2024 CAFETERIA PLAN

Updated effective 1/1/2024

RAMSEY COUNTY CAFETERIA PLAN

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ARTICLE I
DESCRIPTION AND PURPOSE

1.1. Plan Name and Purpose

(A) The Plan name is the "Ramsey County Cafeteria Plan."

(B) The Plan is described in this document and the applicable Qualified Benefit Summary Plan Descriptions, as amended from time to time (collectively referred to as the Plan Document").

(C) The Plan is intended to qualify as a "cafeteria plan" under section 125 of the Internal Revenue Code (Code) and related regulations.

(D) The purpose of the Plan is to comply with the requirements of the Code and related regulations for a separate written plan that is maintained for the benefit of employees and that is operated in compliance with the requirements of section 125 of the Code and the regulations, under which an Eligible Employee may choose between a Permitted Taxable Benefit and a Qualified Benefit.

ARTICLE II
DEFINITIONS AND INTERPRETATIONS

Unless the context otherwise indicates, the terms defined in this document, when used in the applicable Qualified Benefit Summary Plan Description, shall have the meaning given below. To the extent there are any discrepancies between the definitions in the Plan Document and the Code and related regulations, the provisions of the Code and related regulations shall prevail.

2.1. Account

A bookkeeping account to which Employer contributions from the Participant's compensation are credited. A separate Account is established for each Qualified Benefit elected by the Participant. The applicable Account is debited as Qualified Benefits are used.

2.2. Administrator/Plan Administrator

The person or entity performing the administrative activities of the Plan. To the extent the Plan Administrator has delegated administrative activities to the Claims Administrator, the terms "Administrator" or "Plan Administrator" may mean Claims Administrator.

2.3. Allowed Carryover Amount

The allowed carryover amount to the immediately following plan year unused health care reimbursement funds, if any.

2.4. Annual Contribution Election

The amount elected by a Participant to be allocated to an Account for an entire Plan Year (or the Participant's Period of Coverage, if less than the Plan Year).

2.5. Claims Administrator

The person or entity performing claims administration and other administrative activities on behalf of the Plan. The Claims Administrator is named in the applicable Qualified Benefit Summary Plan Description.

2.6. Claims Submission Period

The period, including any run out period, stated in the applicable Qualified Benefit Summary Plan Description within which a claim must be submitted to the Claims Administrator to be eligible for reimbursement.

2.7. COBRA (Consolidated Omnibus Budget Reconciliation Act of 1987)

Continuation of Benefits provisions as defined in the federal Public Health Services Act, as amended from time to time.

2.8. Code or Internal Revenue Code

The federal Internal Revenue Code and applicable regulations, as amended from time to time.

2.9. Compensation

The amount that, if the Participant did not participate in the Plan, would be reportable by the Employer as the Participant's wages for such period for federal income tax purposes, excluding non-cash benefits and any items not payable on a regular payroll date basis.

2.10. Dependent

(A) Generally, a person who qualifies as a "dependent' of the Participant under the relevant provision of the Code. The requirements that must be met for a person to qualify as the Participant's Dependent differ depending on the type of benefit.

(B) For the Pre-Tax Premium Program and the Health Care Reimbursement Program, the term means a "dependent" within the meaning of sections 105, 106, and 152 of the Code.

(C) For the Dependent Care Reimbursement Program, the term means a Qualifying Individual. The term "Qualifying Individual" will be defined and construed in accordance with sections 21 and 129 of the Code.

2.11. Dependent Care Expense

An expense a Participant incurs for dependent care, as defined by the Code, provided to a Qualifying Individual that meets all of the requirements necessary to be eligible for

reimbursement under the Plan and the applicable Qualified Benefit Summary Plan Description.

2.12 Dependent Care Reimbursement Account

The Account from which a Participant's Dependent Care Expenses are reimbursed.

2.13 Dependent Care Reimbursement Program/DCRP

The Employer's Dependent Care Reimbursement Program, as set forth in the Plan Document.

2.14. Election Change Event

An event that permits an Eligible Employee to make a Qualifying Election Change as outlined in the Plan Document.

2.15 Eligible Employee

An Employee who meets the eligibility and service requirements stated in the applicable Qualified Benefit Summary Plan Description.

2.16 Eligible Expense

An expense that meets all of the requirements to be eligible for reimbursement under the Plan.

2.17 Employee

Any person (including an elected official) employed by the Employer, and classified as an employee under the Employer's employment and payroll practices.

2.18 Employer

The Employer is Ramsey County.

2.19 Employer-Sponsored Health Insurance Coverage

Coverage an Employee has elected under an Employer-sponsored health plan, including medical, dental and vision insurance, excluding the Health Care Reimbursement Account.

2.20. FMLA Leave

A leave of absence taken by a Participant pursuant to the Family and Medical Leave Act of 1993, as amended from time to time.

2.21. Health Care Reimbursement Account

The Account from which a Participant's Medical Care Expenses are reimbursed.

2.22. Health Care Reimbursement Program/HCRP

The Employer's Health Care Reimbursement Program, as set forth in the Plan Document.

2.23. HIPAA

The Health Insurance Portability and Accountability Act of 1996, as amended from time to time.

2.24. Limited Purpose Flexible Spending Account

The Account from which dental and/or vision expenses are reimbursed.

2.25. Medical Care Expense

An expense a Participant incurs for medical care, including dental care, within the meaning of section 213(d) of the Code for the Participant, his or her spouse, or a Dependent that meets all of the requirements necessary to be eligible for reimbursement under the Plan Document.

2.26. Open Enrollment or Open Enrollment Period

The period preceding each Plan Year, as designated by the Plan Administrator, during which Eligible Employees may make elections for Plan benefits to be effective for such Plan Year.

2.27. Participant

An Eligible Employee who has enrolled in the Plan in the manner required by the Plan Administrator.

2.28. Period of Coverage

The period during a Plan Year in which a Participant is participating in a Qualified Benefit Program. When participation ends, the Participant's Period of Coverage will also end unless the Participant continues coverage as provided in the applicable Qualified Benefit Summary Plan Description.

2.29. Plan

The Employer's Cafeteria Plan, as amended from time to time.

2.30. Plan Year

A calendar year.

2.31. Premium

The amount that, without regard to the Plan Document, is required to be paid by a Participant for Employer-Sponsored Health Insurance Coverage elected by the Participant.

2.32. Pre-Tax Premium Account

The Account from which a Participant's Premiums for Employer-Sponsored Health Insurance Coverage are charged.

2.33. Pre-Tax Premium Program/PTPP

The Pre-Tax Premium Program as set forth in the Plan Document.

2.34. Qualified Benefit Program

The Pre-Tax Premium Program, the Health Care Reimbursement Program, and the Dependent Care Reimbursement Program as described in the Plan Document.

2.35. Qualified Benefits

The only Qualified Benefits as defined in the Code available under the Plan are:

(A) Pre-Tax Premium Program/PTPP. The Pre-Tax Premium Program permits Eligible Employees to elect to pay on a pretax basis the Premiums for Employer-Sponsored Health Insurance elected by the Eligible Employee that qualify as non-taxable under section 106 of the Code. The terms and conditions of the Employer-Sponsored Health Insurance Coverage, including eligibility, are as provided in the plans or policies for the Employer-Sponsored Health Insurance Coverage and are not governed by the Plan.

(B) Health Care Reimbursement Program/HCRP. The Health Care Reimbursement Program is intended to permit Eligible Employees to elect to be reimbursed on a pretax basis for Medical Care Expenses as defined in section 213(d) of the Code and paid by the Participant that qualify as non-taxable under section 105 (b) of the Code. Employees participating in the High Deductible Health Plan with Health Savings Account can only participate in a Limited Purpose Flex Spending Account.

(C) Dependent Care Reimbursement Program/DCRP. The Dependent Care Reimbursement Program is intended to qualify as a dependent care assistance plan under section 129 of the Code and the Dependent Care Expenses reimbursed from the Dependent Care Reimbursement Account are intended to be excludable from a Participant's income under section 129 of the Code.

2.36. Qualified Benefit Summary Plan Description

A summary document for a Qualified Benefit Program included in the Plan Document.

2.37. Qualifying Election Change

An election change permitted to be made by an Eligible Employee consistent with the provisions of the Plan Document.

2.38. Service Requirement

The period an Eligible Employee must be employed before he or she is permitted to enroll in and participate in the Plan as stated in the applicable Qualified Benefit Summary Plan Description.

2.39. USERRA

The Uniformed Services Employment and Reemployment Rights Act of 1994, as amended from time to time.

ARTICLE III
PARTICIPATION

3.1. Eligibility to Participate

All Eligible Employees may participate in the Plan.

3.2. Terms and Conditions of Participation

The terms and conditions of participation, including commencement, termination, and continuation of participation, for a Qualified Benefit are as provided in the applicable Qualified Benefit Summary Plan Description.

ARTICLE IV
PLAN BENEFITS AND FUNDING

4.1. Plan Benefits

The Plan provides the Qualified Benefits listed in section 2.33. Terms and conditions applicable to each Qualified Benefit are described in the applicable Qualified Benefit Summary Plan Description.

4.2. Funding of Plan Benefits

Annual Contribution Elections will be funded proportionately through Participant payroll period deductions throughout the plan year. Any remaining Compensation will be paid to the Participant in cash, subject to such other charges as may be imposed on such Compensation.

4.3. Participant's Account

(A) An "Account," with respect to a Participant, is the bookkeeping reserve account or subaccount, as the context may require, used to track allocation and payment of Plan benefits.

(B) The Administrator will establish and maintain an Account in the name of each Participant.

(C) The Administrator will establish and maintain under each Participant's Account a

subaccount for each Qualified Benefit elected by the Participant.

(D) Each Participant's Account will be credited, debited, paid, or charged in accordance with the remaining provisions of this Article.

4.4. Allocation to Accounts

Allocations to the Participant's Account will be made proportionately on a payroll period basis throughout the Plan Year (or the Participant's Period of Coverage, if less than the Plan Year) except as otherwise contractually agreed to by the County and Plan Administrator.

4.5. Payments from Accounts

(A) Participant Accounts will be debited the amount of each Plan payment as of the date payments are made.

(B) Participant Pre-Tax Premium amounts will be paid to the Health, Dental and Vision insurers, monthly or as otherwise required by contract proportionately through Participant payroll period deductions throughout the plan year.

(C) Reimbursements to Participants for the cost of Eligible Expenses from a Health Care Reimbursement Account or Dependent Care Reimbursement Account will be made upon submission of a proper claim for reimbursement pursuant to the procedure described in the applicable Summary Plan Description. The Administrator may prescribe the minimum reimbursement amount that will be paid and the frequency and timing of reimbursement payments.

(D) The full Annual Contribution Election to the Participant's Health Care Reimbursement Account for the Plan Year will be available to the Participant from the first effective day in the Plan Year.

(E) The amount contributed to a Participant's Dependent Care Reimbursement Account at the time a claim is paid, reduced by amounts previously paid from such account for the Plan Year, will be available to the Participant for reimbursement.

(F) If the Participant's Premium payable for the Participant's Employer-Sponsored Health Insurance Coverage changes during the Plan Year while enrolled in the Pre-Tax Premium Account Program, subsequent payments through the Participant's Pre-Tax Premium Account will be changed accordingly.

(G) Amounts allocated to one Account cannot be used to provide benefits through another Account.

4.6. Cash

(A) The excess, if any, of the Participant's Compensation over the amount of payroll contributions allocated to the Participant's Accounts on any payroll date will be paid to the Participant in cash.

(B) To the extent that an amount paid from the Participant's Dependent Care Reimbursement Account is includable in the Participant's gross income for federal income tax purposes, because it exceeds the earned income limitation of Code section 129(b), if the Participant fails to comply with the reporting requirements of Code section 129(e)(9) or otherwise, such amount will be treated as a cash distribution to the Participant.

(C) To the extent an amount paid from an Account is not permitted by the Code or regulations to be paid on a pre-tax basis, it will be treated as a cash distribution to the Participant.

4.7. Carryover

The allowed Carryover amount for the Health Care Reimbursement Program will be communicated in the Summary Plan Description annually by the Administrator.

4.8. Forfeiture of Balance in Accounts

(A) Upon the expiration of the Claims Submission Period, the balance of each Participant's Account in excess of the Allowed Carryover Amount, if any as of the end of the last day of each Plan Year's Runout Period will be reduced to zero. Any unused balance in a Participant's account as of termination of employment is forfeited.

(B) Forfeited amounts will be used by the Plan Administrator, in its discretion, to pay the cost of benefits under the Plan, for administrative costs of the Plan, or to provide additional benefits to Participants.

4.9. Distribution of Benefits Upon Termination of Plan or Employer Participation

If the Employer terminates the Plan, each affected Participant's Account balance as of the date of such termination will continue to be administered in the manner provided in the preceding provisions of this article, but no allocations will be made to the Participant's Accounts following the date of such termination.

ARTICLE V
ELECTIONS

5.1. Benefit Elections

(A) Each Eligible Employee will make Plan benefit elections in the manner prescribed by the Administrator in the applicable Qualified Benefit Summary Plan Description.

(B) The Administrator may impose conditions and limitations on the benefit elections, including the minimum and maximum election amounts, subject to any limitations imposed by law.

(C) An Eligible Employee may not participate in the Pre-Tax Premium Program unless the Eligible Employee is covered under the Employer-Sponsored Health Insurance.

(D) Benefit elections will be made prospectively.

5.2. Limitations on Maximum Annual Contributions Imposed by Law

(A) Dependent Care Reimbursement Account. The maximum Annual Contribution Election for the Dependent Care Reimbursement Account will be specified in the applicable Qualified Benefit Summary Plan Description; however, it cannot be greater than the amount allowed by the then applicable Code provision.

(B) Health Care Reimbursement Account and Limited Purpose Reimbursement Account. The maximum Annual Contribution Election will be specified in the applicable Qualified Benefit Summary Plan Description; however, it cannot be greater than the amount allowed by the then applicable Code provision.

(C) The Plan Administrator can reduce an election that exceeds the maximum Annual Contribution Election to the maximum Annual Contribution Election.

5.3. Time of Election

(A) For the Health Care Reimbursement Account, Limited Purpose Reimbursement Account and the Dependent Care Reimbursement Account, an Eligible Employee's election with respect to a Plan Year will be made during the Open Enrollment Period or, with respect to a newly-eligible Employee, during the time period provided in the applicable Qualified Benefit Summary Plan Description for such Plan Year, and will remain in effect for the entire Plan Year unless a Qualifying Election Change is made.

(B) For the Pre-Tax Premium Program, the election made at the time of initial participation will remain in effect unless subsequently changed during the Open Enrollment Period or due to an Election Change Event.

5.4. Deemed Election

Unless during Open Enrollment an Eligible Employee specifically elects not to continue to participate in the Pre-Tax Premium Program, the Eligible Employee is deemed to have elected to re-enroll during the next Plan Year.

5.5. Deemed Non-Election

(A) An Eligible Employee who fails to make an election for the Health Care Reimbursement Account, Limited Purpose Reimbursement Account or the Dependent Care Reimbursement Account during Open Enrollment or, with respect to a newly eligible Employee, during the time period provided in the applicable Qualified Benefit Summary Plan Description, will be deemed to have elected no allocation to such Accounts for the Plan Year.

(B) An Eligible Employee who experiences an Election Change Event but does not make a new election within the period provided in the Plan Document will continue the elections he or she had in effect prior to the Election Change Event.

5.6. Restrictions on Election Changes

(A) An Annual Contribution Election is irrevocable during the Plan Year, subject to an Eligible Employee's right to make a Qualifying Election Change.

(B) An Eligible Employee may make a Qualifying Election Change to a Pre-Tax Premium Account, a Health Care Reimbursement Account, a Limited Purpose Reimbursement Account or Dependent Care Reimbursement Account in the manner prescribed by the Plan Administrator and Claims Administrator and in accordance with the following rules:

(1) An election will not be a Qualifying Election Change if the amount elected is less than the amount of reimbursements claimed from such Account for the Plan Year prior to the election.

(2) The adjustment to the Eligible Employee's Annual Election Contribution will not occur until the first payroll period after the Administrator receives, approves, and processes the Qualifying Election Change.

(3) An election must be for prospective coverage only, except that in the case of an election change made to Employer-Sponsored Health Insurance Coverage as a result of a HIPAA special enrollment as a result of the birth, adoption, or placement for adoption of a child, the period of retroactive Employer-Sponsored Health Insurance Coverage or other health insurance coverage required by HIPAA can be paid on a pre-tax basis.

(4) A request for an election change must be made within 31 days of the Election Change Event, unless otherwise required by law.

(5) An election change must be due to and consistent with a Qualifying Election Change Event.

(C) Election Change Events include changes in status events, changes in cost or coverage events, and additional election change events permitted in the Code or other federal laws, as described in the Plan Document.

(D) The Plan Administrator shall have the discretion to allow an election change to the extent such change is the result of an event informally recognized by the IRS as providing an exception to the general rules that elections are irrevocable (e.g., correction of mistakes based on clear and convincing evidence).

(E) A Participant may change his or her election for the Pre-Tax Premium Account, Health Care Reimbursement Account, or Dependent Care Reimbursement Account when going on or returning from a leave of absence that is subject to USERRA in a manner that is consistent with USERRA requirements and the Plan Document.

(F) Upon approval by the Plan Administrator, an Eligible Employee may change the election made during the Open Enrollment Period if such change is made prior to the first day of the Plan Year.

(G) If the Employer determines that a person is no longer a Dependent for purposes of the Employer-Sponsored Health Insurance Coverage of a Participant, a corresponding change to the Participant's election under the Pre-Tax Premium Program will be made by the Employer.

ARTICLE VI
ADMINISTRATION OF PLAN

6.1. Administrator

The general administration of the Plan and the duty to carry out its provisions will be vested in the Employer. The Ramsey County Human Resources Department will perform such administrative duties on behalf of the Employer. The Ramsey County Human Resources Department may delegate the administrative duties to a third party.

6.2. Administrator's Discretion

(A) The Administrator has the sole, exclusive, absolute and complete discretionary power and authority with respect to administration of the Plan including, but not limited to, the discretionary power and authority to:

(1) make all determinations (except those determinations which the Plan requires others to make) and take all actions that the Administrator deems advisable for administration of the Plan, including entering into any contracts and administrative agreements.

(2) construe, interpret, apply and enforce the Plan Document and take or direct any course of action that the Administrator deems advisable to carry out the Plan's intent and purpose as determined by the Administrator.

(3) decide all questions that arise that relate to the Plan and make all factual determinations.

(4) determine whether an individual is entitled to benefits and decide the type, amount, manner of allocation and distribution of all benefits determined by the Administrator to be due and payable under the Plan.

(5) remedy all defects, ambiguities, inconsistencies, omissions, and mathematical or arithmetical errors, including erroneous account balances.

(6) make or require rules, regulations, policies, and procedures that the Administrator deems advisable for the administration of the Plan and to change or modify any such rules, regulations, policies or procedures at any time; and

(7) make modifications to the Qualified Benefits Summary Plan Descriptions not inconsistent with the provisions of this document.

(B) Benefits under the Plan will only be paid if the Administrator decides in its

discretion that an applicant is entitled to them.

6.3. Professional Assistance

The Administrator may retain such accounting, legal, clerical and other services as may reasonably be required in the administration of the Plan and may pay reasonable compensation for such services.

6.4. Reports to Participants

Within a reasonable time after the end of each Plan Year and at such other times as the Administrator deems necessary or desirable, the Administrator will provide a report to each Participant of the status of his or her Account.

6.5. Claims and Appeal Procedure

The Claims and Appeal procedure is described in the applicable Qualified Benefit Summary Plan Description.

6.6. Fiscal Records

The fiscal records of the Plan are maintained on a Plan Year basis.

6.7 Mistakes and Errors

It is recognized that in the administration of the Plan, certain administrative or accounting errors may be made or situations arise by reason of factual errors in information supplied to the Employer or Plan Administrator. The Employer and/or Plan Administrator shall have the power to take such equitable steps as may be necessary to correct the mathematical, accounting, or factual errors as they, in their sole discretion, determine to be appropriate.

6.8 Limitation on Liability

The Employer does not guarantee benefits payable under any insurance policy or other similar contract described or referred to herein, and any benefit thereunder shall be the exclusive responsibility of the Insurer or other entity that is required to provide such benefits under such policy or contract.

ARTICLE VII
MISCELLANEOUS

7.1. Governing Law

Except to the extent that state law has been preempted by the Code or any other laws of the United States, as amended from time to time, the Plan will be administered, construed and enforced according to the laws of the State of Minnesota.

7.2. Number and Gender

Wherever appropriate, the singular number may be read as the plural and the plural may be read as the singular and the feminine gender may be read as the masculine gender and the masculine gender may be read as the feminine gender.

7.3. No Employment Rights

Nothing contained in this Plan shall be construed as a contract of initial or continued employment between any Employee and the Employer, as a limitation of the right of the Employer to discharge any Employee with or without cause, or as an assurance of any benefit not expressly set forth in the Plan.

7.4. Severability

If any provision of this Plan is held to be illegal or invalid for any reason, that illegality or invalidity will not affect the remaining parts of the Plan. In such case, the Plan will be construed and enforced as if the illegal or invalid provision were not included in the Plan.

7.5. Withholding

Notwithstanding any contrary provision of the Plan, the Employer may withhold from any payment charged against a Participant's Account such amounts as may be required under sections 3102 and 3402 of the Code or under a similar law of any state, but will not be liable for any loss or damage incurred by a Participant on account of the Employer's failure to do so.

7.6. Non-Assignability of Benefits

No benefit under the Plan will be subject in any manner to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance or charge, and any attempt to so anticipate, alienate, sell, transfer, assign, pledge, encumber or charge the same will be void, and no such benefit will in any manner be liable for or subject to the debts, contracts, liabilities, engagements or torts of the person entitled to such benefit.

7.7. Disabled Participants

If the Administrator determines that any person entitled to receive any payment under the Plan is physically, mentally or legally incapable of receiving or acknowledging receipt of such payment, and no legal representative has been appointed for such person, the Administrator, in its discretion, may (but will not be required to) cause any sum otherwise payable to such person to be paid to such one or more as may be chosen by the Administrator from the following: the institution maintaining the person or the person's spouse, children, parents or other relatives by blood or marriage. Any payment so made will be a complete discharge of all liability under the Plan with respect to such payment.

7.8. Death of Participant

After the death of a Participant, benefits that would have been payable from the Participant's

Account had the Participant survived will be paid to the Participant's spouse or dependents. If no spouse or dependent is eligible to receive such payment, such payment will be made to the personal representative of the Participant's estate or to such other person whom the Administrator, in its sole discretion, determines to be legally entitled to such payment. Any payment so made will be a complete discharge of all liability under the Plan with respect to any such payment.

7.9. Satisfaction of Claims

Any payment to or for the benefit of any Participant, legal representative or person chosen by the Administrator in accordance with the provisions of the Plan will, to the extent of such payment, be in full satisfaction of all claims against the Administrator and the Employer, either of which may require the payee to execute a receipted release as a condition precedent to such payment.

7.10. Participant Tax Consequences

(A) Neither the Plan Administrator, the Claims Administrator, nor the Employer makes any commitment, guarantee, warranty or other representation regarding a Participant's ability to exclude the benefits paid under this Plan from his or her gross income for federal, state or local income tax purposes.

(B) If any benefits paid under the Plan are determined to be includable in income, the Participant has no recourse against the Employer or Administrator and the Employer and the Administrator accept no liability for any damages or losses, including penalties, suffered by the Participant.

(C) It shall be the obligation of each Participant to determine whether each payment or other benefit under the Plan is excludable from the Participant's gross income for federal, state and local income tax purposes. Any Participant, by accepting the benefit under the Plan, agrees to be liable for any tax that may be imposed with respect to those benefits, plus interest and penalties.

ARTICLE VIII
AMENDMENT AND TERMINATION

8.1. Amendment Procedure

Ramsey County reserves the right to amend the Plan at any time, to any extent that it may deem advisable, and without prior notice. Each amendment will be stated in a written instrument. The Plan will be deemed to have been amended as set forth in the instrument and all Participants will be bound by the amendment; provided, however, that no amendment will have any retroactive effect so as to deprive any Participant of any benefit already accrued by means of the occurrence of an event entitling the Participant to a payment under the Plan.

8.2. Termination Procedure

Ramsey County reserves the right to terminate the Plan at any time and without prior notice. Termination will occur by written instrument.

REVISION HISTORY

Effective	Brief description of change	Request for Board Action
1/1/2024	Plan amended to provide pre-tax options for new Vision premiums and Health Spending Account contributions. Establish a Limited Flex Spending Account option for employees who elect the High Deductible Health Plan with a Health Savings Account. Clarify that the allowed carryover amount for Health Care Flexible Spending Accounts will be communicated annually in the Summary Plan Description by the Cafeteria Plan Administrator (Human Resources).	2023-473
1/1/2018	Plan amended to provide carryover of unused health care reimbursement account deductions	2017-271
8/17/2010	Plan amended to add pre-tax options for Health Care Reimbursement Accounts.	2010-279
1/1/1985	Plan established providing pre-tax benefit options	84-853