



Bridgewater-Raritan Regional School District

Important Notice to Employees Eligible for or Enrolled in District Health Benefit Plans

Open Enrollment 2020/21 Flexible Spending Account **Now → June 15, 2020**

Find out how a Flexible Spending Account (FSA) can help you save on health-related or dependent care costs. Enroll now!

Note: If you are currently enrolled in the FSA, you must re-enroll to continue into the July 1, 2020 -- June 30, 2021 plan year.

Our FSA is managed by [Discovery Benefits](#), of Fargo, North Dakota, a leader in FSA administration. The FSA allows you to cover the cost of eligible, out-of-pocket, health-related or dependent care expenses with “before-tax” dollars—almost like an automatic federal “tax deduction”. (Note: FSAs are not exempt from New Jersey state taxes).

The dollar amount you choose will be deducted from each paycheck, before federal taxes are applied, and credited to your FSA. Then, use the *Benefits Debit Card* to pay for eligible health-related services/items or dependent care at the point-of-service or submit a reimbursement form to [Discovery Benefits](#).

Below are common expenses eligible for coverage under the Health or Dependent Care FSA (see the Discovery Benefits [website](#) for a detailed list):

- Copayments
- Contact lenses, solutions

- Eyeglasses, Lasik eye surgery
- Dental care, orthodontia, dentures
- Hearing aids, batteries
- Dependent care to age 13
- Eligible extended / adult daycare

For the upcoming plan year July 1, 2020 through June 30, 2021, the range of contribution amounts will be as follows:

	Minimum	Maximum
Health FSA	\$100	\$2,750
Dependent Care FSA	\$100	\$5,000

Please be advised that Discovery Benefits charges an annual administrative fee of \$54. This is collected by payroll deduction.

So remember these dates if you are enrolling or re-enrolling in the FSA:

- 2020/21 FSA Open Enrollment is now through June 15, 2020.
- Enrollment forms are due to [Human Resources](#) by Monday, June 15, 2020; see the attached form.
- Your FSA takes effect July 1, 2020.

Questions? Contact [Human Resources](#) or Integrity Consulting Group, our benefits consultant, at (888) 737-4313 or customerservice@integritycg.com.

The recently enacted Cares Act expanded the list of qualifying FSA expenses. Please see the attached flyer for more information.

KNOW YOUR BENEFITS.

FSA Eligible Expenses Expanded

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law. In addition to providing direct financial assistance to Americans, the CARES Act repeals the Medicine Cabinet Tax provision of the Affordable Care Act (ACA), expanding the list of qualifying expenses that can be purchased with flexible spending accounts (FSAs) retroactive to January 1, 2020.

CARES Act and Qualifying Medical Expenses

Under the CARES Act, the definition of a qualifying medical expense now includes certain over-the-counter (OTC) medications and products.

Examples of expenses that are now eligible medical expenses under the CARES Act include, but are not limited to, the following:

- Allergy medicine
- Analgesics (e.g., vaporizing rub)
- Anti-diarrhea medicine
- Anti-gas, Antacid
- Antihistamines
- Anti-inflammatory medication
- Aspirin
- Bandages
- Burn treatments, OTC
- Calamine lotion
- Cold and flu medicine
- Cold sore remedies
- Cold/hot packs
- Condoms
- Contact lens solutions/cleaners
- Cotton balls (sterile)
- Cough drops, cough suppressants
- Decongestants
- Diaper rash treatments
- Elastic wraps
- Expectorants
- Eye drops (nonmedicated)
- Feminine hygiene products
- Fiber laxatives
- First-aid kits
- Heating pads
- Hemorrhoid treatments
- Insect bite/sting medicine
- Medicated lip balm/cream
- Menstrual pain relievers
- Nicotine patches, gum, lozenges
- OTC pain relievers
- Pregnancy test kits
- Prenatal vitamins
- Reading glasses
- Stomach remedies
- Sunburn treatments
- Sunscreen
- Thermometers
- Throat lozenges/cough drops

Please note, this list is not all-encompassing. For more information on your medical spending account, please contact our FSA plan administrator.

Source: [irs.gov](https://www.irs.gov) and [congress.gov](https://www.congress.gov)



INTEGRITY CONSULTING GROUP

Employee Benefits Specialists

Provided by
Integrity Consulting Group
104 Interchange Plaza, Suite 202
Monroe Township, NJ 08831
(888) 737-4313

Flexible Spending Account (FSA) Data Collection Worksheet

Please complete and submit this worksheet to your employer. **This is an internal document used by your employer for data collection purposes. Worksheets returned to Discovery Benefits cannot be processed.**

*=Required Fields

Step 1: Participant Information

*Employer Name (Do not abbreviate)

Employee ID Number

*Participant Name (First, MI, Last)

*Social Security Number

*Participant Mailing Address

*City

*State

*Zip

Email Address

Day Telephone

*Date of Birth (mm/dd/yyyy)

*Hire Date (mm/dd/yyyy)

*Gender (M/F)

*Marital Status (Married/Single)

Step 2: Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. You will automatically be enrolled in this portion of your Section 125 Plan. However, if you wish, you may opt out of the Employee Premium Conversion part of the Plan by contacting your HR Department and filling out the waiver form. **Note:** Insurance premiums are not eligible for reimbursement with your Medical or Limited Medical Spending Account.

Step 3: Enrollment and Election Information

*Plan Type (If enrolled in an HSA, you are not eligible to enroll in the Medical FSA. However, you are eligible for both the Limited Medical FSA and Dependent Care FSA if offered through your employer.)

Medical FSA
Limit set by employer

Dependent Care Account
Limit set by employer
up to IRS maximum

Limited FSA
Limit set by employer if
this plan type is offered

*Annual Election (if employer funded, note "ER" next to amount):

\$

\$

\$

*Number of Pay Periods (if enrolling mid-year, please enter the number of remaining pay periods within the plan year):

÷

÷

÷

*Per Pay Period Amount (to be deducted each pay period):

=

=

=

*Date of First Payroll (mm/dd/yyyy):

*Participant Effective Date (mm/dd/yyyy):

*Pay Frequency (please check one):

Monthly

Semi-
Monthly

Bi-Weekly
24

Bi-Weekly
26

Weekly

Other

Step 4: Authorization

I authorize my employer to reduce my pay on a per-pay-period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit my request within a reasonable amount of time as deemed by the IRS and my employer. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. Further, I authorize the release of any information necessary to substantiate claims submitted against my Flexible Spending Account.

*Participant Signature

*Date

Step 5: Refusal (Note: Only complete this step if you are NOT electing to enroll in a Flexible Spending Account)

Participant Signature

Date

FSA Data Collection Worksheet Instructions

- 1) You DO NOT need to complete a form if you are not enrolling in the FSA.
- 2) You do not need to fill in “Employee Identification Number”
- 3) If you do not know your hire date (month, day, year) leave blank and HR will fill in
- 4) BRRSD offers a **Medical FSA** and a **Dependent Care Account** – not a Limited FSA
- 5) The Annual Election maximum for Medical FSA is \$2,750 and the minimum is \$100
- 6) The Annual Election maximum for Dependent Care Account is \$5,000 and the minimum is \$100
- 7) The Number of pay periods is 24 for 12-month employees and 20 for 10-month employees
- 8) Date of First Payroll is July 15, 2020 for 12-month employees and September 15, 2020 for 10-month employees
- 9) Participant Effective Date is July 1, 2020
- 10) Pay frequency is semi-monthly
- 11) Please don't forget to sign and date the form at the bottom