

Madison-Oneida BOCES

**FLEXIBLE
SPENDING
PLAN**

Summary Plan Description

Effective: 10/1/2017

**MADISON - ONEIDA BOCES
FLEXIBLE SPENDING PLAN**

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MADISON - ONEIDA BOCES FLEXIBLE SPENDING PLAN

INTRODUCTION

The Madison-Oneida BOCES Flexible Spending Plan offers an *innovative and exciting way* for you to *reduce your taxes*. The Health Expenses Account and the Dependent Care Account, also called Spending Accounts, allow you the flexibility to pay the health and dependent care expenses you incur with pre-tax dollars. You pay for the benefits that you and your family need while increasing the amount of your spendable income.

This program allows you to fund for these types of expenses through the convenience of payroll deduction. The tax-free amounts you withhold will be deposited into your own account. Tax-free means that *you will not pay federal, state income or Social Security taxes on the amount that you direct into your flex account(s)*. You will *never* pay taxes on the money you place in the Spending Accounts.

Currently, you probably pay for health plan deductibles, co-payments or expenses not covered by your health insurance with after-tax dollars. Consequently, you receive no tax deduction or tax break for those expenses. You will receive a tax break for those expenses by using the Health Expenses Account. This means you will have *more money to take home every payday*. You can participate in the Spending Accounts even if you do not enroll in the health plans offered by Madison-Oneida BOCES.

The Spending Accounts work much like a personal checking account. You accrue money for health and dependent care expenses through the convenience of payroll deduction. You receive direct reimbursement from your account *tax-free!*

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POINTS TO REMEMBER

You should remember the following when considering the Spending Accounts:

- You make an election each year to participate in the plan during the Election Period designated by the Administrator, and decide how much you want to place in your account through payroll deduction;
- The contribution you elect to make each payday *cannot* be changed until the following year *unless you have a change in family status*. (Refer to the rules in the “CHANGE IN FAMILY STATUS” section.);
- The Health Expenses Account is for medical, dental, vision, and other qualifying expenses for you, your spouse and your dependents;
- The Dependent Care Account is for daycare (i.e. babysitting) and other qualifying dependent care expenses that are incurred so that you and/or your spouse can work or attend school. This account is not for health related expenses;
- The Internal Revenue Service requires that unspent dollars at the end of the plan year, with the exception of a \$500 carryover allowance, be forfeited. For this reason, it is important that you carefully estimate your expenses for these items and only include **PREDICTABLE** expenses in your estimate.
- *PLEASE PLAN CAREFULLY.*

The following will further describe how the Flexible Spending Plan will work for you.

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ELIGIBILITY

The plan is available to teachers, teacher aides, teacher assistants, CSEA, and non-negotiating employees as follows:

You will be eligible to participate in the Health Insurance Premium Account when you become eligible for medical, dental and vision coverage.

You will become eligible to participate in the Health Expenses and Dependent Care Accounts provided you have worked as a salaried employee or hourly employee for at least six months prior to the annual effective date of October 1st.

Eligible hourly employees must work a regularly scheduled workweek of at least twenty-five hours during the time period September through June.

HEALTH INSURANCE PREMIUM ACCOUNT

The Madison-Oneida BOCES Flexible Spending Plan will allow you to pay for your portion of health insurance premiums with pre-tax and pre-FICA dollars.

You will have the option to participate in the Health Insurance Premium Account if you participate in one of Madison-Oneida BOCES' health plans. The Health Insurance Premium Account will allow you to receive an immediate tax break for your portion of your health insurance premiums.

Participation in this program does not affect your coverage or amount you pay. This part of the Plan allows you to reduce your taxable salary by the premiums you pay and reduce your taxes withheld.

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HEALTH EXPENSES ACCOUNT

IRS rules require a Health Expense Account to reimburse employees for health expenses up to the amount of the total annual contribution, plus any carryover amounts from the previous year,

You will be able to estimate how much to contribute to your Health Expenses Account by reviewing your past health care expenses and estimating the expenses you will incur in the next year. Submit a claim to the Spending Account Administrator when you incur an expense which is not covered by your insurance and receive tax-free reimbursement from your Health Expenses Account.

The following expenses are the types of expenses that you can fund and pay for through your Health Expenses Account - up to \$2,500 per plan year:

- *Health plan deductibles, co-payments and coinsurance;*
- *Prescription co-payments;*
- *Over-the-counter medications prescribed by a doctor;*
- *Uninsured medical and dental care; and*
- *Vision care, eye exams, glasses, contact lenses, and associated supplies and equipment.*

No insurance program can cover 100% of everyone's costs. However, the Health Expenses Account provides a significant tax break on those expenses not covered by your insurance that you fund through this plan.

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HEALTH EXPENSES ACCOUNT WORKSHEET

The following worksheet will help you budget for your expenses that are eligible to be paid through your Health Expenses Account.

	Estimated Annual Cost
1) MEDICAL / DENTAL / VISION	
(not covered or partially covered by insurance)	
Physical Examinations	\$ _____
Dental / Orthodontia (exams, fillings, braces)	\$ _____
Well-baby care (exams, newborn)	\$ _____
Eye examinations, eye glasses, contact lenses and supplies	\$ _____
Psychiatric examinations	\$ _____
Chiropractic examinations	\$ _____
Prescription drugs (including blood pressure medication & insulin)	\$ _____
Over-the-counter medicines and drugs (cold medications, allergy medications, ointments and lotions for treatment of medical conditions, first aid products, pain relievers, topical antibiotics, antacid/heartburn products <i>when prescribed by a doctor</i>)	\$ _____
Physical therapy	\$ _____
Convalescent care or private duty nursing	\$ _____
Care for handicapped (physically or mentally)	\$ _____
Transportation associated with health care (Please contact the Management Services – Flexible Spending Office for rate.)	\$ _____
Parking	\$ _____
2) MISCELLANEOUS	
Oxygen tanks	\$ _____
Water purification systems (if prescribed by physician)	\$ _____
Hearing exams & hearing aids	\$ _____
Hospital bed (if prescribed by physician)	\$ _____
Laser eye surgery	\$ _____
Weight-loss programs (prescribed to treat existing disease)	\$ _____

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HEALTH EXPENSES ACCOUNT WORKSHEET (continued)

Smoking cessation program (does not include gum, patches, etc.)	\$ _____
Treatment for alcoholism or substance abuse	\$ _____
Acupuncture	\$ _____

3) INSURANCE

Health insurance deductibles	\$ _____
Health insurance co-payments	\$ _____
Health insurance coinsurance	\$ _____

TOTAL HEALTH CARE EXPENSES \$ _____

IMPORTANT!! Examples of **NON-ELIGIBLE** requests for reimbursement include cosmetic services or procedures (i.e. teeth whitening, face lifts, hair transplants, etc.), medical care for which you take an itemized tax deduction on your federal tax return, and treatment or care that is merely beneficial to one's general health, such as expenses for recreation, health clubs and nutrition, even if prescribed by a physician.

You can decide the portion of your paycheck you would like to direct into your own Health Expenses Account. To determine how much you should direct per paycheck, simply divide your estimated expenses by the number of paychecks in the year you have deductions taken out.

You may continue to file claims for expenses incurred before your last day of work if you terminate your employment before the end of the plan year period. You may elect to continue making payments to the plan for health care expenses subsequent to your termination on an after-tax basis.

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DEPENDENT CARE ACCOUNT

The Dependent Care Account is for working people with dependents. If you have dependents and require daycare (dependent care) in order for you or your spouse to work or attend school, you may fund these expenses through the Dependent Care Account. This account may also be used if your spouse is disabled. You may place from \$100 to \$5,000 per year into the account and use it to reimburse yourself for eligible expenses.

If you are married and file separate tax returns, the amount of expenses you can be reimbursed is \$2,500. The IRS will allow you to save up to \$2,400 through the Dependent Care Account if your spouse is a full-time student or disabled.

IMPORTANT!! Currently, you are allowed a federal and a state tax credit by the IRS which reduces your taxes by a portion of your current daycare (dependent care) expenses. You will not be able to claim this credit if you fund these expenses through the Dependent Care Account. Generally, if you and your spouse have total earnings in excess of \$23,000 and you file a joint tax return, you are better off using the Dependent Care Account than the tax credit. The potential to significantly reduce your taxes is enormous. However, you will want to be certain to select the best way to reduce your taxes for your own personal situation.

DEPENDENT CARE WORKSHEET	
Payments made for services provided in your home for dependent child or adult	\$ _____
Payments for child care services outside your home	\$ _____
Payments made for services outside your home for a dependent who spends an average of 8 hours per day in your home	\$ _____
TOTAL ANNUAL ESTIMATE	\$ _____

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ELIGIBLE DEPENDENT CARE EXPENSES

The following are types of expenses that are eligible to be funded through the Dependent Care Account:

- *Pre-schools or daycare centers,*
- *Individuals who care for your dependent children up to age 13, either in or outside your home,*
- *Non-educational programs for children up to age 13 while school is not in session (including day camps),*
- *Home care, non-medical nursing or nursing aide services for a dependent parent who lives with you, and*
- *Non-medical care for mentally or physically handicapped dependent children or adults.*

You may not claim the expenses if they are paid to a person who is claimed as a dependent on you or your spouse's tax return, your children under 19 years of age, or your spouse. The Internal Revenue Code requires that you must submit the tax identification number of the dependent care provider. (This would be the Social Security Number of an individual or the Employer Identification Number of a center.)

You may not claim expenses for dependent care during non-working hours, the cost of food, clothing, or transportation, nursing home care or overnight camps (except where the daycare portion is separately identified).

Unlike the Health Expenses Account, reimbursements are limited to the balance contained in your account at the time of reimbursement.

You may continue to file claims for expenses incurred within the plan year if you terminate your employment before the end of the plan year period.

IMPORTANT! You must provide a Social Security Number or Employer Identification Number of the provider of your dependent care expenses.

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CHANGE IN FAMILY STATUS

You will be able to change your election(s) if you have a *change in family status*. The following events are examples of a change in family status:

- *Marriage, Divorce or Legal Separation*
- *Birth or Adoption*
- *Death of Spouse or Dependent*
- *Change in Employee's Employment Status*
- *Change in Spouse's or Dependent's Employment Status*
- *Dependent Gains or Loses Eligibility*
- *Change in Residence*
- *Judgment, Decree or Qualified Medical Child Support Order*
- *Change in Day Care Provider's Rates*
- *Entitlement to Medicare or Medicaid*
- *Such other changes in family status as shall qualify under the applicable provisions of the Internal Revenue Code to allow a change in benefits under this plan.*

The election change must be consistent and appropriate with the family status change. Also, if you have received reimbursement for expenses in excess of your current contributions, you will not be permitted to reduce your election to a level lower than your total reimbursements.

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IF YOU TAKE A LEAVE OF ABSENCE

Health Insurance Premium Account

If you take an unpaid Family and Medical Leave of Absence, you may:

- Have the amount of your health insurance premiums for the expected length of your leave deducted from your final paycheck on a pre-tax basis prior to the date your leave begins;
- Pay your health insurance premiums while you are on a leave of absence on an after-tax basis; or
- Pay your health insurance premiums when you return from the leave of absence on a pre-tax basis (according to the arrangement established with the Management Services – Flexible Spending Office prior to your leave).

Health Expenses Account

If you take an unpaid Family and Medical Leave of Absence, you may:

- Have the amount of your Health Expense Account deduction for the expected length of your leave deducted from your final paycheck on a pre-tax basis prior to the date your leave begins;
- Pay scheduled Health Expense Account deductions while you are on the leave of absence on an after-tax basis; or
- Pay your share of the Health Expense Account deductions when you return from the leave of absence on a pre-tax basis (according to the arrangement established with the Management Services – Flexible Spending Office prior to your leave).

Dependent Care Account

While you are on leave, contributions to your Dependent Care Account will stop. You may continue to use the balance in this account for expenses you incur during the remainder of the plan year. Contributions will resume if you return to work within the plan year.

IF YOU ARE NO LONGER ELIGIBLE TO PARTICIPATE

If you are no longer eligible to participate due to cessation of employment or a change in your employment status, your pre-tax health insurance premiums and your contributions to the Health Expenses Account and Dependent Care Account will stop. However, you may continue health coverage and contributions to the Health Expenses Account on an after-tax basis according to the regulations of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

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Health Insurance Premium Account

If you elect to continue your coverage through COBRA, your insurance premiums for health coverage will be collected on an after-tax basis and you will have to pay an additional two percent for administrative costs.

Health Expenses Account

If you elect to continue contributing to your Health Expenses Account through COBRA, your contributions will be collected on an after-tax basis and you will have to pay an additional two percent for administrative costs. You can then continue to use your account for reimbursement of eligible health care expenses incurred after your employment ceases. You may participate in the Health Expenses Account through the end of the plan year in which your COBRA event occurred, as long as you continue to qualify as a COBRA participant and make the required contributions.

If you do not wish to continue as a COBRA participant, you can use the remaining balance in your Health Expenses Account for expenses incurred before your eligibility status changed. You cannot be reimbursed for expenses incurred after the event occurred or after COBRA contributions stop.

Dependent Care Account

Although you cannot continue your contributions to the Dependent Care Account through COBRA, you may use the remaining balance in your account for expenses you incur through the remainder of the plan year.

BUDGETING AND PLANNING ARE VERY IMPORTANT!!

Most importantly, you must *incur* expenses for all of the money in your Spending Accounts by **September 30th**. *Any unexpended money, in excess of \$500, left in your account at the end of the plan year must be forfeited.* These are IRS rules and should in no way discourage your active participation. Make certain that you budget conservatively.

You will be furnished a quarterly statement of activity which will show your account balances. This will help you budget your expenses and appropriately use health and dependent care.

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HOW THE MADISON-ONEIDA BOCES FLEXIBLE SPENDING PLAN WORKS WITH YOU

You can follow these steps to help make sure you take full advantage of the tax savings opportunity offered by the Flexible Spending Plan.

STEP 1

Examine your past expenses for health care and dependent care. You should review *cancelled checks, receipts, and Explanations of Benefits from your health insurance claims* which indicate your out-of-pocket expenses.

STEP 2

Based upon the past history that you reviewed in Step 1, use your knowledge of the coming year to estimate the expenses that you expect to incur for the year. Use the *Health Expenses Account and Dependent Care Account Worksheets* to help you estimate your expenses for the coming year.

STEP 3

Based upon your estimates (*Please budget conservatively!*), calculate the amount you would like to withhold to build your Spending Accounts. Remember, you have one account for health expenses and one account for dependent care expenses. These are separate accounts, thus prohibiting the mixing of monies between accounts.

STEP 4

Fill out the section on the *Flexible Spending Plan Election Form* indicating the amount you would like to contribute to each account per paycheck. This will allow you to automatically begin reducing your tax bill and increasing your spendable earnings.

STEP 5

When you incur an expense, prepare a *Flexible Spending Plan Reimbursement Request Form* and submit it to the Spending Account Administrator in the Management Services – Flexible Spending Office. **You will soon receive a tax-free reimbursement!**

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SUBMITTING A CLAIM FOR REIMBURSEMENT

The process to help you receive your tax-free reimbursement is very easy and has minimal paperwork.

Claims for expenses which are partially reimbursed by your health plan(s):

- 1) For health expenses which are partially covered by your plan(s), file the claim as you would ordinarily; and
- 2) When you receive your Explanation of Benefits (EOB), attach it to the Reimbursement Request Form and submit it to the Management Services – Flexible Spending Office.
- 3) The Spending Account Administrator will reimburse you with funds from your Health Expenses Account for co-payments, coinsurance and deductibles that insurance did not pay for on your behalf.

Claims for expenses not covered by your health insurance:

- 1) Complete a Reimbursement Request Form;
- 2) Attach copies of itemized bills; and
- 3) Submit the documentation, with a Reimbursement Request Form, to the Management Services – Flexible Spending Office.

Claims for dependent care expenses:

- 1) Prepare a Reimbursement Request Form; and
- 2) Attach receipts, copies of checks or contracts to the Reimbursement Request Form and submit to the Management Services – Flexible Spending Office.

NOTE: YOU ARE RESPONSIBLE FOR MAINTAINING GOOD TAX RECORDS. BE CERTAIN TO MAINTAIN THE ORIGINAL COPIES OF ANY BILLS OR DOCUMENTATION WHICH YOU SUBMIT TO RECEIVE REIMBURSEMENT!!

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TAX SAVINGS EXAMPLE

Let's suppose you are a working married couple, with an adjusted gross income of \$30,700. You will have the following expenses:

	<u>A</u>	<u>B</u>
<i>Day care expenses</i>	<i>0</i>	<i>\$50 per week; \$2,500 per year</i>
<i>Health insurance premiums</i>	<i>\$672</i>	<i>\$672</i>
<i>Uninsured health expenses including deductibles, coinsurance and other expenses not covered by insurance.</i>	<i>\$500</i>	<i>\$500</i>

Thus, your total expenses eligible for the Madison-Oneida BOCES Flexible Spending Plan are \$1,172 in example A and \$3,672 in example B.

	Without Health Expenses Account	With Expenses Account (A)	With Health & Dependent Care Expenses Accounts (B)
Adjusted Gross Income	\$30,700	\$30,700	\$30,700
Health Expenses Acct.		(\$500)	(\$500)
Dependent Care Acct.			(\$2,500)
Insurance Premium Plan		(\$672)	(\$672)
Total Expenses Eligible to be paid tax-free		(\$1,172)	(\$3,672)
Taxable Income	\$30,700	\$29,528	\$27,028
Estimated Taxes (federal, state, FICA @ 28.65%)	(\$8,796)	(\$8,460)	(\$7,744)
After-tax premiums, health care & dependent care expenses	(\$1,172)	\$0	\$0
NET TAKE HOME EARNINGS	<u>\$20,732</u>	<u>\$21,068</u>	<u>\$19,284</u>

As you can see, in this example, the employee will increase their spendable income by at least \$336 per year by using the Spending Accounts and Health Insurance Premium Account!! You may want to perform a similar analysis to see how much money you will save using the Spending Accounts. Your tax savings will be even greater if you earn more or if you have higher expenses.

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IMPORTANT INFORMATION ABOUT YOUR MADISON-ONEIDA BOCES FLEXIBLE SPENDING PLAN

- *You should accumulate \$10 in expenses prior to submitting a claim for reimbursement.*
- *The plan reimburses claims once per month according to the following schedule:*
 - *Claims received by the first of each month will be paid by the fifteenth of the month.*
- *The plan operates on an October 1st to September 30th Plan Year.*
- *You have until November 30th each year to submit a claim incurred during the previous plan year. The expense must be incurred during the plan year, but the tax laws controlling these accounts allow you to collect all claims information and submit a final claim for reimbursement until November 30th.*

If you do not have enough money in your Health Expenses Account to cover a request for reimbursement, submit the entire claim anyway. You will receive reimbursement based upon what you are scheduled to contribute for the year.

EFFECT ON OTHER BENEFITS

Your earnings, for purposes of calculating benefits offered by Madison-Oneida BOCES, will not be affected by your participation in the Flexible Spending Plan. Thus, your pension or other benefits which may be based on earnings will not be affected by your participation.

However, because you are lowering your earnings for calculation of your Social Security, the amount of Social Security Taxes will be reduced, and your Social Security Benefit may be slightly reduced. In practice, however, the effect at retirement is minimal since your Social Security benefit is based upon an entire career of earnings. In most cases, if you invested **only a portion** of the Social Security tax savings, the resulting accumulations would more than offset the benefit shortfall.

You should, however, consult with a financial advisor to determine your own situation.

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SUMMARY

The Flexible Spending Plan provides you with the flexibility to build and fund your own personal benefits program while reducing your tax bill and increasing your take home income.

Under IRS rules, you will be able to carryover up to \$500 of funds remaining in your account at the end of the Plan Year. This amount does NOT impact the maximum allowed contribution under IRS regulations.

You will want to take the time to review your own personal situation and budget carefully

OTHER IMPORTANT INFORMATION

Applying For Benefits

You or your beneficiary must file a claim to receive benefits under these plans. Contact the Management Services – Flexible Spending Office to obtain the necessary forms.

If A Claim Is Denied

You have the right to file an appeal under the plan in accordance with the following procedures if you think that the Spending Account Administrator has made an error concerning your benefits:

- All appeals shall be submitted in writing to the Plan Administrator.
- The Plan Administrator must notify you in writing within a reasonable period of time as to the outcome of your appeal.
- If your appeal is denied, you will be provided with a written detailed explanation as to why.
- You may request in writing, to the Plan Administrator, a review of the denied claims appeal within 90 days of receipt of the denial. As part of the review, you will be allowed to see all plan documents and other papers which affect the claim. In addition, you may have someone represent you if you so choose.
- The Plan Administrator will schedule an opportunity for a full and fair hearing of the issue within the next 60 days after the request for review.
- Within 30 days after the hearing, the Plan Administrator will communicate the final decision to you in writing. The decision will state the reasons for the decision in a clear and understandable manner with reference to the pertinent plan provision affecting the decision.

**MADISON - ONEIDA BOCES
FLEXIBLE SPENDING PLAN**

<i>PLAN NAME</i>	Madison-Oneida BOCES Flexible Spending Plan
<i>EMPLOYER</i>	Madison-Oneida BOCES 4937 Spring Road PO Box 168 Verona, New York 13478-0168 (315) 361-5513
<i>PLAN ADMINISTRATOR</i>	Madison-Oneida BOCES 4937 Spring Road PO Box 168 Verona, New York 13478-0168 (315) 361-5513
<i>EMPLOYER ID NUMBER</i>	15-6008113
<i>PLAN ADMINISTRATION</i>	Madison-Oneida BOCES has discretionary authority to determine eligibility for plan benefits, to construe the terms of the plan and to decide all questions arising in the administration of the plan. The administration of the other underlying plans that are part of this program is described in the respective plan booklets.
<i>PLAN YEAR</i>	October 1st through September 30th
<i>LEGAL SERVICE</i>	Legal papers may be served on the Plan Administrator if you wish to file suit.
<i>PLAN NUMBER</i>	501
<i>FUTURE OF THE PLAN</i>	Madison-Oneida BOCES intends to continue these plans, but it reserves the right to change, terminate or discontinue the plan or any of the plan benefits at any time.
<i>EMPLOYMENT RIGHTS</i>	The information contained within this Summary Plan Description does not constitute an irrevocable contract between the affected employees and Madison-Oneida BOCES. Madison-Oneida BOCES reserves the right to change, discontinue or add to this document.

Please note this booklet is intended to be a *summary* of the plan's benefits and provisions. In the event that there are any inconsistent statements or conflicts between the terms and conditions of this plan as expressed within the Plan Document and the terms set forth in this Summary Plan Description, the terms and conditions as set forth with the Plan Document shall govern and control.