

# Randolph Board of Education

## Flexible Spending Account Open Enrollment

Effective July 1, 2023

Third Party Administrator:

Benefit Analysis, Inc

Website:

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

Phone Number:

973-661-2424

### Healthcare

#### Healthcare FSA eligible expenses:

Prescriptions, copays, coinsurance, deductibles, vision care, dental and over the counter (OTC) items.

#### Healthcare FSA ineligible items:

Cosmetic procedures, vitamins/supplements and food under a weightloss program (may be reimbursable with a doctor's letter of medical necessity or prescription)

#### Eligibility:

Dental Coverage- First of the month following 2 months of service  
Medical Coverage- Eligible on the day following 60 days of service  
10-month contract Employees hired on September 1 are eligible for the FSA on September 1.

#### Plan year dates:

7/1/23-6/30/24

The Plan Year is time period during which you incur your healthcare expenses.

#### Maximum and minimum annual election:

\$3,050  
\$250

The highest and lowest healthcare election amount you can deduct from your paycheck over the course of the plan year

#### Claim submission run out:

9/30/2024

The day by which all of your healthcare expenses must be submitted electronically, via fax or postmarked

### Dependent Day Care

#### Dependent Day Care FSA eligible expenses:

Reimburses expenses incurred for the care of a child age 12 and under; or a disabled dependent incapable of self-care that allow the employee (and spouse, if applicable) to work. Additional restrictions may apply.

#### Dependent Day Care FSA ineligible expenses:

Overnight camp, care provided by your dependent under the age of 18, babysitting when you are not working, care of your dependent who does not spend at least 8 hours per day in your home

#### Eligibility:

Dental Coverage- First of the month following 2 months of service  
Medical Coverage- Eligible on the day following 60 days of service  
10-month contract Employees hired on September 1 are eligible for the FSA on September 1.

#### Dates by which expenses must be incurred:

7/1/23-6/30/24

The Plan Year is time period during which you incur your dependent day care expenses.

#### Maximum and minimum annual election: (\$5,000 per household)

\$5,000  
\$500

The highest and lowest dependent day care election amount you can deduct from your paycheck over the course of the plan year. Additional restrictions may apply.

#### Claim submission run out:

9/30/2024

The day by which all of your dependent day care expenses must be submitted electronically, via fax or postmarked

### Prepaid Benefit Card - How does it work?

- Two cards will be mailed to your home
- Use only for eligible expenses
- Use the same card year to year
- Use at qualified merchants

• SAVE ALL RECEIPTS

Please refer to [www.sig-is.org](http://www.sig-is.org) for a complete list of approved IIAS Merchants, participation may be different by location.

### Reimbursement Schedule

#### Reimbursements are Processed Weekly

Healthcare claims reimbursed based on annual election, not contributions to date.  
Dependent Care claims reimbursed based on contributions to date, which could be less than the claimed amount.

### Rollover Information

Employees are allowed to roll over up to \$610 of unused FSA Healthcare funds at the end of the plan year.

**\* For any questions, please contact Benefit Analysis, Inc.**