



Department of
Administrative Services

Health Care and Dependent Care Flexible Spending Accounts (FSA); and Commuter Benefits

2020 Reference Guide

Reference Guide

2020 Flexible Spending Accounts and Commuter Benefits

Inside:

- 5 Flexible Spending Accounts
- 9 WageWorks Health Care Card
- 10 FSA Worksheets
- 13 Changing Your Coverage
- 14 COBRA
- 14 Beyond Your Benefits
- 15 Commuter Benefits
- 16 Health Care Enrollment Form
- 17 Dependent Care Enrollment Form
- 18 Change in Status Form

Welcome to 2020 Flexible Spending Accounts and Commuter Benefits with WageWorks

WageWorks is the State of Ohio's Flexible Spending Account (FSA) and Commuter Benefits administrator.

Use this guide to learn more about how FSAs and Commuter Benefits can save you and your family money. These easy-to-use benefits allow you to pay for eligible health care, dependent care and commuting expenses with money deducted from your paycheck before you pay taxes.

FSA enrollment is not automatic. You must re-enroll each year to participate.

- ▶ **Easy online enrollment** – Available only during Open Enrollment for Flexible Spending Accounts or throughout the year for Commuter Choice. Go to www.wageworks.com, click on the link "Log in/Register". If you haven't already registered, click "Employee Registration" and follow the simple steps. For more information on the enrollment process, see the next page for detailed instructions. **Be sure to use the last four digits of your State of Ohio User ID number.**
- ▶ **Paper enrollment** – For enrollment in FSAs during Open Enrollment or when enrolling outside of Open Enrollment between January 1 through September 30, use the enrollment forms located in the back of this booklet or at das.ohio.gov/flexiblependingaccount.
- ▶ **Account management via web portal and mobile app** – Once enrolled in a FSA or Commuter Benefit, you will receive a Quick Start Guide to walk you through account set up, including arranging direct deposit reimbursements and accessing on-demand activity statements. From your online account at www.wageworks.com, you can check account balances, submit claims, look up eligible expenses, select reimbursement methods and much more. Download the EZ Receipts mobile app, which puts the power of the web portal into the palm of your hand, allowing you to manage and view account activities on the go.
- ▶ **Customer service** – The WageWorks customer service team is available 24 hours, 7 days a week to answer your questions at 1.855.428.0446. In addition, you can find helpful FSA and Commuter Benefit tips, guides, video tutorials, and FAQs at www.wageworks.com.

Health Care Spending Account vs. Ohio Med HDHP Enrollment

Employees and/or spouses enrolled in the Ohio Med High Deductible Health Plan (HDHP) with the Health Savings Account (HSA) are not eligible to enroll in a traditional Health Care Spending Account. Conversely, if you or your spouse enroll in a Health Care Spending Account, neither you nor your spouse is eligible to enroll in the Ohio Med HDHP with an HSA. This also applies if you will have a carryover balance in your Health Care Spending Account as of December 31. However, a recent change means you can supplement your HSA with a Limited Purpose Spending Account, which covers only dental and vision expenses. Limits apply and carryovers are the same as the HCSA amounts.

Important Information

New in 2020

Limited Purpose Spending Account. See page 8 for details.

For Flexible Spending Accounts

Open Enrollment for Flexible Spending Accounts is:

October 14 to October 25, 2019.

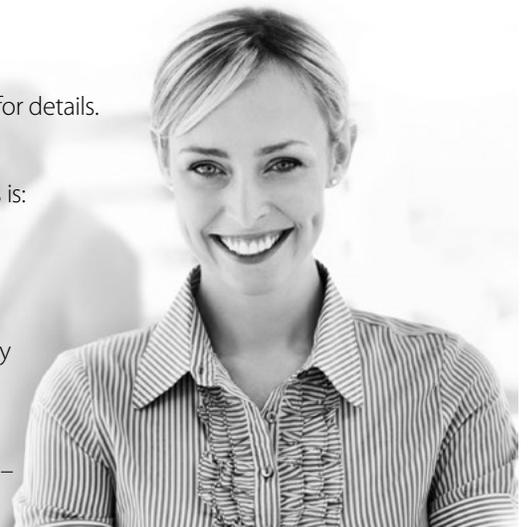
The Period of Coverage is:

January 1 to December 31, 2020.

2020 Open Enrollment forms must be received by WageWorks no later than October 25, 2019.

For Commuter Benefits

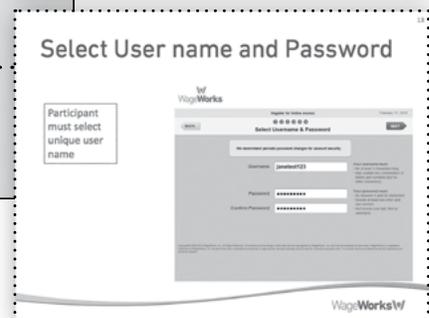
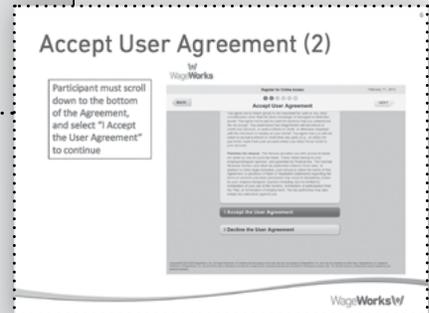
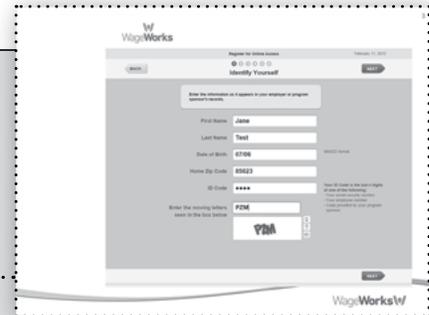
You can enroll in Commuter Benefits at **any time**—there's no need to wait for Open Enrollment.



How to Register and Enroll

Before you can enroll in a FSA or Commuter Benefits, you need to register for a WageWorks account. Once you register, you can access your WageWorks account 24/7. Follow these steps to get started:

1. Go to www.wageworks.com
2. Click "Log in/Register"
3. Select "Employee Registration."
4. Verify your employee status and contact information. For the ID Code, use the last four digits of your State of Ohio User ID.
5. Read and accept the User Agreement.
6. Enter and verify your reimbursement methods for your FSA or Commuter Benefits.
7. Choose your communications preferences: text, email or mail.
8. Create a unique username and password.
9. Confirm and save preferences.



Open Enrollment—Participant Experience

Employees are only eligible to enroll online during open enrollment. Be sure to enroll in the correct benefit. For example, do not enroll in a Dependent Care Spending Account if you do not have a qualifying dependent.

Flexible Spending Accounts

A Flexible Spending Account (FSA) is an account set up to reserve money for your anticipated, eligible medical services and medical supplies that are not normally paid by your insurance, or for eligible dependent care expenses. There are two types of accounts: Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA).

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 you have more spendable income

Once you decide how much to contribute annually to your HCSA and/or DCSA, the amount is deducted in equal amounts from the first **24 pay periods** of the calendar year or 12 pay periods if you are paid monthly. For mid-year enrollment, your election amount will be divided among the remaining of the first 24 calendar pay periods.

FSA Savings Example*

	(With FSA)	(Without FSA)
Annual Gross Income	\$31,000.00	\$31,000.00
FSA Deposit for Eligible Expenses	<u>- 2,500.00</u>	<u>- 0.00</u>
Taxable Gross Income	\$28,500.00	\$31,000.00
Federal Taxes	<u>- 5,874.92</u>	<u>- 6,401.50</u>
Annual Net Income	\$22,625.08	\$24,598.50
Cost of Eligible Expenses	- 0.00	- 2,500.00
Spendable Income	\$22,625.08	\$22,098.50

By using an FSA to pay for anticipated recurring expenses, you convert the money you save in taxes to additional spendable income. That's a potential annual savings of **\$526.58!**

Budget conservatively. While you can carry over a minimum of \$50 and a maximum of \$500 of your Health Care Spending Account, no reimbursement or refund of Health Care Spending Account or Dependent Care Spending Account funds is available for services that do not occur within the plan year.

*** Based upon a 20.65% tax rate (15% federal) calculated on a calendar year.**

Managing Your Account

You can manage or check on your account through WageWorks online or over the phone. The "Statement of Activity" page online details all of your account activity and will alert you if any WageWorks® Healthcare Card transactions are in need of verification.

For the latest information, visit www.wageworks.com and log in to your account 24/7. In addition to reviewing your most recent FSA activity, you can:

- ▶ Update your account preferences and personal information.
- ▶ View your transactions and account history for the current plan year.
- ▶ Schedule payments to health care and dependent care providers.
- ▶ Check the complete list of eligible expenses for your FSA program.
- ▶ Pay many of your eligible health care and dependent care expenses online from your medical or dependent care FSA.
- ▶ Order additional WageWorks® Healthcare Cards for your family.
- ▶ Manage your account while on the go via the WageWorks mobile website.
- ▶ Download the EZ Receipts® app so that you are able to file claims and take care of WageWorks® Healthcare Card paperwork if you have a smartphone.
- ▶ Budget conservatively. No reimbursement or refund of Flexible Spending Account funds is available for services that do not occur within the plan year.

Health Care Spending Account

HCSA Eligibility

Your HCSA may be used to reimburse eligible expenses incurred by you, your spouse, your qualifying child or a qualifying relative. For more information, please go to: www.wageworks.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 an HCSA. However, only the custodial parent of divorced or legally-separated parents can be reimbursed using the DCSA.

Health Care Spending Account

Eligibility:

Permanent full-time and permanent part-time **employees who have successfully completed their initial probationary period (if applicable) and have sufficient pay to cover the election amount may enroll** in an HCSA. Enrollment must occur within 31 days of eligibility or during the open enrollment period.

If you complete your initial probationary period between October 1 & December 31, you are eligible to enroll during Open Enrollment for the next plan year.

A HCSA is used to pay for eligible **medical expenses** which aren't paid for by your insurance or other plan. These expenses can be incurred by you, 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.

Annual Health Care Spending Account Limits:

Minimum Annual Deposit: \$240

Maximum Annual Deposit: \$2,500

Remember that the limit is per employee, so if you have a spouse with a Health Care Spending Account, they can contribute up to \$2,500 in their account as well, even if you both work for the State of Ohio.

Carryover:

You may carryover a minimum of \$50 and a maximum of \$500 from one plan year to the next. This means that if you have between \$50 and \$500 remaining in your Health Care Spending Account on December 31, 2020, you can transfer that amount to the 2021 plan year. Keep in mind you must use current year funds before using carrying over funds. Please visit www.wageworks.com for more information regarding carryover.

Minimum Carryover: \$50 • Maximum Carryover: \$500

Health Care Spending Account Fund Availability:

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

Since you don't have to wait for the funds to accumulate in your account, you can use it to pay for your eligible health care expenses once your account becomes effective.

NOTE: For employees on a biweekly pay schedule, deductions will be taken from the first 24 pay periods of the calendar year.

Typical HCSA-Ineligible Expenses:

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

Important Information for Plan Year 2020

Your Open Enrollment is: October 14 to October 25, 2019.

Your Period of Coverage is: January 1 to December 31, 2020.

Health Care Spending Account vs. Ohio Med HDHP Enrollment

Employees and/or spouses currently enrolled the Ohio Med HDHP (high deductible health plan) with the health savings account (HSA) are not eligible to enroll in a traditional Health Care Spending Account. Conversely, if you or your spouse enroll in a Health Care Spending Account for calendar year 2020, neither you nor your spouse is eligible to enroll in the Ohio Med HDHP with an HSA in the Spring of 2020. This also applies if you will have a carryover balance in your Health Care Spending Account as of Dec. 31, 2019.

<https://fsastore.com/>

Typical HCSA Eligible Expenses

Use your FSA to save on hundreds of products and services for you and your family. Eligible expenses are defined by the IRS.

Eligible medical expenses

Typically, your HCSA covers:

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

Visit: www.wageworks.com for a list of frequently asked questions, or for more information, visit the Ohio Department of Administrative Services webpage at: das.ohio.gov/flexiblespendingaccounts.

IRS requires you to keep your documentation for a minimum of one year to submit upon request.

Dependent Care Spending Account

DCSA Eligibility

Your DCSA can be used to pay for eligible dependent care expenses for your qualifying dependent while you are at work. Generally speaking, a qualifying dependant is: 1) Your child under the age of 13 or 2) Your spouse, adult child or relative who is physically or mentally incapable of self-care. **For more information, please go to www.wageworks.com.**

Note: While an eligible child of divorced parents is treated as a dependent of both parents for an HCSA, only the custodial parent of divorced or legally-separated parents can be reimbursed using the DCSA.

Dependent Care Spending Account

Eligibility:

Permanent full-time and permanent part-time employees who have a qualifying dependent(s). Enrollment must occur within 31 days of eligibility or during the open enrollment period.

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

Dependent Care Spending Account Fund Availability:

Once you sign up for a Dependent Care Spending Account and decide how much to contribute, the funds available to you depend on the actual funds in your account. Unlike a Health Care Spending Account, the entire maximum annual amount is not available at the start of the plan year, but rather after your payroll deductions are received.

Annual Dependent Care Spending Account Limits:

Minimum Annual Deposit: \$240

Maximum Annual Contribution: Depends on Your Tax Filing Status.

- ▶ If you are married and filing separately, the maximum annual deposit is \$2,500 for the married couple.
- ▶ 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 \$2,500 per year for one dependent and \$5,000 per year for two or more dependents.

Carryover does not apply to DCSA.

NOTE: For employees on a biweekly pay schedule, deductions will be taken from the first 24 pay periods of the calendar year.

Typical DCSA-Ineligible Expenses:

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

Typical DCSA Eligible Expenses

Use your FSA to save on services for you and your family. Eligible expenses are defined by the IRS.

Eligible dependent care expenses

Your DCSA typically covers expenses that help take care of your loved ones while you work such as:

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

Limited Purpose Spending Account

If you are enrolled in a qualified high-deductible health plan (HDHP) and have a Health Savings Account (HSA), you can maximize your savings with WageWorks Limited Purpose Spending Account (FSA). This pre-tax account helps you save on eligible out-of-pocket dental and vision expenses.

Note: This account can only be used for reimbursement of qualifying dental and vision expenses. It cannot be used for medical expenses.

Eligibility

You must meet the qualifications for a Health Care Spending Account (HCSA). This includes being a permanent employee who has completed an initial probationary period, if applicable, and have sufficient pay to cover the election amount. Additionally, you must:

Be enrolled or planning to enroll in a qualifying high-deductible health plan (HDHP) with an annual deductible of at least \$2,800 for family coverage and \$1,400 for single coverage (Federal minimums for calendar 2020). You qualify for, and elect to contribute to, a Health Savings Account and ensure your spouse is not enrolled in the standard Health Care Spending Account with her/his employer

Enrollment must occur within 31 days of eligibility or during the Spending Account open enrollment period. If you complete your initial probationary period between October 1 and December 31, you are eligible to enroll during Open Enrollment for the next plan year.

The Limited Purpose Spending Account is used to pay for eligible **dental and vision** expenses not paid for by your insurance or other plan. These expenses can be incurred by you, your spouse, or 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.

Annual Limited Purpose Spending Account Limits:

- ▶ Minimum Annual Deposit: \$240
- ▶ Maximum Annual Deposit: \$2500

Remember that the limit is per employee, so if have a spouse with a Limited Purpose Spending Account, they can contribute up to \$2500 in their account as well, even if you both work for the State of Ohio.

Carryover:

You may carryover a minimum of \$50 and a Maximum of \$500 from one plan year to the next. This means that if you have between \$50 and \$500 remaining in your Limited Purpose Spending Account on December 31, 2020, you can transfer that amount to the 2021 plan year. Keep in mind that you must use current year funds before using carryover funds.

Minimum Carryover: \$50

Maximum Carryover: \$500

Limited Purpose Spending Account Fund Availability

Once you sign up for a Limited Purpose Spending Account and decide how much to contribute, the maximum amount of your annual contribution will be available for reimbursement of eligible dental and vision expenses throughout your period of coverage.

Since you don't have to wait for the funds to accumulate in your account, you can use it to pay for eligible dental and vision expenses once your account becomes effective.

Note: For employees on a biweekly pay schedule, deductions will be taken from the first 24 pay periods of the calendar year.

Eligible Expenses for a Limited Purpose Spending Account:

- ▶ Dental care, both preventive and restorative
- ▶ Orthodontia, child and adult
- ▶ Vision care, eyeglasses, contacts lenses and solutions
- ▶ Eye surgery, including laser vision correction

Ineligible Expenses for a Limited Purpose Spending Account:

- ▶ Medical products and services
- ▶ Prescription drugs
- ▶ Mental health services

See www.wageworks.com/mynewfsa for more information.

Health Care Spending Account vs. Ohio Med HDHP Enrollment

Employees and/or spouses enrolled in the Ohio Med High Deductible Health Plan (HDHP) with the Health Savings Account (HSA) are not eligible to enroll in a traditional Health Care Spending Account. Conversely, if you or your spouse enroll in a Health Care Spending Account, neither you nor your spouse is eligible to enroll in the Ohio Med HDHP with an HSA. This also applies if you will have a carryover balance in your Health Care Spending Account as of December 31. However, a recent change means you can supplement your HSA with a Limited Purpose Spending Account, which covers only dental and vision expenses. Limits apply and carryovers are the same as the HCSA amounts.

Flexible Spending Accounts

Payment and Reimbursement Options

When you have an eligible health care or dependent care expense, you want to put your FSA to work right away. WageWorks gives you several options to use your money the way you choose.

The WageWorks® Healthcare Card

Use your WageWorks Healthcare Card (Card) instead of cash or credit at health care providers and pharmacies for eligible services, goods and prescriptions. You can also use the Card at general merchants and drug stores that have an industry standard (IIAS) checkout system that can automatically verify if the item is eligible for purchase with your account.

- ▶ Go to: www.sigis.com to review a list of qualified merchants, like drug stores, supermarkets and warehouse stores that accept the Card.
- ▶ When you swipe your Card at the checkout, choose “credit” (even though it isn’t a credit card).
- ▶ Pay for services or purchases on the same day you receive them, such as copays, by presenting your health plan member ID card first, so the merchant can identify your copay or coinsurance amount and ensure the service is claimed to your health care, dental, or vision insurance plan.
- ▶ Save your receipts or digital copies. You will need them for tax purposes. Plus, even when your Card is approved, a detailed receipt may still be requested.
- ▶ If you’ve lost or can’t produce a receipt for an expense, your options may range from submitting a substitute receipt to repaying your FSA account for the amount of the transaction.
- ▶ If you use your Card at an eye doctor’s or dentist’s office, we will most likely ask you to submit an Explanation of Benefits (EOB) or other documentation for verification. Failure to do so will result in your Card being suspended.
- ▶ If you lose your Card, please call WageWorks immediately and order a new one. You will be responsible for any charges until you report the lost Card. For more information see “About Your Card” on the next page. Otherwise, new cards are mailed every 3 years.
- ▶ **Be sure to only use your card for payment of purchases or services received in the current plan year.**

The EZ Receipts mobile app

With EZ Receipts®, you can submit and manage your reimbursement claims and Card usage paperwork on the spot, with a click of a smartphone camera, from anywhere.

To use EZ Receipts:

- ▶ Download the app from www.wageworks.com.
- ▶ Log in to your account.
- ▶ Choose the type of receipt from the simple menu.
- ▶ Enter some basic information about the claim or Card transaction.
- ▶ Use a smartphone camera or device to capture the documentation.
- ▶ Submit the image and details to WageWorks.

Paying online: Pay My Provider

You can pay many of your eligible health care and dependent care expenses, including recurring expenses such as daycare, directly from your FSA with no need to fill out paper forms*. It’s quick, easy, secure, and available online at any time.

To pay a provider directly:

- ▶ Log in to your account at www.wageworks.com.
- ▶ Select the Dashboard tab at the top.
- ▶ Click the “Submit Receipt or Claim” button
- ▶ Select “Pay My Provider” from the menu and follow the instructions.
- ▶ Make sure to provide an invoice or appropriate documentation. When you’re done, WageWorks will schedule the checks to be sent in accordance with the payment guidelines. If you pay for eligible recurring expenses, follow the online instructions to set up automatic payments.

* You must, however, provide documentation. For more information about the documentation requirements and payment guidelines, see the FAQ posted at www.wageworks.com.

Filing a claim: Pay Me Back

File a claim online to request reimbursement for your eligible expenses you’ve already paid.

- ▶ Go to: www.wageworks.com, log in to your account and select the Dashboard tab at the top.
- ▶ Click the “Submit Receipt or Claim” button
- ▶ Select the “Pay Me Back” button.
- ▶ Fill in all the information requested on the form and submit.
- ▶ Scan or take a photo of your receipts, EOBs and other supporting documentation.
- ▶ Attach supporting documentation to your claim by using the upload utility.

Required Documentation

- ▶ Make sure your documentation includes the five following pieces of information required by the IRS:
 - ✓ Date of service or purchase
 - ✓ Detailed description
 - ✓ Provider or merchant name
 - ✓ Patient name
 - ✓ Patient portion or amount owed

Most claims are processed within one to two business days after they are received, and payments are sent shortly thereafter. For assistance, visit www.wageworks.com.

If you prefer to submit a paper claim by fax or mail, log in to your account at www.wageworks.com to download a Pay Me Back claim form and follow the instructions for submission.

Download the EZ Receipts® mobile app

File claims, check account balances, view transactions and take pictures of receipts—right from your phone. Download this free app to your iPhone or Android mobile device to make managing your Health Care Spending Account, Dependent Care Spending Account or Commuter Benefits quick, easy and completely mobile. Go to www.wageworks.com to learn more.

WageWorks Healthcare Card

About Your Card

While your WageWorks Healthcare Card and account offer a great deal of convenience, both are regulated by IRS rules that all participants are required to follow. In most instances, you will be able to use your Card with little or no inconvenience. **There are, however, situations where the Card will be declined or you will be required to submit receipts and/or other documentation to verify that the item or service purchased was eligible.**

How To...

Use your Card

You can use your Card for:

- 1) Eligible goods and services at health care providers and select pharmacies within the current plan year.
- 2) Eligible over-the-counter (OTC) non-drug items at general merchandise stores (including most drugstores) that have an industry standard (IIAS) inventory and checkout system
- 3) Prescribed OTC drugs at the pharmacy counter, as long as the drug is dispensed as a valid prescription.

Go to: www.wageworks.com to learn more about the OTC drug prescription requirement. In most instances, your Card transaction will be verified at checkout, which means you will not have to submit a receipt to WageWorks after the transaction. **You are, however, required to keep each receipt for tax purposes, and in the event it is needed for verification.**

Before shopping for prescriptions and over-the-counter items, always visit www.sigis.com for a list of merchants that have an IIAS system in place.

Use your Card at the doctor or other health care provider

If you use the Card at a health care provider or at a pharmacy that does not have an IIAS system, WageWorks will likely require that you submit a receipt or your health insurance explanation of benefits (EOB) to verify that the transaction was for an eligible health care expense or service.

Verify a Card transaction after the purchase

If WageWorks is unable to determine that your Card was used to pay for eligible health care products and services, you will need to take the following action to verify the transaction:

- ▶ Log into your account at www.wageworks.com
- ▶ Select Claims & Activity tab at the top
- ▶ Click on the "Submit Receipt or Claim" button on the left-hand side of the page
- ▶ Select the unverified transaction
- ▶ Scan and upload the corresponding receipt and/or documentation

If you have lost or misplaced the receipt, you can submit a substitute receipt of equivalent value or repay your account.

Make sure your receipts meet the requirements for verification

In order for the receipt (or any documentation) to be valid, it must include all specific pieces of information required by the IRS:

- ▶ Patient name
- ▶ Provider name
- ▶ Date of service
- ▶ Type of service
- ▶ Amount charged or your cost (e.g. your deductible or copay amount or the portion not covered by your insurance)
- ▶ Prescription number (OTC prescription drugs). If not included, a copy of the prescription must accompany the receipt. Receipts must be dated within the plan year.

Quick Tips

Log in to your account at www.wageworks.com regularly to see if you have any Card transactions in need of verification.

If you have a Card transaction that requires verification, you will be notified immediately on the Welcome page upon login and via email. Remember to also monitor the Statement of Activity page for pending transactions, as it can take up to three weeks to verify a purchase. If a pending transaction cannot be verified, the Status will update to "Receipt Needed."

Avoid problems: Act quickly to resolve all unverified transactions.

You have 90 days from the date of the transaction to take care of any outstanding unverified purchases. If you do not take action within 90 days:

1. The amount of any outstanding unverified Card transactions may be deducted from your next Pay Me Back claim submission.
2. Your Card will be suspended.

If your Card is suspended, it will be reactivated within 24 – 48 hours after receipts or repayment have been processed for all unverified Card transactions.

Know when a Card transaction needs to be verified

WageWorks will notify you of any Card transactions that require attention by email and when you log in to your account.

For tips and more information about how to use your Card, go to: www.wageworks.com.

FSA Worksheets

Health Care Spending Account

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 medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits (\$2,500 for a Health Care Spending Account, refer to page 7 for the Dependent Care Spending Account amounts).

Be conservative in your estimates. A minimum of \$50 and up to \$500 of the remaining year-end balance of your Health Care Spending Account may be carried forward to the next plan year. Please remember the carryover does not apply to the Dependent Care Spending Accounts.

Health Care Spending Account Worksheet

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year. Remember that your total election amount cannot exceed the established calendar year limits.

UNINSURED MEDICAL EXPENSES

Health insurance deductibles \$ _____

Coinsurance or copayments \$ _____

Vision care \$ _____

Dental care \$ _____

Prescription drugs \$ _____

Travel costs for medical care \$ _____

Other eligible expenses \$ _____

TOTAL ANNUAL ELECTION AMOUNT \$ _____

DIVIDE by the number of paychecks you will receive during the calendar year.* ÷ _____

This is your pay period contribution. \$ _____

* If you are a new employee enrolling after the calendar year begins, divide by the number of pay periods remaining in the calendar year. Please note, contributions will only be taken for the first 24 pay periods for employees on a biweekly pay schedule or 12 for those employees paid monthly. The maximum contribution is \$2,500.

For mid-year enrollment, your election amount will be divided among the remaining of the **first** 24 calendar pay periods. For mid-year enrollment, your election amount will be divided among the remaining of the first 24 calendar year pay periods.

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

Day care services \$ _____

In-home care/au pair services \$ _____

Nursery and preschool \$ _____

Before / After-school care \$ _____

Summer day camps \$ _____

ELDER CARE SERVICES

Day care center \$ _____

In-home care \$ _____

TOTAL ANNUAL ELECTION AMOUNT \$ _____

DIVIDE by the number of paychecks you will receive during the calendar year.* ÷ _____

This is your pay period contribution. \$ _____

* If you are a new employee enrolling after the calendar year begins, divide by the number of pay periods remaining in the calendar year. Please note, contributions will only be taken for the first 24 pay periods for employees on a biweekly pay schedule or 12 for those employees paid monthly. The maximum contribution is \$5,000.

For mid-year enrollment, your election amount will be divided among the remaining of the first 24 calendar year pay periods.

SIGN UP FOR 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. Visit www.wageworks.com or call Customer Service to enroll.

FSA Worksheets

Limited Purpose Spending Account

Use this worksheet below to determine how much to deposit in your LPSA. Calculate the amount you expect to pay during the calendar year for eligible, uninsured out-of-pocket Vision and Dental expenses. This calculated amount cannot exceed \$2,500 for a Limited Purpose Spending Account.

Be conservative in your estimates. A minimum of \$50.00 and a maximum of \$500.00 of the remaining year-end balance of your Limited Purpose Spending Account may be carried forward to the next plan year. Please remember the carryover does not apply to the Dependent Care Spending Account.

Limited Purpose Spending Account Worksheet

Estimate your eligible, uninsured out-of-pocket dental and vision expenses for the plan year. Remember that your total election amount cannot exceed the established calendar year limits.

UNINSURED DENTAL AND VISION EXPENSES

Coinsurance or co-payments \$ _____

Vision care \$ _____

Dental care \$ _____

Travel costs for care \$ _____

Other eligible expenses \$ _____

TOTAL ANNUAL ELECTION AMOUNT \$ _____

DIVIDE by the number of paychecks you will receive during the calendar year.* ÷ _____

This is your pay period contribution. \$ _____

* If you are a new employee enrolling after the calendar year begins, divide by the number of pay periods remaining in the calendar year. Please note, contributions will only be taken for the first 24 pay periods for employees on a biweekly pay schedule or 12 for those employees paid monthly. The maximum contribution is \$2,500.

For mid-year enrollment, your election amount will be divided among the remaining of the **first** 24 calendar pay periods.

Changing Your Account

Within **31 days** of a qualifying event, you must submit an Enrollment or Change Form along with supporting documentation to WageWorks. Upon the approval of your change request, your existing FSA(s) account will be modified (as appropriate) effective the first of the month following the approval date. However, if your FSA change request is denied, you will have **60 days**, from the date you receive the denial, to file an appeal. The State of Ohio permits changes to be made between January 1 and September 30.

Keep in mind that changes in health do not qualify as a change in status (CIS).

Changes in Status:

The proposed change in status must be consistent with the type of change experienced. The Change Form is located at the back of this guide or at das.ohio.gov/flexiblespendingaccounts

Marital Status	A change in marital status includes marriage, death of a spouse, divorce, or annulment (legal separation is recognized under the State of Ohio's plan per Ohio law).
Change in Number of Tax Dependents	A change in number of dependents status 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.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under the State of Ohio's plan, including commencement or termination of employment.
Gain or Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under the State of Ohio's plan. May include change in age, student, marital, employment, or tax dependent status.
Change in Residence¹	A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under the State of Ohio's plan, including moving out of an PPO service area.

Some Other Permitted Changes:

Coverage and Cost Changes¹	The State of Ohio may permit election changes due to cost or coverage changes. You may make a corresponding election change to your Dependent Care Spending Account 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.
Open Enrollment Under Other Employer's Plan¹	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">▶ the other employer's plan has a different period of coverage (usually a plan year) or▶ the other employer's plan permits mid-plan year election changes under this event.
Judgment/Decree/Order²	If a judgment, decree or order from a divorce, legal separation (as recognized under the State of Ohio's plan), 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.
Medicare/Medicaid²	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	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 31 days of one of the following CIS events: birth, adoption or placement for adoption. Note: A Health Care Spending Account is not subject to HIPAA's special enrollment provisions if it is funded solely by employee contributions.
Family and Medical Leave Act (FMLA) Leave of Absence	Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. (Note: Your account can be closed with no notice for non payment if deductions are not received regularly.)

Notes:

1 Does not apply to a Health Care Spending Account plan.

2 Does not apply to a Dependent Care Spending Account plan.

COBRA for Health Care Spending Accounts

What is continuation coverage?

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

How long will continuation coverage last?

For Health Care Spending Accounts:

If you have unspent contributions in your Health Care Spending Account, you may continue your Health Care Spending Account (on a post-tax basis) only for the remainder of the plan year in which your qualifying event occurs. However, if you have already used or been reimbursed more than you have contributed, you cannot continue the Health Care Spending Account under COBRA.

Contributions greater than claim reimbursements/card use:

For example, if you elected a Health Care Spending Account benefit of \$1,000 for the plan year, contributed \$300 pre-tax dollars and have received \$100 in card use/claims reimbursements, COBRA coverage allows you to continue your Health Care Spending Account for the remainder of the plan year or until such time that you receive the maximum Health Care Spending Account benefit of \$1,000.

Contributions less than claim reimbursements /card use:

For example, if you elected a Health Care Spending Account benefit of \$1,000 for the plan year, contributed \$300 pre-tax dollars and have received \$600 in card use/claims reimbursements, COBRA coverage does not allow you to continue your Health Care Spending Account for the remainder of the plan year.

For More Information

This COBRA section does not fully describe continuation coverage or other rights under the Plan. 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.

Keep Your Address Updated

In order to protect your family’s rights, you should inform your employer and WageWorks of any changes in your address. You should also keep a copy, for your records, of any notices you send to your employer and WageWorks.

Terminate Employment

If you terminate your employment or retire, you can continue certain HCSA benefits by calling WageWorks Customer Service at 1-877-502-6272 , Monday–Friday, 8 a.m. to 8 p.m. or visit www.wageworks.com.

According to federal and state law, you can continue coverage if you terminate employment or have certain other Qualifying Events under COBRA. You will be notified of your rights and any containable benefit you may have after WageWorks has been notified of your qualifying event or termination.

If you choose not to enroll in COBRA, your benefits will terminate at the end of the month in which the event occurred. You will have 90 days to file any additional claims to your account. Any unclaimed funds will be forfeited according to IRS regulations.

Beyond Your Benefits

The Fine Print

Notice of Administrator's Capacity

This notice advises Flexible Spending Account participants of the identity and relationship between your employer and WageWorks. We are not an insurance company. We have been authorized by your employer to provide administrative services for the Flexible Spending Account plans offered herein. We 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 us than would otherwise be afforded to you by law.

Commuter Benefits

A Commuter Choice account is an account set up to reserve money for public transit costs—including train, subway, bus, ferry, and eligible vanpool—and qualified parking as part of your daily commute to work.

Your Commuter Benefit funds are deducted before federal and state taxes are calculated on your paycheck. With Commuter Benefits, you benefit from having less taxable income in each of your paychecks, which means more spendable income.

You may purchase transit passes and Commuter products for yourself, as well as family members, dependents, or for individuals for whom you pay their transit costs. This means that even if you don't take public transit to work or pay for parking, you can enroll in a Commuter Choice account to save money on a family member's commute.

All State of Ohio employees are eligible and there's no need to wait for Open Enrollment—you can sign up at any time.

Contributing to your Commuter Choice Account

Simply decide how much to contribute to your Commuter Choice account up to the allowed monthly limit. The IRS sets the contribution limits. You can contribute up to a **maximum of \$260 per month** to your Commuter Choice account.

You can pause, change, or cancel contributions to your Commuter Choice account at any time, although you must make the change by the 5th of the month to be effective the following month. **Available balances can be rolled over year to year, unless you terminate employment with the State of Ohio, then you forfeit any unused money in your account.** These are pretax funds and can only be used to pay for eligible commuter expenses. They cannot be refunded to participants per IRS code 1.132-9(b) Q/A 14(d).

How to Enroll

You can enroll in a Commuter Choice account at any time—there's no need to wait for Open Enrollment. To sign up, log in to your WageWorks account at www.wageworks.com and click on the "Place Your Order" button to sign up. If you haven't yet created an account, you'll need to register first. See the registration and enrollment in this guide for more details.

Keep in mind that orders and changes must be placed a month in advance. Place your order by the 5th of this month for next month's transit benefits.

Account Management

Log into your account at www.wageworks.com to manage all aspects of your WageWorks account. Check account balances, place new orders, select reimbursement methods, and much more.

Download the EZ Receipts mobile app to manage and view account activities and get account alerts—on the go.

Convenient Order Options

You can order public transit monthly passes right from your WageWorks account. Prepaid transit passes are delivered to your home or office each month. For parking, use the WageWorks Commuter Card to pay your parking provider directly or get reimbursed for eligible parking expenses you pay for out of pocket.

If you need to change your order, log into your account at www.wageworks.com to add or change your preferred mode of public transit, or pause, change, or cancel contributions to your account. Just keep in mind that there are deadlines to place, change, or cancel your order for a given month. **Keep in mind that orders must be placed a month in advance. Place your order by the 5th of this month for next month's benefits.**

Payment and Reimbursement Options

There are a variety of convenient payment options that make it easy for you to get reimbursed for eligible commuting expenses, including public transit and qualified parking.

The WageWorks Commuter Card

Use the WageWorks Commuter Card to pay for transit passes, tickets, and parking at most commuting-related point of purchase locations. You decide how much money to load onto your card each month to cover your monthly commuting costs. As with every payment option, be sure to save your receipts for all WageWorks Commuter Card transactions.

Buy My Pass

WageWorks purchases your transit pass using funds in your Commuter account and your pass is mailed directly to your home or office each month. Order passes each month or schedule a recurring monthly order for you or your family members.

Load My Smart Card

Load money onto transit agency smart cards directly from your account.

Pay My Provider

Arrange for convenient direct payments to your parking garage or parking provider. Simply log into your WageWorks account and fill out a simple form to have eligible expenses paid directly from your account.

Pay Me Back

Arrange for account funds to be transferred to your bank account or a check to be mailed to reimburse you for eligible transit or parking expenses you've already paid for out of pocket.

Visit: www.wageworks.com for a more information or visit the Ohio Department of Administrative Services webpage at: www.wageworks.com/employees/commuter-benefit-accounts

SPENDING ACCOUNT ENROLLMENT FORM

You must complete this form if you wish to start a tax-free
Dependent Care Spending Account.

For Open Enrollment Only: You may enroll online at www.wageworks.com



DEPENDENT CARE

Name (Please Print) Last		First	MI	State of Ohio User ID #	
Home Address Street		City		State	ZIP
Daytime Phone () ()	Home Phone () ()	Date of Hire	Date of Birth		
E-mail Address					
ENROLLMENT STATUS: <input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> RE-ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE IN STATUS *					
CHANGE TYPE: _____ DATE: ____ / ____ / ____					

* Appropriate supporting documentation must be submitted with this form.

- Indicate the amount you wish to contribute through tax-free salary deduction by completing the section below.
- For assistance, complete the Dependent Care Spending Account worksheets available at das.ohio.gov/flexiblependingaccounts.
- If you have questions, consult your Flexible Spending Accounts Reference Guide, or call **Customer Service at 1.855.428.0446**.
- Your effective date will be the first of the month after WageWorks approves your enrollment or January 1, 2020 if completed during open enrollment.

To be eligible, you must be a permanent full-time or permanent part-time employee who has successfully completed your initial probationary period (if applicable). Enrollment must occur within 31 days of eligibility or during the open enrollment period.

The Benefit Year is January through December

DEPENDENT CARE SPENDING ACCOUNT

TAX FILING STATUS -PLEASE CHECK ONE:

Annual allowable minimum contribution per participant is \$240.

- Married, filing separately [maximum - \$2,500] Married, filing jointly [maximum - \$5,000] Single, head of household [maximum - \$5,000]

Total ANNUAL ELECTION amount \$ _____

Deductions will be taken the first 24 pay periods of the calendar year unless you are paid monthly.

For mid-year enrollment, your election amount will be divided among the remaining of the first 24 calendar year pay periods.

IMPORTANT

- I hereby authorize my employer to reduce my gross salary before Medicare, local, state, and federal income taxes are calculated by the total amount of annual salary deduction indicated above.
- I understand that the funds in one Spending Account cannot be used to reimburse expenses covered by another Spending Account.
- I understand that expenses for which I am reimbursed cannot be deducted on my income tax return.
- I understand the amount of salary deduction will include the items specified above and will continue in effect unless I terminate employment before the end of the calendar year or file an approved Change In Status Election Form with the contract administrator within 31 days of the event.
- I understand that the funds in any Spending Account can only be paid out to reimburse payment of eligible expenses actually incurred during my period of coverage.
- I understand and agree that my employer and WageWorks, the contract administrator, will not incur any liability resulting from either my participation in any Spending Account or my failure to sign or accurately complete this Enrollment Form. I further understand that if I elect not to participate in salary deduction with respect to the benefits listed above, I hereby forego my right to participate during the upcoming calendar year, unless otherwise provided by law.
- I certify that: 1) I will only use my Spending Account to pay for IRS-qualified expenses and only for my IRS-eligible dependents, 2) I will exhaust all other sources of reimbursement, including those provided under my employer's plan(s) before seeking reimbursement from my Spending Account, 3) I will not seek reimbursement through any additional source, and 4) I will collect and maintain sufficient documentation to validate the foregoing.

By signing this form you certify that you expect to receive payroll deductions to support your annual election amount.

EMPLOYEE SIGNATURE	DATE SIGNED
--------------------	-------------

SUBMIT YOUR COMPLETED FORM TO P.O. BOX 14766, LEXINGTON KY 40512-4766 OR FAX TO 1-866-672-4780.



State of Ohio

HEALTH CARE & DEPENDENT CARE

FLEXIBLE SPENDING ACCOUNT CHANGE FORM

Use this form to Increase, Decrease or Terminate your election following a status change event Health Care Spending Account and Dependent Care Spending Account

Name (Please Print) Last		First	MI	State of Ohio User ID #	
Home Address Street		City	State		ZIP
Daytime Phone ()	Home Phone ()	Date of Hire	Date of Birth		
E-mail Address					
CHANGE IN STATUS DATE: ____ / ____ / ____ (Changes can be made between January 1 and September 30)					

Types of Qualifying Event - Please select appropriate event(s)

<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Began Family Medical Leave Act (FMLA) period (Start Date _____) <input type="checkbox"/> Ended Family Medical Leave Act (FMLA) period (End Date _____) <input type="checkbox"/> Became eligible for Medicare or Medicaid coverage	<input type="checkbox"/> Lost eligibility for Medicare or Medicaid coverage <input type="checkbox"/> Judgment decree or court order <input type="checkbox"/> Death of spouse or dependent <input type="checkbox"/> Dependent is no longer a qualified tax dependent Explain: _____ <input type="checkbox"/> Change in employee's or dependent's employment status Did spouse's employment status change? Yes <input type="checkbox"/> No <input type="checkbox"/> Birth, adoption or placement of a adoption of a child	For DCSA only: <input type="checkbox"/> Child turned age 13 <input type="checkbox"/> Change in the cost of care
---	--	--

CHANGES TO HEALTH CARE SPENDING ACCOUNT (HCSA) CONTRIBUTIONS

I wish to change my Health Care Spending Account. My annual election amount will change from \$ _____ to \$ _____ (not to exceed \$2,500). My per-paycheck deduction will change accordingly.

I wish to cancel my Health Care Spending Account.

CHANGES TO DEPENDENT CARE SPENDING ACCOUNT (DCSA) CONTRIBUTIONS

I wish to change my Dependent Care Spending Account. My annual election amount will change from \$ _____ to \$ _____ (not to exceed \$5,000). My per-paycheck deduction will change accordingly.

I wish to cancel my Dependent Care Spending Account.

FMLA RELATED CHANGE IN STATUS

When Beginning FMLA:

I wish to continue my Flexible Spending Account and understand that my per paycheck deductions will continue. I realize that if I miss 3 deductions my account will close.

I wish to cancel my Flexible Spending Account and understand that I may reinstate with no break in coverage upon my return to work.

When returning from FMLA:

I wish to reinstate my Flexible Spending Account with no break in service and keep my original annual election amount. I realize my per paycheck deduction will increase accordingly.

I wish to reinstate my Flexible Spending Account with no break in service but want to change my election amount as stated above.

I understand:

- I or an eligible dependent has had a qualifying change in status, as defined by the Internal Revenue Service, which allows me to change my previous Health Care Spending Account and/or Dependent Care Spending election.
- This form cancels any prior elections I have made under this plan, and cannot be changed except as stated in the FSA Enrollment Guide.
- The changes will be effective the first of the month following the approval date.

EMPLOYEE SIGNATURE	DATE SIGNED
--------------------	-------------

SUBMIT YOUR COMPLETED FORM TO P.O. BOX 14766, LEXINGTON KY 40512-4766 OR FAX TO 1-850-514-5805

3998-OHIO-CIS (201908)

Making Changes to Flexible Spending Accounts

The Flexible Spending Account Change Form should only be used if you are currently enrolled in a Health Care or Dependent Care Spending Account and have experienced an IRS Qualifying Change In Status (CIS).

The requested change can only be made if the completed form and appropriate supportive documentation is received by WageWorks within 31 days from the date of the qualifying event.

Below are examples of qualifying CIS events and acceptable forms of documentation:

Qualifying Event	Documentation
Marriage	official or temporary copy of marriage certificate
Divorce	copy of divorce decree that includes the judge's signature and date the divorce was finalized
Legal Separation	copy of legal separation decree including the effective date
Death of Employee, Spouse, or Dependent	copy of death certificate
Adoption or Placement for Adoption of a Child*	copy of adoption papers or other court-issued forms that contain the judge's signature
Birth of a Child*	birth certificate, crib card, or hospital bill
Starting and/or Return from Unpaid Leave of Absence for Employee (i.e. Family Medical Leave Act, FMLA)	letter from the employer or personnel office stating the date the unpaid leave of absence began or the date of return to the payroll
Gain or loss of spouse's or dependent's eligibility for health insurance coverage due to a change in employment	letter from spouse's or dependent's employer stating the date of the employment change and the nature of the change in health insurance coverage
Gain or loss of dependent's eligibility status by attaining a specified age or due to a change in student or marital status	copy of birth certificate, documentation from dependent's college such as tuition bill or diploma, marriage, marriage certificate

* Coverage effective date is the date of the birth or the adoption

Consistency Rule: The proposed change in status must be consistent with the type of change experienced. For example, add a dependent and increase the election amount, or drop a dependent and decrease the election amount.



1100 Park Place 4th Floor
San Mateo, CA 94403



2020 Open Enrollment Materials
