATE: The next meeting was scheduled for Thursday, September 24th at 5:30PM.

ADJOURNMENT: *Motion by Wegner, second by Jarvis, to adjourn at 8:22 pm. Motion carried unanimously.*

Meeting minutes recorded by Misty Molzof

MINUTES OF THE PERSONNEL COMMITTE

THURSDAY, SEPTEMBER 24, 2026 AT 5:30 PM

CONFERENCE ROOM AT THE MUNICIPAL BUILDING, 450 S. MAIN STREET, RICHLAND CENTER, WI 53581

CALL TO ORDER Chair Cairns called the meeting to order at 5:30 PM. A quorum was present. Members present: Ryan Cairns, Chris Jarvis, and Brad Wegner. Members absent: none. Oliphant affirmed proper notice.

2027 Health Insurance. *No Action taken.*
The committee discussed 2027 health insurance options: staying with the Wisconsin Department of Employee Trust Funds (ETF) under the current no-deductible plan, switching to an ETF deductible plan, or moving to a new carrier through The Insurance Center. By consensus, the committee agreed to recommend staying with ETF and to send the choice between the deductible plan (P01) and the no-deductible plan (P04) to the full Council at a special meeting on September 29, 2026. The committee asked for information on Health Savings Accounts (HSAs) and Health Reimbursement Arrangements (HRAs) at a future meeting.

ADJOURNMENT: Motion by Wegner, second by Jarvis, to adjourn at 7:00 pm. Motion carried unanimously.

Meeting minutes recorded by Misty Molzof

CITY OF RICHLAND CENTER - AGENDA ITEM DATA SHEET

Agenda Item: Flexible Spending Account (FSA) Administrator

Committee Review: Personnel Committee

Meeting Date: Personnel Committee – November 16, 2026

Presented by: Misty Molzof, Financial Officer

1. Current Practice & Proposed Change
    a. **Current Practice**: The City currently administers employee FSA reimbursements internally. Employees provide medical expense documentation to the Financial Officer, and approved reimbursement amounts are processed through employee paychecks. This method requires City staff to receive and assess sensitive claims, maintain medical documentation, coordinate payroll deductions and reimbursements, and monitor plan requirements. With the change to a low deductible health plan in 2027, employee demand for this type of program has increased.
    b. **Proposed Change**: transfer claim substantiation, participant-facing reimbursement services, and agreed administrative functions to an experienced third-party FSA administrator while the City continues employer payroll deductions and plan oversight.
2. Reasons to Consider Outside Administration
    a. **Employee Privacy.** Direct submission to an administrator would minimize sensitive medical documentation handled by City payroll personnel and improve separation between personnel decisions and benefit claims.
    b. **Compliance and staff Capacity:** A third-party provider can assist with plan documents, claim substantiation, records, nondiscrimination testing, participant communications, and plan-year administration. The City remains ultimately responsible for its plan.
    c. **Better Employee access to funds.** Debit cards, secure mobile/online claims, direct deposit, and direct provider-payment tools can reduce reimbursement delays and eliminate dependence on the regular payroll cycle.
    d. **Administrative Consistency.** Outside claims review could provide consistent eligibility determinations, reconciliation, reporting, and continuity if staffing changes.
3. FSA – Benefits both the Employer and the Employee
    a. **City:** reduces employer FICA by 7.65% on every pre-tax dollar employees elect.
    b. **Employees:** *estimated* savings of about 30% on healthcare costs each year through pre-tax payroll deduction.
    c. **Plan rules to be aware of:** FSAs are “use it or lose it” - the employer keeps unused funds, OR employees can receive their full election before they have finished contributing, so the City carries the risk if an employee spends the full amount and leaves early.
    d. An HSA is a separate option that requires a high-deductible health plan and is not part of this comparison.

4. Proposal comparison (TASC, Employee Benefits Corp. [EBC], Diversified Benefit Services [DBS])
    a. Fee structure

Fee item	TASC	EBC	DBS
Annual fee	**$500**	$450	$550
Monthly admin fee per participant	**$4.89**	$5.00	$4.65
Monthly minimum	**$75**	$60	$120
Participants needed to cover the monthly min.	**16**	12	26
Additional annual charges	**None listed**	None listed	$405 annual charge + $300 testing

b. Estimated net annual cost to the City (administrator fees minus the City's FICA savings)

Scenario	TASC	EBC	DBS
Current: 4 employees enrolled (2025 elections, $4,296 total)	**$1,071**	$841	$2,366
Min. enrollment to meet each monthly minimum, all elect $500 (TASC 16, EBC 12, DBS 26 participants)	**$788**	$711	$1,701
30 employees: 10 elect $500, 20 elect $1,000	**$348**	$338	$1,017
40 employees: 10 elect $500, 30 elect $1,000	**$170**	$173	$810

Figures are estimates rounded to the nearest dollar. They do not include the staff time the City currently spends administering the plan.

i. **DBS is the most expensive option in every scenario,** costing roughly $640 to $1,525 more per year than TASC or EBC.
ii. **TASC and EBC are close.** EBC is lower at current participation (by about $230 per year), and the two are within about $10 per year at 30 to 40 participants, where TASC's lower per-participant rate ($4.89 vs. $5.00) offsets its higher fixed fees.
iii. **The program becomes more cost-effective as enrollment grows.** Fees are largely fixed at low enrollment, while FICA savings rise with every participant and election. TASC's net cost falls from about $1,071 at current participation to about $170 at 40 participants.

5. Recommendation - TASC
   a. **Cost that improves with participation.** TASC and EBC are the two lowest-cost options. TASC has no additional listed charges and the lower per-participant rate of the two, so it becomes the lower-cost choice at roughly 38 or more participants.
   b. **Established and Wisconsin-based.** TASC is headquartered in Madison and describes itself as the nation's largest privately held third-party benefits administrator. It administers FSA and HSA programs for public employers, including the State of Wisconsin employee programs and the City of Madison.
   c. **Employee convenience.** Employees get an online account, mobile app and payment card for eligible expenses, rather than paper reimbursement through payroll.
   d. **Trade-off to note:** EBC costs less at current enrollment and needs fewer participants (12 vs. 16) to cover its monthly minimum. TASC is recommended because its cost advantage grows with enrollment, which the City should work to increase.

6. Fiscal impact (TASC)
   a. Gross administrator fees: about $1,400 per year at current participation, rising to about $2,850 at 40 participants.
   b. FICA savings offset about 23% of fees at current participation and about 94% at 40 participants, for a net cost of roughly $1,071 down to $170 per year.

7. Next steps if approved
   a. City Attorney reviews the TASC contract and confirms HIPAA status, and which annual filings apply to the City's plan.
   b. Treasurer coordinates implementation timing with TASC and open enrollment and reconciles current-year claims under the in-house process.
   c. Communicate the change and promote enrollment to all eligible staff since participation drives cost-effectiveness.

8. Requested Action:

PERSONNEL: Motion to recommend council approve contracting with TASC as a Flex Spending Account (FSA) administrator.

BUDGET: Motion to recommend council approve contracting with TASC as a Flex Spending Account (FSA) administrator.

COUNCIL: Motion approve contracting with TASC as a Flex Spending Account administrator (FSA).

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Since 1987, Diversified Benefit Services has delivered flexible, scalable benefit plan solutions to employers nationwide. As a Wisconsin-based third-party administrator, we partner with clients and brokers to simplify complexity, enhance the participant experience, and drive better outcomes.

Our expertise spans plan design, communication, enrollment, compliance, and reporting - **supporting private, public, and non-profit organizations of all sizes.**

DIVERSIFIED BY THE NUMBERS

40+
years
of industry experience

50
states
of coverage for participants

200+
partnerships
with national and regional brokers

100+
integrations
with carriers and data providers

TECHNOLOGY THAT ADAPTS TO YOU

Our proprietary platform, A.S.A.P.® (Advanced Strategic Administration Program), is built and maintained in-house – giving us the flexibility to support both straightforward and highly customized plan designs with precision and efficiency.

SERVICE THAT SETS US APART

At Diversified, technology is only part of the equation. Our experienced, service-focused team delivers responsive, knowledgeable support to both clients and participants – ensuring a seamless experience at every stage.

ADVOCACY THAT PROTECTS YOUR PROGRAMS

Diversified actively engages with legislators and industry leaders to help shape regulations impacting account-based benefit plans – keeping our partners informed, compliant, and prepared.

A PARTNER YOU CAN COUNT ON

Partnering with Diversified means gaining a team that delivers thoughtful strategy, reliable service, and solutions designed to evolve with your needs.

COMPREHENSIVE ADMINISTRATIVE SERVICES FOR

- FSAs
- HSAs
- HRAs
- COBRA
- ICHRAs
- POPs
- Pre-Tax Parking Plans
- Customized Reimbursement Plans

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Prepared for

City of Richland Center

September 28, 2026

50 Eligible Employees

Submitted by: Mike Demet

☑ Flexible Spending Account

☐ Health Reimbursement Arrangement

☐ Health Savings Account

☐ COBRA

☐ ERISA Wrap Documents

***Quote expires 90 days after date of proposal*

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Hartland, WI 53029

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Diversified Benefit Services, Inc.

The Company

Diversified Benefit Services, Inc. (DBS) is a third party administration (TPA) firm dedicated to excellence in the design and third party administration of tax preferred account based reimbursement plans. Located in Hartland, Wisconsin, DBS is a privately held company with approximately 70 employees. DBS takes pride in its plan design and plan administration expertise as well as excellent customer service. Since 1987, DBS has provided extraordinary service to various employers including manufacturers, health systems, school districts, financial institutions, municipalities, and non-profit organizations. Our clients are located from coast to coast and range in size from 20 employees to over 25,000.

Services

DBS specializes in the design, communication, enrollment, compliance testing and third party administration of Section 125 Flexible Spending Accounts (125-FSAs), Section 105 Health Reimbursement Arrangements (105-HRAs), Section 132 Pre-tax Parking Plans (132-PPPs), Section 223 Health Savings Accounts (223-HSAs) and other customized reimbursement plans. Pre-tax Premium Only Plans (POPs) and comprehensive plan enrollment services are offered as well in addition to COBRA administration. DBS reimburses either participants or providers directly - which is a unique service offered to clients with 105-HRAs. DBS also administers retiree and other customized reimbursement plans.

Experience and Knowledge

DBS is a leader in the industry with over 30 years of experience in designing, communicating and administering account based reimbursement plans. Our knowledgeable staff has assisted thousands of clients in implementing and administering their programs. Utilizing thoughtful listening, effective planning, and clear communication, the DBS team offers clients peace of mind and high levels of satisfaction with our services. DBS has conducted educational seminars on FSAs, HRAs, HSAs and other programs for Benefit Consulting firms, professional HR groups, Chambers of Commerce, and trade organizations. DBS is a member of ECFC (Employers Council on Flexible Compensation) which is a premier Washington D.C. based lobbying organization that promotes the most favorable regulatory environment for tax preferred benefit plans.

Communication

One of our most important value added services is our dedication to educating employees on the benefit services being provided. As an example, with our FSA program, DBS' effective communication allows many of our clients to achieve participation results in the 25%-50% range (the national average is 12%-20%). Our crystal clear education process can include employee announcement letters and interactive group informational meetings, individual enrollment sessions and online enrollment. There are several enrollment methods available for employers to choose from.

Technology

Along with our highly trained team, DBS utilizes state-of-the-art computer servers & systems as well as a robust software program known as **A.S.A.P.®**

Advanced
Strategic
Administration
Program®

Our administration software is a proprietary system owned and developed by DBS and has helped position DBS as an industry leader in 125-FSA, 105-HRA, 132-PPP and 223-HSA administration. **A.S.A.P.®** allows employers and employees secure encrypted online account access to view transactions, balances, file claims and generate various reports. **A.S.A.P.®** is programmed to accept insurance carrier electronic claim data. The seamless claim processing has several options for reimbursements paid to participants and providers.

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Section 125 - Flexible Benefit Plans

Group Insurance Premiums

Most employees share in the cost of group premiums for health and/or dental insurance. In 1978, Congress passed legislation providing a tax break for the employee's portion of insurance premiums.

Under Section 125 of the Internal Revenue Code, employees can deduct their share of premiums from their paycheck **pre-tax** (before Federal, State, and FICA taxes). This pre-tax deduction reduces the amount of gross income that is taxed and employees save approximately 20-30% in taxes on their expenses. The employer saves the matching FICA tax (approximately 7.65%).

Most employees can participate in the program. However, owners and highly compensated employees that are eligible to participate may be limited on the amount of their insurance deduction that could be deducted pre-tax. Owners of an S-corporation and their family members, partners in a partnership (i.e. LLP, LLC, etc.) and sole proprietors are not eligible to participate.

Types of Qualifying Group Insurance Premiums

Health Dental Vision

Accidental Death and Dismemberment

Cancer* Group Term Life (up to $50,000)** Disability ***

If a Premium Only Plan is currently in place, then it will be incorporated into the Flexible Spending Account plan document.

Employer Benefits	Employee Benefits
FICA Tax Savings	Federal, State & FICA Tax Savings
FUTA & SUTA Tax Savings	Increases Spendable Income
Softens Impact of Health Care Costs	Softens Impact of Health Care Costs
Enhances Employee Benefit Package	Enhances Employee Benefit Package

Estimated Employer FICA Tax Savings Formula

$ X 7.65% = $

_____

Annualized Employee Premium Contribution | FICA Taxes | Annualized Employer Tax Savings

* Policies with Premium Refund provisions are not allowed.

** Only coverage for the employee is allowable (no spouse or dependent coverage). Other limits apply.

*** When Disability premiums are deducted pre-tax, the benefit payout becomes taxable income. Policies with Premium Refund provisions are not allowed.

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Dependent Care Flexible Spending Account (DCFSA)

The Dependent Care Flexible Spending Acount is for employees who have qualifying dependents that require supervision while the employee and/or their spouse works or attends school full time. Employees conservatively estimate what they expect to spend for dependent care during the Flexible Spending Account plan year. In most cases, the annual maximum contribution in the Dependent Care Reimbursement Account is $7,500 per family.

The employee's annual election is divided by the number of payroll deductions for the plan year. That amount would be deducted from the employee's paycheck on a pre-tax basis. The employee deductions are not subject to Federal, State, or Social Security taxes. The participant periodically submits a claim verifying dependent care expenses. DBS reviews the claim and reimburses the participant. With dependent care expenses, participants can only be reimbursed the dollar amounts that have been deducted from their paychecks as of the date of the claim. Any excess amount claimed will be placed into a "pending account." The "pending" amount will be paid as the participant's payroll deductions are credited to their account.

When properly communicated, very few people leave money in the plan. At the end of the plan year, any unused funds left in the account are forfeited and may be used by the employer to offset plan administration expenses.

By utilizing the Dependent Care Flexible Spending Account, a participant can save approximately 20-30% in taxes on their expenses. Employers save the matching FICA tax. In most cases, this is 7.65% of all dependent care contributions.

Health Care Flexible Spending Account (HCFSA)

The Health Care Flexible Spending Account is very popular because most employees and their family members have out of pocket medical expenses that are not covered by insurance plans. These out of pocket reimbursable expenses include but are not limited to deductibles, coinsurance, copays for office visits or prescription drugs, eye glasses, contact lenses, and many dental expenses.

Employees enroll in the plan by carefully calculating how much money will be needed in their account for the coming plan year and commit to that amount. The annual maximum contribution is set by the employer. The employee's annual election is divided by the number of payroll deductions for the plan year. That amount would be deducted from the employee's paycheck on a pre-tax basis (Federal, State, and FICA taxes). The participant periodically submits a claim verifying medical expenses. DBS reviews the claim and reimburses the participant. Unlike the Dependent Care Reimbursement Account participants have access to their annual elected amount at any time.

When properly communicated, very few people leave money in the plan. At the end of the plan year, any unused funds left in the account are forfeited and may be used by the employer to offset plan administration expenses.

By utilizing the Health Care Flexible Spending Account, a participant can save approximately 20-30% in taxes on their expenses. Employers save the matching FICA tax. In most cases, this is 7.65% of all medical expense contributions.

> **Note:** Employers may also contribute dollars into the account on behalf of the employees.

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Communication Process

DBS is known in the benefits industry for our highly effective three-step communication process. Our educational approach results in participation levels that far exceed the national averages. The following is a brief overview of each step.

Initial Communication

The first step is to introduce Flexible Spending Accounts (FSAs) to all eligible employees. DBS sends materials that explain the pre-tax concept, list the many qualifying expenses and review the numerous benefits of participation. Materials are designed to educate and create interest and are for distribution to all eligible employees.

Group Communication

After the Initial Communication is completed, the second step is to communicate the program to employees via group informational meetings. DBS staff, well versed in Section 125, conduct educational sessions which explain the rules and regulations of the Flexible Spending Account Plan. The presenters thoroughly discuss the program in an easy to understand manner. Employers are encouraged to make these meetings mandatory to help increase the employees' understanding of the benefit. DBS recommends holding a group meeting for department managers and/or union leadership in advance of the other group meetings. Their support is helpful to the plan's success as their co-workers may turn to them with questions.

Collateral material is provided including materials that explain the advantages of the program. A worksheet is distributed to assist employees with planning their estimated expenses. Each meeting typically lasts 30-45 minutes. DBS can conduct these presentations at multiple sites and at various times to accommodate employees. Another communication option that may be utilized is webinars.

Enrollment Communication

After the Flexible Spending Account has been explained to employees in a group setting, employees have the opportunity to decide their Plan Year election. There are various methods DBS offers for enrolling employees into the program. Options include self-enrollment packets, electronic file enrollment and Internet enrollment.

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Enrollment Options

Internet Enrollment

The employer receives an instruction letter for employees to enroll via the Internet. The letter includes passwords that allow employees access to the secure DBS web site enrollment system. An online calculator is used to assist employees with their election amounts. An e-mail confirmation is sent to employees verifying their elections once the employee submits their enrollment.

Self-Enrollment

DBS provides the employer with self-enrollment packets that include a worksheet and enrollment form. An introductory enrollment letter and plan information sheet is also provided. The employer is responsible for distributing the materials and collecting the completed enrollment forms.

Electronic File (E-File) or Employer Eligibility File Sent to FTP Server

The employer receives the self-enrollment packet via e-mail. An enrollment letter and plan information sheet is also provided. The employer prints the materials and distributes the information to employees. Enrollment forms are then returned to DBS or the client may provide an eligibility file that is sent to the DBS FTP server and employees can be automatically imported.

Claim Filing

DBS believes filing claims should be easy and secure. Participants can select the method that works best for them:

- Phone App
- Online Claims
- Mailed / Faxed Claims

In addition, employers can add the following options:

- Debit Cards
  - Insurance Carrier Feeds (If the carrier has a connection with DBS).

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125 - Flexible Spending Account Services and Fees

DBS Standard FSA Services

Service	Fee
I. Plan Design (First Year Only) • Completion of plan design guide • Preparation of the Plan Document 'as is' • Summary Plan Description • HIPAA Privacy Notice draft	**Included**
II. Group Meetings • Group informational meetings onsite (per meeting fee) (Travel & lodging extra when applicable) • Webinar sessions ***No Charge***	**Included**
III. Annual Plan Set-Up/Renewal (Example: $3.50 x 50 FSA participants = $175) • Set-up client demographics in A.S.A.P.® • Set-up FSA plans and limits • Create posting schedules • Prepare communication materials • Set-up participants and plan year elections in A.S.A.P.® • Current Year Non-Discrimination testing (different classes $250 per additional test) **Travel and lodging expenses when applicable* Enrollment Options: An employer may choose the enrollment options. • Enrollment Packets • Electronic File (Employer prints materials) • Eligibility File • Online Enrollment	**$3.50/Participant/Year** ($130 Minimum/ $550 Maximum)
IV. Monthly Administration Services • Claims screening, adjudication, and entry or claim file import • Preparation & distribution of FSA reimbursements • Check and/or direct deposit / Account reconciliation • Processing of new hires, status changes and terminations • Toll-free customer service number • On-Line A.S.A.P.® - employer and employee account viewing & claim filing	**$4.65/pppm** ($120 Minimum) (plus postage reimbursement)

Optional Package Services on following page

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DBS Optional FSA Services

Service	Fee
I. Direct Deposit of FSA Reimbursements • Set-up of participant account information in A.S.A.P.® • ACH transfer of funds to cover claims • Reimbursement to participant savings/checking account (if elected by employer)	**Included**
II. Annual 5500 preparation (if applicable*) • Data gathering and preparation of IRS 5500 form	**$405***
III. Prior Year Non-Discrimination Testing Annual non-discrimination testing required under IRS Code Section 125 may be completed by DBS only if the Employer agrees to provide all Plan contribution information to DBS, including any group insurance premium contributions and key / highly compensated employee information (including salaries).	**$300**
IV. A.S.A.P. ® On-Line Account Viewing/Reports • Claims & Reimbursements • Online claims module • Reports / Balances • Secure payroll transfer to DBS • Status change and termination processing • Customer support • Plan materials	**Included**
V. Debit Cards • Set-up of participant account information in A.S.A.P.® • Communication and implementation of debit cards	**Included** ($5.00 card replacement fee)
VI. Summary Plan Description • Employer receives a final copy and makes copies to distribute to employees	**No Charge**
VII. Electronic Data Download • Accept FTP transfer for eligibility file from enrollment software carriers	**No Charge**
VIII. Employee Navigator Data File Exchange • Accept FTP transfer for eligibility file from Employee Navigator	**$0.25/pppm**

***Quote expires 90 days after date of proposal*

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Please complete the below fields and return to your Sales Executive to initiate the plan design process.

_____
Complete legal name of business to be used for document preparation

_____
Signature of authorized company representative

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Prepared for

City of Richland Center

September 28, 2026

50 Eligible Employees

Submitted by: Mike Demet

☐ Flexible Spending Account

☐ Health Reimbursement Arrangement

☐ Health Savings Account

☑ **COBRA**

☐ ERISA Wrap Documents

Quote expires 90 days after date of proposal

Local: (262) 367-3300
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Hartland, WI 53029

DBSbenefits.com

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COBRA Administration Services Proposal

Peace of Mind

The risks for employers administering COBRA can be costly. Put your mind at ease with DBS' comprehensive COBRA administration. Our expert team takes the burden of COBRA administration off your shoulders. DBS' cost-effective and compliant services will give you peace of mind.

The DBS Commitment

"Excellence in Benefit Management Solutions" has been our clients' experience for years with DBS' account-based plan administration. The same holds true with our COBRA services. We are committed to offering our partners compliant COBRA administration that strictly follows the law.

We accomplish this with:

- Well-trained and responsive customer service associates
- State-of-the-art, web-based software
- Guidance from experts with decades of COBRA experience
- Dedicated COBRA service team

COBRA – General Overview

The Consolidated Omnibus Budget Reconciliation Act of 1985 (known as COBRA) was enacted to provide employees and their families the opportunity to maintain health coverage in the event of serious life events such as loss of employment or divorce. The ability to maintain health coverage helps workers and their families take care of their medical needs during certain transitional times in their lives.

COBRA requires most group health plans to provide continuation of group health coverage for a period of time. It requires continuation of coverage be offered to covered employees and their qualified dependents when group health coverage would otherwise be lost due to specific events.

COBRA generally applies to all group health plans maintained by an employer with at least 20 employees on at least fifty percent of its typical business days during the prior calendar year. Employers may require individuals who elect COBRA to pay the full cost of the coverage plus a 2% administrative charge when allowed by law. Failure of an employer to properly follow the COBRA regulations can result in adverse consequences for the employer including financial penalties and attorney fees.

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Who is DBS?

Diversified Benefit Services, Inc. (DBS) is a Wisconsin based industry leading third party administrator (TPA) established in 1987. We have hundreds of large and medium sized clients located across the country. We provide comprehensive plan design and reimbursement strategies as well as communication and enrollment solutions for FSAs, HRAs, HSAs, COBRA, Tribal Member benefits and other customized programs. Our services are supported by a robust proprietary software administration system and a knowledgeable customer focused professional staff.

- Flexible Spending Accounts
- Premium Only Plans
- Health Reimbursement Arrangements
- Pre-tax Parking Plans
- Health Savings Accounts
- Customized Reimbursement Plans
- Tribal Benefit Programs
- COBRA Administration

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DBS COBRA Services and Fees

Standard DBS COBRA Services

Service	Fee
Initial Implementation/Setup Provide COBRA Implementation packet & a COBRA Employer Guide Setup fee includes up to six (6) composite rated benefit plans For more than six (6) composite rated plans a fee of $30/plan will apply For any age and/or gender banded plan a fee of $50/plan will apply **Annual Renewal** Provide COBRA Renewal packet Update premium information / premium change notifications Renewal fee includes up to six (6) composite rated benefit plans. For more than six (6) composite rated plans a fee of $30/plan will apply For any age and/or gender banded plan a fee of $50/plan will apply	**Included**
Takeover of current COBRA continuants	$15/COBRA continuant
Monthly Administration Services **Monthly Services Include:** COBRA election notice (Specific Rights Notice) to Qualified Beneficiaries(QBs) Provide Employer and participants with online portal access Provide coupon book of monthly premiums and premium due dates Provide late payment letters to COBRA continuants QB premium collection via check, money order, ACH or credit card (a fee will be assessed for credit card payments if the member chooses the one time payment option. The fee is retained by the software company) Track COBRA enrollment forms Initial General Notice of COBRA Rights for newly hired employees Conversion/expiration notice Provide termination notice for nonpayment of premium Deposit COBRA premiums from COBRA continuants into the Employer's account one time per month. The Employer can then remit the payment to the applicable carriers for those continuants. Premium transfers to multiple Employer accounts are $20 when applicable. Customer service for questions during business hours: 1-800-234-1229	$.75/eligible employee/month $70/group minimum/month

Employers with 100 or fewer employees will be invoiced annually during the first week of the Agreement effective date and annually thereafter during the first renewal month. Employers with more than 100 employees will be invoiced monthly during the first week of each month.

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Additional DBS COBRA Services

Other Notices	Fee
Disability Extension Confirmation Notice	Included
Enrollment Confirmation Notice	Included
Main Address Change Notice to new address	Included
Main Address Change Notice to old address	Included
New Client Login Notice	Included
New Member Login Notice	Included
Renewal Notice	Included
Return Late Check Notice	Included
Subsidy Notice	Included
Takeover Notice	Included
Other Services	**Fee**
Initial General Notice of COBRA Rights sent to current active employees on any COBRA eligible benefit	$3.50/notice
Send Open Enrollment Materials (cost of time and materials)	$18/packet $100 group minimum
Custom letter inserts included with COBRA Specific Rights Notice. Rate includes up to 4 pages. Each additional page will be billed at $25 per page. Fee applied annually at contract renewal.	$50 annual fee
Other Services	
Extraordinary one-time services	To be quoted

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Please complete the below fields and return to your Sales Executive to initiate the plan design process.

_____
Complete legal name of business to be used for document preparation

_____
Signature of authorized company representative

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BENEFIT SERVICES

Prepared for

City of Richland Center

September 28, 2026

50 Eligible Employees

Submitted by: Mike Demet

☐ Flexible Spending Account

☑ Health Reimbursement Arrangement

☐ Health Savings Account

☐ COBRA

☐ ERISA Wrap Documents

Quote expires 90 days after date of proposal

Local: (262) 367-3300
Toll Free: (800) 234-1229
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DBSbenefits.com

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Diversified Benefit Services, Inc.

The Company

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Services

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Experience and Knowledge

DBS is a leader in the industry with over 30 years of experience in designing, communicating and administering account based reimbursement plans. Our knowledgeable staff has assisted thousands of clients in implementing and administering their programs. Utilizing thoughtful listening, effective planning, and clear communication, the DBS team offers clients peace of mind and high levels of satisfaction with our services. DBS has conducted educational seminars on FSAs, HRAs, HSAs and other programs for Benefit Consulting firms, professional HR groups, Chambers of Commerce, and trade organizations. DBS is a member of ECFC (Employers Council on Flexible Compensation) which is a premier Washington D.C. based lobbying organization that promotes the most favorable regulatory environment for tax preferred benefit plans.

Communication

One of our most important value added services is our dedication to educating employees on the benefit services being provided. As an example, with our FSA program, DBS' effective communication allows our clients to achieve participation results in the 35%-60% range (the national average is 12%-20%). Our crystal clear education process can include employee announcement letters and interactive group informational meetings, individual enrollment sessions and online enrollment. There are several enrollment methods available for employers to choose from.

Technology

Along with our highly trained team, DBS utilizes state-of-the-art computer servers & systems as well as a robust software program known as **A.S.A.P.®**

Advanced
Strategic
Administration
Program®

Our administration software is a proprietary system owned and developed by DBS and has helped position DBS as an industry leader in 125-FSA, 105-HRA, 132-TRP and 223-HSA administration. **A.S.A.P.®** allows employers and employees secure encrypted online account access to view transactions, balances, file claims and generate various reports. **A.S.A.P.®** is programmed to accept insurance carrier electronic claim data. The seamless claim processing has several options for reimbursements paid to participants and providers.

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Health Reimbursement Arrangement

Overview

Rising health care costs are a major concern for employers. Organizations are searching for methods to reduce their total health care expenditures yet maintain a competitive benefit package.

DBS offers a unique benefit service that is designed to help employers control health costs. The service is called a **Health Reimbursement Arrangement (HRAs).**

Under Section 105 of the Internal Revenue Service code, employers can reimburse employees tax-free for substantiated medical expenses that qualify under Section 213(d). The HRA can be designed to reimburse some or all of 213(d) expenses. That being said, how do employers come up with the money to reimburse expenses?

Statistically, most employees are not high users of health care yet employers are paying more and more premiums for health plans. Because of this employers can alter their health plan design – increase deductibles, co-insurance amounts and co-pay levels in order to decrease premiums. They then use the premium savings to reimburse employees a pre-determined portion of their qualified expenses applied toward the deductible, co-insurance, and co-pays. If an employee does not incur expenses, the premium savings stays with the employer.

There is also an added feature with a HRA that injects consumerism into the health care market. With an HRA, if an employee does not reach the pre-determined reimbursement levels for a given year, he/she can be credited with a set amount of dollars to be used for the next year's potential expenses. This is known as a rollover option that employers can design into their HRA.

Employees know that their out-of-pocket expenses for deductibles, co-pays, and co-insurance will increase over time while the employer contribution to the HRA may not. It benefits employees to begin asking questions about their health care so that they can accumulate a pool of dollars should they have a major expense in the future. Is there a generic equivalent for the name brand prescription drug they are taking? Do they need to go to the doctor for a simple sniffle? Is there an equally effective hospital that costs less for outpatient surgery?

There are many plan design options that employers have with the HRA. If rollover is chosen a cap can be established on how much is accumulated in the arrangement. Employers can also determine how much of the accumulated dollars can be reimbursed in a given year. The employer also determines whether dollars are credited to employees at the beginning of the year or on a monthly basis.

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DBS HRA Services

DBS specializes in HRA plan design, communication, implementation, record- keeping and claims adjudication.

DBS program management provides:

- Coordination with your existing agent or consultant
- No requirement to change insurance providers
- Possible insurance carrier eligibility and claim feed option
- Plan design options and completion of a plan design guide
- Legal documentation
- Group presentation(s)/webinars to employees
- Customized employee HRA instruction sheet
- Plan reimbursement tracking using our flexible DBS designed HRA software
- Reimbursement request claim forms for employees
- Secure electronic claim file transfer from the insurance carrier to DBS
- Pay the Provider for certain plan designs
- Dedicated Claims Specialist
- Online claims filing
- Mobile App claims filing
- Daily processing of reimbursement requests and weekly reimbursements
- Electronic funds transfer to cover reimbursements
- Direct Deposit or checks as reimbursement options
- Employer reporting
- On-line account balance information
- Toll-free customer support telephone number
- SBC form generator

The following pages describe in more detail the services provided.

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HRA Plan Details

How the Plan Works

- Employer works with their insurance consultant to implement health plan changes, which may decrease premium costs and increase employee out-of-pocket costs.
- Employees incur medical expenses that are applied to deductibles, co-insurance, co-pays, etc.
- Employees turn in Explanation of Benefit forms or other documentation to DBS for substantiation and reimbursement or an electronic claim file can be sent to DBS by certain insurance carriers.
- DBS reimburses employees or providers (for certain HRAs) a pre-determined amount based on an employer's plan design.
- The difference between the premium saved and what DBS reimburses employees is employer savings!

Plan Set-Up

- DBS completes a Plan Design Guide with the employer reviewing options such as reimbursement limits, eligible expenses for reimbursement, crediting of dollars to employees HRAs, rollover limits, and plan caps.
- Employer provides the names of each covered employee and family member(s), their social security numbers, and coverage type via paper reports or eligibility file.
- Employer provides DBS a sample Explanation of Benefits form from their insurance carrier.
- DBS will enter the plan information into its computer system and begin the implementation process.

HRA Requests and Submissions

- Employees receive instructions on filing reimbursement requests.
- Employees file requests directly with DBS via mobile app, online, fax, or mail.
- Employees send in copies of their Explanation of Benefits (EOB) forms with a DBS provided claims form attached to the EOB. The employee provides their name, employer, social security number and the amount of reimbursement on the form and sends it directly to DBS.
- DBS can also receive claim feed data from various insurance carriers making the claims process seamless.
- DBS substantiates the expense and reimburses employees via checks sent to the employees' home. Direct Deposit is an option
- Each time an employee receives reimbursement, he/she will be provided information on their account (balances, claims submitted, claims paid, and HRA dollars remaining).
- Reimbursements will occur every Friday. Requests received the previous Friday will be reimbursed the following Friday.

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- If an employee is paid in error due to an insurance carrier mistake on an EOB form, then the employer is responsible for making amends with the employee.
- Potential "pay the provider" option available with certain HRAs and insurance carriers.

Financial Arrangements

- DBS has a Master HRA Account into which funds are transferred via ACH from the employer (only the amount to cover reimbursements) to DBS by DBS banking staff.
- DBS transfers funds via Electronic Funds Transfer (EFT) – no checks will be accepted.
- The amount needed to cover requests will be transferred weekly (or as necessary).
- The employer will receive a reimbursement report in advance of the EFT showing the amount to be transferred.

Plan Reporting

- Employers receive a Reimbursement Register each week showing the amount of money paid to each employee as well as the total transferred to the Master Account.
- Employers are setup as administrative users to log in to the online system to view reports such as the Transaction Ledger showing the account activity per person. The information shows year-to-date as well as monthly totals.

Changes in Coverage

- The employer is responsible for notifying DBS of any changes in coverage, i.e. single to family coverage, termination of employment, coverage changes, etc. via paper, online or eligibility file.
- If an employee terminates employment, DBS will pay requests submitted as long as the service was rendered before the termination date.
- DBS will reimburse employees on COBRA

HRA COBRA

- Employees must be offered HRA COBRA if the employer is subject to COBRA. This is the only time an employee may contribute dollars to the HRA.
- Contributions are on a monthly after-tax basis.
- Employers may allow for COBRA health insurance premiums to be paid from the HRA.

NOTE: Certain owners and their family members may not participate in the HRA. Please contact DBS for additional information.

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105 - HRA Services and Fees

DBS Standard HRA Services

Service	Fee
I. Plan Set-Up and Renewal (Per Plan Year) • Completion of plan design guide • Preparation of the Plan Document 'as is' • Summary Plan Description • HIPAA Privacy Notice draft • Set up client demographics in A.S.A.P.® • Set up HRA plans and payment sequences • Create posting schedules • Provide employee instruction sheets • Group informational meetings onsite (travel and lodging extra when applicable) • Webinar sessions • Review and modify plans and coverage as needed • Set-up participants and coverage in A.S.A.P.®	**$3.50/covered employee** ($130 Minimum / $550 Maximum)
II. Monthly Administration Services • Set-up participants and plan year funding in A.S.A.P.® • Claims screening, adjudication, and entry or claim file import • Preparation & distribution of HRA reimbursements • Checks sent to participants or vendors • Direct deposit for participants only • Account reconciliation • Processing of new hires, coverage changes and terminations • Toll-free customer service number • On-Line A.S.A.P.® - employer and employee account viewing	**$4.65/pppm** ($120 Minimum) (plus postage reimbursement)

Optional Package Services on following page

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DBS Optional HRA Services

Service	Fee
I. DBS Master Account / Direct Deposit of HRA Reimbursements • Set-up of participant account information in A.S.A.P.® • ACH transfer of funds to cover claims • Reimbursement to participant savings/checking account (if elected by employer) • Issue reimbursement checks from DBS Account	**Included**
II. Annual 5500 & SAR report preparation (if applicable*) • Data gathering and preparation of IRS 5500 form	**$405***
III. Annual Non-Discrimination Testing • Annual non-discrimination testing required under IRS Code Section 105 may be completed by DBS only if the Employer agrees to provide all Plan contribution information to DBS, including any group insurance premium contributions and key / highly compensated employee information (including salaries).	**$350**
IV. A.S.A.P. ® On-Line Account Viewing/Reports • Claims & Reimbursements • Reports / Balances • Secure payroll transfer to DBS • Status change and termination processing • Customer support • Plan materials	**Included**
V. Debit Cards (Certain HRA Designs) • Set-up of participant account information in A.S.A.P.® • Communication and implementation of debit cards	**Included** ($5.00 card replacement fee)
VI. Summary Plan Description • Employer receives a final copy and makes copies to distribute to employees	**No Charge**
VII. Claim and Enrollment Data Feed from Insurance Carriers • Accept FTP transfer for eligibility file from insurance carriers • Accept FTP transfer for claim file from insurance carriers	**No Charge**

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DBS Optional HRA Services - Continued

VIII. Employee Navigator Data File Exchange • Accept FTP transfer for eligibility file from Employee Navigator	**$0.25/pppm**
IX. MODA Data File Exchange • Accept FTP transfer for eligibility and/or claims file from MODA	**$350** (One-time Setup Fee)
X. Kaiser Data File Exchange • Accept FTP transfer for claims file from Kaiser	**$350** (One-time Setup Fee)
XI. Patient Centered Outcome Research Trust Fund (PCOR) fees: Plan sponsors of HRAs that are integrated with a fully-insured group health plan and stand-alone HRAs are subject to a CER fee. The fee will go towards the funding of the Patient-Centered Outcomes Research Institute as created by the Patient Protection and Affordable Care Act. The fee applies to the first plan year beginning on or after 10/1/2012. The fee for plan years ending after 9/30/2025 and before 10/1/2026 is $3.84 (three dollars) multiplied by the average number of covered lives (and subject to change thereafter). The fee must be paid by Plan Sponsors using Form 720 – the "Quarterly Federal Excise Tax Return". It must be paid annually by July 31st of the calendar year immediately following the last day of the plan year.	**Employer Pays**

Quote expires 90 days after date of proposal

Please complete the below fields and return to your Sales Executive to initiate the plan design process.

_____
Complete legal name of business to be used for document preparation

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Signature of authorized company representative

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BENEFIT SERVICES

Prepared for

City of Richland Center

September 28, 2026

50 Eligible Employees

Submitted by: Mike Demet

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Hartland, WI 53029

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BENEFIT SERVICES

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Basic Concept of HSAs

With health insurance costs rising, employers are looking for ways to control the long term costs of health insurance. Health Savings Accounts (HSAs) may be part of the solution for your organization.

HSAs combine the premium savings of a High Deductible Health Plan (often called a HDHP) with a tax-preferred savings account to help pay for out-of-pocket health care expenses. So how does it work?

Working with your insurance consultant, you purchase a group HDHP in which all medical expenses apply toward the deductible. This insurance product is typically the most affordable because the insurance company doesn't have to pay claims until a person satisfies the deductible.



Increase the deductible



Lower the premiums

The employer and/or employee can then contribute dollars into a HSA on a tax preferred basis. They can accumulate money over time to pay for their out-of-pocket health care expenses. If they don't use the money in a given year, it rolls forward into the next year. The HSAs create "skin in the game" for employees. They now have a direct reason to seek out information on the healthcare services they receive. As the employer, you pay less in premiums to the insurance company while at the same time provide employees with a reason to better manage their health care costs.

Because the employee owns the account and can accumulate dollars, there is an incentive to use the dollars judiciously. The purpose of the HSA is to have employees take ownership in their own healthcare decisions. HSAs help employees focus on both the quality and cost of the care they receive as they will now play a role in paying for the services. Overall, this can help reduce long-term health costs for your plan as HSAs counteract the "free" mentality of health care expenses often found in traditional health plan designs. In addition, many HDHP insurance products will cover preventative care expenses from dollar one so there is no incentive to skip one's physical.

The following pages describe more HSA details.

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Health Savings Account Overview

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an individually owned trust account that you can put money into to save for future medical expenses. There are certain advantages to putting money into these accounts, including favorable tax treatment. HSAs were signed into law December 8, 2003. HSAs are part of the Medicare Prescription Drug Improvement and Modernization Act of 2004.

Who can have an HSA?

Any adult can contribute to an HSA if they:

- Have coverage under an HSA-qualified "high deductible health plan" (HDHP).
- Have no other first-dollar medical coverage.
    - This includes but is not limited to other non-HDHP coverage, general purpose Health Flexible Spending Accounts or Health Reimbursement Arrangements. (Other types of insurance like specific injury insurance or accident, disability, dental care, vision care, or long-term care insurance are permitted).
- Are not enrolled in Medicare or Tricare.
- Cannot be claimed as a dependent on someone else's tax return.

High Deductible Health Plans (HDHPs)

You must have coverage under an HSA-qualified "high deductible health plan" (HDHP) to open and contribute to an HSA. Generally, this is health insurance that does not cover first dollar medical expenses. The HDHP cannot pay any benefits until a person has incurred minimum deductible amounts. Federal law requires that the health insurance deductible be at least:

$1,750* – Self-only coverage (for calendar year 2027)
$3,500* – Family coverage (for calendar year 2027)

In addition, annual out-of-pocket expenses under the plan (including deductibles, co-pays and co-insurance) cannot exceed:

$8,700* – Self-only coverage (for calendar year 2027)
$17,400* – Family coverage (for calendar year 2027)

In general, the deductible must apply to all medical expenses (including prescriptions) covered by the plan. However, plans can pay for "preventive care" services on a first-dollar basis (with or without a co-pay). "Preventive care" can include routine pre-natal and well-child care, child and adult immunizations, annual physicals, mammograms, etc.

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HSA Contributions

Contributions to your HSA can be made by you, your employer or both. However, the total contributions are limited annually. If you make a contribution, you can deduct the contributions (even if you do not itemize deductions) when completing your federal income tax return. Contributions to the account must stop once you are enrolled in Medicare. However, you can keep the money in your account and use it to pay for medical expenses tax-free.

You can make contributions to your HSA every year that you are eligible. The contributions cannot exceed:

$4,500 – Self-only coverage (for calendar year 2027)
$9,000 – Family coverage (for calendar year 2027)

Banks, credit unions, insurance companies and other financial institutions are permitted to be trustees of these accounts.

Catch-Up Contributions

Individuals age 55 and older can also make additional "catch-up" contributions. The maximum annual catch-up contribution for 2009 and after is $1,000.

Determining the Maximum Contribution

Your eligibility to contribute to an HSA for each month is generally determined by whether you have HDHP coverage on the first day of the month. Your maximum contribution for the year is the greater of: (1) *the full contribution*, or (2) *the pro-rated amount*. The full contribution is the maximum annual contribution for the type of coverage you have on December 1. The pro-rated amount is 1/12 of the maximum annual contribution for the type of HDHP coverage you have times the number of months you have that type of coverage. If your contribution is greater than the pro-rated amount, and you fail to remain covered by a HDHP for the entire following year, the extra contribution above the pro-rated amount is included as income and subject to an additional 10 percent tax. Contributions can be made as late as April 15 of the following year.

Examples
If you first have family HDHP coverage on July 1, 2027, and keep HDHP coverage through December 31, 2027, you are allowed the full $9,000 family contribution to an HSA for 2027. If you fail to remain covered by an HDHP for all of 2027, a portion of your 2027 contribution will be included as income on your tax forms and subject to a penalty.
If you have family HDHP coverage from January 1, 2027 until June 30, 2027, then cease having HDHP coverage, you are allowed an HSA contribution of 6/12 x $9,000, or $4,500 for 2027.
If you have family HDHP coverage from January 1, 2027 until June 30, 2027, and have self-only HDHP coverage from July 1, 2027 to December 31, 2027, you are allowed a maximum HSA contribution of 6/12 x $9,000 plus 6/12 x $4,500, or $6,750 for 2027.

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Qualified HSA Expenses

You can use the money in the account to pay for any "qualified medical expense" permitted under federal tax law. This includes most medical care and services, and dental and vision care, and also includes certain over-the-counter items. You can generally not use the money to pay for medical insurance premiums, except under specific circumstances, including:

- Any health plan coverage while receiving federal or state unemployment benefits.
- COBRA continuation coverage after leaving employment with a company that offers health insurance coverage.
- Qualified long-term care insurance.
- Medicare premiums and out-of-pocket expenses, including deductibles, co-pays and co-insurance, if you are age 65, for:
    - Part A (hospital and inpatient services)
    - Part B (physician and outpatient services)
    - Part C (Medicare HMO and PPO plans)
    - Part D (prescription drugs)

You can use the money in the account to pay for medical expenses for yourself, your spouse, or your dependent children. You can pay for expenses for your spouse and dependent children even if they are not covered by your HDHP. Any amounts used for purposes other than to pay for

"qualified medical expenses" are taxable as income and subject to an additional 20% Federal tax penalty (and possible State penalty). Examples include:

- Medical expenses that are not considered "qualified medical expenses" under federal tax law (e.g., cosmetic surgery).
- Other types of health insurance unless specifically described above.
- Medicare supplement insurance premiums.
- Expenses that are not medical or health-related (e.g., vacations, clothes, computers).

After you turn age 65, the 20% additional tax penalty no longer applies. If you become disabled and/or enroll in Medicare, the account can be used for other purposes without paying the additional 20% penalty.

DIVERSIFIED
BENEFIT SERVICES

Advantages of HSAs

Security – Your high deductible insurance and HSA protect you against high or unexpected medical bills.

Affordability – You should be able to lower your health insurance premiums by switching to health insurance coverage with a higher deductible.

Flexibility – You can use the funds in your account to pay for current medical expenses, including expenses that your insurance may not cover, or save the money in your account for future needs, such as:

- Health insurance or medical expenses if unemployed
- Medical expenses after retirement (before Medicare)
- Out-of-pocket expenses when covered by Medicare
- Long-term care expenses and insurance

Savings – You can save the money in your account for future medical expenses and grow your account through investment earnings.

Control – You make all the decisions about:

- How much money to put into the account
- Whether to save the account for future expenses or pay current medical expenses
- Which medical expenses to pay from the account
- Whether to invest any of the money in the account
- Which investments to make

Portability – Accounts are completely portable, meaning employees can keep their HSA even if they:

- Change jobs
- Change medical coverage
- Become unemployed
- Move to another state
- Change their marital status

Ownership – Funds remain in the account from year to year, just like an IRA. There are no "use it or lose it" rules for HSAs.

Tax Savings – An HSA provides you triple tax savings:

1. Tax deductions when you contribute to your account or pre-tax deductions via payroll;
2. Tax-free earnings through investment; and,
3. Tax-free withdrawals for qualified medical expenses.

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BENEFIT SERVICES

Limited Purpose Flexible Spending Account (FSA)

Can an HSA work with a Flexible Spending Account (FSA)?

Yes. A Limited Purpose FSA is a Flexible Spending Account (FSA) for employees that are enrolled in and contribute to (or have employer contributions made to) a Section 223 Health Savings Account (HSA).

Why do employees need to enroll in a Limited Purpose FSA if they contribute to an HSA?

The IRS rules governing HSAs stipulate that participating in a Medical Reimbursement FSA disqualifies participants from being eligible for a HSA. However, the rules do allow you to participate in the Medical Reimbursement FSA if it is a Limited Purpose FSA.

What expenses qualify for reimbursement with a Limited Purpose FSA?

Dental and vision expenses (as defined by the IRS qualify). Examples include:

Dental	Vision
Teeth Cleanings	Eye Exams
Crowns/Bridges	Glasses
Braces	Contact Lenses

By enrolling into the Limited Purpose FSA, participants can save money in tax dollars on these items while preserving the HSA funds for other purposes.

How do participants submit claims for the Limited Purpose FSA?

The account works just like the Medical Reimbursement FSA. A signed claim form needs to be submitted to DBS along with documentation for the expense. The services must be performed during the FSA program's Plan Year. The documentation must include the nature of expense, the date of service, the name of the provider, and the out-of-pocket cost of the services.

Do participants need to utilize all of the funds during the Plan Year?

Yes, all the monies set aside in the Limited Purpose FSA must be utilized during the Plan Year and submitted by the Plan Year run-out period. Unused monies are forfeited per the IRS regulations. It is important to plan conservatively and only set aside money for planned expenses.

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BENEFIT SERVICES

Post-Deductible Health Reimbursement Arrangement (HRA)

Can an HSA work with a Health Reimbursement Arrangement (HRA)?

Yes. A "Post-Deductible HRA" is a form of deductible reimbursement offered in conjunction with a High Deductible Health Plan (HDHP) that qualifies for Health Savings Accounts (HSA). This type of HRA does not pay or reimburse any medical expenses incurred before the minimum annual deductible under Section 223 (c)(2)(A)(i) of the IRS Code is satisfied.

Simply put, for 2027, the HRA does not reimburse before $1,750 (for single coverage) or $3,500 (for family coverage) of HDHP deductible has been incurred. Because the "Post-Deductible HRA" reimburses at a level after the minimum deductible HSA thresholds are met, an individual still qualifies to establish a HSA.

The employer can provide the "safety net" of the HRA for employees that incur larger claims. The HRA reimburses employees only if they have a medical expense after the minimum HSA threshold is met. Employees can establish a HSA to cover the first portion of the deductible.

The "Post-Deductible HRA" allows for the tax-free accumulation of the HSA dollars while offering employees protection against large claims.

Additional Information

The Internal Revenue Service has a web site with additional information about Health Savings Accounts, including answers to frequently asked questions, related IRS forms and publications, technical guidance, and links to other helpful web sites. The website is www.irs.gov.

DIVERSIFIED BENEFIT SERVICES

223 - Health Savings Account Services and Fees

DBS Standard HSA Services

Service	Fee
I. Annual Set-Up and Renewal • Prepare HSA Plan Design Report • Amend Employer FSA plan documents to allow for pre-tax HSA contributions (if applicable) • Amend Employer FSA plan documents to allow for Limited Purpose FSA (if applicable) • Amend Employer HRA plan documents to allow for Post-Deductible HRA (if applicable) • Provide group presentation via webinar(s) for employees • Provide HSA enrollment form and related communication materials • Process enrollment data for participant account creation • Provide online HSA calculators	**Included**

II. Monthly Administration Services
• Integration of Limited Purpose FSA and/or Post Deductible HRA as needed
• Online payroll deduction file utility to report HSA contributions to DBS
• Auditing and posting of employee and/or employer contributions to the administration system
• HSA employee/employer contribution transfer options (employer choice)
  ◦ To Trustee designated by DBS via ACH
  ◦ To employer/agent selected Trustee via ACH
  ◦ To multiple Trustees selected by employees
• Transfer of employee and/or employer contributions into HSA
• Customer Service Representatives to answer participant questions
• Access to investment options of HSA funds from Trustee (fees apply) if Trustee designated by DBS used
• A.S.A.P.® (Advanced Strategic Administrative Program) online access with the following features:
  ◦ **For Employees:**
  ▪ View & track employee and/or employer contributions
  ▪ View & track debit card and check transactions (if DBS HSA cards used)
  ▪ Online reimbursement maintenance utility for qualified expense tracking including an automatic expense qualification notation feature
  ▪ Year-end expense qualification transaction report for use in completing individual income tax return
  ▪ Link to Trustee site if Trustee designated by DBS used
  ◦ **For Employers:**
  ▪ Report options and report filtering services/Access to archived plan data for all years
  ▪ ASCII/Excel data format available for certain reports
  ▪ Viewing of FSA and/or HRA plan information from same log in screen
• Process new hires and terminated employees for the HSA
Note: Individual account holder fees may apply if certain items and conditions are not met. The fees, if applicable will be deducted from the individual account holder's HSA.
	$2.75/pppm ($85 Minimum)

Optional Package Services on following page

DIVERSIFIED
BENEFIT SERVICES

DBS Optional HSA Services

Service	Fee
I. Debit Cards • Set-up of participant account information in A.S.A.P.® • Communication and implementation of debit cards	**Included**
II. Employee Navigator Data File Exchange • **Accept FTP transfer for eligibility file from Employee Navigator**	**$0.25/pppm**

***Quote expires 90 days after date of proposal*

Please complete the below fields and return to your Sales Executive to initiate the plan design process.

_____
Complete legal name of business to be used for document preparation

_____
Signature of authorized company representative

DIVERSIFIED
BENEFIT SERVICES

Prepared for

City of Richland Center

September 28, 2026

Submitted by: Mike Demet

☐ Flexible Spending Account

☐ Health Reimbursement Arrangement

☐ Health Savings Account

☐ COBRA

☑ Premium Only Plan

☐ ERISA Wrap Documents

***Quote expires 90 days after date of proposal*

Local: (262) 367-3300
Toll Free: (800) 234-1229
Fax: (262) 367-5938

Diversified Benefit Services
625 Walnut Ridge Drive, Suite 190
Hartland, WI 53029

DBSbenefits.com

DIVERSIFIED
BENEFIT SERVICES

SECTION 125 – PREMIUM ONLY PLAN

Many employers and employees share in the cost of group premiums for health and/or dental insurance. In 1978, Congress passed legislation providing a tax break for the employee's portion of insurance premiums.

Under Section 125 of the Internal Revenue Code, employees can deduct their share of certain group insurance premiums from their paycheck **pre-tax** (before Federal, State, and FICA taxes). This pre-tax deduction reduces the amount of gross income that is taxed. By deducting their premium portion pre-tax, employees save approximately 25-30% in taxes on their expenses.

Most employees can participate in the program. However, owners of an S-corporation and their family members, partners in a partnership (i.e. LLP, LLC, etc.), or a sole proprietor cannot participate. Furthermore, a compliance test must be conducted. Owners that are eligible to participate as well as highly compensated employees may be limited to the amount of their insurance deduction that can be deducted pre-tax.

Sample Paycheck

Without the Plan	With the Plan
Gross Income (Taxable Income)	Gross Income
- Taxes*	– Insurance Deductions
= Gross Spendable Income	= Taxable Income
- Insurance Deductions	-Taxes*
= Net Spendable Income	= Increased Net Spendable Income
*Federal, State, and FICA taxes	

Utilizing the program increases employees' spendable income because they are not paying taxes on the portion of income equal to their insurance premium.

Types of Qualifying Insurance Premiums

Health	Dental	Vision	Cancer*	Disability Insurance***
Group Term Life Insurance (up to $50,000)**			Accidental Death and Dismemberment Insurance	

* Policies with Premium Refund provisions are not allowed.

** Only coverage for the employee is allowable (no spouse or dependent coverage). Other limits apply.

*** When Disability premiums are deducted pre-tax, the benefit payout becomes taxable income. Policies with Premium Refund provisions are not allowed.

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BENEFIT SERVICES

Benefits to the Employer

Section 125 – Premium Only Plans can create substantial savings in payroll related expenses. For every dollar an employee has deducted pre-tax, you save the matching FICA taxes normally paid. Premium Only Plans help lower your tax burden while enhancing your organization's benefit package.

Example of Employer Savings

Number of Plan Participants		Monthly Insurance Deduction	Number of Months	Redirected Pre-tax Payroll
30	**x**	**$50**	**x 12**	**= $18,000**
			FICA Rate	**x 7.65%**
			Employer Tax Savings	**= $1,377**

Other Reasons to Implement the Program

- Lower payroll expenses
- Control Insurance costs
- Increase employee loyalty
- Provide a tax break for employees
- No changes are required in your current benefits
- Economical to implement

How to Implement a Premium Only Plan

Section 125 – Premium Only Plans are simple to start! The first step is to complete a Diversified Benefit Services, Inc. (DBS) Information Request Form. This short form asks you for basic data needed for the program. Once completed, the form can be sent to DBS.

Based on the above information, DBS will prepare the legal documents necessary for the plan's implementation. DBS will provide the Plan Document and Summary Plan Description.

After the documents are finished, the program can be communicated to employees. DBS can provide an informational letter explaining how the program works. Your program will allow you to automatically deduct qualified employee insurance premiums pre-tax. You can also be supplied with an "After-tax" premium form in case an employee does not want his/her insurance deducted pre-tax.

For more information on Premium Only Plans, please contact DBS at 1-800-234-1229

DIVERSIFIED
BENEFIT SERVICES

PREMIUM ONLY PLAN INFORMATION

Section 125 – Premium Only Plan Fees

DBS Standard POP Services

Service	Fee
I. First Year Set-up Fee • Preparation of the Plan Document 'as is' • Summary Plan Description ***A signed Agreement for Service and payment must be submitted before the documents are generated.**	**$415** (first year only)*
II. Subsequent Year Renewal • Maintain and update the document as needed	**$190** (subsequent years)

DBS Optional POP Services

Service	Fee
I. Annual Non-Discrimination Testing • Annual non-discrimination testing required under Code Section 125 may be completed only if the Employer agrees to provide all Plan contribution information to DBS, including any group insurance premium contributions and key / highly compensated employee information (including salaries).	$300

Please complete the below fields and return to your Sales Executive to initiate the plan design process.

_____

Complete legal name of business to be used for document preparation

_____

Signature of authorized company representative

See the next two pages for a sample announcement letter.

DIVERSIFIED
BENEFIT SERVICES

Attention Staff!!

Your Employer is pleased to announce that they will be implementing a Section 125 Premium Only Plan to employees. This exciting plan is an excellent opportunity to save money in taxes on your health insurance premiums.

Under Section 125 of the IRS code, employees are allowed to have certain insurance premiums deducted **pre-tax** (before Federal, State, and Social Security taxes). This pre-tax deduction increases your take home pay while lowering the amount of your paycheck from which taxes are calculated. By having the insurance premiums deducted pre-tax, you save about 20-30% in taxes on your expense.

Your Employer will deduct your insurance premiums automatically pre-tax starting with your first paycheck in _____. There is nothing you have to do. It is that simple. There are no tax forms to fill out at the end of the year. The following is an example:

> Assume Ms. Frugal Employee and Mr. High Taxpayer each pays $100/month for their health insurance. Ms. Frugal Employee elects to deduct her premiums pre-tax while Mr. High Taxpayer does not.

Ms. Frugal Employee		Mr. High Taxpayer	
Income:	$20,000	Income:	$20,000
Pre-Tax Deductions:	- 1,200	Pre-Tax Deductions:	0
Taxable Income:	$18,800	Taxable Income:	$20,000
Taxes*	- 5,640	Taxes*:	- 6,000
Net Income:	$13,160	Net Income:	$14,000
After-Tax Deductions:	0	After-Tax Deductions:	- 1,200
Spendable Income:	**$13,160**	Spendable Income:	**$12,800**

*Assumes 30% Federal, State, and FICA tax rate

DIVERSIFIED
BENEFIT SERVICES

In the above example, Ms. Frugal Employee increases her amount of spendable income. She reduces the amount paid in taxes because her "pre-tax" deduction lowers the amount of her paycheck the government calculates taxes. In a nutshell, Ms. Frugal Employee doesn't have to pay taxes on her insurance premiums whereas she would without the program. By utilizing the "pre-tax" benefit plan, she increases the amount of income she takes home.

The program reduces the amount of Federal, State, and Social Security taxes you pay. This plan **may** slightly reduce the amount of Social Security retirement benefit you receive upon retirement. For most people the effect is minimal due to the way the government calculates Social Security payments. Plus, the tax savings received now typically outweigh the small difference in projected retirement benefit.

We are excited to offer this tax savings program.

Employee Benefits Corporation



Proposal for

City of Richland Center

September 30, 2026

www.ebcflex.com |

Proposed Services



Kyle Domin

Regional Sales Director

Phone
(651) 341-2293
(800) 346-2126 X 115

Email
kyle.domin@ebcflex.com

This proposal is for the services selected below:

- [ ] COBRA
- [x] Flexible Spending Accounts (FSAs)
- [x] Health Savings Account (HSA)
- [x] Health Reimbursement Arrangement (HRA)
- [ ] Lifestyle Spending Account (LSA)
- [ ] Commuter Benefits
- [ ] Billing Services
- [ ] Premium Only Plan
- [ ] Compliance Services

Who We Are

Employee Benefits Corporation (EBC) is a national third-party administrator delivering future-ready benefits with human-centered service. With decades of experience, we specialize in consumer-driven benefit solutions that simplify complexity, reduce friction, and empower users.

We believe better benefits start with better experiences. Our solutions are designed to reduce complexity, enhance clarity, and deliver personalized user experiences without sacrificing the human connection. We continuously invest in secure, scalable solutions that adapt to changing regulations, workforce needs, and client expectations. From automation and cloud infrastructure to personalized support and seamless integrations, our platform is built for long-term value and meaningful impact.

Our promise is simple: technology when you need it, people when it matters.

FSA
Proposed Pricing



Annual Fee *Includes one nondiscrimination test at plan year's end; includes all 9 IRS-required tests.*	**$450.00**	
Monthly Administration Fee	**$5.00**	per participant
Minimum Monthly Fee *Applied when calculated monthly administration fees are lower than this amount.*	**$60.00**	per month
Benefits Card Option	**$0.00**	
Electronic Enrollment Toolkits *All electronic information and enrollment materials are available at no additional cost.*	**$0.00**	
Electronic Data Integration (EDI) *$0 when provided in EBC format. $150 per hour will be charged if provided in a different format. May not be applicable to all employers.* *Fees quoted include charges from third-party vendors for ongoing data integration services.* ☐ Yes ☑ No	**$0.00**	

Note: *Pricing is based on the purchase of all services quoted in this proposal. If fewer services are selected, pricing may be revised accordingly.*

Projected Expenses

Total Number of Employees	**50**
Expected Number of Participants	**8**
Total Monthly Cost	**$60.00**
Total Annual Cost	**$1,170.00**

Plan Features

- HSA-compatible FSA plan designs
- Smart technology allows all account-based products to be loaded onto one Benefits Card
- Claim submission via mobile app, online account, fax, and U.S. mail
- Secure employer and employee web portals
- Nondiscrimination testing at the end of the plan year, including all 9 required tests
- Runout, grace period, and/or rollover support for mid-year takeovers
- Annual Form 5500 filing (if required)
- Plan year runout, grace period, and/or rollover administration
- Multiple claim funding options

Benefits Card

The Benefits Card lets participants pay for eligible expenses directly from their healthcare FSA instead of waiting to be reimbursed.

- Provides easier access for quick payment
- Allows multiple products to be used on one card
- Compatible with digital wallets and use wherever Apple Pay®, Samsung Pay, and Google Pay are accepted
- Benefits Cards can be managed online or within the EBCentral® mobile app
- Additional and replacement cards available at no cost
- Participant Services contact information on the back of the card

We reserve the right to adjust pricing if the employee counts provided during quoting process vary by more than 20%.

LEARN MORE

HSA
Proposed Pricing



Setup Fee *One-time fee.*	**$0.00**	
Monthly Administration Fee	**$1.75**	per participant
Minimum Monthly Fee *Applied when calculated monthly administration fees are lower than this amount.*	**$60.00**	per month
Benefits Card Option	**$0.00**	
Electronic Communication Toolkits *All electronic information and enrollment materials are available at no additional cost.*	**$0.00**	
Electronic Data Integration (EDI) *Excludes HSA deposits. $0 when provided in EBC format. $150 per hour will be charged if provided in a different format. May not be applicable to all employers.* *Fees quoted include charges from third-party vendors for ongoing data integration services.* ☐ Yes ☑ No	**$0.00**	

Note: *Pricing is based on the purchase of all services quoted in this proposal. If fewer services are selected, pricing may be revised accordingly.*

Projected Expenses

Total Number of Employees	**50**
Expected Number of Accountholders	**10**
Total Monthly Cost	**$60.00**
Total Annual Cost	**$720.00**

Optional Services

Compliance Services *Wrap Document, 5500 Form Filing and Nondiscrimination Testing Services*	Learn More

Plan Features

- No minimum account balance and low banking fees for participants
- Variety of ways to access HSA funds including our Benefits Card and online payments to providers or accountholders
- High-yield interest option to earn more on HSA cash balances
- Intuitive investment platform with more than 500 investment options where participants can tailor their investment journey to fit their individual needs and experience level
- Smart technology allows all account-based products to be loaded onto one Benefits Card
- Primary cardholders can add the Benefits Card to their digital wallet and use wherever Apple Pay®, Samsung Pay, and Google Pay are accepted
- Compatible with limited health flexible spending account (FSA) and limited health reimbursement arrangement (HRA)
- Compliance support for HSA-compatible FSA and HRA plan designs

Investment Options Video Overview

Our HSA offers a modern and personalized investment experience that helps participants work toward their long-term financial goals. Whether they are new to investing and are looking for a guided experience or are seasoned investors looking to research and trade stocks and ETFs, participants will have the tools available to build wealth and save for retirement.

Account Transfers

Consolidating HSAs is a great way to create a better accountholder experience. At EBC, we support individual HSA account transfers or bulk transfers[1], which provide a one-time, seamless transfer of HSA balances from one HSA custodian to another.

We reserve the right to adjust pricing if the employee counts provided during quoting process vary by more than 20%.
WealthCare Saver may charge participants additional banking fees for specialty services.

[1]To complete a bulk transfer, the previous HSA custodian must agree to the transfer. The previous custodian may also have a minimum number of accounts required to process a bulk transfer. Bulk transfers must be completed after the plan start date.

LEARN MORE

HRA
Proposed Pricing



Annual Fee	**$300.00**	
Monthly Administration Fee	**$4.50**	per participant
Minimum Monthly Fee *Applied when calculated monthly administration fees are lower than this amount.*	**$60.00**	per month
Benefits Card Option *HRA plan designs must reimburse first dollar coverage.*	**$0.00**	
Electronic Data Integration (EDI) *$0 when provided in EBC format. $150 per hour will be charged if provided in a different format. May not be applicable to all employers.* *Fees quoted include charges from third-party vendors for ongoing data integration services.* ☐ Yes ☑ No	**$0.00**	

Note: *Pricing is based on the purchase of all services quoted in this proposal. If fewer services are selected, pricing may be revised accordingly.*

Projected Expenses

Total Number of Employees	**50**
Expected Number of Participants	**20**
Total Monthly Cost	**$90.00**
Total Annual Cost	**$1,380.00**

Optional Services

Compliance Services *Wrap Document, 5500 Form Filing and Nondiscrimination Testing Services*	Learn More

Plan Features

- Compatible with flexible spending accounts (FSAs) and health savings accounts (HSAs)
- Included Compliance Support:
  - Customized HRA Plan Document and Summary Plan Description
  - Required Summary of Benefits and Coverage (SBC)
  - Medicare Secondary Payer reporting for Centers for Medicare and Medicaid Services (CMS), when required
  - Report to assist with filing Patient Centered Outcomes Research Initiative (PCORI) fee
  - Nondiscrimination testing worksheet made available for self-testing

Plan Design Examples

EBC has helped employers design thousands of plans to meet their organization's specific needs, including plans like the ones in the video overview that help offset rising healthcare costs, encourage employment longevity, and more.

Technology Features

Employer administration and participant account management is available all day, every day with our online accounts and mobile app, EBCentral®. Participants have online and mobile claims processed within 2 business days and can have reimbursements sent electronically to their bank via direct deposit.

We reserve the right to adjust pricing if the employee counts provided during quoting process vary by more than 20%.

LEARN MORE

Employee Benefits Corporation

Flexible Spending Accounts

Help employees save on eligible health and dependent care expenses.

A flexible spending account (FSA) is a benefit that offers money-saving, tax-advantaged funds for participants to use on their everyday health and dependent care expenses. Employers choose from healthcare, limited health, and/or dependent care FSA options.



FSA Options

When choosing to offer an FSA, employers can offer one or more of the following account types:

Healthcare FSA | Pay for eligible medical, vision, and dental expenses that are not covered by another health plan, including prescriptions and over-the-counter medications and products.

Limited Health FSA | Pay for eligible vision and dental expenses that are not covered by another health plan.

Dependent Care FSA | Pay for eligible dependent care expenses for children or other eligible dependents.

Plan Design Options

Customize your plan to fit your benefits offering.

Rollover is a popular plan option that allows up to a specified amount of unused funds to roll from one plan year to the next. Rollover is not available for dependent care FSAs.

Grace Period gives an additional period of time to incur claims after the end of the plan year when rollover is not offered.

Runout allows extra time after the end of the plan year to submit claims for eligible expenses incurred during the plan year.

Benefits Card

The Benefits Card lets participants pay for eligible expenses directly from their healthcare FSA or limited health FSA rather than needing to submit a claim and wait for reimbursement.

- Smart technology allows all account-based products to be loaded onto one Benefits Card
- Benefits Card documentation can be uploaded directly to the EBCentral app—documentation is reviewed right away to validate qualified expenses or determine if further review is needed
- Additional and replacement cards available at no cost
- Primary cardholders can add the Benefits Card to their digital wallet and use wherever Apple Pay®, Samsung Pay, and Google Pay are accepted
- Benefits Card management available through the *EBCentral*® app or online
- Participant Services contact information on the back of the card

The Benefits Card is available for the healthcare and limited health FSAs. Dependent care FSA participants can conveniently submit claims online or through the mobile app.

Technology Features

Employer administration and participant account management is available all day, every day with our online accounts and mobile app, *EBCentral*. Claims submitted through the online account or mobile app are processed within 2 business days and electronically deposited in the participant's bank account when direct deposit is set up.

Plan Features

- Runout, grace period, and/or rollover support for mid-year takeovers
- Multiple claim funding options
- Compatible with health savings account (HSA) and health reimbursement arrangement (HRA)
- Auto-convert feature available for participants with a standard health FSA who are interested in enrolling in an EBC HSA. Funds in the standard health FSA are automatically converted to a limited health FSA to maintain HSA-eligibility.

Included Compliance Support

- Nondiscrimination testing at the end of the plan year, including all 9 required tests for FSAs and cafeteria plans
- FSA Plan Document and Summary Plan Description
- Annual Form 5500 filing (if required)

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Samsung and Samsung Pay are trademarks of Samsung Electronics Co., Ltd.

Employee Benefits Corporation

Health Savings Account (HSA)

The benefit that helps employees save and invest in their healthcare.

A health savings account (HSA) is a flexible benefit that offers triple tax savings and allows participants to choose whether to **spend**, **save**, or **invest** their HSA dollars.



The Road to Financial Wellness

HSAs go beyond what other benefits offer by giving participants the flexibility to spend, save, or invest their HSA funds. However participants choose to use their HSA funds, they will receive tax-free savings that can assist them on their road to financial wellness.

Spend | All HSA contributions and withdrawals for eligible expense are tax-free. This means that participants who use their HSA funds for eligible expenses save money.

Save | Participants who don't have an immediate need to spend their HSA funds can allow their account balance to build year-over-year and earn tax-free interest through multiple interest account options. This is a great way to save for future health expenses.

Invest | Participants can also invest their HSA funds and potentially watch their balance grow even more! Investing HSA funds can be a powerful savings vehicle for medical emergencies or retirement.

Plan Features

- No minimum account balance and low banking fees for participants
- Variety of ways to access HSA funds including our Benefits Card and online payments to providers or participants
- High-yield interest option to earn more on HSA cash balances
- Intuitive investment platform with more than 500 investment options where participants can tailor their investment journey to fit their individual needs and experience level
- Smart technology allows all account-based products to be loaded onto one Benefits Card
- Primary cardholders can add the Benefits Card to their digital wallet and use wherever Apple Pay, Samsung Pay, and Google Pay are accepted
- Compatible with limited health flexible spending account (FSA) and limited health reimbursement arrangement (HRA)Compliance support for HSA-compatible FSA and HRA plan designs

HSA Tools

Account Access | Employer administration and participant account management is available all day, every day with our online accounts and mobile app, ***EBCentral®***.

Communication Resources | Access employer education materials, toolkits to support open enrollment, and more! All available in your online account and at www.ebcflex.com.

Investment Opportunities

Our HSA offers a modern and personalized investment experience that helps participants work toward their long-term financial goals. Whether they are new to investing and are looking for a guided experience or are seasoned investors looking to research and trade stocks and ETFs, participants will have the tools available to build wealth and save for retirement.

Investment Paths

Level of Expertise



Managed | Designed for investors who prefer to have our advisor tool use age and risk profile characteristics to automatically suggest and rebalance investment options.

Self-Directed | Designed for investors who want to self-select from a menu of monitored investment options covering multiple asset classes.

Brokerage | Designed for investors who want to perform advanced research and select investment options from more than 500 individual stocks and ETFs.

Investment Features

- Fractional trading up to 8 decimal points, enabling ownership of high-value stocks like Apple or Berkshire Hathaway for as little as a penny.
- Convenient features, such as auto-rebalancing, real-time account opening and trading, historical performance of investments, and after-hours investing.

Integrated Investment Solution

The HSA experience lives within a single platform for a seamless user experience. Participants can manage all aspects of their HSA, including their spending account and their investments, at any time of day from a simple and intuitive online interface.

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Employee Benefits Corporation

Health Reimbursement Arrangement (HRA)

Your organization is unique, your benefit plan should be too.

An HRA is an employer-funded benefit plan where employees are reimbursed, tax-free, for qualified medical expenses up to a fixed dollar amount per year. An HRA allows you to design a benefit plan that complements your health insurance plan by covering your employees' out-of-pocket healthcare costs.

Flexible Design Options

An HRA offers flexible design options so you can customize each part of your plan, including:

- **Who** the benefit is for
- **What** the benefit will cover
- **When** participants have access to the benefits
- **How** the coverage will be broken down

Technology Features

Employer administration and participant account management is available all day, every day with our online accounts and mobile app, *EBCentral*®. Participants have online and mobile claims processed within 2 business days and can have reimbursements sent electronically to their bank via direct deposit.

Data Integration

Employee Benefits Corporation (EBC) will work with employers to establish an electronic file feed.

Plan Features

- Compatible with flexible spending accounts (FSAs) and health savings accounts (HSAs)
- Included Compliance Support:
  - Customized HRA Plan Document and Summary Plan Description
  - Required Summary of Benefits and Coverage (SBC)
  - Medicare Secondary Payer reporting for Centers for Medicare and Medicaid Services (CMS), when required
  - Report to assist with filing Patient Centered Outcomes Research Initiative (PCORI) fee
  - Nondiscrimination testing worksheet made available for self-testing

Plan Design Examples

EBC has helped employers design thousands of plans to meet their organization's specific needs, including plans like the ones shown below that help offset rising healthcare costs, encourage employment longevity, and more.

Deductible Coverage



Benefit Scenario | An employer is adjusting their health plan from a $3,500 deductible to a $5,000 deductible to help meet rising health coverage costs. They are looking for an HRA plan design to help their participants with this increased deductible.

Selected Plan Design | A two-tier HRA with aggregate coverage for the $5,000 deductible. The participants pay the first $3,500 of the deductible. The HRA then pays for the remaining $1,500.

Eligible Expenses | Deductible

Additional Features | This plan design can also be set up to have an aggregate or embedded deductible.

Specific Coverage



Benefit Scenario | An employer is looking to offer specific coverage, in this case dental, without enrolling in a specific dental insurance plan. They plan to offer this coverage alongside a healthcare FSA.

Selected Plan Design | A one-tier plan design where the HRA pays up to $1,000 for eligible dental expenses.

Additional Features | The participant can choose to contribute to the healthcare FSA, which they can use to pay for dental expenses above the $1,000 covered by the HRA or other Section 213-eligible expenses. The Benefits Card can be structured to use HRA dollars first for eligible dental expenses and then pull funds from the healthcare FSA for remaining qualified healthcare expenses.

Retiree Benefit



Benefit Scenario | A public sector employer is looking to provide funds for healthcare coverage to their employees after they retire.

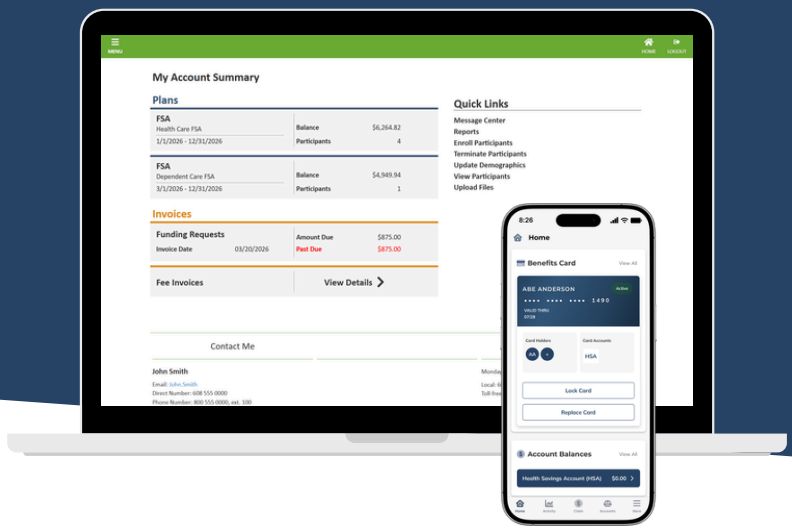
Selected Plan Design | A two-tier plan design for retirees who are at least 55 years old and have worked at the company for at least 10 years. Retirees that meet these requirements receive a lump sum of $20,000 that they can use towards their health insurance premiums.

Eligible Expense | Health Insurance Premiums

© Employee Benefits Corporation ID S3-9023

Mobile and Online Experience

EBCentral®



EBCentral Mobile App Features

Easy access to your account details

The EBCentral app opens to a clean, intuitive dashboard that keeps essential tools within reach. You can view account summaries, check recent activity, monitor your Benefits Card status, sign up for direct deposit, and take quick actions like submitting receipts or reviewing documentation requests—all with fast, frictionless navigation.

Real-time push notifications after every Benefits Card swipe

Stay informed the moment your card is used. If documentation is required, you'll receive a notification to submit your receipt right away. Once submitted, your documentation is reviewed right away to validate qualified expenses or determine if further review is needed.*

Full control over your Benefits Card

Managing your card is simple and secure. Your dashboard lets you lock or unlock your card, request a replacement for a lost or stolen card, and order additional cards for eligible dependents. You'll also have instant access to your recent transaction activity and card status.

Fast, secure claim and documentation submission**

Submitting claims and supporting materials is quick and hassle-free. You can upload receipts or other required documents directly through the app, with no paperwork and no delays.

Employer Online Account

- Displays details of accounts and provides participant management, allowing you to add and terminate coverage for a participant in real-time during the plan year
- Access to in-depth reporting
- Ability to view all plan information and download forms and materials
- View fee and funding invoices
- See claims activity and payments

Participant Online Account

- Dashboard with active account and balance information
- Account details with plan design information, deposit data, payroll deduction schedule, plan year details, claim submission instructions, when claims can be submitted, and access to plan documents
- Mobile and online claim submission for eligible expense reimbursement
- Benefits Card management, including the ability to submit proof that a pending card transaction was for an eligible expense or requesting a secondary card
- Direct deposit enrollment to receive funds quicker
- Transaction details for viewing processed claims, payment details, upcoming reimbursement payments, recent transactions, and more
- Customization options for managing profile, security, and communication settings
- Forms and other materials, including an employee-friendly Summary Plan Description that provides plan details in accessible language
- Links to third-party, beneficial sites, such as the FSA Store and HSA Store

Download on the App Store

GET IT ON Google Play

*If expenses cannot be validated, users are given immediate feedback and the documentation is submitted for further review when needed.
**Claims and documentation submission not available to commuter benefit or HSA participants.
Apple® and App Store® are registered trademarks of Apple Inc. Google P
a trademark of Google LLC.

Sample Implementation Timeline

Step 1



Preparation

Service Agreement

Completion and Approval

Initial Set-up in EBC Systems

Step 2



Implementation

Regular Communication and Status Updates

EDI Preparation and Testing (if applicable)

Collect Current and Future Plan Design Information

Employee Communications

Employer Conducts Open Enrollment

Enrollment Data Due

Benefits Cards Mailed (if applicable)

Step 3



Completion

Employer Online Account Training

Transition to Client Account Representative

Our Team



Kyle Domin

Regional Sales Director

kyle.domin@ebcflex.com

Sales and Implementation Team

Your Sales and Implementation Team leads the implementation process and serves as your point of contact for any questions and support needed while setting up your plan.

Client Account Representative

Every client is assigned a Client Account Representative who is supported by a team leader, product specialists, partner integration, compliance, and others to ensure we are providing thoughtful and accurate service to our clients.

Participant Services

Participant Services Specialists are trained on all administrative products that we offer and respond to all participant calls and emails.

Employee Benefits Corporation

Flexible Spending Accounts (FSA)

Health Savings Account (HSA)

Health Reimbursement Arrangement (HRA)

Lifestyle Spending Account (LSA)

Commuter Benefits

COBRA

Billing Services

Premium Only Plan

Compliance Services

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.

Apple® and Apple Pay® are registered trademarks of Apple Inc.
Google Pay is a trademark of Google LLC.
Samsung and Samsung Pay are trademarks of Samsung Electronics Co., Ltd.

PROPOSAL PREPARED FOR

City of Richland Center

Total Administrative Services Corporation

Date Submitted:
9/29/2027

SUBMITTED TO:

Misty Molzof
Ashley.oliphant@richlandcenterwi.gov
#608-647-3466 Ext200

TASC®

PREPARED BY:

Kelly Erdman – Direct Sales Director
kelly.erdman@tasconline.com

WHY TASC

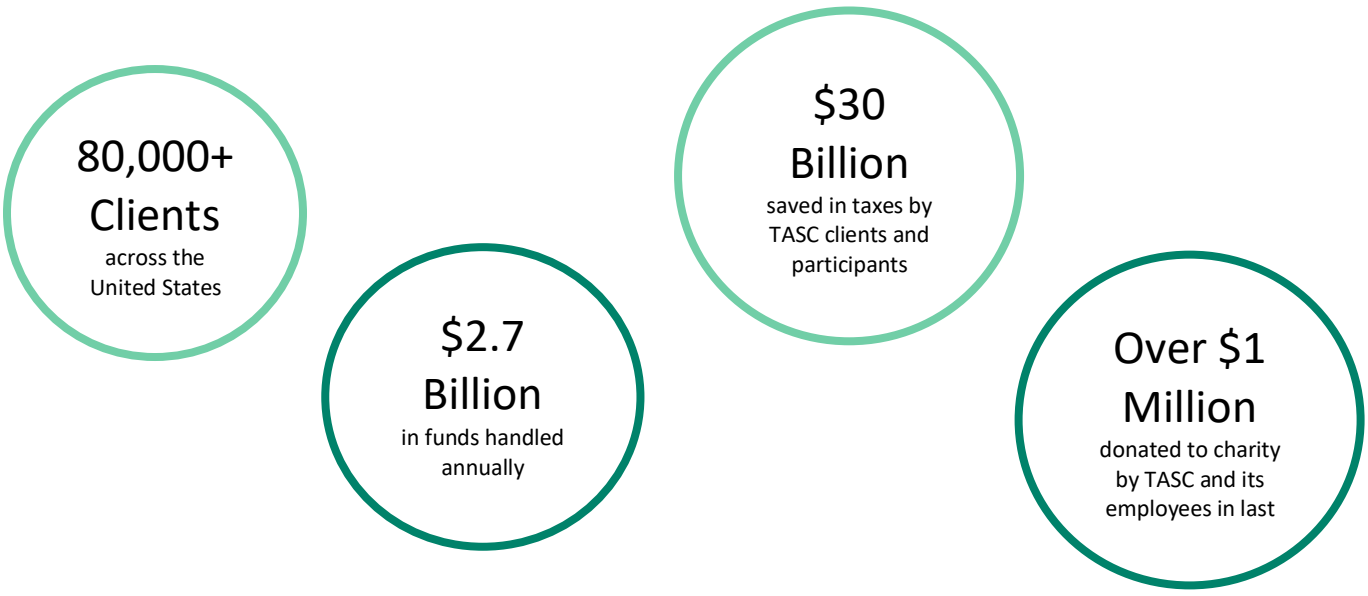
It started with a desire to help a friend.
Total Administrative Services Corporation (TASC) was founded on a simple belief: regular people should be able to receive the same tax advantages as large corporations.

In the process, we brought simplicity to one of the most complicated systems in the world: the US tax code. The solution worked so well, we continued to invent products that transformed the lives of farmers and other entrepreneurs, their families, and their communities. And we're still in the life-changing business for employers of all sizes, in all markets, today.

After more than 50 years in the benefit administration industry, our conviction is stronger than ever. We've discovered a new way to remove complexity, a new way to help Americans pay less tax and invest more in their health and prosperity.

We are committed to understanding our clients' needs and ambitions and will configure a solution, whether they have one employee or one million. Because when Americans have more money to spend, when they invest in their health, when they have the tools to support their families, when they give back to their communities, when they save and grow, **we all benefit.**

We're proud to help more than 80,000+ organizations offer benefit accounts to millions of their employees all across the US. That's a lot of money saved, a lot of people helped, and a lot of good to share.



Introducing MyTASC

Our customers asked for it, and we delivered it!

MyTASC is a single sign-on platform that combines our Continuation Services (COBRA) with our Universal Benefit Accounts (UBA) accounts. This *smart solution* offers an "endless aisle" option to meet your evolving business needs. Not only does it provide ease to the employer, but it is also employee centric. It allows the employee to respond to and manage diverse needs of the workforce at any life stage and throughout all phases of the employment life cycle.

With TASC MyTASC, Employers Can Now…

1. Build a Benefit Plan to Meet Your Unique Needs:	Have the flexibility to customize benefit offerings that meets unique and evolving workforce needs.
2. Remove Complexity:	Make it easy to reap maximum tax savings and navigate benefit rules and regulations.
3. Save Time and Money	Manage all benefits with one card, one website, one app – an all-access pass to maximize efficiency and value.



Single Sign-On with Access to Everything. Your UBA benefit plan and continuation accounts within one experience means no more toggling between systems!



Better, More Responsive Service. Integration of all systems makes service requests easier and allows those requests to funnel into one customer service flow. Making administration straight-forward and response times more palatable.



Participants Pay *Their* Way. Participants can use TASC Card or any other major credit/debit card for premium payments, set up auto-pay or choose to print and send coupons with check via mail - and they can do it "on the go" through the app!



Integrated Web-based & Mobile Participant Experience. All accounts are accessible in ways that work for the participant.



Industry-Leading Security. 24-hour back-up and 30-day back-up storage from ransomware; Role-based and Biometric security across all offerings.

WHY UNIVERSAL BENEFIT ACCOUNT®

Take pride in choosing a groundbreaking benefits solution that returns value to your company.

For most employers, benefit accounts are separate, based on no single vendor having a total comprehensive solution. In fact, most employers still use 'siloed' platforms today with separate vendors, separate systems and processes, separate cards to pay with, separate websites and logins, and separate passwords to remember. That's no fun!

83% say a seamless experience across all devices is important [1]

TASC decided to take a different approach. A **single way** to focus on the universal outcome that all benefit accounts share: easy accessto your accounts with the technology that life demands!

Thus, the Universal Benefit Account (UBA) system was born.

This forward-thinking approach will set you apart and give you access to features that matter:

93% say benefit customization is a *"must have"* or *"nice to have"* feature [2]

- ✓ ***Attract and retain top talent.*** Show employees you care with a benefits experience built around their needs. Easily build a benefit plan that sets you apart in the marketplace. Choose from FSA, HSA, HRA and over 50 other benefits, all on one instantly configurable platform.
- ✓ ***Simplify administration.*** When a regulation changes or your needs evolve, there are no new contracts to sign or employee data to recapture. Simply turn on a new benefit that is seamlessly integrated into our platform.
- ✓ ***Confidence in a trusted partner.*** Our solution and commitment is backed by over 45 years of industry experience. We invest in you because we know how important your investment is to your business and employees.

But don't take our word for it, check out what some TASC clients have to say about their UBA experience!

"TASC Healthcare and Dependent Care FSA is very helpful to our employees so they use less of their disposable income and save money on their medical and childcare expenses. I love the mobile app. It is super easy to use and the information you need is always quick and easily accessible."

"It's easy to use, there are several easy options to get reimbursed, and the online system is rather user-friendly. Customer service is great, and having used it over several years I highly recommend it as an FSA plan."

[1] Society for Human Resource Management Employee Benefits Survey; March 2018
[2] MetLife Employee Benefit Trends; 2021

WHAT SETS US APART FROM THE OTHERS...

Our commitment to excellence and innovation extends far beyond the clients we serve.

We help organizations of all sizes focus more on employees and culture and less on administrative tasks. We listen to employers and their employees and respond with innovative solutions that integrate technology, tailored customer service, and quick, transparent processing. No matter how the industry changes or your needs evolve, we'll be here to listen and grow alongside you.



Robust Service Offerings: From Universal Benefit Account, to Continuation, to Compliance– we have you covered!



Best-In-Class Onboarding: Every new TASC client receives an Implementation Call to ensure a quicker, easier, and more accurate implementation of their benefit and compliance programs with TASC.



Endless Aisle: The endless aisle showcases the power of Universal Benefit Account. With 50+ existing accounts, TASC will always be positioned to stand up an infinite number of accounts based on client, market, or legislative needs.



Audit Guarantee: Our Audit Guarantee gives our clients and distributors peace of mind knowing TASC stands behind our offering and will support our client in the event of an audit.



Fastest Access to Funds: MyCash is the fastest reimbursement model in the benefit administration industry and reimburses participants within hours of their claims submission and approval.



Access to Plan Advisors: Current UBA clients will have access to an advisor, who can help you plan, select and tackle important employee benefit account decisions as your business evolves.

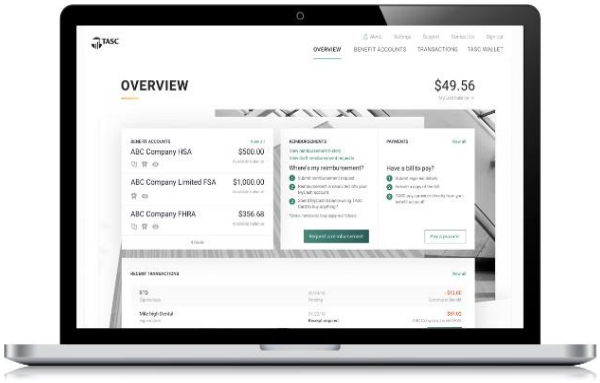


Participants Save with Beneshop: Beneshop makes shopping for healthcare products easier and more affordable. Your participants can shop FSA/HSA eligible items on Beneshop from their mobile app all while saving more money!

ONE EXPERIENCE

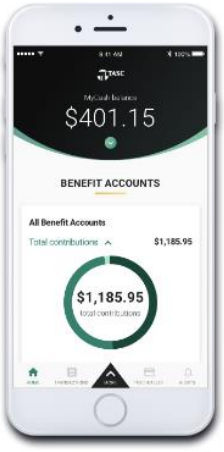
Universal Benefit Account delivers a single, consistent, intuitive experience across all devices and services, for HR and employees alike.

Imagine the time and money savings by integrating all the benefit accounts on one platform. Self-service tools across an intuitive employee digital experience also help replace calls to HR and drives engagement.



ONE Web Portal

✓ One-stop, online access to **all** enrolled accounts.
✓ Help is a click or call away. Get the support you need, anytime and anywhere!
✓ Easily preform routine **functions on-demand** like add, enroll and terminate employees in a benefit plan.
✓ Access to **robust reporting**! Clients can access reports on enrollment, funding, participant balance summary, and month-end statement suite!
✓ **EDI feeds** from a variety of systems. Simplify enrollment, eligibility management, and payroll deductions.



ONE Mobile App

✓No need for a shoe-box full of receipts. Keep them in one convenient place with **Receipt Repository**.
✓Stay informed on where and how your benefit dollars are being used with Alerts.
✓Take a picture of your bill and submit. We'll pay it with the **Picture to Pay the Provider** feature on the app.
✓Easy 24/7 secure access to benefit information with One Password or Fingerprint Touch ID.
✓Lost or misplaced your TASC Card? Use your app to quickly and easily lock or unlock access with **TASC Card Lock**.



ONE Card

✓ Pay for expenses out-of-pocket and we reimburse you within 24 hours.
✓ The **TASC Wallet** is for all your benefits. Swipe your card and its smart enough to know which accounts to draw funds from automatically, for qualified and other expenses.
✓ Use your TASC card to get access to **MyCash** with ATM Locator.

The TASC Card is issued by Pathward®, N.A., Member FDIC, pursuant to license by Mastercard® International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.

THINK *BEYOND* TRADITIONAL BENEFITS

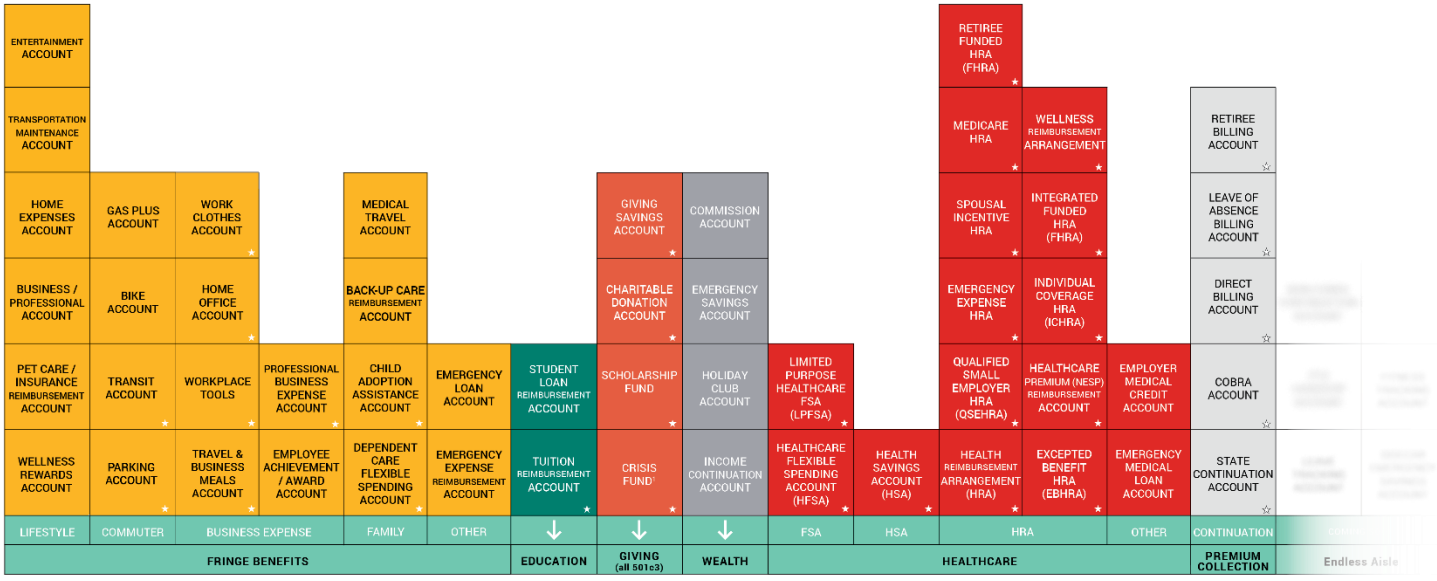
With Universal Benefit Account®, choose from a growing list or Endless Aisle of health, wealth and well-being benefit accounts to configure a custom benefit plan that meets the unique needs of prospective hires and current employees, by recognizing their individuality and meeting them where they are in life.

Focus on what matters most, creating a unique benefit plan your employees will love!

1. **Begin by setting yourself apart from the competition with fringe benefits,** accounts that reimburse employees for expenses associated with raising a family, commuting and doing their job: dependent care, transit, pet care, and home office supplies. Fringe accounts help you stand out to job seekers who are considering your company.

2. **Next, consider wellness, education and giving accounts** that reward healthy living, higher education and a philanthropical heart. These accounts create a positive culture, showing you care about your employees and have their best interests in mind.

3. **Top off your benefit package traditional healthcare accounts** that help your employees dramatically save on everyday medical, dental and vision expenses. These are the basic benefits that employees have come to expect from top employers like Healthcare FSA, HRAs, HSAs and more!



☆A tax-advantaged account.

[1]Account can be configured as a tax-advantaged or non tax-advantaged.

UNIVERSAL BENEFIT ACCOUNT OPTIONS

Select all the UBA accounts to be quoted in this sales proposal:

HEALTHCARE	**Flexible Spending Accounts (FSA)**	☒	Healthcare FSA		
		☐	Limited Purpose Healthcare FSA (LPFSA)		
	Health Savings Account (HSA)	☒	Health Savings Account (HSA)		
	Health Reimbursement Arrangements (HRA)	☐	Health Reimbursement Arrangement (HRA)	☐	Medicare HRA
		☐	Integrated Funded HRA (Integrated FHRA)	☐	Spousal Incentive HRA
		☐	Retiree Funded HRA (Retiree FHRA)	☐	Emergency Medical Loan
		☐	Individual Coverage HRA (ICHRA)	☐	Employer Medical Credit
		☐	Excepted Benefit HRA (EBHRA)		
		☐	Qualified Small Employer HRA (QSEHRA)		
		☐	Wellness Reimbursement Arrangement		
		☐	Healthcare Premium (NESP) Reimbursement Account		
		☐	Healthcare Premium Reimbursement Arrangement *(Employer-Only Funded)*		
FRINGE	**Family Accounts**	☒	Dependent Care FSA		
		☐	Back-up Care Reimbursement Account		
		☐	Child Adoption Assistance Account		
		☐	Medical Travel Account		
	Lifestyle Accounts	☐	Entertainment Account		
		☐	Transportation Maintenance Account		
		☐	Home Expenses Account		
		☐	Pet Care/Insurance Reimbursement Account		
		☐	Wellness Rewards Account		
		☐	Business/Professional Account		
	Commuter	☐	Parking Account		
		☐	Transit Account		
		☐	Bike Account		
		☐	Gas Plus Account		
	Other	☐	Emergency Expense Reimbursement Account		
		☐	Emergency Loan Account		
	Accountable Plans (Business Expense Accounts)	☐	Professional Business Expense Account		
		☐	Home Office Account		
		☐	Travel and Business Meals Account		
		☐	Work Clothes Account		
		☐	Workplace Tools Account		
		☐	Employee Achievement/Award Account		
ED	**Education Accounts**	☐	Tuition Reimbursement Account		
		☐	Student Loan Reimbursement Account		
GIVE	**Giving Accounts**	☐	Crisis Fund	☐	Giving Savings Account
		☐	Scholarship Fund	☐	Charitable Donation Account
WEALTH	**Wealth Accounts**	☐	Commission Account	☐	Holiday Club Account
		☐	Emergency Savings Account	☐	Income Continuation Account

TOTAL # OF ACCOUNTS SELECTED:	2-4

PARTNER WITH TASC

Now that you picked the right accounts for your unique benefit plan, it's time to price it out. Thankfully, TASC UBA provides a straightforward approach to pricing, which makes it easy to buy and manage benefits as your needs evolve. All TASC clients follow this simplified process:

Annual Membership Fee
Gain access to TASC's expert administrative and customer service support as well as our self-service online administration portal, the TASC Card, Mobile App, MyCash, Picture to Pay, and more.

Level Options and Monthly Fee
Select the number of accounts you want to include within your desired benefit plan. Your plan becomes more cost-effective with each new account that you add, and our unlimited option provides access to everything we offer.

- **Level 1: One** benefit account
- **Level 2: Two, three or four** benefit accounts
- **Level 3: Unlimited** benefit accounts



PROPOSED ACCOUNTS:

Healthcare FSA - Tax Advantaged Account

A Healthcare Flexible Spending Account (FSA) offers a valuable way for employees to save on rising healthcare costs by setting aside pretax funds for eligible healthcare expenses.

Healthcare FSAs are among the nation's leading employer-sponsored benefit programs. Both employer and employees save payroll taxes for each and every dollar that is contributed. This is the easiest way for employees to take advantage of tax-free dollars for eligible health, dental, and vision expenses.

Participant Benefits	Employer Benefits
Save an estimated 30% on healthcare expenses each year.	Reduce FICA/Payroll taxes by 7.65% for every pretax dollar employees contribute.

How the plan works...

Eligibility

An employer must offer group health insurance to offer a Healthcare FSA.

- Employees must meet the eligibility requirements of the employer's plan to be eligible to participate.
- Self-employed individuals (partners, sole proprietors, more-than-2% shareholders in a sub-chapter S Corp and independent contractors) are ineligible to participate.

Enrollment

Eligible employees typically enroll during the annual enrollment period. Mid-year enrollments are possible when eligibility requirements (ex. new hire or qualifying event) are met.

- Mid-year enrollment is possible when eligibility requirements are met. Requirements like:
  - Newly hired employee
  - Employees with status changes/qualifying events

Funding

Healthcare FSAs are funded by pre-tax payroll deductions.

Employee Contributions	Employer Contributions
IRS sets maximum election amounts. (Employers can set lower amounts.) The IRS may change this limit from year to year. For Healthcare FSAs, spouses can each contribute to their own Flexible Spending Account up to their maximum amount, even if the husband-and-wife work for the same employer.	Clients who wish to contribute to their HFSA benefit may choose one of the following options for their plan: • A flat contribution, up to $500, to each participant HFSA account. • A dollar-for-dollar match to each participant's annual HFSA election.

Annual Elections

At enrollment, participants choose an annual election amount. This is the amount they want to

contribute to the healthcare FSA for the year. The annual election amount is divided across the number of paychecks throughout the year.

Uniform Coverage Rule: IRS regulations allow for the participant's full annual election for medical out-of-pocket expenses to be available on the first day of the plan year, regardless of contributions made by the participant.

Eligible Expenses

Eligible Section 213(d) healthcare expenses are covered as determined by employer. Typically, all medical expenses (co-pays, deductibles, prescriptions, medical supplies, vision, dental, etc.) that insurance does not cover can be reimbursed by an FSA. Medical FSAs got a lot more flexible with the passing of the 2020 Cares Act. Over the counter (OTC) medications as well as menstrual products are eligible under medical FSAs.

Verification

Participants do need to submit verification with their requests for reimbursement. Non-covered medical services require a letter of medical necessity. Through TASC technology, we have an auto-substantiation rate of 98%, meaning that 98% of claims will not need additional documentation.

Plan Design Options – Summary Plan Description (SPD) Required

Money not used at the end of the plan year is forfeited to the plan, unless Carry Over or a Grace Period and Runout are elected by the employer. See below.

Runout Period	Carryover (optional)	Grace Period (optional)
Runout allows for participants to submit claims with a date of service (DOS) from the previous plan year. Elected by the employer, most commonly set to 90 days from the end of the plan year.	Determined by the employer, allows up to IRS carryover limit or the remaining balance from the previous plan year, whichever amount is less, to be added to the new plan year election. (Employer does not have to allow the full IRS carryover limit but cannot exceed it.)	Determined by the employer, this provides a period of time after the plan year to continue to use funds from the previous plan year for current expenses. Essentially an extension of the plan year and cannot be offered with the Carryover option.

How does TASC differ from the competition?

- We offer unique funding arrangements
- Debit cards **never** turn off for lack of substantiation
- Our auto substantiation rate is higher than other TPAs
- We offer EDI integration with HRIS/ Payroll partners for **NO** additional fee
- Annual non-discrimination assessment included
- Summary Plan Descriptions (SPD) are automatically created

Dependent Care FSA - Tax Advantaged Account

A Dependent Care Flexible Spending Account allows employees to save on eligible dependent care expenses such as preschool, summer day camp, before/after school programs, and child or adult daycare. Dependent Care FSAs can save participants as much as 30% on dependent care expenses.

Participant Benefits	Employer Benefits
Participants contribute pretax, which reduces taxable income and increases take home pay.	Reduce FICA/Payroll taxes by 7.65% for every pretax dollar employees contribute.

How the plan works...

Eligibility

An employer must offer group health insurance to offer a Healthcare FSA.

- Employees must meet the eligibility requirements of the employer's plan to be eligible to participate.
- Self-employed individuals (partners, sole proprietors, more-than-2% shareholders in a sub-chapter S Corp and independent contractors) are ineligible to participate.

Enrollment

Eligible employees typically enroll during the annual enrollment period. Mid-year enrollments are possible when eligibility requirements (ex. new hire or qualifying event) are met.

- Mid-year enrollment is possible when eligibility requirements are met. Requirements like:
  - Newly hired employee
  - Employees with status changes/qualifying events

Funding

Dependent care FSAs are funded by pre-tax payroll deductions.

Annual Elections

At enrollment, participants choose an annual election amount. This is the amount they want to contribute to the dependent care FSA for the year. The annual election amount is divided across the number of paychecks throughout the year.

Money In, Money Out

Unlike healthcare FSA annual elections, dependent care elections are not available at the beginning of the year. The participant can only be reimbursed for expenses up to the amount they have contributed into their account and currently have available.

Contributions and Limits

The IRS allows for a maximum of $7,500 in contributions per household (not per employee) for the Dependent Care benefit per calendar year. IRS limits are:

- Married and filing jointly: $7,500 per calendar year
- Single parent: $7,500 per calendar year
- Married and filing separately: each parent is allowed $3,750 per calendar year
- Participant's 'earned income' for the calendar year is less than $7,500: amount equal to participant's 'earned income'

- Participant's spouse's 'earned income' is less than $7,500: amount equal to spouse's 'earned income'. (If participant's earned income is also less than $7,500, the IRS maximum is the lesser amount.)
- There are additional special rules for divorced or separated parents

Eligible Expenses

Dependent Care expenses must be work related – allow participant to work, look for work, or attend school full-time. A Dependent Care FSA is used to pay for child daycare or care of a disabled spouse or elderly parent who is a dependent and incapable of self-care.

Eligibility

- Dependents must be under age 13 or a disabled spouse, child or elderly parent who is unable to care for self.
- Plans in which the end of regular enrollment for the plan was before January 31, 2020: The Consolidated Appropriations Act (CAA) increases the age limit for children covered by a Dependent Care FSA from 13 years old to 14 years old for the purposes of receiving funds carried over from the previous plan year.
- Spouse or dependent that is disabled must live with the participant for more than half the year.
- Dependent Care expenses must be work related – allow participant to work, look for work or attend school full-time.
- It cannot be used for out-of-pocket medical expenses for a dependent.

Plan Design Options – Summary Plan Description (SPD) Required

Money not used at the end of the plan year is forfeited to the plan, unless a Grace Period and Runout are elected by the employer. See below.

Runout Period	Grace Period (optional)
Runout allows participants to submit claims with a date of service (DOS) from the previous plan year. Elected by the employer, most commonly set to 90 days from the end of the plan year.	Determined by the employer, this provides a period of time after the plan year to continue to use funds from the previous plan year for current expenses. Essentially an extension of the plan year and cannot be offered with the Carryover option.

Health Savings Account (HSA) – Tax Advantaged Account

A Health Savings Account (HSA) allows employees enrolled in a High Deductible Health Plan to use pretax dollars to pay for eligible healthcare expenses. Unused HSA funds can also be invested.

HSAs are excellent savings vehicles for current and future medical expenses. Plus, they can play an important part in an individual's overall retirement strategy.

Participant Benefits	Employer Benefits
No use-it-or-lose-it rule! Keep HSA funds until ready to use them, with unlimited rollover limits.	Money employers contribute to their employees' HSA accounts is considered a business expense and can be written off on their taxes.
Triple tax savings: • Contributions are made pretax. • This reduces take home pay and decreases taxable income. • Participants are not taxed on the money they spend on medical expenses. • Funds can be invested and there are no taxes on invested funds.	Employers will pay reduced FICA taxes as a result of reduced taxable income for employees.
	Money In, Money Out Rule: Participants can't spend more than what has been contributed to the benefit account so employer is never responsible for covering expenses if a participant leaves the company prior to making all of their intended contributions.

How the plan works...

Eligibility

Employees must be enrolled in a qualified High Deductible Health Plan (qHDHP). HSAs may be used with Limited Purpose Healthcare FSA or Limited Purpose HRA but not full ones.

Not eligible if:

- Enrolled in Healthcare FSA, or spouse has a Healthcare FSA
- Claimed as a dependent on another's tax return.
- Enrolled in Medicare
- Covered by VA or IHS benefits and have used their services within 3 months.

Enrollment

Eligible employees may enroll at any time, but the account will not start until the first of the following month.

Funding

As an employee-owned account, funds roll over year after year and are kept with the participant. HSA money is never forfeited and participants can maximize tax savings by contributing to the annual limit every year.

Contributions

- Money In/Money Out - Participants can only spend what has been contributed, minus previous disbursements for requests.
- Participants can change contribution amounts throughout the year - no qualifying event required.
- Participants can also add more money throughout the year by making additional contributions
- Contributions are not taxed as long as the total amount from all sources is within the IRS limit.
- This includes contributions from the employer and anyone other than the participant.
- Participants are responsible for keeping track of contributions throughout the year, making sure not to exceed the yearly election maximum amounts established by the IRS.

Catch-Up Contributions for Participants aged 55 and Older
Are allowed to make an additional $1,000 per year in contributions. If a participant and spouse are both over the age of 55, they may each contribute an additional $1,000. Note that to contribute the catch-up, each spouse must have their own HSA.

Annual Elections

At enrollment, participants choose an annual election amount. This is the amount they want to contribute to the HSA for the year. The annual election amount is divided across the number of paychecks throughout the year.

Participants should contact their employer to make changes to their annual election. A qualifying event is not required to make a change.

Eligible Expenses

Eligible Section 213(d) healthcare expenses are covered as determined by employer.

Verification and Disbursements

Participants do need to submit verification with their requests for reimbursement. Non-covered medical services require a letter of medical necessity. Even though verification is not required, we recommend they keep receipts in case they are audited.

Participants can request a distribution online, through the mobile app, or via paper form (mail or fax).
Participants can receive a disbursement without a request on the participant portal or by using the Distribution Request Form (Form HS-6252) to withdraw funds from the HSA.
Funds can be withdrawn for ineligible expenses with penalty.

- If they do this prior to age 65, they will be taxed on the money and face IRS penalties.
- After age 65 penalty is waived.

Investing Funds

One of the great benefits of an HSA is that unused funds can be invested by the participant, and interest is earned tax-free.

Funds in an HSA earn interest in two different ways:	
Cash Account	Investment Account
Money sitting in the cash account earns interest while it is sitting in the cash account. The interest will be applied quarterly.	Funds in the investment account earn dividends, which work the same way as

Funds in an HSA earn interest in two different ways:	
	interest, except earnings on dividends fluctuate based on market performance.

Sweeps
Participants can easily move money from their cash account to their investment account by using sweeps. Here's how they work:

After a participant visits the investment portal and makes their investment selections, funds over the cash threshold (regardless of the threshold amount) remain in the cash account until they meet or exceed $100, at that time the entire amount over the cash threshold will automatically sweep to the investment account.

Compliance – Summary Plan Description (SPD) Required

Before an HSA can be established, the participant must pass the identity verification process and accept the Terms of Use.

Because HSA are employee-owned accounts, they always move with that person no matter where they work.

How does TASC differ from the competition?

- We offer **Top Rated** mutual funds
- Our cash account ($2,000 min. balance) offers the **highest** interest rate in the industry
- **NO** banking fees
- Participants do not have to submit receipts/substantiation
- Our stand-alone HSA is not tied to a health plan. So, if an employer changes health plans, the participant does not have to change HSAs.
- We offer EDI integration with HRIS/ Payroll partners for **NO** additional fee

Proposed Fees:

Number of Employees:	50	**Estimated Number of Participants:**	10
Plan Start Date:	any		

UBA Annual Membership Fee	**$500.00**

Includes:

- ☑ Access to TASC's expert administrative and customer service support
- ☑ Cloud-based secure online portal
- ☑ TASC Card
- ☑ Mobile app
- ☑ MyCash Account with Give Now*
- ☑ Picture to Pay / Pay the Provider
- ☑ TASC Wallet
- ☑ Audit Guarantee
- ☑ And more…

*Coming Soon

UBA Monthly Administration Fee *(per Participant, per Month)*	**$4.89**
Or Monthly Minimum Fee *(apply if greater than PPPM fee)*	**$75.00**

Level Selected ***(based on # of accounts)*****:**

☐ **Level 1** (one account) ☒ **Level 2** (two-four accounts) ☐ **Level 3** (unlimited accounts)

Free HSA Administration (Optional)	**$0.00**

Select to Add a Free HSA to Your Benefit Plan:

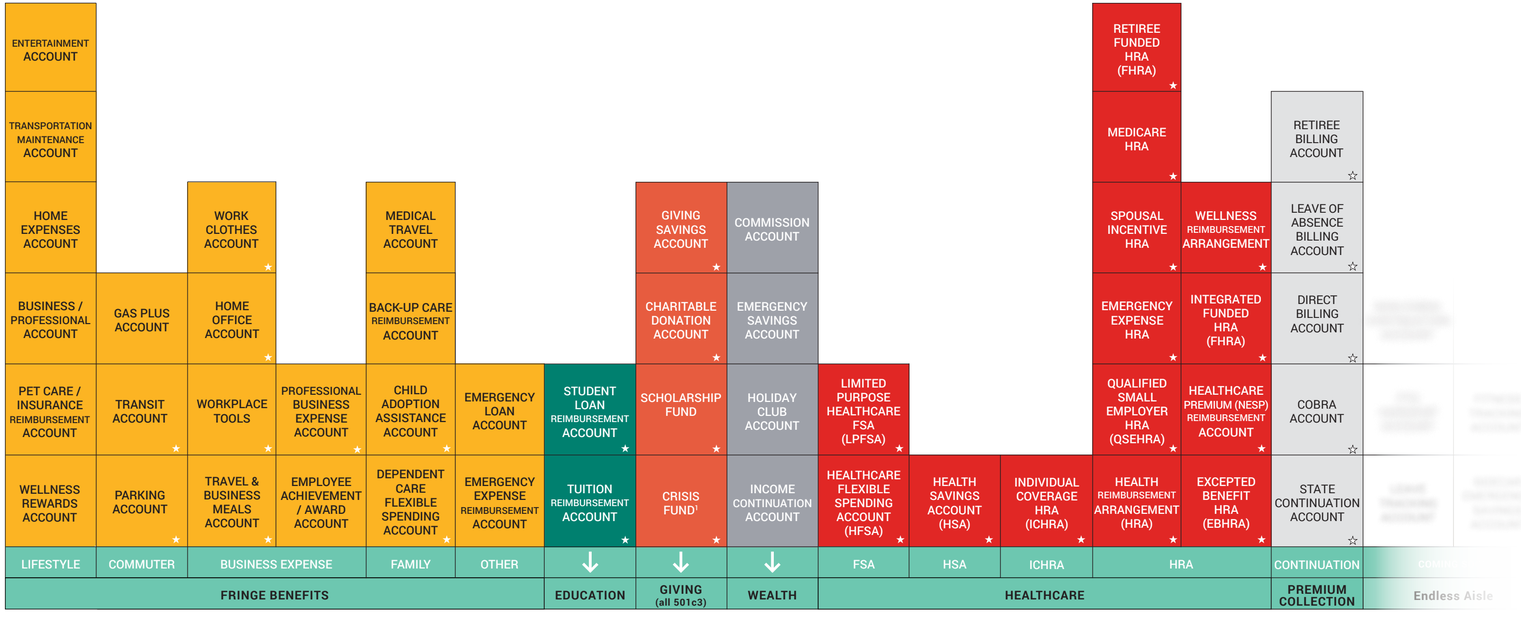
☐ **HSA Account**

GUARANTEES: The pricing presented in this proposal is guaranteed for 90 days.

Any and all information in this TASC proposal is confidential and can be used for the sole purpose of placing a client with TASC. Any disclosure of this information to any other third party is a breach of the TASC Agency Agreement(s) and will cause losses to TASC. TASC will immediately terminate any agreement with any person who discloses the information to an unauthorized third person and seek immediate reimbursement for any loss attributable to the disclosure.

TC-6131-032725

TASC



☆A tax-advantaged account.

[1]Account can be configured as a tax-advantaged or non tax-advantaged.

THINK BEYOND TRADITIONAL BENEFITS

ACCOUNTS THAT MAKE SENSE FOR YOU

Begin by setting yourself apart from the competition with fringe benefits, accounts that reimburse employees for expenses associated with raising a family, commuting and doing their job: dependent care, parking, transit, uniforms, tools and home office supplies. Fringe accounts help you stand out to job seekers who are considering your company.

Next, consider wellness, education and giving accounts—accounts that reward healthy living, higher education and a philanthropical heart. These accounts create a positive culture, showing you care about your employees and have their best interests in mind.

Add to traditional healthcare accounts your benefit package that help your employees dramatically save on everyday medical, dental and vision expenses. These are the basic benefits that employees have come to expect from top employers, and you'll need them to be competitive in attracting and retaining talented employees. We offer employee, retiree and employer funded accounts.

Top off your benefit package with premium collection accounts - combine the features and functionality you have come to expect from continuation services with our New MyTASC single sign-on platform.

ACCOUNTS THAT MAKE YOUR BUSINESS BETTER

MyTASC makes it easy to add or remove accounts as your organization grows and changes. This smart solution allows the employee to respond to and manage diverse needs of the workforce at any life stage and throughout all phases of the employment life cycle.

You can have as many accounts as you want. And all your information is stored in one single sign-on platform, eliminating redundancies and simplifying administration—saving you time and money.

We've even thrown in some extra features, absolutely free of charge. Your employees will benefit from a cash reimbursement account and investment account, for a comprehensive benefit package.

The table of accounts is made to expand as needed according to legislation, market changes and customer demands. It's an endless aisle of benefits—whatever you can imagine!

With our MyTASC platform, we help you improve the health, wealth and well-being of your employees and the people they care about most.

BENEFITS SHOULD FEEL LIKE BENEFITS

TASC's **MyTASC Platform** offers dozens of integrated accounts which can be combined to build a powerful benefit program that fits the unique needs of your employees and organization.

All the accounts work together on **one website, one mobile app, one card and one customer care call center,** creating seamless account management across all channels.



The TASC Card is issued by Pathward®, N.A., Member FDIC, pursuant to license by Mastercard® International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.

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TC-6224-062525

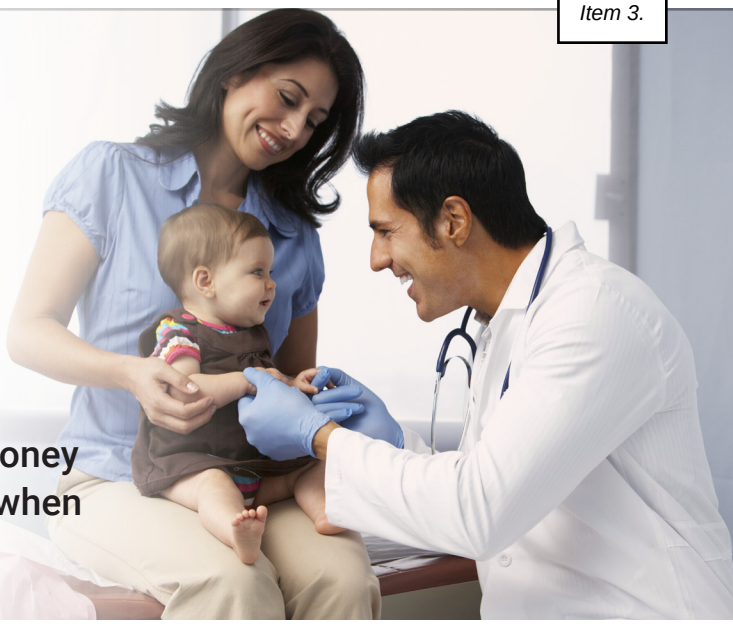


TASC TABLE OF ACCOUNTS

TASC®

TASC®

Save money with FSA pretax benefit accounts.



A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:

HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions, vaccinations, and OTC
- Eye exams; prescription glasses/lenses

DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school
- Elder care

TIPS

- Determine your elections based on your estimated out-of-pocket expenses for the year
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at **irs.gov**

Increase your take-home pay by reducing your taxable income.

Each $1 you contribute to your FSA reduces your taxable income by $1.

With less tax taken, your take-home pay increases!

Consider this example: *(for illustration only)*



Richard has:

- Gross monthly pay of $3,500
- $600 per month in eligible expenses

Here is his net monthly take-home pay:	
Without FSA ($600 spent using post-tax dollars)	**With FSA** ($600 spent using pretax dollars)
$1,932	**$2,098**

That's a net increase in take-home pay of **$166 every month!**

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at **www.tasconline.com/tasc-calculators**.

How to participate.

It's easy to start saving with an FSA. Just follow 3 simple steps:

1. DECIDE how much you want to contribute.

Check with your employer for plan specifics and review at the IRS limits at **www.tasconline.com/benefits-limits**.

The more you contribute, the lower your taxable income will be.

However, it's important to be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. *(A grace period or carryover option may be in place for your plan. Check with your employer for plan guidelines and allowances.)*



PLANNING TIPS

START by making a conservative estimate of how much you expect to spend on eligible out-of-pocket expenses for the year.

COMPARE your estimate to the IRS limits. If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

2. ENROLL by completing the enrollment process.

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a **Healthcare FSA** will be available to you immediately at the start of the plan year. Alternatively, your **Dependent Care FSA** funds are only available as payroll contributions are made.

SPECIAL FEATURES

MyCash Account: Included on your TASC Card for faster reimbursement deposits and non-benefit purchases.

TASC Mobile App: Track and manage all benefits and access numerous helpful tools, anywhere and anytime! *Search for "TASC" (green icon).*

3. ACCESS your funds easily using the TASC Card.

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, for purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast—within 12 hours—when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!



This Mastercard is administered by TASC, a registered agent of Pathward. Use of this card is authorized as set forth in your Cardholder Agreement. The card is issued by Pathward, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.
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GET IT ON Google Play

Questions? Ask your employer or contact your Plan Administrator:
Total Administration Services Corporation • www.tasconline.com • 1-800-422-4661

MOBILE EXPERIENCE



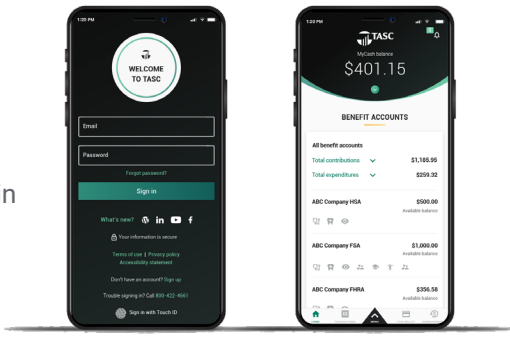
Track and manage all TASC benefits and access helpful tools, anywhere and anytime—with just one app!

The TASC Mobile App includes special features that make it easy to keep TASC accounts safe and secure. We've made it even faster and easier to manage benefits on the go.

TASC Card Lock. Misplace a TASC Card? No worries. With a swipe of a finger, participants can lock access until they've located the card, then swipe it back on when found.

Fingerprint (Touch ID) and Facial Recognition. These capabilities protect participant account information without the hassle of remembering another password.

Picture to Pay. Take a picture of an eligible benefit expense then submit it via mobile app. There are no forms to fill out and no need to sign in to a website. Just and submit and we'll take care of the rest.



Expense Eligibility Check. Not sure an item is eligible for reimbursement? Find out in on the app. It's the quickest way to make sure benefits are being spent correctly.

Mobile Alerts[1]. Participants are notified when we've received a request and when been paid, making it easy to stay on top of account activity and available funds.

Seamless Account Management. Our website, mobile app, and customer care call center make it easy for participants to manage their account and get the support they need, anytime and anywhere! Plus, account information is connected across all platforms, which means participants don't have to re-enter data or restart a process between devices.

Search for "TASC" (green icon)

TASC Wallet. These user-friendly features make benefits management simple and fast:

- **Card Management.** Stores image of TASC Card; lets participants lock a card, report lost/stolen cards, or request more cards.
- **Card Holder.** Stores digital images of other important cards (insurance cards, rewards cards—even a gym membership card).
- **Receipt Repository.** Keeps benefits-related receipts in one convenient place.

The TASC Mobile App. Just one more way we're making benefits smart, easy, and connected.

[1]Standard message and data rates may apply.

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