

# Passaic Board of Education

## Flexible Spending Account Open Enrollment

Effective January 1, 2020

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 excluding drugs, medicines and biologicals.

**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:** Full time employees - 37.5 or more hours per week  
If hired on September 1st: Eligible upon date of hire  
If hired after September 1st: Eligible on the first day following 60 days from date of hire.

**Plan year dates:** 1/1/20-12/31/20 The Plan Year is time period during which you incur your healthcare expenses.

**Maximum and minimum annual election:** \$2,000  
\$500 The highest and lowest healthcare election amount you can deduct from your paycheck over the course of the plan year

**Claim submission run out:** 1/31/2021 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:** Full time employees - 37.5 or more hours per week  
If hired on September 1st: Eligible upon date of hire  
If hired after September 1st: Eligible on the first day following 60 days from date of hire.

**Dates by which expenses must be incurred:** 1/1/20-12/31/20 The Plan Year is time period during which you incur your dependent day care expenses.

**Maximum and minimum annual election:** \$5,000  
(\$5,000 per household) \$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:** 1/31/2021 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 at qualified merchants
- Use only for eligible expenses
- Use the same card year to year
- SAVE ALL RECEIPTS

**USE  
IT OR  
LOSE  
IT!**

Please refer to [www.sig-is.org](http://www.sig-is.org) for a complete list of approved IAS 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.

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