



**TOWN OF NORWOOD – ACTIVE EMPLOYEE
FY21 - OPEN ENROLLMENT
HEALTH, DENTAL AND FLEXIBLE SPENDING
APRIL 6, 2020 – June 1, 2020
EFFECTIVE JULY 1, 2020**

If you are currently enrolled in a Health or Dental plan through the Town of Norwood and you wish to remain with your existing plan no action is necessary. If you are currently enrolled in Flexible Medical or Dependent Care plans you must re-enroll each year. Deductions for FY21 will be reflected in your paycheck beginning in June 2020..

Health Insurance (*Group Insurance Commission*) -The following changes may be made during the open enrollment period: enrollment in a new plan, change or cancel existing plan or add/cancel members to existing plan. Please see attached list of documents needed to enroll or make a change.

The new rates are included in this packet. The GIC Benefit Information Guide can be found at www.mass.gov/benefit-decision-guides.

GIC enrollments and changes are now being processed online. If you would like to make a change to your plan please go to <https://mygiclink.force.com/GenerateDocuSignPage> where you will be able to request a form be emailed to you. If you are enrolling for the first time please email HR@norwoodma.gov to notify us of your intent and we will then have a link sent to you. If you don't have access to a computer please contact Human Resources and will send necessary forms to you.

Flexible Spending Medical and Dependent Plans (*Cafeteria Plan Advisors*):

- The annual contribution limit for flexible spending in FY21 is \$2750
- Dependent Care will remain a maximum of \$5000

If you are currently enrolled in a Flexible Spending Plan with Cafeteria Plan Advisors you **must** re-enroll annually. This can be done online at www.cpa125.com or by completing the attached form and sending it directly to CPA. New members must fill out the attached form and send directly to CPA.

New to Flexible Spending for FY21 – Employees may now roll-over up to \$500 of the FY21 benefit into FY22's enrollment. You must re-enroll in FY22 to take advantage of this option. Please see attached flyer for details.

Dental Insurance (*Delta Dental*) – The following changes may be made during the open enrollment period: enroll in a new plan, change or cancel existing plan or add/cancel members to existing plan. To make a change, please complete the attached form and return to HR.

There are no changes to the dental plan terms or rates for the new fiscal year.

All changes or enrollments must be completed no later than Monday, June 1 by 4:30 PM. If you have any questions please call Human Resources at 781-762-1240 x118 or email HR@norwoodma.gov



**TOWN OF NORWOOD- GROUP INSURANCE COMMISSION
HEALTH INSURANCE MONTHLY RATES AS OF JULY 1, 2020
Fiscal Year 2021**

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR PLANS

PRODUCT CATEGORY	PRODUCT TYPE	HEALTH PRODUCT	INDIVIDUAL	FAMILY	WEEKLY DEDUCTION	BI-WEEKLY DEDUCTION
LIMITED NETWORK	PP0-TYPE	Unicare State Indemnity Plan Community Choice	\$110.51	\$273.61	INDIV - \$27.63 FAMILY - \$68.40	INDIV - \$55.26 FAMILY - \$136.81
	HMO-TYPE	Tufts Health Plan Spirit	\$109.20	\$263.08	INDIV - \$27.30 FAMILY - \$65.77	INDIV - \$54.60 FAMILY - \$131.54
	HMO	Fallon Health Direct Care	\$111.35	\$281.07	INDIV - \$27.84 FAMILY - \$70.27	INDIV - \$55.67 FAMILY - \$140.53
		Harvard Pilgrim Primary Choice	\$119.78	\$305.46	INDIV - \$29.94 FAMILY - \$76.37	INDIV - \$59.89 FAMILY - \$152.73
REGIONAL NETWORK	HMO	AllWays Health Partners	\$123.82	\$322.10	INDIV - \$30.95 FAMILY - \$80.53	INDIV - \$61.91 FAMILY - \$161.05
		Health New England	\$106.97	\$254.66	INDIV - \$26.74 FAMILY - \$63.67	INDIV - \$53.49 FAMILY - \$127.33
BROAD NETWORK	PP0-TYPE	Unicare State Indemnity Plan PLUS	\$144.75	\$344.50	INDIV - \$36.19 FAMILY - \$86.13	INDIV - \$72.37 FAMILY - \$172.25
	POS	Harvard Pilgrim Independence	\$183.44	\$447.84	INDIV - \$45.86 FAMILY - \$111.96	INDIV - \$91.72 FAMILY - \$223.92
		Tufts Health Plan Navigator	\$159.81	\$390.29	INDIV - \$39.95 FAMILY - \$97.57	INDIV - \$79.91 FAMILY - \$195.15
	HMO	Fallon Health Select Care	\$150.51	\$365.95	INDIV - \$37.63 FAMILY - \$91.49	INDIV - \$75.26 FAMILY - \$182.97
NATIONAL NETWORK	INDEMNITY	Unicare State Indemnity Plan Basic with CIC	\$465.50	\$1,033.08	INDIV - \$116.38 FAMILY - \$258.27	INDIV - \$232.75 FAMILY - \$516.54

RETIREE/SURVIVOR MEDICARE PLANS

PRODUCT CATEGORY	PRODUCT TYPE	HEALTH PRODUCT	INDIVIDUAL COVERAGE
LIMITED NETWORK	MEDICARE ADVANTAGE	Tufts Health Plan Medicare Preferred	\$41.50
NATIONAL NETWORK	MEDICARE SUPPLEMENT	Harvard Pilgrim Medicare Enhance	\$69.11
		Health New England Medicare Plus	\$69.38
		Tufts Health Plan Medicare Complement	\$62.06
		Unicare State Indemnity Plan Medicare Extension with CIC	\$67.65

Monthly rates include a 50% subsidy for the Medicare Part B premium rate of \$144.60. Benefits for Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2021.

If you have any questions please call 781-762-1240 x118 or email HR@norwoodma.gov

DELTA DENTAL ACTIVE AND RETIREE

PRODUCT	INDIVIDUAL COVERAGE	FAMILY COVERAGE	WEEKLY DEDUCTION	BI-WEEKLY DEDUCTION
DELTA DENTAL PPO	\$23.42	\$58.64	INDIV - \$5.86 FAMILY - \$14.66	INDIV - \$11.71 FAMILY - \$29.32

Required Documents for GIC Coverage

If you are planning to cover yourself only:

- There is no documentation needed unless you are a retiree or survivor who is (and/or whose spouse is) age 65 or over (see *Additional Documents for Retirees and Survivors* section below).

If you are planning to cover a current and/or former spouse, you will need the following:

- If you are married – Copy of Certified Marriage Certificate

If you are divorced or legally separated, the following sections of the Separation Agreement are required. Note that that if you were divorced prior to March 27, 1985, or either you or your former spouse has remarried, your former spouse is not eligible for GIC coverage:

- Divorce Absolute Date
- Signature Page
- Health Insurance Provisions
- Your Former Spouse's Last Known Address

If you are planning to cover dependent children, you will need the following:

- Dependent Child Coverage – Copy of Certified Birth Certificate (*must have parent/child relationship listed*)
- Dependent Age 19-26 – Complete a Dependent Age 19-26 Application for coverage (*form available on the GIC's website*)
- Handicapped Dependent – complete Handicapped Dependent form (*form available on the GIC's website*)
- Adoption – Copy of Adoption Placement Letter
 - Letter must be on Adoption Agency Letterhead and include the following:
 - Name of Adoptive Parents
 - Name of Adopted Child
 - Date Child Placed in the Home
- Grandchild – Copy of Court Guardianship Appointment
 - However, if grandchild is a dependent of a dependent under age 19, copy of grandchild's certified (*Long Form*) birth certificate

Documents such as marriage certificates and birth certificates can be obtained by contacting the Clerk's Office of the town in which the event occurred.

Adoption verification and Grandchild verification information can be obtained by contacting the adoption agency used or the Clerk of Court's office in the town in which the event occurred.

We encourage you to contact the appropriate offices as soon as possible. There may be a waiting period to obtain information.

Additional Required Documents for Retirees and Survivors

If you and/or your spouse are on Medicare, you will need the following documentation:

- See above for spousal and dependent coverage.
- Photocopy of Medicare Card (include a copy of spouse's card if applicable).
- Photocopy of your latest 1099 or Benefit Verification Letter printed off Social Security's website stating how your monthly Part B premium is paid (e.g., you are being directly billed by Social Security or it is being deducted from your Social Security check). Include this same documentation for your spouse, if applicable.

If you and/or your spouse are over age 65 and Medicare eligible, but not enrolled in Medicare, you will need the following:

- See above for spouse and dependent coverage.
- Between January 1 and March 31, you must enroll in Medicare Part A and Part B and send to the GIC the document listed above (third bullet) for retirees in Medicare.
- During the GIC spring open enrollment you must enroll in a GIC Medicare plan.

If you and/or your spouse are over age 65 and *not eligible* for Medicare you will need the following documentation:

- See above for spousal and dependent coverage
- Social Security Denial Letter stating that you and/or your spouse is not eligible for Medicare Part A for free.



ENROLLMENT FORM

PLEASE PRINT OR TYPE -
BE SURE FORM IS COMPLETED IN FULL TO ENSURE ENROLLMENT

Delta Dental of Massachusetts
PO Box 9695
Boston, Massachusetts 02114
enrollment@deltadentalma.com

Customer Service (617) 886-1234
Corporate Office (617) 886-1000
Enrollment Fax (617) 886-1293

Toll Free (800) 872-0500
MA & Nat's Toll Free (800) 451-1249
www.deltadentalma.com

1. GROUP NAME:		2. EFFECTIVE DATE:		3. DATE OF HIRE:		4. GROUP NUMBER:	
5. LAST NAME: (Subscriber)				6. FIRST NAME:			
7. SOCIAL SECURITY NO.:			8. DATE OF BIRTH:			9. GENDER: F / M	
10. HOME ADDRESS:			11. CITY:		12. STATE:	13. ZIP:	

PLAN SELECTION

14. PLAN: Select plan you are enrolling in:

Delta Dental Premier Delta Dental PPO Delta Dental PPO Plus Premier Delta Dental EPO DeltaCare The Value Plan

If DeltaCare or the Value Plan is selected, each subscriber & dependent must choose a DeltaCare Primary Care Dentist (PCD).

PLEASE LIST ALL ELIGIBLE DEPENDENT(S) COVERED UNDER YOUR POLICY

15. FIRST NAME	16. LAST NAME (IF DIFFERENT FROM SUBSCRIBER)	17. DATE OF BIRTH	18. SEX M/F	19. CHECK IF DEPENDENT IS OVER 19 AND A FULL TIME STUDENT	DELTACARE OR VALUE PLAN ONLY		
					20. CHOOSE A PCD FOR EACH COVERED INDIVIDUAL	21. PROVIDER #	22. DO YOU CURRENTLY USE THIS DENTIST
SUBSCRIBER							
SPOUSE							
CHILDREN							

23. REASON FOR SUBMISSION (CHECK ONE)

- | | |
|--|---|
| <input type="checkbox"/> New Addition
<input type="checkbox"/> Individual <input type="checkbox"/> Individual+SP <input type="checkbox"/> Individual+CH <input type="checkbox"/> Family | <input type="checkbox"/> Transfer from sublocation _____ to _____ |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Status change
<input type="checkbox"/> Individual to Family <input type="checkbox"/> Individual + 1 <input type="checkbox"/> Family to Individual |
| <input type="checkbox"/> Add dependent to family | COBRA |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reinstatement of Subscriber |
| <input type="checkbox"/> Remove dependent _____ name | <input type="checkbox"/> Individual <input type="checkbox"/> Individual + 1 <input type="checkbox"/> Family |
| <input type="checkbox"/> Name change | <input type="checkbox"/> Transfer to COBRA Sublocation |
| <input type="checkbox"/> Address change | <input type="checkbox"/> New addition of dependent formerly covered under ID # _____ |
| <input type="checkbox"/> Remove dep. from student status _____ name | |

24. COORDINATION OF BENEFITS

If YES, please indicate name of covered individual: _____

Are you OR any other family member covered by another dental plan? No Yes

OTHER DENTAL INSURANCE CO.:	EMPLOYER NAME:	POLICY HOLDER ID NO.:	EFFECTIVE DATE
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25. COORDINATION OF BENEFITS

If YES, please indicate name of covered individual: _____

Are you OR any other family member covered by another medical plan? No Yes

OTHER MEDICAL INSURANCE CO.:	EMPLOYER NAME:	POLICY HOLDER ID NO.:	EFFECTIVE DATE
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I certify that all information is true and correct to the best of my knowledge. Also, I understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with the underwriting guidelines of Delta Dental of Massachusetts. In addition, if my employer requires employee contributions for this coverage, I authorize the deduction of this amount from my wages.

26. Subscriber Signature _____

Date _____

Benefit Administrator Signature _____

Date _____

**Coverage Summary for
Town of Norwood
Group #000601**

Visit deltadentalma.com for detailed benefit information

Plan Year Deductible: \$25 per individual / \$75 per family. Deductible waived for Diagnostic and Preventive categories.
Plan Year Maximum: \$1,500 per person.

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network*
Diagnostic		100%	100%
Comprehensive Evaluation	Once every 60 months.		
Periodic Oral Exam -	Once every 6 months.		
Panoramic or Full Mouth X-rays	Once every 60 months.		
Bitewing X-rays	Once every 6 months.		
Single Tooth X-rays	As needed.		
Preventive		100%	100%
Teeth Cleaning	Once every 6 months.		
Fluoride Treatments	Once every 6 months for members under age 19.		
Space Maintainers	Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.		
Sealants	Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants also covered for members age 16 up to age 19 with a recent cavity and are at risk for decay.		
Restorative		80%	80%
Silver Fillings	Once every 24 months per surface per tooth.		
White Fillings (Front Teeth)	Once every 24 months per surface per tooth.		
Inlays and White Fillings (Back Teeth)	Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible for the difference between the silver filling and the Delta Dental negotiated fee for white fillings, where permitted by state law. In other states, the patient may be responsible for paying up to the provider's full submitted charge for white fillings.		
Protective Restorations	Once per tooth.		
Stainless Steel Crowns	Once every 24 months per tooth (on primary teeth only).		
Oral Surgery		80%	80%
Extractions	Once per tooth.		
General Anesthesia	General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour).		
Periodontics (on natural teeth only)		80%	80%
Periodontal Surgery	One surgical procedure per quadrant in 36 months.		
Scaling and Root Planing	Once in 24 months, per quadrant. No more than 2 quadrants per date of service.		
Periodontal Cleaning	Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings	100%	100%
Bone Grafts/GTR	No more than 2 teeth per quadrant per 36 months on natural teeth.	80%	80%
Endodontics		80%	80%
Root Canal Treatment	Once per tooth.		
Root Canal Retreatment	Once per tooth after 24 months have elapsed from initial treatment		
Vital Pulpotomy	Limited to deciduous teeth.		
Prosthetic Maintenance		80%	80%
Bridge or Denture Repair	Once per bridge/denture per 12 months, after 24 months of initial insertion.		
Crown or Onlay Repair	Once per tooth per 12 months after 24 months of initial placement		
Rebase or Reline of Dentures	Once per denture within 36 months.		
Recement of Crowns & Onlays, Bridges	Once per crown, onlay or bridge.		
Emergency Dental Care		80%	80%
Palliative Treatment	Three occurrences in 12 months.		
Prosthodontics		50%	50%
Dentures	Once within 60 months (age 16 and older).		
Fixed Bridges	Once within 60 months (age 16 and older).		
Implants (only in lieu of a 3-unit bridge)	Endosteal Implant: Only when replacing one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimate recommended).		
Implant Abutments	Once per implant only when surgical implant is benefitted.		
Major Restorative		50%	50%
Crowns or Onlay	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older).		
Cast Posts/Buildups	Once per tooth per 60 months only benefitted to retain a crown.		
Dependent Eligibility	Eligible dependents up to age 26.		

Additional Benefit Information

Deductible waived for periodontal cleanings.

Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds \$300. This will help you estimate any out-of-pocket expenses you may incur and will confirm that the services are covered under your dental coverage.

This plan is eligible for Rollover Maximum: Rollover Max dollars do not apply to orthodontic services. To qualify for Rollover Max, you must receive at least one cleaning or oral exam in the plan year. You must be enrolled for dental coverage before the 4th quarter of the calendar year and your paid claims must not exceed the maximum "threshold" amount

Your plan year maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next plan year, and beyond.	Your accumulated rollover total is capped at this amount.
\$1,500	\$700	\$500	\$1,250

*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

Delta Dental PPO *Plus Premier*

 DELTA DENTAL

Easy Access and Great Value – Your Delta Dental Networks

As a Delta Dental PPO *Plus Premier* subscriber, you have access to two of Delta Dental's extensive national networks- Delta Dental PPO, with more than 283,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 358,000 dentist locations. Three out of four dentists nationwide participate in one or both of these networks.

You will enjoy great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier networks.

- Both networks offer discounted fees and a no balance billing policy.
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists due to even deeper discounts.
- If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and the no balance billing policy do not apply.

Delta Dental members can also take advantage of expanded discounts on many covered services, even after they have used up their benefit dollars, visit limits and other situations. Get the details at <http://www.deltadentalma.com/members/discounts-on-covered-services/>

Simply visit www.deltadentalma.com to find a participating dentist in your area.

Learn more at deltadentalma.com

Visit the member area of www.deltadentalma.com to find plan information, review eligibility status, check on claim status, or find a dentist. If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

You can also find more information about your plan in the Delta Dental Member Guide, available from your benefits administrator or online at www.deltadentalma.com. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how to access online resources, and more about keeping a healthy mouth for life.

The Information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

Your Plan is Administered by:
Delta Dental of Massachusetts
1-800-872-0500
www.deltadentalma.com

465 Medford Street
Boston, MA 02129

SP562 (9/17) Passive

Authorization for Pre-Tax Payroll Reduction

Enrollment Deadline is 6/1/2020

*** Late Enrollments not Accepted. ***

420 Washington St., Ste. 100
Braintree, MA 02184
Tel.: 781-848-9848

E-mail: info@cpa125.com

INSTRUCTIONS: New Enrollees: Complete & return this form to CPA, Inc., by e-mail (info@cpa125.com) or fax (781-848-8477)
If Already in Plan: Enroll for the new plan year **online** via your account portal. Go to www.cpa125.com, click *Sign In: Employee Online Access*, log into your account, select *ENROLL*, and follow the step

Personal Information:

Participant Name: _____

Employer: **Town of Norwood**

Mailing Address: _____

Plan Year: _____

City/Town, State, ZIP: _____

SSN: _____

DOB: _____

E-Mail: _____

Daytime Phone: _____

pers.
 work

Employment/Payroll Info.: I am a (check one): Library Employee School Employee Town Employee

I am paid (check one): Bi-Weekly 21 Bi-Weekly 26 Weekly 33 Weekly 38 Weekly 52

Flexible Spending Account (FSA) Benefit Selections:

Health Care FSA Election: \$ _____ for the plan year for employee, legal spouse, and eligible dependents' qualified medical, dental, vision expenses. *Benefit card included.*

Max. Annual Election: \$2,750.

Rollover Option: Any unspent Health Care balance—**up to \$500**—will over to the next plan year if you re-enroll for the next plan year.

Ineligibility Note: You are **NOT** eligible for this plan if you or your use have a Health Savings Account ("HSA").

Dependent Care FSA Election: \$ _____ for the plan year for qualified childcare expenses of eligible dependents under age 13, and elderly or special needs dependents requiring day care.

Max. Annual Election: \$5,000. per family

Claim-based plan; no benefit card. Participants must submit claim(s) each plan year to receive accrued funds.

- 4 Direct Deposit Info.** Direct deposit is Cafeteria Plan Advisors' preferred method of expense reimbursement. Unless you banking info. is already on file with Cafeteria Plan Advisors, please set up direct deposit: **1) Attach a voided check** to this form or **2) Set up direct deposit** online via your account portal once you receive enrollment confirmation.

Certification. I hereby authorize a salary reduction agreement for the amount(s) shown above and understand that:

- Cafeteria Plan Advisors, Inc., will hold these funds until eligible expenses are incurred and a claim is submitted. FSA expenses must be consistent with allowable deductions under Internal Revenue Service (IRS) Publication 969, and funds may be forfeited in accordance with the same publication if eligible balance isn't incurred and/or submitted for reimbursement by plan year deadline.
- All claims for the Plan Year must be submitted within ninety (90) days of the end of the Plan Year.
- Your Health Care FSA plan has a **Rollover option**. Eligible balances roll over to the next plan year when you re-enroll in the Health Care FSA for the next plan year and the rollover occurs after the current plan year's 90-day runout period ends.
- **This election cannot be revoked or changed** during the plan year unless the participant experiences a qualifying event as defined by the IRS. **Current participants must enroll each plan year; re-enrollment is not automatic.**
- **Health Care FSA cards**, if offered through your employer's plan, **will reload** at the start of each plan year when you re-enroll; keep until they expire
- Additional certification for Dependent Care Plan Participants: I understand that the Dependent Care Reimbursement Plan Guidelines can be found at CPA125.com and I qualify to participate in the FSA Dependent Care plan. I agree to notify the plan administrator in writing within 30 days should experience a change in need or no longer meet the IRS's eligibility criteria. Dependents must qualify under regulations set forth in IRC sections 152 and 121.
- **Tax advice:** It is suggested you consult with a tax advisor to determine your tax savings and/or limits on tax deductions.

Signature: _____

Date: _____

A system-generated e-mail confirmation will be sent once your enrollment is processed.

Sign up **NOW**
for the
2020-21
Plan Year!

Flexible Spending Benefits

Town of Norwood

One of the Few Gifts the IRS Gives!

Discover the benefit that **SAVES YOU MONEY**. This perk allows you to set aside a portion of your pay—**BEFORE TAXES**—to cover out-of-pocket expenses in these categories:

- ◆ **HEALTH CARE.*** Eligible expenses and services include: non-cosmetic medical, dental, and vision care services; prescription medications; orthodontics, prescription eyeglasses, contact lens surgery, alternative health therapies (e.g. chiropractic, acupuncture), mental health services, **MORE!**

Max. Annual Health Care Election: \$2,750.

Who's Covered? You, your legal spouse, and dependents as defined by the Internal Revenue Code, including those claimed on your tax return and adult children under age 26.

Benefit Cards. For employer plans that offer a benefit card, new Health Care FSA enrollees will receive benefit cards that can be used at most medical facilities, hospitals, and pharmacies to pay for eligible expenses. Cards will reload each plan year that you enroll.

NEW FEATURE! Rollover Option. Health Care FSA balances—**up to \$500**—will roll over to the next plan year as long as you re-enroll for that new year. Funds roll over after the prior plan year's 90-day run-out deadline.

Take Your
Money Go
30

- ◆ **DEP** dependents, and dependents with special needs. Eligible expenses include day care, pre-school, before/after school care, day camp, elder day care.

Max. Annual Dep. Care Election: \$5,000. per family

Enroll by **6/1/2020**
for the
2020 – 6/30/2021
Plan Year

or Pre-Tax Payroll Reduction and send it to Cafeteria Plan Advisors by the deadline above.

Ready in the plan? Log in to your employee account portal on our website (CPA125.com) by the deadline above to enroll in the new plan year.

enroll in

and File Claims 24/7!

Log in to your employee portal on our website (CPA125.com), and download our app: **CPA Flex Mobile**.



* Not all Health Care expenses are FSA-eligible, such as cosmetic procedures or products *even if performed or dispensed by a doctor* (e.g. Botox, teeth whitening, veneers, etc.), couple family counseling, general health/wellness expenses (i.e., toothbrushes, non-prescription sunglasses, gym dues, etc.), and federally non-permissible products. Vitamins, supplements, non-prescription/over-the-counter medications, etc., require a physician's prescription to be FSA-eligible. Some expenses, such as medical equipment and some services, may be FSA-eligible with a physician's Letter of Medical Necessity. Visit <https://fsastore.com/FSA-Eligibility-List> and search the "Eligible Products and Services List" for more info.

** Overnight camp and school tuition are not FSA-eligible; day camp is eligible when utilized as childcare in order for the parent(s)/guardian(s) to be able to work; extra-curricular

Flexible Spending Plans administered by...

CAFETERIA PLAN ADVISORS | 420 WASHINGTON ST., SUITE 100, BRAINTREE, MA 02184 | CPA125.COM

TEL: 781 848 9848 | FAX: 781 848 8477 | E-MAIL: INFO@CPA125.COM



Important Information About Your PREPAID BENEFITS CARD

If you're newly enrolled in the Flexible Spending Account Program, you will automatically receive the new blue Prepaid Benefits Card. You'll receive two cards at your home address for you and your family members to use. The Cards will arrive in a special envelope that looks like this – so please don't throw it out!



Your Prepaid Benefits Card is loaded with the value of your annual FSA\HSA election amount (less any amounts you have already spent in this plan year.) Using your Card helps you keep cash in your wallet and makes accessing your FSA funds easy. The Card can be used, instead of cash, to pay for qualified health care expenses such as:

- Prescription and health plan copayments, deductibles and coinsurance
- "Amount Due" on medical and dental statements
- Orthodontics
- Mail-order or online prescription invoices
- Vision services and eyeglasses
- LASIK surgery
- Eligible over-the-counter (OTC) items

You'll simply swipe your Card each time you incur a qualified health care expense and the amount of your purchase will be deducted from your FSA– automatically. You can also fill in your Card number on bills you receive from providers to pay the amount you owe. You'll have no claim forms to complete and you won't have to wait to get a check in the mail. You can check balances or account details anytime – online at www.cpa125.com or via the mobile app -- **CPA FLEX MOBILE**. It's that easy!

It's Important to Save Your Receipts!

Your Prepaid Benefits Card will definitely improve your cash flow. However, be aware that the IRS requires the Card be used only for eligible expenses. Most of the time, we can verify the eligibility of the expense automatically. Yet, there are instances when you'll receive a letter/notification asking you to furnish an itemized receipt to verify the expense. When you receive such a request, make sure you submit the receipts as soon as possible to avoid having your Card suspended until receipts have been submitted and approved.

What is an itemized receipt?

An itemized receipt must include: merchant or provider name, services received or item purchased, date of service, and amount of the expense. Cancelled checks, handwritten receipts, card transaction receipts or previous balance receipts cannot be used to verify an expense.

Using Your Card is as Easy as 1-2-3!

Look for additional information about how to use your new Prepaid Benefits Cards included with your card packet in the mail. We hope you enjoy this new exciting feature of your plan! Remember, the Card will not work at gas stations or restaurants – only at health care related providers.

Save your card. Every year you re-enroll, the funds get loaded on to this card!

Cafeteria Plan Advisors, Inc.
420 Washington Street, Suite 100, Braintree, MA 02184 781.848.9848 www.cpa125.com

FSA Store is the only e-commerce site exclusively stocked with FSA eligible products

- Products FSA eligible without a prescription.
- Products only FSA eligible with a prescription.



FSA Store Tools to Help Participants Better Manage their Funds



FSA Eligibility List
Eliminate eligibility guessing games



Rx Process
Easily use your FSA card for OTC items



FSA Deadline Tracker
Receive deadline reminders



FSA Learning Center
Get answers to all your FSA questions!

FSA Store Features & Benefits

- Largest Selection of FSA eligible products online
- Accepts all FSA, HSA, and major credit cards
- FREE SHIPPING on orders \$50+*
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