



2011  
Flexible Benefits Plan

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Health Care and Dependent Care  
Flexible Spending Accounts

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Reference Guide

**Ohio** The State of Perfect Balance

# Accessing Your Benefits

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FBMC Customer Care offers you a variety of resources to make inquiries on your benefits and Flexible Spending Accounts (FSAs), including information from the FBMC website, Interactive Voice Response (IVR) system or Customer Service.

## On the Web

Type “[www.myFBMC.com](http://www.myFBMC.com)” into your Internet browser to access FBMC’s home page. Use the navigational tabs along the top of the Web page to get answers to many of your benefits questions.

If you previously registered an e-mail address and password on FBMC’s website, you may continue using this information. If you haven’t registered, log in to the site as a first time user. Follow the link on the login page and register through the FBMC Premier Login.

## Benefits

You can check your benefit status, read benefit descriptions, use our tax calculator and much more.

## Claims

Check the status of your claim, download forms, get more information about mailing and faxing your claim to FBMC or see transactions that need documentation.

## Accounts

View your account balance and contributions or review monthly statements and your transaction history.

## myFBMC Card® Visa® Card

Download a card fact sheet or claim form, read detailed instructions on proper use, review our list of participating drug stores and pharmacies near you (see IAS Store List), as well as view a list of eligible Over-the-Counter (OTC) items.

## Profile

Change the e-mail address we have on file, complete your online registration or select a new PIN.

## Resources

Browse through our extensive resource library, including: benefit materials, eligible expenses, required documentation, Over-the-Counter drug listings and benefit tips.

## Forms

Download applicable forms for reimbursement and Direct Deposit.

## Over the Phone

FBMC’s 24-hour automated phone system, Interactive Voice Response (IVR), can be reached by calling 1-800-865-FBMC (3262) allowing you to access your benefits any time. Follow the voice prompts to find out information about your benefits such as:

- Current Account Balance(s)
- Claim Status
- Mailing Address Verification
- Obtain FSA Claim Forms
- Change your PIN

**Note:** Please be sure to keep this Reference Guide in a safe, convenient place, and refer to it for benefit information.

# 2011 State of Ohio

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## Important notice regarding reimbursement of OTC items

The Patient Protection and Affordable Care Act (PPACA) approved by congress and signed into law by the President changes the way some Over-the-Counter (OTC) items qualify for Flexible Spending Account (FSA) reimbursement. Beginning Jan. 1, 2011, certain OTC drugs and medicines will no longer be eligible for reimbursement without an order, directive or prescription from your attending provider.

FBMC will continue to provide updates and post an updated OTC category list on [www.myFBMC.com](http://www.myFBMC.com) as information becomes available.

It's important to remember that you can still use your FSA funds for other eligible medical expenses and prescription purchases at pharmacies that are part of the IIAS Store List on [www.myFBMC.com](http://www.myFBMC.com). Unaffected OTC items will still be reimbursable, as well as affected OTC items with a doctor's prescription or Letter of Medical Need.

If you have any questions regarding this new legislation, please contact FBMC Customer Care or visit [www.myFBMC.com](http://www.myFBMC.com).

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## Enrollment at a Glance

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As you use your FSA throughout 2011, use this guide as a handy resource to find answers to any questions that you may have. Within this guide, you will find information regarding how to:

- Use your health care and/or dependent care flexible spending account funds
- Submit a reimbursement claim form
- Enroll in the direct deposit option
- Determine if an expense is eligible for reimbursement
- Use the myFBMC Card<sup>SM</sup>

For more information, visit the Fringe Benefits Management Company (FBMC) website at [www.myFBMC.com](http://www.myFBMC.com), or contact Customer Care at 1-800-342-8017, Monday - Friday, 7 a.m. - 10 p.m. ET. You can visit the DAS Benefits at <http://das.ohio.gov/Divisions/HumanResources/BenefitsAdministration/tabid/190/Default.aspx>.

**NOTE:** Be sure to submit your completed 2011 enrollment form to FBMC at:

P.O. Box 1878  
Tallahassee, FL 32303

or fax to (850) 514-5806

Make your benefits work for you – it's easy!

Before you sign up for an FSA, review this reference guide to understand how FSAs can save you and your family a significant amount of tax money. For more information, refer to the Flexible Spending Accounts section beginning on Page 4 of this Reference Guide.

# Flexible Spending Accounts

A Flexible Spending Account (FSA) is an account you set up to pre-fund your anticipated, eligible medical services and medical supplies that are not normally covered by your insurance, or for dependent care expenses. You can choose from two accounts: Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA).

Not only are your HCSA funds available to you in one lump sum at the beginning of your plan year, but your FSA funds are deducted before federal and state taxes are calculated on your paycheck.

With either FSA, you benefit from having less **taxable** income in each of your paychecks, which means more **spendable** income to use toward your eligible medical and dependent care expenses.

Once you decide how much to contribute to your HCSA and/or DCSA, the amount is deducted equal amounts from your paychecks during the plan year.

## Examples of how to use your FSA:

### Example 1: Paying a co-payment and doctor/dental fees

The myFBMC Card<sup>SM</sup> is available for Point of Service use to pay co-pays and fees. After paying your co-payment and doctor/dental fees at a service provider's office, obtain an Explanation of Benefits (EOB) or detailed receipt of the completed services. Submit these documents, along with a claim form to FBMC. Within five business days, FBMC will process your request and mail your reimbursement check to you or direct deposit your funds into the account of your choice.

### Example 2: Paying for daycare services

Once you have paid for your child's daycare service, send a completed claim form to FBMC, along with documentation showing the following:

- Name, age and grade of the dependent receiving the service
- Cost of the service
- Name and address of the service provider
- Beginning and ending dates of the service.

Your request will be processed within five business days and either mailed to you or deposited into the account you have chosen.

## FSA Eligibility

Your Health Care Spending Account may be used to reimburse eligible expenses incurred by yourself, your spouse, your qualifying child or your qualifying relative. You may use your Dependent Care Spending Account to receive reimbursement for eligible dependent care expenses for qualifying individuals. **Please see the Flexible Spending Account FAQs at [www.myFBMC.com](http://www.myFBMC.com).**

**Note:** There is no age requirement for a qualifying child if they are physically and/or mentally incapable of self-care. An eligible child of divorced parents is treated as a dependent of both, so either or both parents can establish a Health Care FSA. Only the custodial parent of divorced or legally-separated parents can be reimbursed using the Dependent Care FSA.

### Health Care FSA Savings Example\*

(With FSA)		(Without FSA)
\$31,000	Annual Gross Income	\$31,000
- 2,000	FSA Deposit for Recurring Expenses	- 0
\$29,000	Taxable Gross Income	\$31,000
- 6,380	Federal Taxes	-6,820
\$22,620	Annual Net Income	\$24,180
- 0	Cost of Recurring Expenses	-2,000
\$22,620	Spendable Income	\$22,180

**This example represents the savings for a Health Care FSA. Savings could be higher if participating in both FSA accounts.**

**That's a potential annual savings of**

**\$440!**

\* Based upon a 22 percent flat tax rate calculated on a calendar year.

## Annual Contribution Limits

### For Health Care FSA:

Minimum Annual Deposit: \$10 if paid bi-weekly/\$20 if paid monthly\*

Maximum Annual Deposit: \$3,000 (for 2011 calendar year)

### For Dependent Care FSA:

Minimum Annual Deposit: \$10 if paid bi-weekly/\$20 if paid monthly  
The maximum contribution depends on your tax filing status:

- If you are married and filing separately, your maximum annual deposit is \$2,500.
- If you are single and head of household, your maximum annual deposit is \$5,000.
- If you are married and filing jointly, your maximum annual deposit is \$5,000.
- If either you or your spouse earn less than \$5,000 a year, your maximum annual deposit is equal to the lower of the two incomes.
- If your spouse is a full-time student or incapable of self-care, your maximum annual deposit is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.

\*For employees on a bi-weekly pay schedule, deductions will be taken from the first 24 pay periods of the year. No deductions will be taken after the 24th paycheck.

## Written Certification

When enrolling in either or both FSAs, written notice of agreement with the following will be required:

- I will only use my FSA to pay for IRS-qualified expenses and only for my IRS-eligible dependents
- I will exhaust all other sources of reimbursement, including those provided under my employer's plan(s) before seeking reimbursement from my FSA
- I will not seek reimbursement through any additional source and
- I will collect and maintain sufficient documentation to validate the foregoing.

# Flexible Spending Accounts

## Health Care Spending Account

Eligibility: Permanent full-time and permanent part-time employees who have completed probation (if applicable). Enrollment must occur within **30** days of eligibility.

A HCSA is used to pay for eligible medical expenses which aren't covered by your insurance or other plan. These expenses can be incurred by yourself, your spouse, a qualifying child or relative. Your full annual contribution amount is available at the beginning of the plan year, so you don't have to wait for the money to accumulate.

### Partial List of Medically Necessary Eligible Expenses\*

Acupuncture  
Ambulance service  
Birth control pills and devices  
Chiropractic care  
Contact lenses (corrective)  
Dental fees  
Diagnostic tests/health screening  
Doctor fees  
Drug addiction/alcoholism treatment  
Drugs  
Experimental medical treatment  
Eyeglasses  
Guide dogs  
Hearing aids and exams  
In vitro fertilization  
Injections and vaccinations  
Nursing services  
Optometrist fees  
Orthodontic treatment  
Over-the-Counter items\*\*  
Prescription drugs to alleviate nicotine withdrawal symptoms  
Smoking cessation programs/treatments  
Surgery  
Transportation for medical care  
Weight-loss programs/meetings  
Wheelchairs  
X-rays

**Note:** Budget conservatively. No reimbursement or refund of Medical Expense FSA funds is available for services that do not occur within your plan year.

\* IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply, and will be supplied to you following enrollment.

**\*\*Beginning Jan. 1, 2011, certain OTC drugs and medicines will no longer be eligible for reimbursement without a prescription or Letter of Medical Need from your physician.**  
**Be sure to visit [www.myFBMC.com](http://www.myFBMC.com) for regular updates about OTC eligibility.**

## Dependent Care Spending Account

Eligibility: Permanent full-time and permanent part-time employees who have an eligible dependent(s). Enrollment must occur within **30** days of eligibility.

The DCSA is a great way to pay for eligible dependent care expenses such as after school care, baby-sitting fees, daycare services, elder care expenses, nursery, and preschool. Eligible dependents include your qualifying child, spouse and/or relative.

### Partial List of Eligible Dependent Care Expenses\*

After school care  
Baby-sitting fees  
Daycare services  
In-home care/au pair services  
Nursery and preschool  
Summer day camps  
Elder Care

**Note:** Budget conservatively. No reimbursement or refund of Dependent Care FSA funds is available for services that do not occur within your plan year.

\* IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply, and will be supplied to you following enrollment.

## FSA Fund Availability

### For Health Care Spending Account:

Once you sign up for a HCSA and decide how much to contribute, the maximum annual amount of reimbursement for eligible health care expenses will be available throughout your period of coverage.

Since you don't have to wait for the cash to accumulate in your account, you can use it to pay for your uninsured, eligible health care expenses at the start of your deductions. Your effective date of plan participation will be the first day of the month after FBMC receives your application

### For Dependent Care Spending Account:

Once you sign up for a DCSA and decide how much to contribute, the funds available to you depend on the actual funds in your account. Unlike a HCSA, the entire maximum annual amount is not available during the plan year, but rather after your payroll deductions are received. Your effective date of plan participation will be the first day of the month after FBMC receives your application

**Visit [www.myFBMC.com](http://www.myFBMC.com) for a list of frequently asked questions.**

**You must keep your documentation for a minimum of one year and submit to FBMC upon request.**

# Flexible Spending Accounts

**A properly completed request will help speed along the process of your reimbursement, allowing you to receive your check or Direct Deposit promptly.**

## Ineligible Expenses

### For Health Care Spending Account:

- insurance premiums
- vision warranties and service contracts and
- cosmetic surgery not deemed medically necessary to alleviate, mitigate or prevent a medical condition.

### For Dependent Care Spending Account:

- books and supplies
- child support payments or child care if you are a non-custodial parent
- health care payments or educational tuition costs and
- services provided by your dependent, your spouse's dependent or your child who is under age 19. Requesting Reimbursement

### For a Health Care Spending Account:

You can use your HCSA to reimburse eligible expenses after you have sought (and exhausted) all means of reimbursement provided by your employer and any other appropriate resource. Keep in mind that some eligible expenses are reimbursable on the date available, not the date ordered.

To request reimbursement, simply fax or mail a correctly completed HCSA claim form along with the following:

- an invoice or bill from your health care provider listing the date you received the service, the cost of the service, the specific type of service and the person for whom the service was provided or
- an Explanation of Benefits (EOB)\* from your health insurance provider that shows the specific type of service you received, the date and cost of the service and any uninsured portion of the cost and
- a written statement from your health care provider indicating the service was medically necessary if those services could be deemed cosmetic in nature, accompanied by the invoice or bill for the service.

\* EOBs are not required if your coverage is through a HMO.

### For a Dependent Care Spending Account:

You can request reimbursement from your DCSA as often as you like. However, your approved expense will not be reimbursed until the last date of service for which you are requesting reimbursement has passed. Remember that for timely processing of your reimbursement, your payroll contributions must be current.

Requesting reimbursement from your DCSA is easy. Simply fax or mail a correctly completed DCSA claim form along with documentation showing the following:

- the name, age and grade of the dependent receiving the service
- the cost of the service
- the name and address of the provider and
- the beginning and ending dates of the service.

Be certain you obtain and submit the above information when requesting reimbursement from your DCSA. This information is required with each request for reimbursement.

**Note:** Cancelled checks or credit card receipts (or copies) listing the cost of eligible expenses are **not** valid documentation for either HCSA or DCSA reimbursement.

## Send all FSA reimbursement claims to:

**Fax toll-free:** 1-888-800-5217

**Mail to:** Contract Administrator  
Fringe Benefits Management Company  
P.O. Box 1800  
Tallahassee, FL 32302-1800

**Note:** If you elect to participate in the DCSA, or if you file for the Dependent Care Tax Credit, you must attach IRS Form 2441, reflecting the information above, to your 1040 income tax return. Failure to do this may result in the IRS denying your pre-tax exclusion.

## Important FSA Note:

You have a **90-day run-out period** (ending March 31, 2012) after your plan year ends to submit reimbursement requests for all eligible FSA expenses incurred DURING your plan year.

## Appeal Process

If you have a request for a mid-plan year election change, FSA reimbursement claim or other similar request denied, in full or in part, you have the right to appeal the decision by sending a written request within 60 days of the denial for review to FBMC (Attn: Appeals Process, P. O. Box 1878, Tallahassee, FL, 32302-1878).

Your appeal must include:

- the name of your employer
- the date of the services for which your request was denied
- a copy of the denied request
- the denial letter you received
- why you think your request should not have been denied and
- any additional documents, information or comments you think may have a bearing on your appeal.

Your appeal and supporting documentation will be reviewed upon receipt. You will be notified of the results of this review within 30 business days from receipt of your appeal. In unusual cases, such as when appeals require additional documentation, the review may take longer than 30 business days. If your appeal is approved, additional processing time is required to modify your benefit elections.

**Note:** Appeals are approved only if the extenuating circumstances and supporting documentation are within your employer's, insurance provider's and the IRS' regulations governing the plan.

# myFBMC Card<sup>®</sup> Visa<sup>®</sup> Card

The myFBMC Card<sup>SM</sup> Visa<sup>®</sup> Card is issued by First Horizon.



The myFBMC Card<sup>®</sup> is a convenient reimbursement option that allows FBMC to electronically reimburse eligible expenses under your employer's plan and IRS guidelines. Because it is a payment card, when you use the myFBMC Card<sup>®</sup> to pay for eligible expenses, funds are electronically deducted from your account.

## myFBMC Card<sup>®</sup> advantages

You can use the myFBMC Card<sup>®</sup> for your eligible Over-the-Counter (OTC) expenses\* at IIAS stores (for more information on IIAS stores and OTC eligibility, please see the **FAQs** at [www.myFBMC.com](http://www.myFBMC.com)). Other advantages include:

- **instant reimbursements** for health care expense
- **instant approval** of eligible OTC and prescription expenses, as well as some medical, vision and dental (others require documentation)
- **no out-of-pocket expense** and
- **easy access** to your account funds.

**Note:** You **cannot** use the myFBMC Card<sup>®</sup> for **medicinal** OTC items, cosmetic dental expenses or eye glass warranties.

## How do I get the myFBMC Card<sup>®</sup>?

You will automatically receive the Card when you start a HCSA. Two cards will be sent to you in the mail; one for you and one for your spouse or eligible dependent. You should keep your cards to use each plan year until they expire.

There is no annual fee for using the card.

## Using the myFBMC Card<sup>®</sup>

For eligible expenses, simply swipe the myFBMC Card<sup>®</sup> like you would with any other debit card. Whether at your health care provider or at your drugstore, the amount of your eligible expenses will be automatically deducted from your HCSA. For certain Over-the-Counter and prescription purchases the card will only be accepted at IIAS merchants. For all other qualified expenses, such as medical and dental co-payments, the myFBMC Card<sup>SM</sup> will function normally. To find out if a pharmacy or drugstore near you accepts the card, please refer to the **IIAS FAQs** at [www.myFBMC.com](http://www.myFBMC.com).

Remember, you can go to [www.myFBMC.com](http://www.myFBMC.com) to activate your card, see your account information, check for any outstanding Card transactions and view a list of eligible OTC items.

## When do I send in documentation for a myFBMC Card<sup>®</sup> expense?

You must send in documentation for certain myFBMC Card<sup>®</sup> transactions, such as those that are **not** a known office visit or prescription co-payment (as outlined in your health plan's Schedule of Benefits). When requested, you must send in documentation for these transactions. Documentation for a card expense is a statement or bill showing:

- name of the patient
- name of the service provider
- date of service
- type of service (including prescription name) and
- total amount of service.

**Note:** This documentation must be sent with a Claim Form and cannot be processed without it. Like all other FSA documentation, you must keep your myFBMC Card<sup>®</sup> expense documentation for a minimum of one year, and submit it to FBMC when requested.

## If you fail to send in the requested documentation for an myFBMC Card<sup>®</sup> expense, you will be subject to:

- withholding of payment for an eligible paper claim to offset any outstanding myFBMC Card<sup>®</sup> transaction
- suspension of your myFBMC Card<sup>®</sup> privileges
- payback through payroll
- the reporting of any outstanding myFBMC Card<sup>®</sup> transaction amounts as income on your W-2 at the end of the tax year.

**Note:** Card transaction disputes must be filed within 60 days of the transaction date.

## What agreement am I making when I use the myFBMC Card<sup>®</sup>?

For more information about the myFBMC Card<sup>®</sup>, see the Cardholder Agreement that accompanies it.

**\* Beginning Jan. 1, 2011, certain OTC drugs and medicines will no longer be eligible for purchase with the myFBMC Card<sup>®</sup>.**  
**Visit [www.myFBMC.com](http://www.myFBMC.com) for more information.**

# FSA Worksheets

Use the worksheets below to determine how much to deposit in your FSA. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket health care and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. (Refer to the individual FSA descriptions in this Reference Guide for limits.)

**Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.**

### Health Care Spending Account Worksheet

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

**UNINSURED MEDICAL EXPENSES**

Health insurance deductibles	\$ _____
Coinsurance or co-payments	\$ _____
Vision care	\$ _____
Dental care	\$ _____
Prescription drugs	\$ _____
Travel costs for medical care	\$ _____
Other eligible expenses	\$ _____
<b>TOTAL</b>	\$ _____

**DIVIDE** by the number of paychecks you will receive during the plan year.\*  $\div$  \_\_\_\_\_

**This is your pay period contribution.** \$ \_\_\_\_\_

\* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

### Dependent Care Spending Account Worksheet

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

**CHILD CARE EXPENSES**

Daycare services	\$ _____
In-home care/au pair services	\$ _____
Nursery and preschool	\$ _____
After school care	\$ _____
Summer day camps	\$ _____

**ELDER CARE SERVICES**

Daycare center	\$ _____
In-home care	\$ _____

**TOTAL** Remember, your total contribution cannot exceed IRS limits for the plan year and calendar year. \$ \_\_\_\_\_

**DIVIDE** by the number of paychecks you will receive during the plan year.\*  $\div$  \_\_\_\_\_

**This is your pay period contribution.** \$ \_\_\_\_\_

\* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

**DIRECT DEPOSIT - No one likes waiting for their money, why are you?  
With Direct Deposit there are no fees for the service and your FSA reimbursement checks are deposited into the checking or savings account of your choice within 48 hours of claim approval.**

**Beginning Jan. 1, 2011, certain OTC drugs and medicines will no longer be eligible for reimbursement without a prescription or Letter of Medical Need from your physician.  
Be sure to visit [www.myFBMC.com](http://www.myFBMC.com) for regular updates about OTC eligibility.**

# Changing Your Coverage

## Changing your FSA during the Plan Year

Within **30 days** of a qualifying event, you must submit a Change in Status (CIS)/Election Form and supporting documentation to FBMC. Upon the approval of your election change request, your existing FSA(s) elections will be stopped or modified (as appropriate). However, if your FSA election change request is denied, you will have **60 days**, from the date you receive the denial, to file an appeal with FBMC. For more information, refer to the "Appeal Process" section on Page 6. Visit [www.myFBMC.com](http://www.myFBMC.com) for information on rules governing periods of coverage and IRS Special Consistency Rules.

Changes in Status:	
<b>Marital Status</b>	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is recognized in Ohio).
<b>Change in Number of Tax Dependents</b>	A change in number of dependents includes the following: birth, death, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid CIS event.
<b>Change in Status of Employment Affecting Coverage Eligibility</b>	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan. This includes commencement or termination of employment.
<b>Gain or Loss of Dependents' Eligibility Status</b>	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
<b>Change in Residence*</b>	A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under an employer's plan includes moving out of an HMO service area.
Some Other Permitted Changes:	
<b>Coverage and Cost Changes*</b>	Your employer's plans may permit election changes due to cost or coverage changes. You may make a corresponding election change to your Dependent Care FSA benefit whenever you actually switch dependent care providers. However, if a relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your salary reduction amount solely on a desire to increase or decrease the amount being paid to that relative.
<b>Open Enrollment Under Other Employer's Plan*</b>	You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer's plan if they participate in their employer's plan and: <ul style="list-style-type: none"> <li>• the other employer's plan has a different period of coverage (usually a plan year) or</li> <li>• the other employer's plan permits mid-plan year election changes under this event.</li> </ul>
<b>Judgment/Decree/Order†</b>	If a judgment, decree or order from a divorce, legal separation (if recognized by state law), annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
<b>Medicare/Medicaid†</b>	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
<b>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</b>	If your employer's group health plan(s) are subject to HIPAA's special enrollment provision, the IRS regulations regarding HIPAA's special enrollment rights provide that an IRC § 125 cafeteria plan may permit you to change a salary reduction election to pay for the extra cost for group health coverage, on a pre-tax basis, effective retroactive to the date of the CIS event, if you enroll your new dependent within 30 days of one of the following CIS events: birth, adoption or placement for adoption. Note that a Healthcare Spending Account is not subject to HIPAA's special enrollment provisions if it is funded solely by employee contributions.
<b>Family and Medical Leave Act (FMLA) Leave of Absence</b>	Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. Contact your agency's payroll/personnel office for additional information.

\* Does not apply to a Health Care FSA plan.

† Does not apply to a Dependent Care FSA plan.

# COBRA

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## What is continuation coverage?

Federal law requires that most group health plans, including Health Care Flexible Spending Accounts, give employees and their families the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan.

## How long will continuation coverage last?

### **For Health Care Spending Accounts:**

You may continue your HCSA (on a post-tax basis) only for the remainder of the plan year in which your qualifying event occurs, **if** you have not already received, as reimbursement, the maximum benefit available under the HCSA for the year. For example, if you elected a HCSA benefit of \$1,000 for the plan year and have received only \$200 in reimbursement, you may continue your HCSA for the remainder of the plan year or until such time that you receive the maximum HCSA benefit of \$1,000.

### **For More Information**

This *COBRA* Q&A section does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available from your employer. You can get a copy of your summary plan description from **FBMC** or viewed at <http://www.das.ohio.gov/flexiblespendingaccount>.

For more information about your COBRA rights, the Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, contact the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

### **Keep Your Address Updated**

In order to protect your family’s rights, you should keep FBMC informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to your employer and FBMC.

# Beyond Your Benefits

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## FBMC Privacy Notice

4/14/03

This notice applies to products administered by Fringe Benefits Management Company and its wholly-owned subsidiaries (collectively "FBMC"). FBMC takes your privacy very seriously. As a provider of products and services that involve compiling personal—and sometimes, sensitive—information, protecting the confidentiality of that information has been, and will continue to be, a top priority of FBMC. This notice explains how FBMC handles and protects the personal information we collect. Please note that the information we collect and the extent to which we use it will vary depending on the product or service involved. In many cases, we may not collect all of the types of information noted below. FBMC's privacy policy is as follows:

I. We collect only the customer information necessary to consistently deliver responsive services. FBMC collects information that helps serve your needs, provide high standards of customer service and fulfill legal and regulatory requirements. The sources and types of information collected generally varies depending on the products or services you request and may include:

- Information provided on enrollment and related forms - for example, name, age, address, Social Security number, e-mail address, annual income, health history, marital status and spousal and beneficiary information.
- Responses from you and others such as information relating to your employment and insurance coverage.
- Information about your relationships with us, such as products and services purchased, transaction history, claims history and premiums.
- Information from hospitals, doctors, laboratories and other companies about your health condition, used to process claims and prevent fraud.

II. Under HIPAA, you have certain rights with respect to your protected health information. You have rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with the Plan in care of FBMC's Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

Additional information that describes how medical information about you may be used and disclosed and how you can get access to this information is provided electronically on our website: [www.myFBMC.com](http://www.myFBMC.com). You have a right to a paper copy at any time. Contact FBMC Customer Care at 1-800-342-8017.

III. We maintain safeguards to ensure information security. We are committed to preventing unauthorized access to personal information. We maintain physical, electronic and procedural safeguards for protecting personal information. We restrict access to personal information to those employees, insurance companies and service providers who need to know that information to provide products or services to you. Any employee who violates our Privacy Policy is subject to disciplinary action.

IV. We limit how, and with whom, we share customer information. We do not sell lists of our customers, and under no circumstances do we share personal health information for marketing purposes. With the following exceptions, we will not disclose your personal information without your written authorization. We may share your personal information with insurance companies with whom you are applying for coverage, or to whom you are submitting a claim. We also may disclose personal information as permitted or required by law or regulation. For example, we may disclose information to comply with an inquiry by a government agency or regulator, in response to a subpoena or to prevent fraud.

We will provide our Privacy Notice to current customers annually and whenever it changes. If you no longer have a customer relationship with us, we will still treat your information under our Privacy Policy, but we will no longer send notices to you. In this notice of our Privacy Policy, the words "you" and "customer" are used to mean any individual who obtains or has obtained an insurance, financial product or service from FBMC that is to be used primarily for personal or family purposes.

## Notice of Administrator's Capacity

This notice advises Flexible Spending Account participants of the identity and relationship between your employer and its Contract Administrator, Fringe Benefits Management Company (FBMC). FBMC is not an insurance company. FBMC has been authorized by your employer to provide administrative services for the Flexible Spending Account plans offered herein. FBMC will process claims for reimbursement promptly. In the event there are delays in claims processing, you will have no greater rights in interest or other remedies against FBMC than would otherwise be afforded to you by law.

# Benefits Directory

## **Fringe Benefits Management Company**

*Flexible Spending Accounts*

*FBMC Customer Care*

Monday - Friday, 7 a.m. - 10 p.m. ET

1-800-342-8017

*Automated Services*

24 hours a day

1-800-865-FBMC (3262)

[www.myFBMC.com](http://www.myFBMC.com)

## **myFBMC Card<sup>SM</sup>**

*Activation*

24 hours a day

[www.myFBMC.com](http://www.myFBMC.com)

1-888-514-6845

*Lost or Stolen Card*

24 hours a day

1-888-462-1909

*Dispute Line*

FBMC Customer Care

Mon - Fri, 7 a.m. - 10 p.m. ET

1-800-342-8017

## **State of Ohio**

Human Resources Division

Benefits Administration Services

*Customer Service*

1-800-409-1205

<http://das.ohio.gov/Divisions/>

[HumanResources/BenefitsAdministration/](http://das.ohio.gov/Divisions/HumanResources/BenefitsAdministration/tabid/190/Default.aspx)

[tabid/190/Default.aspx](http://das.ohio.gov/Divisions/HumanResources/BenefitsAdministration/tabid/190/Default.aspx)

# FBMC

Premier Benefits Solutions

Contract Administrator

Fringe Benefits Management Company

P.O. Box 1878 • Tallahassee, Florida 32302-1878

Customer Care 1-800-342-8017 • 1-800-955-8771 (TDD)

[www.myFBMC.com](http://www.myFBMC.com)

Information contained herein does not constitute an insurance certificate or policy. Certificates will be provided to participants following the start of the plan year, if applicable.