## Summary Plan Description

Lake Forest College Flexible Spending Account Plan



| Health Care Spending Account ("HCS                    | A")<br><i>Health Care Sper</i> | nding Account  |
|---|--------------------------------|----------------|
| Dependent Care Spending Account (" [ Spending Account | DCSA")                         | Dependent Care |

Contributions

Changing Your Contribution Amounts.

| www.myuhc.com |
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## LAKE FOREST COLLEGE F

| Please note |  |  |
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Note:

LAKE FOREST COLLEGE FLEXIBLE SPENDING ACCOUNT

www.myuhc.com

Automatic Reimbursement (Auto-Rollover)

Automatic Reimbursement (Auto-Rollover)

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| Review of an Ap | peai |
|-----------------|------|
|                 |      |
|                 |      |

Filing a Second Appeal

Note

| Claim Denial and Appeals |         |
|--------------------------|---------|
| Type of Claim or Appeal  | Timing  |
|                          | 30 days |
|                          | 45 days |
|                          |         |
|                          | 30 days |
|                          | 30 days |

LAKE FOREST COLLEGE FLEXIBLE SPENDING ACCOUNT

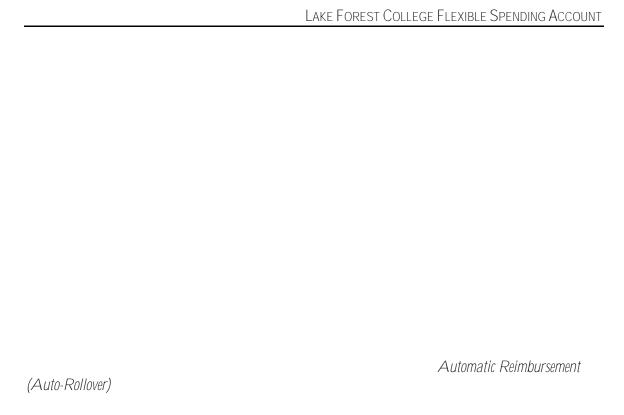
www.myuhc.com

www.irs.gov

Eligible Vision Expenses

Eligible Dental Expenses

Ineligible Expenses



If Your Claim is Denied

How to Appeal a Denied Claim

## Note

|                         | Claim Denial and Appeals |         |
|-------------------------|--------------------------|---------|
| Type of Claim or Appeal |                          | Timing  |
|                         |                          | 30 days |