

Reference Guide

Your Flexible Reimbursement Accounts

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Register for an online account now!

If you haven't registered online yet, please do so today. To register, just visit www.wageworks.com and click "LOG IN/REGISTER" and select "Employee Registration." You'll need to answer a few simple questions and create a username and password.

Questions? Ask us.

If you have any questions or concerns, you can talk to a trained expert to learn more about the program. Just call 1-855-428-0446, Monday through Friday, from 8 a.m. to 8 p.m. Eastern.

File a claim

You can file a claim online to request reimbursement for your eligible expenses. To submit a paper claim by fax or mail, log in to your account at www.wageworks.com, download a Pay Me Back claim form and follow the instructions for submission.

www.wageworks.com

Start Saving. Here's How.

A Flexible Spending Account (FSA) is an account you set up to pre-fund your anticipated, eligible medical services, medical supplies, and dependent care expenses that are normally not covered by your insurance. You can choose either, or both, a Health Care Expense FSA and a Dependent Care FSA.

Your Health Care Expense FSA funds are available to you in one lump sum at the beginning of your plan year, AND 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 Health Care Expense and/or Dependent Care FSA, the funds are deducted in small, equal amounts from your paychecks during the plan year.

Important Dates to Remember

Your Open Enrollment dates are: **October 15, 2019, through November 1, 2019.**

Your Period of Coverage dates are: **January 1, 2020, through December 31, 2020.**

Welcome to WageWorks

The Benefits of the WageWorks Platform

Using your FSA will continue to be quick and convenient while offering key enhancements with WageWorks.

- ▶ **Website** – The WageWorks website is a world class site with many features that are leading edge. Once enrolled in the FSA plan you will be encouraged to set up direct deposit reimbursements and provide an email to receive up-to-date account and claims status information and access on-demand account activity statements. The site has the ability to upload claims, and you can use the mobile application to file a claim from your Smartphone.
- ▶ **Customer Service** – The WageWorks customer service team is available from 8 a.m. to 8 p.m. Eastern time to answer your questions. Just call the toll-free number 1-855-428-0446. Helpful tips, guides, video tutorials, and FAQs are available online at www.wageworks.com.

Flexible Spending Accounts

Annual Contribution Limits

For Health Care Expense FSA:

Minimum Annual Deposit: \$125
Maximum Annual Deposit: \$2,700

For Dependent Care FSA:

Minimum Annual Deposit: \$125
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.

Important FSA Notes:

- ▶ You have a **90-day run-out period** (ending March 31, 2021) after your plan year ends to submit reimbursement requests for all eligible FSA expenses incurred **DURING** your plan year.
- ▶ You may, however, continue using only your Health Care Expense FSA during the **grace period**, which is two months and 15 days after the end of your plan year. Be sure to submit your grace period claims before the end of your 90-day run-out period.

FSA Fund Availability

For Health Care Expense FSA:

Once you sign up for a Health Care Expense FSA 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 eligible health care expenses at the start of your period of coverage.

For Dependent Care FSA:

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

Examples of how to use your FSA:

Example 1: Paying a copayment and doctor/dental fees

After paying your copayment 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. Within five business days, we 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, 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.

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.

Managing Your Account

You can manage and check on your account through WageWorks online or over the phone. The “Statement of Activity” page online details all your account activity and will even alert you if any Card transactions need 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 transaction and account history for current and past plan years.
- ▶ Schedule payments to health care and dependent care providers.
- ▶ Check the complete list of eligible expenses for your FSA program.
- ▶ Order additional WageWorks® Health Care 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 Card use paperwork from your smartphone.

Eligibility Requirements

Who is eligible to enroll in the Flexible Benefits Plan?

Benefit eligible employees have 30 days from their eligibility date to enroll in the flexible spending accounts. They become effective under the plan the first of the month following their eligibility date. The criteria for benefit eligibility are defined on the Fairfax County Benefits page of FairfaxNET. An eligible dependent is any person considered a dependent under Section 152 of the Internal Revenue Code.

Benefit eligible county employees can also enroll in the flexible spending accounts during the annual benefits open enrollment period by enrolling online through the FOCUS Employee Self-Service Portal.

How does termination or unpaid leave affect my FSA?

If you terminate employment or go on certain extended unpaid leave of absence, your eligibility for either or both FSAs may change. If you elect to continue your participation in the Health Care Expense Account after termination or during an unpaid leave (other than under the Family Medical Leave Act), you must continue to make any required contributions to the Account. If you cease participation in the Health Care Expense Account upon termination, you will be able to submit claims for health care expenses for services incurred up to and including the last day of active employment. You will also be able to request reimbursement for qualifying dependent care expenses from the Dependent Care FSA from the balance remaining in your Account at the time of termination, however, the services must be incurred prior to and including the last day of the month in which you terminate (you will still have until March 31, 2020 to submit your eligible claims documentation to WageWorks for the 2019 Plan Year). While your Dependent Care FSA cannot be continued following termination or the start of certain extended unpaid leave you may be able to change or continue your Health Care Expense Account election upon completion of the appropriate forms and requirements. To make this change or to continue coverage, contact Fairfax County Government, Human Resources, Benefits Division within 30 days of the event by e-mail at hrcentral@fairfaxcounty.gov, or by calling (703) 324-3311.

Specific guidelines about your employer’s termination and leave policies can be obtained from your employer. If you take leave under the Family and Medical Leave Act, you may continue Health Care Expense and Dependent Care FSA participation by prepaying contributions or continuing payment during your leave. You may also elect to revoke or change your existing elections for the Accounts during your leave.

If your participation in these Accounts terminates due to your revocation of the benefit while on leave or due to your non-payment of contributions, you will be permitted to reinstate coverage for the remaining part of the Plan Year upon your return. To resume coverage, you must complete a Fairfax County Enrollment/Change form. You can resume participation at the original level and pay for missed contributions or resume coverage at a level that is prorated and continue contributions at the same level as before the leave.

Whose expenses are eligible for reimbursement?

Your Health Care Expense FSA may be used to reimburse eligible expenses incurred by:

- ▶ yourself
- ▶ your spouse
- ▶ your qualifying child or
- ▶ your qualifying relative.

Eligibility Requirements

An individual is a qualifying adult child if they do not attain age 27 during your taxable year and they have the following relationship to you:

- ▶ son/daughter or stepson/daughter
- ▶ eligible foster child
- ▶ legally adopted child or legally placed with taxpayer for adoption

An individual is a qualifying child if they are not someone else's qualifying child and:

- ▶ are a U.S. citizen, national or a resident of the U.S., Mexico, or Canada
- ▶ have the following specified family-type relationship to you: son/daughter, stepson/daughter, eligible foster child, legally adopted child or a descendant of any such individual (grand/great grandchild), brother/sister, half-brother/sister, stepbrother/sister or a descendant of such individual (nephew/niece).
- ▶ live in your household for more than half of the taxable year
- ▶ are less than 19 years old or younger (less than 24 years, if a full-time student) at the end of the taxable year and be younger than the taxpayer claiming such individual, and
- ▶ have not provided more than one-half of their own support during the taxable year.

An individual is a qualifying relative if they are a U.S. citizen, national or a resident of the U.S., Mexico or Canada and:

- ▶ have the following specified family-type relationship to you son/daughter, stepson/daughter, eligible foster child, legally adopted child or a descendant of any such individual (grand/great grandchild). brother/sister, niece/nephew, half-brother/sister, or stepbrother/sister, parent (or an ancestor of either), stepparent, aunt/uncle, certain in-laws (son-, daughter-, father, mother-, sister- and brother).
- ▶ are not someone else's qualifying child and receive more than one-half of their support from you during the taxable year or
- ▶ if no specified family-type relationship to you exists, are a member of and live in your household (without violating local law) for the entire taxable year and receive more than one-half of their support from you during the taxable year.

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 Expense FSA.

You may use your Dependent Care FSA to receive reimbursement for eligible dependent care expenses for qualifying individuals.

A qualifying individual includes a qualifying child if they:

- ▶ are a U.S. citizen, national or a resident of the U.S., Mexico, or Canada
- ▶ have a specified family-type relationship to you
- ▶ live in your household for more than half of the taxable year
- ▶ are less than 13 years old and have not provided more than one-half of their own support during the taxable year.

A qualifying individual includes your spouse if they:

- ▶ are physically and/or mentally incapable of self-care
- ▶ live in your household for more than half of the taxable year and
- ▶ spend at least eight hours per day in your home.

A qualifying individual includes your qualifying relative if they:

- ▶ are a U.S. citizen, national or a resident of the U.S., Mexico, or Canada
- ▶ are physically and/or mentally incapable of self-care
- ▶ are not someone else's qualifying child
- ▶ live in your household for more than half of the taxable year
- ▶ spend at least eight hours per day in your home and
- ▶ receive more than one-half of their support from you during the taxable year.

Note: Only the custodial parent of divorced or legally-separated parents can be reimbursed using the Dependent Care FSA.

Eligible Expenses

Health Care Expense FSA

A Health Care Expense FSA 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.

Dependent Care FSA

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

Typical FSA-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 and your employer.

Eligible medical expenses

Typically, your Health Care Expense FSA covers:

Acupuncture
Ambulance service
Birth control pills and devices
Breast pumps
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 (some require prescription)
Prescription drugs to alleviate nicotine withdrawal symptoms
Smoking cessation programs/treatments
Surgery
Transportation for medical care
Weight-loss programs/meetings
Wheelchairs
X-rays

Eligible dependent care Expenses

Your Dependent Care FSA typically covers expenses that allow you to work such as:

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

FSA Savings Example*

	(With FSA)	(Without FSA)
Annual Gross Income	\$31,000.00	\$31,000.00
FSA Deposit for Eligible Expenses	- 2,700.00	- 0.00
Taxable Gross Income	\$28,300.00	\$31,000.00
Federal, Social Security Taxes	- 5,843.95	- 6,401.50
Annual Net Income	\$22,456.05	\$24,598.50
Cost of Eligible Expenses	- 0.00	- 2,700.00
Spendable Income	\$22,456.05	\$21,898.50

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 **\$557.55!**

Typical FSA-Ineligible Expenses For Health Care Expense FSA:

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

For Dependent Care FSA:

- ▶ books and supplies
- ▶ child support payments or child care if you are a non-custodial parent
- ▶ health care or educational tuition costs and
- ▶ services provided by your dependent, your spouse's dependent or your child who is under age 13.

Notes:

Budget conservatively. No reimbursement or refund of Health Care Expense FSA funds is available for services that do not occur within your plan year and grace period.

* Based upon a 20.65% tax rate (15% federal and 5.65% Social Security) calculated on a calendar year.

Using Your FSA Dollars

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

Using your WageWorks® Health Care Card

Use your WageWorks Health Care 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. If your health plan covers a portion of the cost, make sure you know what amount you need to pay before using the Card, 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 paying back the plan 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.

Using your Smartphone

With the EZ Receipts app from WageWorks, you can file and manage your reimbursement claims and Card usage paperwork on the spot, with a click of your 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 your smartphone camera or device to capture the documentation.
- ▶ Submit the image and details to WageWorks.

Paying online

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

To pay a provider:

- ▶ Log in to your FSA account at www.wageworks.com.
- ▶ Click either the Health Care or Dependent Care tab.
- ▶ Request “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/pmpfaq.

Filing a claim

You also can file a claim online to request reimbursement for your eligible expenses.

- ▶ Go to www.wageworks.com, log in to your account and click the Health Care or Dependent Care tab.
- ▶ Select the online claim form.
- ▶ 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.
- ▶ 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/techtips.

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.

WageWorks Health Care Card

While your WageWorks Health Care 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 in these ways:

- 1) For eligible goods and services at health care providers and select pharmacies
- 2) For 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) For prescribed OTC drugs at the pharmacy counter, as long as the drug is dispensed as a valid prescription.

Go to www.wageworks.com/healthcarereform 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 in to your account at www.wageworks.com
- ▶ Click on the "Submit Receipts for Health Care Card Use" link on the right-hand side of the Welcome 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 the five specific pieces of information required by the IRS:

- ▶ The patient name
- ▶ Provider name
- ▶ Date of service
- ▶ Type of service
- ▶ The amount you were charged or your cost (e.g. your deductible or copay amount or the portion not covered by your insurance)
- ▶ For OTC prescriptions drugs, the receipt must also include the prescription number. If not included, a copy of the prescription must accompany the receipt.

Quick Tips

Log in to your account at www.wageworks.com regularly to see if you have 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.

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 Expense FSA Worksheet

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

UNINSURED MEDICAL EXPENSES

Health insurance deductibles \$ _____

Coinsurance or copayments \$ _____

Vision care \$ _____

Dental care \$ _____

Prescription drugs \$ _____

Travel costs for medical care \$ _____

Other eligible expenses \$ _____

TOTAL \$ _____

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

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 FSA 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.* ÷ _____

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.

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.

Changing Your Coverage

Within **30 days** of a qualifying event, you must submit a Change in Status (CIS)/Election Form and supporting documentation to the Benefits Division. 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.

Changes in Status:

Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment.
Change in Number of Tax Dependents	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.
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 an employer'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 an employer'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 an employer's plan, including moving out of an HMO service area.

Some Other Permitted Changes:

Coverage and Cost Changes¹	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 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 (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.
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 30 days of one of the following CIS events: birth, adoption or placement for adoption. Note that 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. Contact your agency's payroll/personnel office for additional information.

Notes:

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

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

COBRA

What is continuation coverage?

Federal law requires that most group health plans, including Medical 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 Expense FSAs:

If you fund your Health Care Expense FSA entirely, you may continue your Health Care Expense FSA (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 Health Care Expense FSA for the year. For example, if you elected a Health Care Expense FSA benefit of \$1,000 for the plan year and have received only \$200 in reimbursement, you may continue your Health Care Expense FSA for the remainder of the plan year or until such time that you receive the maximum Health Care Expense FSA benefit of \$1,000.

Keep Your Address Updated

In order to protect your family’s rights, you should inform your employer and us 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 us.

For More Information

This COBRA 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 WageWorks.

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.

Beyond Your Benefits

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.

Social Security

Social Security consists of two tax components: the FICA or OASDI component (the tax for old-age, survivors' and disability insurance) and the Medicare component. A separate maximum wage to which the tax is assessed applies to both tax components. There is no maximum taxable annual wage for Medicare. The maximum taxable annual wage for FICA is subject to federal regulatory change. If your annual salary after salary reduction is below the maximum wage cap for FICA, you are reducing the amount of taxes you pay and your Social Security benefits may be reduced at retirement time.

However, the tax savings realized through the Flexible Benefits Plan generally outweigh the Social Security reduction. Call Customer Service at 1-855-428-0446 for more information or speak to a tax advisor.

Questions?

Helpful tips, guides, video tutorials and FAQs are available online at www.wageworks.com. WageWorks Customer Service professionals also are standing by to help you. Just call 1-855-428-0446, Monday – Friday, 8 a.m. – 8 p.m. Eastern.

Disclaimer - Health Insurance Benefits Provided Under Health Insurance Plan(s)

Health Insurance benefits will be provided not by your Employer's Flexible Benefits Plan, but by the Health Insurance Plan(s). The types and amounts of health insurance benefits available under the Health Insurance Plan(s), the requirements for participating in the Health Insurance Plan(s) and the other terms and conditions of coverage and benefits of the Health Insurance Plan(s) are set forth from time to time in the Health Insurance Plan(s). All claims to receive benefits under the Health Insurance Plan(s) shall be subject to and governed by the terms and conditions of the Health Insurance Plan(s) and the rules, regulations, policies and procedures from time to time adopted.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you are going into or returning from military service, you may have special rights under your Health Care Expense Account under the Uniformed Services Employment and Reemployment Rights Act of 1994. If you may be affected by this law, ask your Administrator for further details.

Highly Compensated and Key Employees

Under the Internal Revenue Code, "highly compensated employees" and "key employees" generally are Participants who are officers, shareholders or highly paid. If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Federal tax laws state that a plan will be considered to unfairly favor the key employees if they as a group receive more than 25% of all of the nontaxable benefits provided for under our Plan. Plan experience will dictate whether contribution limitations on "highly compensated employees" or "key employees" will apply. You will be notified of these limitations if you are affected."

Employer and Plan Administrator Information

Your Employer's name, address and identification number are:

Fairfax County Government
12000 Government Center Parkway, Suite 270
Fairfax, Virginia 22035
54-1602069

The name and address of the Plan Administrator are:

Fairfax County Government
Benefits Division
Department of Human Resources
12000 Government Center Parkway, Suite 270
Fairfax, Virginia 22035

The Administrator has delegated the record keeping and daily administrative functions to WageWorks. You may contact the Administrator for any further information about the plan.

