



MEMORANDUM

*Business Services Division
Payroll, Benefits, and Leaves Office*

Board of Education

Sylvia Orozco, President
James Na, Clerk
Irene Hernandez-Blair, Member

Pamela Feix, Vice President
Andrew Cruz, Member
Wayne M. Joseph, Superintendent

DATE: April 24, 2017
TO: Benefits Eligible ACT Certificated Employees
FROM: Patti Newton, Payroll Supervisor
SUBJECT: 2017/2018 **MANDATORY** Health & Welfare Benefits Open Enrollment

Mandatory on-line Open Enrollment will be held from May 1 thru May 19, 2017, through the CSEBA benefits self-service website, **EBenefits**. All benefit eligible certificated employees **MUST** participate in this process in order to maintain or opt out of District health and welfare benefits for 2017/18. Please review plan changes attached. For more information go to <http://cvusd.schoolwires.net/page/958> for detailed summaries of each plan.

2017/18 PLAN OFFERINGS	
Medical	Kaiser 20 Plan 8
	Kaiser DHMO 20 Plan 11
	Blue Shield Access + HMO 20 Plan 3
	Blue Shield Trio ACO HMO 20 Plan 3
	Blue Shield ASO PPO Plan 2
	Blue Shield ASO PPO Savings Plan 1 (HSA)
Dental	Delta Dental PPO
Vision	VSP
	MES
Group Term Life	VOYA

- All ACT certificated employees will need to establish a user-name and password in order to access the EBenefits website at www.ebenefits.com/cvusd. (prior user-name and passwords are valid, *detailed instructions provided in this packet*)
- **Re-enrollment or opt out of all benefits (as listed above) is mandatory. If you do not re-enroll, your current benefits will be terminated effective June 30, 2017 due to non-participation.**
- EBenefits on-line instructions are *included in this packet*. If you have any questions while using the EBenefits system, you can contact **Technical Customer Support at 866.203.8051 between 4:00 a.m. – 4:00 p.m. PST.**
- All Kaiser members **MUST** enroll in one of the 2017/18 medical plan offerings above. Kaiser 15, Plan 7 is no longer available effective July 1, 2017.
- All Anthem Blue Cross members **MUST** enroll in one of the 2017/18 medical plan offerings above. Anthem Blue Cross plan options are no longer available effective July 1, 2017.

- Express Scripts Pharmacy will no longer be available effective July 1, 2017. All Blue Shield 2017/18 prescription coverage will be with the Blue Shield Prescription Network. *(more information included in this packet)*
- You may be able to continue taking your same prescription(s) with **the 90 day edit lift** when you place your refill with Blue Shield within **90 days** of changing to their carrier. *(more information included in this packet)*
- If you are currently taking a non-preferred brand prescription drug, you may be able to have a current prescription drug “grandfathered.” To initiate grandfathering non-formulary drugs you must contact Shield Concierge. *(more information included in this packet)*

Need Assistance?

We are here to help!

- If you need assistance, CVUSD Benefits staff, CSEBA representatives and insurance carriers will be available on Monday, May 8th and Tuesday, May 9th at the Professional Development Center 2 (PDC 2), located at 4545 Danito Court, Chino, Ca. 91710.

No appointment is necessary

DATE	TIME	LOCATION
Monday, May 8, 2017	12:00 p.m. – 5:00 p.m.	PDC 2
Tuesday, May 9, 2017	12:00 p.m. – 5:00 p.m.	PDC 2

If you have any questions, feel free to contact one of the Benefit Technicians listed below at 909.628.1201.

Lisa Fjeldsted, Last Names A – C, M – N
 Lisandra Maldonado, Last Names D – L
 David Valdivia, Last Names O – Z
 Denny Andrade

Ext. 1244 lisa_fjeldsted@chino.k12.ca.us
 Ext. 1236 lisandra_maldonado@chino.k12.ca.us
 Ext. 1246 david_valdivia@chino.k12.ca.us
 Ext. 1245 denny_andrade@chino.k12.ca.us

Open Enrollment DEADLINE is Friday, May 19, 2017, at 4:30 p.m.

CHINO VALLEY UNIFIED SCHOOL DISTRICT

IMPORTANT MEDICAL PLAN CHANGES FOR 2017/2018

Welcome to Open Enrollment 2017/18! Please note that several plans have been enhanced, some are no longer available, and some remain unchanged.

Following is a list of the new plan names and changes that apply to each plan design option:

KAISER PERMANENTE PLANS	
Kaiser HMO 20 (CSEBA Plan 8)	\$20 Office Visit Max Out of Pocket \$4000 / \$8000 \$100 ER / 100% Hospitalization Chiropractic Benefit \$10 Rx 30 Day / \$20 Rx 100 Day
Kaiser DHMO 20 (CSEBA Plan 11)	\$20 Office Visit Max Out of Pocket \$3000 / \$6000 20% Coinsurance Hospitalization Chiropractic Benefit \$10 Rx 100 Day \$500 / \$1000 Deductible
HMO Plans	
Blue Shield Access + HMO 20 Plan 3	\$20 Office Visit Max Out of Pocket \$500 / \$1500 \$50 ER (waived if admitted) / 100% Hospitalization \$0 / \$30 / \$60 Rx Copay with Blue Shield Prescription Network Chiropractic and Acupuncture Benefits
Blue Shield Trio ACO HMO 20 Plan 3	\$20 Office Visit Max Out of Pocket \$500 / \$1500 \$50 ER (waived if admitted) / 100% Hospitalization \$0 / \$30 Rx with Blue Shield Prescription Network Chiropractic and Acupuncture Benefits
PPO Plan	
Blue Shield ASO PPO Plan 2	\$250 / \$500 Deductible 90% / 70% Coinsurance \$10 / \$20 / \$35 Rx Copay with Blue Shield Prescription Network Max Out of Pocket \$2000 / \$4000 100% Preventative Care Chiropractic and Acupuncture Benefits
Health Savings Account	
Blue Shield ASO PPO Savings Plan 1 / HSA	\$1500 / \$3000 Deductible 90% / 70% Coinsurance \$10 / \$25 / \$40 Rx Copay with Blue Shield Prescription Network Max Out of Pocket \$3000 / \$6000 100% Preventative Care Chiropractic and Acupuncture Benefits
IMPORTANT BLUE SHIELD INFORMATION	
Prescription Drug Transition	You may be able to continue taking the same prescription with the 90 day edit lift , if you place your refill with Blue Shield within 90 days of changing to their carrier. If you currently are taking a non-preferred brand prescription drug, you may be able to have a current prescription drug grandfathered. Please contact the Shield Concierge for any questions or assistance at 855.724.7698 or by email: CSEBA@blueshieldca.com
Calendar Year Deductible Transition	If you are currently enrolled in Anthem Blue Cross or Kaiser and decide to switch to Blue Shield effective July 1, 2017, the portion of your deductible that you have satisfied under your current plan may carry over and apply to your new plan deductible. Please contact the Shield Concierge for any questions or assistance at 855.724.7698 or by email: CSEBA@blueshieldca.com

**CHINO VALLEY UNIFIED SCHOOL DISTRICT
EMPLOYEE PLANS AND RATES**

A.C.T. (CERTIFICATED) 2017-2018					
Type	Provider	Plans		Monthly (12)	Annual
HMO	KAISER	Kaiser \$20 (CSEBA Plan 8)	Single	\$567.39	\$6,808.68
			Employee + Spouse	\$1,229.69	\$14,756.28
			Employee + Children	\$1,119.31	\$13,431.72
			Family	\$1,671.23	\$20,054.76
	BLUE SHIELD	Kaiser DHMO \$20 (CSEBA Plan 11)	Single	\$487.28	\$5,847.36
			Employee + Spouse	\$1,053.44	\$12,641.28
			Employee + Children	\$959.08	\$11,508.96
			Family	\$1,430.89	\$17,170.68
BLUE SHIELD	Blue Shield Access + HMO \$20 Plan 3	Single	\$566.52	\$6,798.24	
		Employee + Spouse	\$1,189.68	\$14,276.16	
		Employee + Children	\$1,019.72	\$12,236.64	
		Family	\$1,671.23	\$20,054.76	
PPO	BLUE SHIELD	Blue Shield ASO PPO Plan 2	Single	\$498.75	\$5,985.00
			Employee + Spouse	\$1,047.37	\$12,568.44
			Employee + Children	\$897.75	\$10,773.00
			Family	\$1,471.32	\$17,655.84
HSA	BLUE SHIELD	Blue Shield ASO PPO Saving Plan 1 (HSA)	Single	\$1,042.50	\$12,510.00
			Employee + Spouse	\$2,189.23	\$26,270.76
			Employee + Children	\$1,876.48	\$22,517.76
			Family	\$3,075.35	\$36,904.20
DENTAL	DELTA	Delta Dental PPO	Composite	\$131.71	\$1,580.52
	SAFEGUARD	Plan Closed To New Enrollees	Single	\$29.02	\$348.24
			2-Party	\$52.17	\$626.04
VISION	VSP		Composite	\$21.95	\$263.40
	MES		Composite	\$11.31	\$135.72
LIFE	VOYA		Composite	\$5.45	\$65.40

Instructions for Calculating Your Monthly Out-of-Pocket Payroll Deductions:

(1) Add the annual costs (from the chart above) of benefits you have chosen example: Kaiser 20 (Employee + Children) + Delta + VSP + Life =	\$15,341.04
(2) Look on the chart below to determine District's annual share for the number of hours you work example: A 7 hour/day employee works 100%, District contribution =	\$7,644.00
(3) Employee annual share: (1) minus (2) =	\$7,697.04
(4) Monthly Out-of-Pocket: (3) divided by 10 months =	\$769.70

Hrs/day	% FTE	District's Annual Contribution for 7/1/17 thru 6/30/18
2.80	0.40	\$3,057.60
3.50	0.50	\$3,822.00
4.20	0.60	\$4,586.40
5.60	0.80	\$6,115.20
7.00	1.00	\$7,644.00



EBenefits Employee Site Online Instructions

EBenefits will be available on Monday, May 1, 2017 at 4:00 am PST

What is EBenefits?

EBenefits is CSEBA's benefits self-service website.

EBenefits Online Access

EBenefits provides you with secure and easy access to important benefits information.

Access EBenefits online

To access the system, you will need to type: www.ebenefits.com/cvusd into the address bar of your Web browser.

Registration

You will be directed to the login page. If you have not previously registered, click "Click Here to Register" in the "I am a first time visitor" box. You only need to register once. Once you click on the link, the validation page will appear.

First-Time User Validation

You will need the following information to securely validate your identity: Last Name, Birth Date and Last Four Digits of SSN. After this data has been entered, click the "Next" button.

Registration Details

Once validation is complete, you will be directed to the Employee Information tab. Information on this page was provided by your Benefits Department. If you view any discrepancies, please contact your Benefits Department.

Remember your username and password. You will need them each time you log onto EBenefits. (prior year username and password is still valid)

NOTE: The Username and Password must be a least 8 characters long and can contain ONLY letters and numbers, NO special characters. It also CANNOT begin with a number (i.e. Bsmith06).

Making Your Elections

To start making elections, simply click on the "Change My Enrollment link", make your election, then click the "Save & Continue" button at the bottom of the page to proceed through your benefit elections.

Submitting Your Elections

Once you have completed your elections you will need to take a final step to confirm that you have completed your enrollments. Go to the bottom of the page or upper right-hand corner of the page and click the "Submit Enrollments" button.

If you have any questions while using the EBenefits system, you can contact **Technical Customer Support** at **866.203.8051**, between 4:00 am – 4:00 pm PST



Shield Concierge, ready to help

One phone call to your Shield Concierge team delivers fast help

One of the most powerful features of our Trio ACO HMO plan is Shield Concierge. Your Shield Concierge is a team of registered nurses, health coaches, social workers, pharmacy technicians, pharmacists and customer service representatives, all working together for you. They are ready to help you:

Find a new doctor or specialist

If you need a new doctor, you can rely on Shield Concierge. Call us and we'll help you locate a doctor or specialist when you need one.

Continue receiving care without interruption

If you're new to Trio and have an existing health condition, we're here to help. Even if you're pregnant, about to undergo surgery or currently being treated for a condition, Trio and your Shield Concierge team can help coordinate your care.

Transfer your prescriptions and medical records

We can help you get started with your Trio plan by assisting with transferring your prescriptions and medical records to our network providers.

Understand your plan benefits

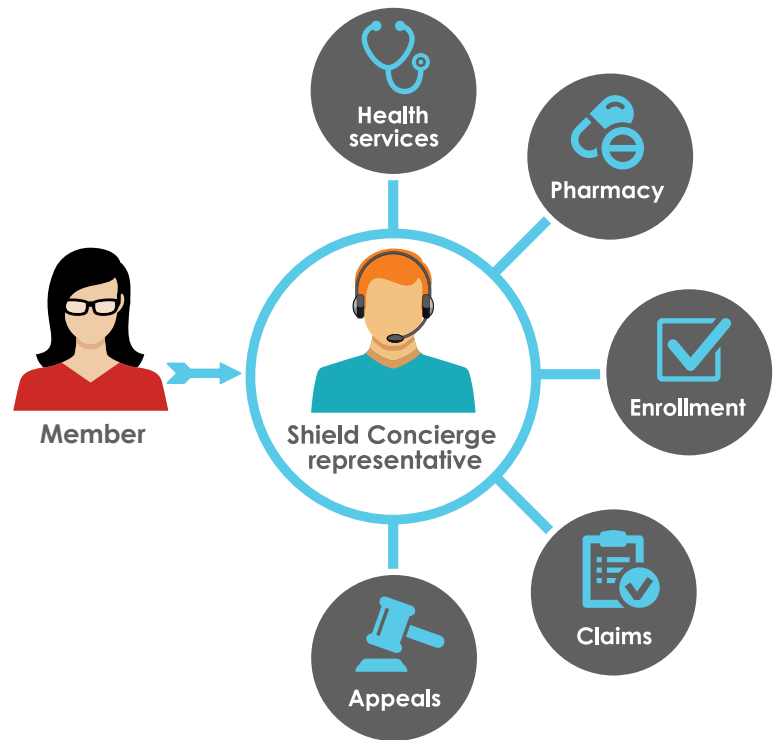
When you're not sure what your plan covers, call your Shield Concierge team. We will take the time to make sure we answer all your questions about what you can expect from your plan.

Get answers to your drug and medication questions

Whenever you have questions about a prescription or a vitamin or supplement you're taking, call Shield Concierge.

Answer questions about your doctor's instructions

Sometimes you'll think of a question for your doctor after you've already left your appointment. No problem. If you're not sure about instructions you received, we'll follow up for you. We can even call the doctor's office with you.



Continuity of care

Are you now receiving treatment through another health plan's benefits? You can count on your Shield Concierge team for continuity of care and a smooth transition to the Trio ACO HMO plan. We can coordinate your care in a variety of areas:

- ▶ Addressing the needs of an acute condition that requires medical attention
- ▶ Transitioning pregnancy care, including the immediate postpartum period
- ▶ Providing care for a newborn child younger than 36 months

Your Shield Concierge team is ready to help you

Shield Concierge customer service representatives are available between 7 a.m. and 7 p.m., Monday through Friday, at **(855) 724-7698**.





Blue Shield Pharmacy

There is no mandatory mail order for filling your maintenance medications. However, the benefit is when you purchase through mail order you will pay for 2 months of your prescribed amount and receive 3 months' worth of medication.

You will receive one ID card from Blue Shield for both medical and pharmacy use.

The Blue Shield Drug Formulary, Plus is a list of our preferred prescription drugs. Visit www.blueshieldca.com, click on **Be Well**, then **Drugs** and select **Plus Drug Formulary**.

Members will be advised during open enrollment regarding their prescription drugs and how to transfer

To assist you in the move to the Blue Shield pharmacy:

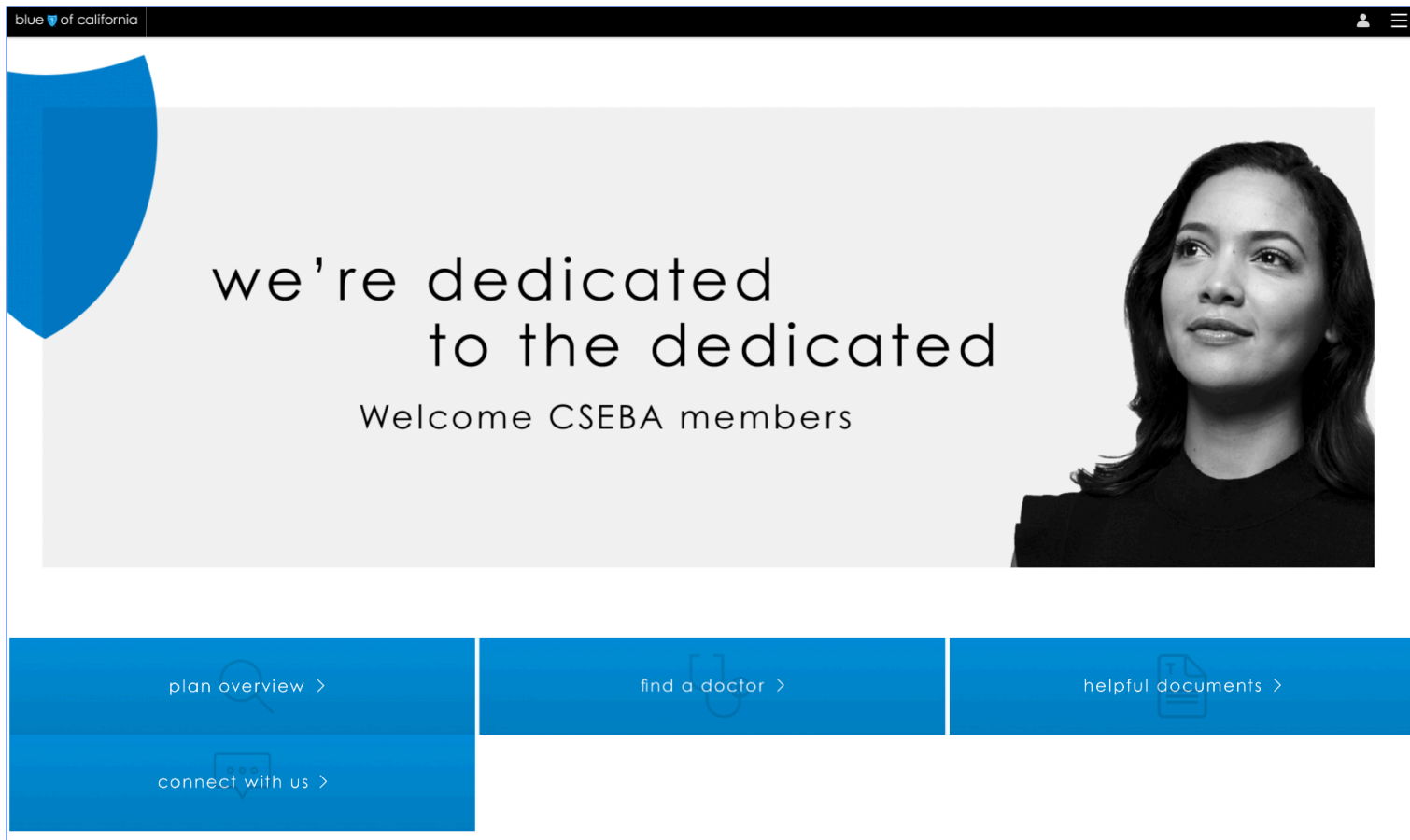
- Blue Shield is allowing a one-time "**90 day edit lift**" for all drugs requiring a step therapy or prior authorization. The edits will be automatic if you fill your current prescription within 90 days of July 1, 2017. This is only allowed during this time.
- To help with any current and open mail order refills, Blue Shield is transferring data from ESI to the CVS mail pharmacy on your behalf
- **Grandfathering** non-formulary drugs on closed formulary plans
Members must contact Shield Concierge to initiate grandfathering.

Blue Shield Concierge

Call them toll free **(855) 724-7698**, Monday through Friday from 7 a.m. to 7 p.m.

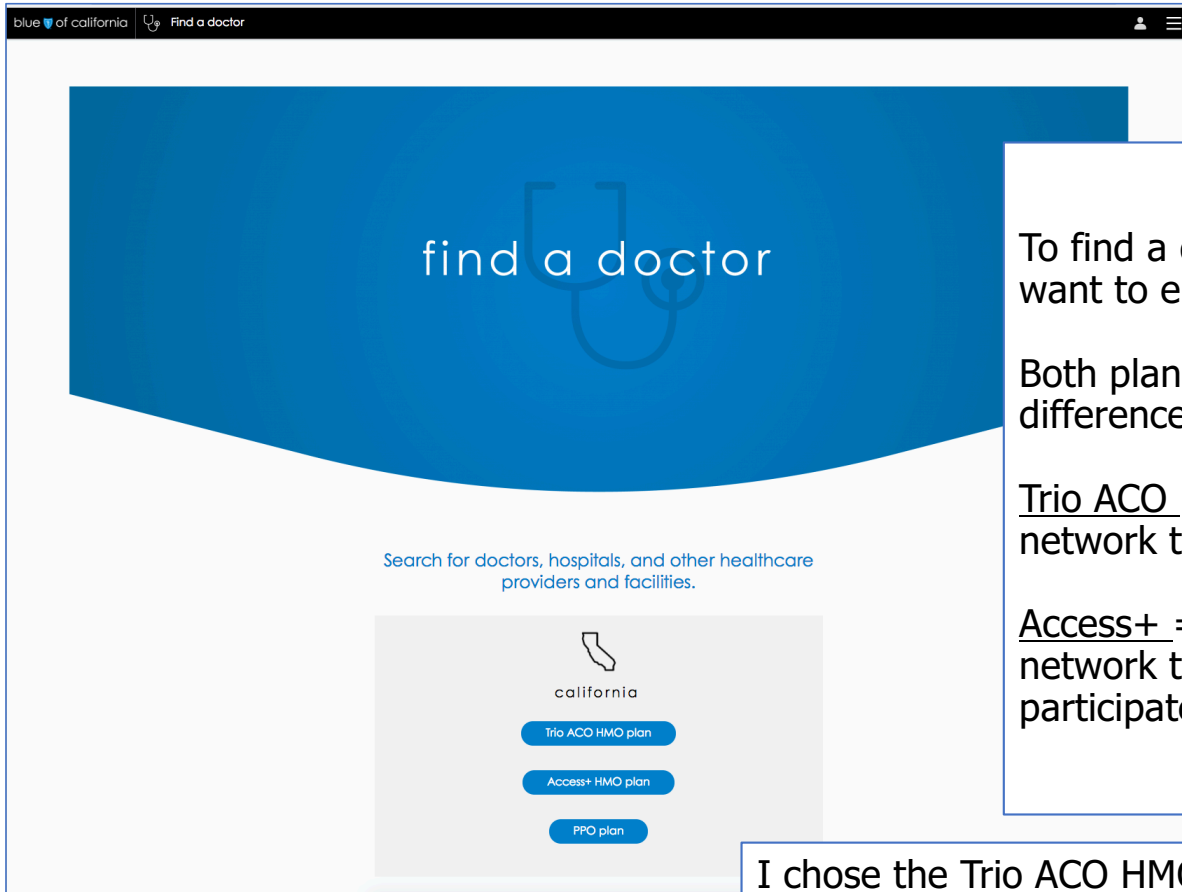
You can also email them at CSEBA@blueshieldca.com

Step 1. Go to: www.blueshieldca.com/cseba.com



This is the Blue Shield / CSEBA microsite with plan information specific to CSEBA members

Click on Find a Doctor



Step 2.

To find a doctor, you need to choose a plan you want to enroll in.

Both plan benefits are the same with a small difference in your prescription copays.

Trio ACO = A lower cost HMO option with a network that your doctor has to participate in.

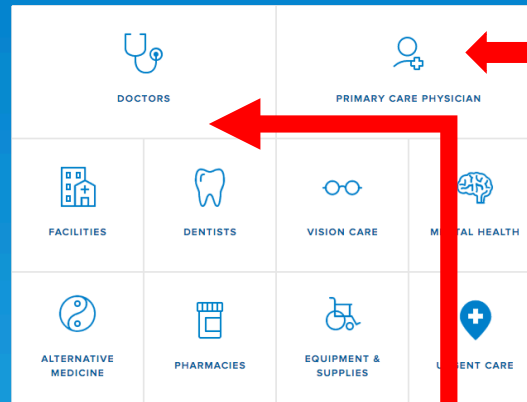
Access+ = A higher cost HMO option with a broad network that more doctors and medical groups participate in.

I chose the Trio ACO HMO plan as an example.

Step 3.

What are you looking for?

Search Blue Shield of California's extensive provider network.



Click on Primary Care Physician to locate a physician geographically.

Click on Doctors to find out if your doctor is in the network you chose.

① Blue Shield makes every effort to have the most up-to-date provider information available on our website. However, this information is subject to change at any time. Please always contact the provider directly to check their status and availability.

Language Assistance

There are language and access services available to you. You are entitled to [language assistance](#) at no cost.

Disability Services

You are entitled to full and equal access to services in accordance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. If you have any questions or need further support, please contact Customer Service at (800) 393-6130.

Questions?

For further information on finding specific medical care, including continuity of care and urgent care centers, please see our [Help finding a doctor](#) page.

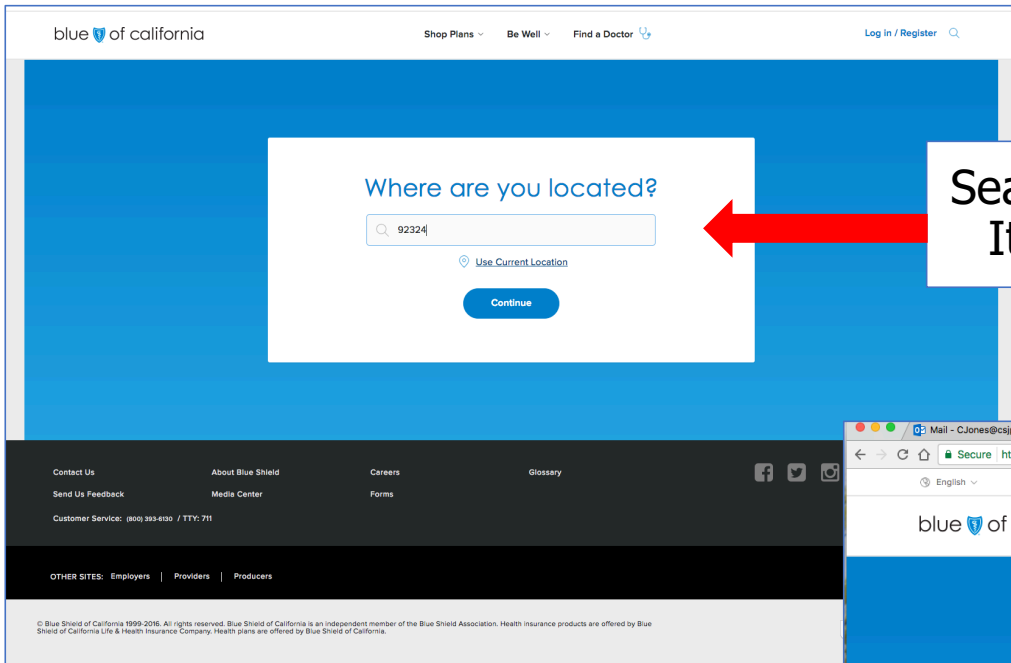
Directories

[Provider Directory](#)
[Home Health Providers](#)
[Telehealth Providers](#)
[Blue Shield 65 Plus Routine Vision Services](#)

Federally Qualified Health Centers (FQHC)
Providers and Facilities - English (.PDF 240Kb)
| Spanish (.PDF 180Kb)

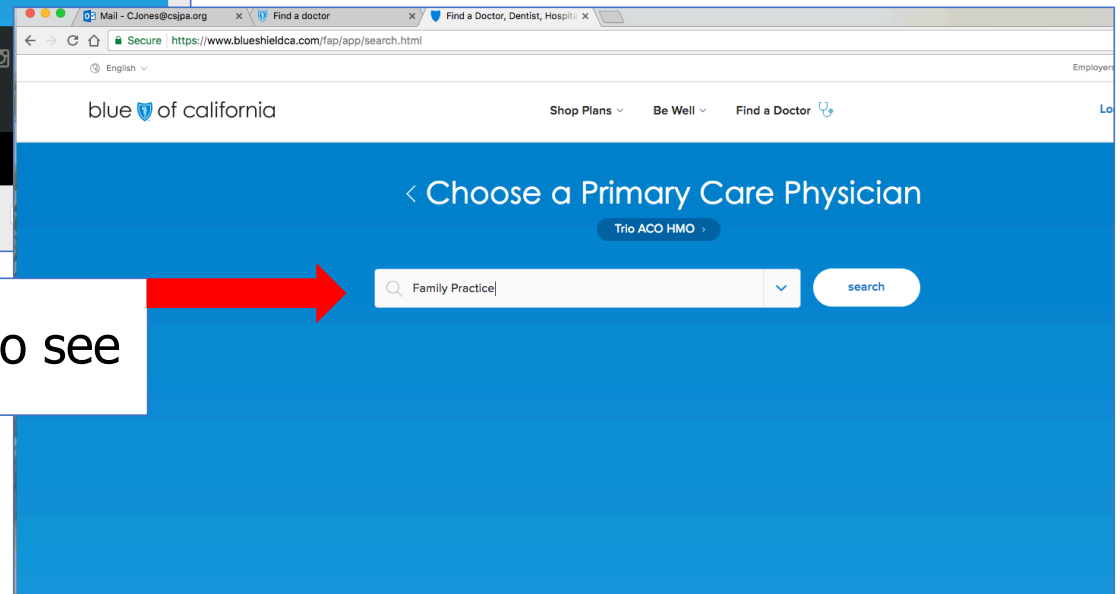
Other Search Tools

[California Office of the Patient Advocate](#)
[The Department of Insurance Healthcare Compare](#)



Step 4.

Search for a **new** doctor by your zip code. It can be your home or office zip code.



Choose the type of PCP you'd like to see

For Example, These are the results for new doctors, accepting patients within 15 miles of CSEBA Offices

83 Family Practice doctors were found within 15 miles of 92324

FILTER & SORT

Save Results

Martinez, Miguel A MD Family Practice (This doctor can't be reviewed)	1300 E Cooley Dr Colton, CA 92324 1.07 miles Beaver Med Grp Ehp
Singh, Harpreet MD Family Practice (This doctor can't be reviewed)	1300 E Cooley Dr Colton, CA 92324 1.07 miles Beaver Med Grp Ehp
Umer, Muhammad MD Family Practice (This doctor can't be reviewed)	1300 E Cooley Dr Colton, CA 92324 1.07 miles Beaver Med Grp Ehp
Yamada, Robert K MD Family Practice (This doctor can't be reviewed)	1300 E Cooley Dr Colton, CA 92324 1.07 miles Beaver Med Grp Ehp
Delgado, Philip A DO Family Practice (This doctor can't be reviewed)	1800 Medical Ctr Dr 99 San Bernardino, CA 92411 5.21 miles Primecare Med Grp Of China Valley
	7798 Cherry Ave Fontana, CA 92336 9.46 miles Primecare Med Grp Of China Valley
	7774 Cherry Ave Fontana, CA 92336 9.48 miles Primecare Med Grp Of China Valley
Guadiz, Jesse L MD Family Practice (This doctor can't be reviewed)	1851 N Riverside Ave Rialto, CA 92376 5.83 miles Pinnacle Med Grp Ehp

Choose this doctor and see all his information.

Step 5.

To enroll with him you will need his Provider ID

Then click on "Additional Details" to see the medical group or medical groups he is associated with

blue of california

Shop Plans ▾ Be Well ▾ Find a Doctor 🔍 Log In / Register 🔍

Back to Search Results Print this page (Not Rated) Reviews

Martinez, Miguel A MD

SPECIALITIES: Family Practice

Doctor In Network

MEDICAL GROUP
Beaver Med Grp Ehp - Accepting New Patients

PROVIDER LANGUAGE(S)
English

EXPERIENCE
5 years

GENDER
Male

PROVIDER ID
0A1285220

CLINICAL STAFF LANGUAGE(S)
Unknown
See additional details ▾

Map Satellite

1300 E Cooley Dr
Colton, CA 92324
(909) 370-4100

Hours:
Unknown

1.07 miles
[Get Directions](#)

Report outdated information

Selected Plan:
Trio ACO HMO
[Plans Accepted by Provider \(215\)](#)

blue of california

Shop Plans ▾ Be Well ▾ Find a Doctor 🔍

Log in / Register 🔍

< Back to Search Results Print this page

Martinez, Miguel A MD

Family Practice (Not Rated)

Access+: Yes Reviews

Hospital Affiliations
No hospital affiliation

Provider ID IPAA0752EC

Medical Group Details

MEDICAL GROUP
Beaver Med Grp Ehp - Accepting New Patients

PROVIDER LANGUAGE(S)
English

CLINICAL STAFF LANGUAGE(S)
Unknown

See additional details ▾

Map Satellite

1300 E Cooley Dr
Colton, CA 92324
(909) 370-4100

Hours: 1.07 miles
Unknown

Report out

Selected Plan:
Trio ACO HMO
Plans Accepted by Provider (215)

Step 6.

Next you will need the doctors IPA# - Hover over the name of the medical group and you will find Provider ID IPA#

To choose Miguel A. Martinez, M.D. you will need his Provider ID (See step 5) and his Provider ID IPA# (Step 6)

Also, if you need more help call **Shield Concierge** who are trained to help with any CSEBA related questions. (855) 724-7698 – Mon-Fri - 7 am to 7 pm.

trio
ACO
HMO



Shield Concierge, ready to help

One phone call to your Shield Concierge team delivers fast help

One of the most powerful features of our Trio ACO HMO plan is Shield Concierge. Your Shield Concierge is a team of registered nurses, health coaches, social workers, pharmacy technicians, pharmacists and customer service representatives, all working together for you. They are ready to help you:

Find a new doctor or specialist

If you need a new doctor, you can rely on Shield Concierge. Call us and we'll help you locate a doctor or specialist when you need one.

Continue receiving care without interruption

If you're new to Trio and have an existing health condition, we're here to help. Even if you're pregnant, about to undergo surgery or currently being treated for a condition, Trio and your Shield Concierge team can help coordinate your care.

Transfer your prescriptions and medical records

We can help you get started with your Trio plan by assisting with transferring your prescriptions and medical records to our network providers.

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blue of california

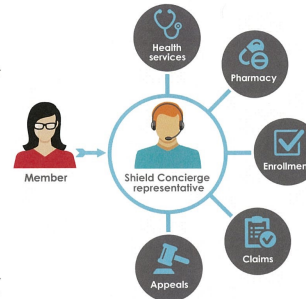
blueshieldca.com

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Blue Shield of California is an independent member of the Blue Shield Association. A483-CSEBA (03/17)

If you'd prefer to email **Shield Concierge**, they will return your email with the answers you need.

CSEBA@blueshieldca.com



California Schools
Employee Benefits Association

Beginning July 1, 2017



For Kaiser Members When you need Chiropractic care, follow these simple steps:

1. Find an ASH Plans Participating Provider near you:
 - Go to ashlink.com/ash/kp, or
 - Call 1-800-678-9133, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time. to answer questions, assist with problems, or help locate a participating chiropractor or acupuncturist.
2. Schedule an appointment.
3. Pay for your office visit when you arrive for your appointment.



For Blue Shield Members When you need Chiropractic or Acupuncture care, follow these simple steps:

1. Find an ASH Plans Participating Provider near you:
 - Go to <https://www.choosehealthy.com/?hp=BSCA>, or
 - Call 1-800-678-9133, Monday through Friday, from 6 a.m. to 5 p.m. Pacific time. to answer questions, assist with problems, or help locate a participating chiropractor or acupuncturist.
2. Schedule an appointment.
3. Pay for your office visit when you arrive for your appointment.

See the plan summaries for the medical plan you belong to.



Plan Today for Tomorrow's Expenses

Understanding Your Employer's Section 125 Plan

If there was a program available that could save you money on your taxes and help you proactively plan for out-of-pocket expenses, would you take advantage of it? That's exactly what a Section 125 Plan does – reduces your tax and increases your spendable income. Under a Section 125 Plan, employers can offer eligible benefits to employees, through payroll deduction, on a pre-tax basis.

This employer-sponsored program is designed to help you save money on important expenses like eligible insurance premiums, health-related expenses, and dependent day care expenses.

See How Much You Could Save

This example shows what a sample employees' bi-weekly paycheck could look like when using a Section 125 Plan. The sample is based on 24 pay periods.

With a Section 125 Plan		Without a Section 125 Plan	
Gross Bi-Weekly Income	\$2,000.00	Gross Bi-Weekly Income	\$2,000.00
Insurance Premiums		Less Tax	
- Medical insurance	-\$250.00	- Federal & State at 20%	-\$400.00
- Dental insurance	-\$30.00	- FICA at 7.65%	-\$153.00
- Vision	-\$25.00		
- Cancer insurance	-\$20.00		
- Accident insurance	-\$15.00		
- Health Flexible Spending Acct	-\$50.00		
Taxable Bi-Weekly Income	\$1,610.00	Bi-Weekly Income Before Benefits	\$1,447.00
Less Tax		Insurance Premiums	
- Federal & State at 20%	-\$322.00	- Medical insurance	-\$250.00
- FICA at 7.65%	-\$123.17	- Dental insurance	-\$30.00
		- Vision	-\$25.00
		- Cancer insurance	-\$20.00
		- Accident insurance	-\$15.00
		- Health Flexible Spending Acct	-\$50.00
Net Bi-Weekly Salary	\$1,164.83	Net Bi-Weekly Salary	\$1,057.00

¹If you are subject to FICA taxes, there might be a slight reduction in your social security benefit due to the reduction of FICA contributions. Example is for illustrative purposes only. Please consult your tax advisor for actual tax savings.

Health Flexible Spending Accounts

How It Works

A Health Flexible Spending Account (Health FSA) may be used to pay for common medical expenses throughout the year. You determine how much money you may spend on eligible medical expenses and then set that amount aside pre-tax in a Health FSA. Throughout the year, when you purchase those items, you may reimburse yourself from the account.

Eligible and Ineligible Expenses

You may use your Health FSA to pay for a wide variety of common medical expenses for you, your spouse, and your eligible tax dependents. The Internal Revenue Service (IRS) determines which expenses are eligible for reimbursement. The following are common types of eligible and ineligible expenses.

Examples of Eligible Expenses:

- Medical expenses, including medical bills to cover deductibles and copayments
- Prescriptions drugs and over-the-counter medicines prescribed by your doctor
- Vision expenses, including eye exams, glasses, contact lenses, Lasik surgery
- Dental expenses, including dental exams, fillings, and orthodontia expenses¹
- Transportation expenses relative to medical care, including mileage at the IRS allowable rate

Examples of Ineligible Expenses:

- Cosmetic procedures
- Toothbrushes
- Insurance premiums
- Vitamins for general wellness
- Any expenses reimbursed under other health plans

Visit with your American Fidelity Assurance Company account manager to learn more.

San Marcos Branch Office
1 Civic Center Dr. #360
San Marcos, CA 92069
1-866-523-1857 • 760-798-7515
americanfidelity.com

“Use or Lose”

It is important that you carefully choose your election amount each year. Under IRS regulations, if you don't use your full election amount during the required timeframe, any remaining funds are forfeited. Check with your employer to see if your plan offers a Runoff Period, Carryover Provision, and/or Grace Period.

- **Runoff Period** - A period after the plan year ends when you are able to submit claims that you incurred during the previous plan year but have not yet submitted.
- **Carryover Provision** - You are able to carry over up to \$500 of unused contributions from one plan year to the next, which may be used to reimburse eligible medical expenses incurred anytime during the next plan year.
- **Grace Period** - An additional two and a half months following the end of the plan year in which you are allowed to incur Health FSA claims and still receive reimbursements.

Dependent Day Care Flexible Spending Account

How It Works

A Dependent Day Care Flexible Spending Account (Dependent Day Care FSA) is used to reimburse yourself, with tax-free funds, for eligible dependent care expenses incurred while you are working. Your contribution is withheld from your paycheck before tax, which in turn reduces your overall tax. You may allocate up to \$5,000 pre-tax per calendar year for reimbursement of dependent care expenses if you are married or \$2,500 if filing separate tax returns.

Who May Participate

Any employee who meets certain eligibility requirements and who has a qualifying dependent may participate in a Dependent Day Care FSA. If you are considering participating, you should be aware that you may be able to take a federal and/or state tax credit instead of participating in the Dependent Day Care FSA. Consult your tax advisor to review your options.

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