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**Hortonville Area School District**

**Flexible Benefit Plan Open Enrollment Information**

The Flexible Benefit Plan allows you to pay for certain expenses using pre-tax money. This saves many people approximately 20% - 30% in taxes on their expenses.

What can you pay for tax-free? Items such as the following qualify: Prescription drugs, glasses/contact lenses, most dental expenses, certain daycare fees, chiropractic care, etc. Please see the enclosed material for the hundreds of other qualifying

expenses.

\*One-time COVID-19 grace period\*: The current 19-20 FSA Plan Year has been extended to 12/31/2020. All expenses **incurred**  through 12/31/2020 will be applied to this Plan year *(19-20)* until exhausted. You will have until 3/31/2021 to **submit** claims for expenses incurred during the *current (19-20)* Plan year\*.

The attached **Health Care and Dependent Care FSA sheets** provide details of the program rules and the type of items that can be paid for with pre-tax dollars. Enrollment is completed online. Please click on the link contained in the email. If you do not complete an enrollment form by the due date below, it is assumed you do not wish to participate.

**New for this Year:**

The max. contribution for medical expenses has increased to $2,750.00.

Remember: all expenses incurred by 9/30/21 must be submitted by 12/30/21.

**Important Plan Information**

**Program Plan Year:** **10/1/2020-9/30/2021**

**Contribution** • Medical Reimbursement Account - **$2,750** ($550.00 may be rolled

 over into the following plan year)

**Maximums:** • Dependent Care Reimbursement Account - **$5,000**

**Payroll Deductions: 17 or 22 depending on your payroll cycle**

**Claims Deadline Dates: Submit by Noon on 1st for payment on the 6th & on 15th for payment on the 20th**

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| **Direct Deposit is** **Mandatory:** | **New participants** please have your bank account and routing numbers available when enrolling online. |
| **Debit Cards:**Additional $15 annual  fee deducted from  10/15/20 paycheck |

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| --- |
| If you are a **new participant** wishing to receive a debit card for your Medical Reimbursement FSA, please indicate this when you complete your enrollment. **Current participants** must elect the debit card option when enrolling to reload your card. Please read the attached information to learn more about debit cards. |
| **Current participants:** The debit cards are valid for 5 years and reloaded each year with your new election. Do not throw your cards away! |
| Debit card transactions after 10/1/2020 will be deducted from your 10/1/2020 - 9/30/2021 FSA election. Your card does not allow for transactions from the prior Plan Year. You will need to submit a claim form for any charges prior to 10/1/20 if to be paid from the prior year’s funds. |

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| **Email Claim Notifications:** | Email notifications will be sent to inform you of claims received, reimbursements issued or requests for additional information needed to process your claims. By providing your email address when you enroll, you will automatically receive these notifications. |
| **Online Account Access:** | You may view your account balance, claims, reimbursements and access claim forms via the DBS website at www.dbsbenefits.com. |
|  | You will need the following PIN # to create an online account if you have not done so already: HASD |

Questions? Please contact **Diversified Benefit Services, Inc. (DBS)** at 1-800-234-1229 or visit their website at [**www.dbsbenefits.com**](www.dbsbenefits.com)**.**

**The deadline to enroll for the upcoming plan year is 9/16/20!**

*For Additional Information, please see our webpage:*

**http://www.hasd.org/businessservices/flexiblespendingplan.cfm**