Regional School District #13

Section 125 Flexible Spending Plan Highlights and Enrollment Instructions

Start Date:	• July 1, 2024
Plan Year:	• July 1 to June 30
Eligibility:	• 20 hours per week (regularly scheduled) • Frist of the month following 30 days of employment.

You do not have to be enrolled in your employer's group health plan to enroll in this Flex Spending plan.

Annual Elections:	• Health Care (HCR): $250.00 minimum/ $3,200.00 maximum • Dependent Care (DCR): $200.00 minimum/ $5,000.00 maximum
Limited Health Care: IRS HSA minimum deductible is $1,600.00 single / $3,200.00 family	• Limited HCR: For you or your spouse enrolled in an HSA. Submit vision & dental claims until the IRS HSA minimum deductible is met. Once deductible is met all customary HCR expenses are eligible.
2 ½ Month Grace Period*: *The 2 ½ Month Grace Period & Year End Run-off Period Run Concurrently	• Eligible HCR & DCR expenses can be incurred up to 2 ½ months following the end of the plan year and applied to any remaining account balance in the prior plan year.
Year End 90 Day Run-off Period*:	• Reimbursements can be submitted up to 90 days following the end of the plan year.
Claim Reimbursement:	• Processed weekly ($20.00 minimum reimbursement)
Reimbursement Type(s):	• Check / Direct Deposit /Debit Card (A fee is charged by the debit card company for replacement of lost or stolen cards. The fee is the responsibility of the card holder and paid for from your account.)
Plan Year Payroll Deductions:	• 20
Date of 1st Deduction:	• September 13 2024
Your ABS Account Manager is:	• Cathy at ext. 420 (cathy@abs125.com)

Here's How to Enroll in Your Section 125 Plan
Follow these simple steps:

1) If you meet the eligibility, please complete enrollment online as instructed by Human Resources.

2) To view your ABS account online effective July 1, 2024 go to www.abs125.com and click on For Employees then Log into your Personal Account. As a "New User" you will click on Create your new username and password. You may also download the ABS Mobile app. from Apple or Google.

3) If you sign up for Dependent Care and have consistent costs complete the Dependent Care Auto-Affidavit. Once submitted to ABS we will automatically send you a check or direct deposit each time money hits your account. A new form must be completed each new Plan Year.

Questions? Need Help? First, read the "How to Save on Medical & Child Care Expenses" employee handbook. If you do not have one, contact Human Resources, visit us on the web at www.abs125.com, check out the ABS Mobile App or call 1-877-732-8125 from 8:00am to 5:00pm E.S.T. Monday through Friday.

ABS Advanced Benefit Strategies
Your Flexible Benefits Specialists

FSA

Know Your Health Care FSA Eligible and Ineligible Expenses

Maximize the Value of Your Reimbursement Account - Your Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses that qualify as federal income tax deductions under Section 213(d) of the Internal Revenue Code ("IRC").

- Health Care FSA dollars can be used to reimburse you for medical, dental and vision expenses incurred by you, your spouse or eligible dependents (children, siblings, parents and other dependents which are defined in your Plan Documents).

Here is a sample list of expenses currently eligible and not eligible by the Internal Revenue Service ("IRS") as deductible medical expenses. This list is not necessarily inclusive or exclusive, and may be subject to change based on regulations, IRS revenue rulings and case law. It is solely based on our current interpretation of IRC Section 213(d) and is not intended to be legal advice.

For a complete up-to-date list of FSA Eligible Products & Services visit www.abs125.com and click on the FSAStore.

Sample List of Eligible Expenses

BABY/CHILD TO AGE 13
- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL
- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES
- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

MEDICAL EQUIPMENT/SUPPLIES
- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

HEARING
- Hearing Aids and Batteries
- Hearing Exams

MEDICATIONS
- Insulin
- Prescription Drugs

OBSTETRICS
- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS
- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

Sample List of Eligible Expenses

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*
- Sterilization/Sterilization Reversa*
- Transplants (including organ donor)
- Transportation

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

Please Note: Currently, the IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs as they are not prescribed by a physician for a specific ailment.

Sample List of Ineligible Expenses

- Contact Lens or Eyeglass Insurance
- Cosmetic Surgery/Procedures
- Electrolysis
- Marriage or Career Counseling
- Swimming Lessons
- Personal Trainers
- Sunscreen (spf less than 30)

Note: This list is not meant to be all-inclusive.

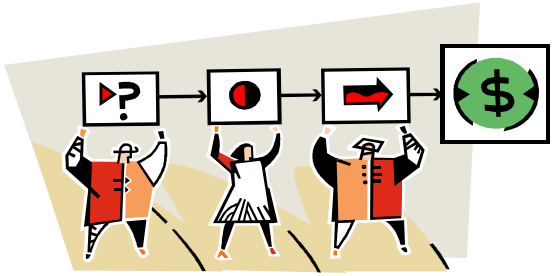
Please Note: Over-the-Counter (OTC) medicines can be purchased with Health Care FSA, HRA or HSA funds effective January 1, 2020. You can use your benefits card for these purchases.

Sample List of eligible Over-the-Counter Medicines and Drugs

- Acid controllers
- Acne medications
- Allergy & sinus
- Antibiotic products
- Antifungal (Foot)
- Antiphrastic treatments
- Antiseptics & wound cleansers
- Anti-diarrhea's
- Anti-gas
- Anti-itch & insect bite
- Baby rash ointments & creams
- Baby teething pain
- Cold sore remedies
- Contraceptives
- Cough, cold & flu
- Denture pain relief
- Digestive aids
- Ear care
- Eye care
- Feminine menstrual care products
- Fiber laxatives (bulk forming)
- First aid burn remedies
- Foot care treatment
- Hemorrhoid preps
- Homeopathic remedies
- Incontinence protection & treatment products
- Laxatives (non-fiber)
- Medicated nasal sprays, drops, & inhalers
- Medicated respiratory treatments & vapor products
- Motion sickness
- Oral remedies or treatments
- Pain relief (includes aspirin)
- Skin treatments
- Sleep aids & sedatives
- Smoking deterrents
- Stomach remedies
- Non medicated vapor products

ENROLLED IN A HEALTH SAVINGS ACCOUNT?

NEW TO HSA? Read below.
You are not eligible to contribute to your new HSA until your full use Flexible Spending Account (FSA) has come to the Plan Year end and the account has a zero value.



YOU CAN ONLY SIGN UP FOR

Limited Flexible Spending

HOW do I get a copy of my EOB? Call the 800# on the back of your insurance card or log onto your health plans website and download a copy.

DO…

DO SAVE for vision and dental expenses in your Limited Flex instead of using your valuable HSA contribution for items that do not track towards your health plan deductible.

If you have incurred $1,600.00 / individual $3,200.00 / family in medical expenses that have tracked towards your High Deductible Health Plan: send ABS your explanation of benefits (EOB) that shows you have met these dollar values. Now ABS can open your account to accept medical claims from the date you reached the deductible until the end of the plan year, no longer limiting the plan to just vision and dental.

DO remember the debit card will only work at dental or vision facilities.

DON'T….

DON'T PLAN on using your Limited (LMT) account for medical claims immediately – only after you have met the $1,600.00/ $3,200.00 in deductible medical expenses.

DON'T PLAN on changing your account mid-year if you change health plans.
Changing health plans is not a qualifying event to make a change in your Section 125 Plan.

Sec. 125
HCR & DCR with Limited HCR Enrollment **IRS Section 125**

Advanced Benefit Strategies
Your Flexible Benefit Specialists

Health Care Reimbursement (HCR) Account & Dependent Care Reimbursement (DCR) Account

I. Employer Name

Your Name (last, first, middle)	Social Security Number		Date of Birth	Gender	Marital Status
Mailing Address	City	State	Zip	( ) Day Time Phone Number	
email address:					

II. List Dependents *(If any)*

Spouse's name (last, first, middle)	Date of Birth	Dependent's name (last, first, middle)	Date of Birth
Dependent's name (last, first, middle)	Date of Birth	Dependent's name (last, first, middle)	Date of Birth

III. Enrollment Election *(check which plans you want and complete information)*

☐ Yes, I elect to participate in a Dependent Care Reimbursement (DCR) Account: Annual Election: $_____

☐ No, I do not elect to participate.

Name of Dependent Care Provider: | Tax ID # or SS #

☐ Yes, I elect to participate in a Health Care Reimbursement (HCR) Account: Annual Election: $_____ **OR**

☐ Yes, I elect the **LIMITED** Health Care Reimbursement (LMT). I **or my spouse** are eligible to contribute to an HSA bank account OR I am part time, not eligible to enroll in my employers group health plan but eligible to enroll in this LMT Plan: Annual Election: $_____

☐ No, I do not want to participate.

IV. Certification

I certify that all the information on this form is correct. I understand that: Any amount remaining in my Health Care Reimbursement (HCR) and/or Dependent Care Reimbursement (DCR) and/or Limited Health Care Reimbursement (LMT) accounts at year end will be forfeited in accordance with current plan provisions and the IRS tax laws; and that all plan deductions are in effect for the full plan year and cannot be changed or stopped unless I experience a change in family or employment status.

Employee's Signature: _____ Date: _____

Return completed Enrollment Form to your Benefit Department

Employer Use REQUIRED	Date of Hire: / /	Effective Date: / /	# of Paychecks remaining this Plan Year:
Payroll Cycle: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly			Pay Date of First Deduction: / /
Health Care Deduction Per Pay Period $		Dependent Care Deduction Per Pay Period $	

☐ Mid-Year Status Change (See plan document for list of qualifying events) Explain:

Note to employer Representative: Please retain the original copy of this form for you records and provide a photocopy to ABS.

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