



JUSTICE ADMINISTRATIVE
COMMISSION



2016 CALENDAR YEAR OPEN ENROLLMENT WORKSHOP

Amber Moore - Benefits Coordinator (State Attorney) and
Justice Administrative Commission

Amy Maros - Benefits Coordinator (Public Defender, Criminal
Conflict and Civil Regional Counsel, Guardian ad Litem, Capital Collateral Regional
Counsel)

Open Enrollment Dates

- Open Enrollment begins **October 19th** at 8:00 a.m. and ends on **November 6th** at 6:00 p.m.
- Correction Period begins November 9th and ends on November 20th



Stay Informed

My Benefits Website

- **Benefits Guide**
- **Learn about changes**
- **Read about plans**
- **Use Cost Estimators**
- **Insurance Company Contact Info**
- <http://mybenefits.myflorida.com/>



How employees will receive information

Employees MUST verify mailing and home address in People First

- **Benefits Summary will be mailed and available online**
- **Confirmations will be mailed and available online**

What's New for 2016?

- Life Insurance- Minnesota Life will now be offering life insurance for spouse and dependent children
- 1x Optional Life with no underwriting
- Coventry is now owned by Aetna



Eligible Variable Hour (OPS) Employees

- Any state employee working an average of 30 hours or more per week will be eligible for:
 - Health Insurance: same premiums as Career Service, eligible for spouse program and HSA contribution
 - Basic life: employee must enroll and pay \$3.58 monthly premium
 - Dental, vision and other supplemental plans
 - Dependent Care Reimbursement Account
- **Not** eligible for optional life or MRA/LPMRA



Measurement Periods

■ New Hire Measurement Period

- The period of 12 consecutive months starting the first of the month following the initial hire date and ending the last day of the twelfth month for non eligible OPS employees.

■ Open Enrollment Measurement Period

- The period of 12 consecutive months from October 3 through the following October 2 of each year.

■ Stability Period

- The period of 12 consecutive months starting from the first day of enrollment (or possible enrollment if coverage is waived) in health insurance.

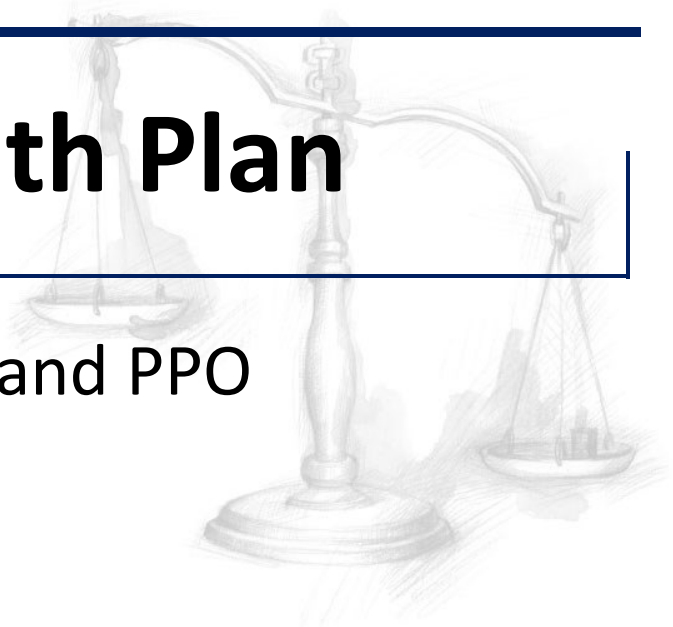
Eligible Variable Hour (OPS) Employees

- Qualifying Events
 - QSC Matrix has been revised; however, eligible employees are subject to the rules of the program
 - Eligible employees who waived coverage but experience an appropriate QSC event may enroll and have coverage for the balance of their 12 months
 - OPS eligible moving to FTE is no longer a QSC event.



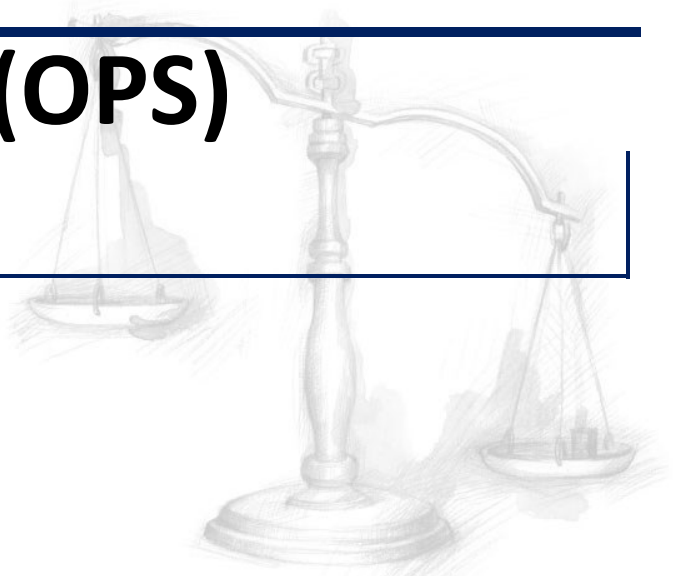
Health Investor Health Plan

- Difference compared to HMO and PPO
 - Must Meet Higher Deductible
 - Medical and Prescription Cost
 - Premium Cost Less
 - More out of pocket expenses
- Must Open Health Savings Account By January 1, 2016
 - Tallahassee State Bank Application
- Must Complete the Tax Favored Accounts Enrollment **Online**



Eligible Variable Hour (OPS) Employees

- Waiving Coverage
 - Employees are not required to enroll in coverage
 - If they have no other coverage, they may be subject to the individual tax penalty
 - Use a waiver form

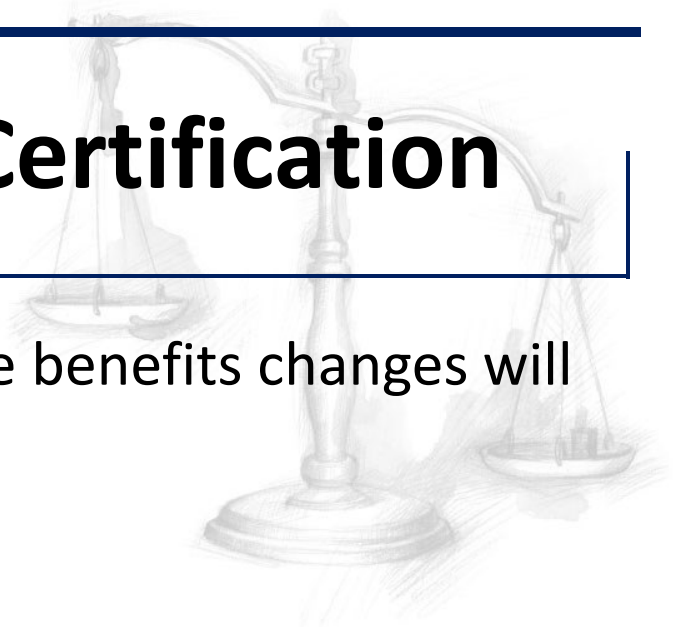


Dependent Eligibility Certification

These steps must be completed before benefits changes will be processed

- Verify Dependent Information
 - Dependent Name
 - Social Security Number
 - Date of Birth

- Removing Dependent Outside Open Enrollment
 - Must have a Qualifying Status Event Change
 - Must provide documentation to People First



Pharmacy Benefits Manager

- CVS/Caremark
 - Health Insurance Plans
 - <https://www.caremark.com/wps/portal>
 - <http://info.caremark.com/sofrxplan>
 - 888-766-5490 24/7
 - Exception: Retirees with Medicare Advantage Plan
 - Capital Health Plan (CHP)
 - Florida Health Care Plan (FHCP)
- CVS, Winn-Dixie, Wal-Mart, Publix (check with your local pharmacy)
- Walgreens – still Non-Provider



CVS/Caremark – Prescription Drug Plan

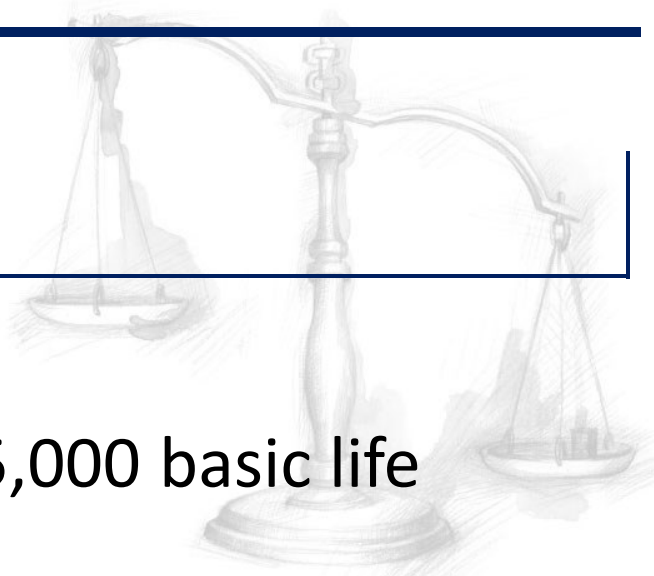
- Current Mail Order Customer – HMO and PPO
- CVS/Caremark will coordinate for HMO and PPO customers
- Controlled Substances or Compound Medications
- Controlled Substances or Compound Medications
 - May require new prescription
- Retail – short-term medications
- Mail order or Retail – maintenance medications
- 90-Day Maintenance at Retail Pharmacies- check if your pharmacy will participate

State Employees' Prescription Drug Plan	Retail (up to 30 day supply)	Mail Order (up to 90 day supply)
Generic Drugs	\$7.00	\$14.00
Preferred Brand Drugs	\$30.00	\$60.00
Non-Preferred Brand Drugs	\$50.00	\$100.00



Life Insurance

- Minnesota Life
- Premium **decrease**- \$3.58/ \$25,000 basic life insurance.
 - \$25,000 Basic Life for Full Time Employees at no cost
 - \$25,000 Basic Life for Part-Time Employee at a pro-rated premium
 - Change 1x Current Optional Life up to \$500,000 – no medical underwriting
 - Over \$500,000 requires medical underwriting; and
 - Maximum Coverage \$1,000,000
 - Spouse and Dependant children are eligible for life insurance coverage. **Spouse**- \$4.50/\$15,000 and \$6.00/\$20,000
Dependant- \$.85/\$10,000 in coverage *New*
 - Employee must be beneficiary on all plans

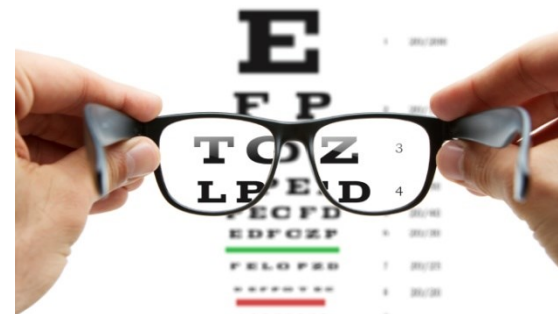


Dental Plans

- **Dental Tier Option Choices**
 - Prepaid
 - DPPO – Preferred Provider
 - Indemnity – Reimbursement



- **Vision Plan**
 - Exam and Materials only



Supplemental Plans

- **Supplemental Plans**
 - Will require a company form as well as online enrollment



Tax Favored Accounts

- Medical Reimbursement
 - Standard HMO and PPO Members
 - Maximum Annual Contribution
 - \$2,500 per year or \$208.33 per month
- Health Savings Account
 - Health Investor HMO and PPO
 - Maximum Annual Contribution (includes State Contribution)
 - Individual = \$3,350 ★
 - Family = \$6,550 ★
- Limited Purpose Medical Reimbursement Account
 - Only for Employees Enrolled in the Health Investor HMO and PPO
 - Maximum Annual Contribution
 - \$2,500 per year or \$208.33 per month
 - Can only be used for preventative care expenses not covered by health plan, dental, and vision
- Dependent Care Reimbursement Account
 - Maximum Annual Contribution
 - \$5,000 per year or \$416.00 per month
 - **Dependent Care Only**



Danger Zones

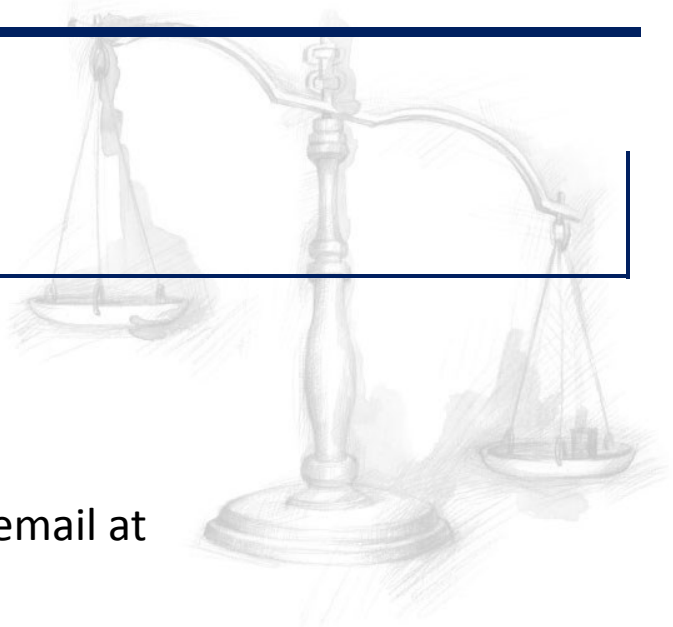
- Please remember People First and JAC will not be accepting any enrollment forms.
- Employees must complete their own enrollments online; however, you can assist the employee if needed.
- Please do not use employee's People First number to enroll as the employee.
- Remind employees to print confirmation for their records.
- **Dependent Social Security numbers and information must be accurate; IRS penalty can result.**

Tips

- Encourage employees to review their current Benefits Statement
- Contact JAC or print Employee Benefit Statement if an employee does not receive the statement in the mail



Contact Information



■ JAC Contacts

- State Attorney Offices
 - Call Amber Moore at 850-488-2415 or email at benefits@justiceadmin.org
- Public Defender Offices, Guardian Ad Litem Offices, Capital Collateral Regional Offices and Criminal Conflict and Civil Regional Offices
 - Call Amy Maros at 850-488-2415 or email at benefits@justiceadmin.org

■ People First

- Call at 866-663-4735
- Fax at 800-422-3128
- [https://peoplefirst.myflorida.com/peoplefirst\(bD1IbiZjPTIzMA=\)/logon.htm](https://peoplefirst.myflorida.com/peoplefirst(bD1IbiZjPTIzMA=)/logon.htm)





JUSTICE ADMINISTRATIVE
COMMISSION



Flexible Spending Accounts



State of Florida Flexible Spending Accounts (FSA)

- Medical Reimbursement Account (MRA)
- Dependent Reimbursement Account (DCRA)



PLAN BENEFIT YEAR
January 1, 2016 through December 31, 2016

What is a Flexible Spending Account?

- Flexible Spending Accounts are an excellent way to increase your spendable income and reduce your federal and FICA taxes.
- Under Section 125 of the IRS Code, you, as an employee, can pay for qualified expenses using money from your paycheck that is deducted pre-tax.
- By using pre-tax dollars, you reduce the amount you pay in taxes!
- Flexible Spending accounts are “use it or lose it”.



What can an FSA do for you?

- By eliminating Federal and FICA tax on qualifying expenses, the plan **saves** the average participant **approximately 20%** in taxes on those expenses.
- Savings could be more depending on your income tax rate.
- It can increase the amount of your paycheck that you get to keep!



Medical Reimbursement Accounts (MRA)



Eligible Expenses

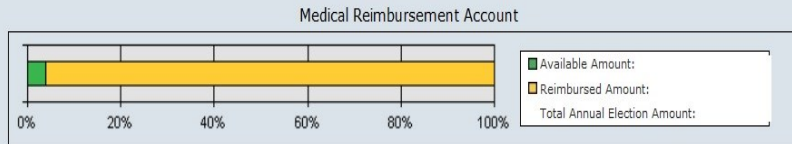
Some Eligible Expenses	Some Expenses Not Eligible
<p>Money can be set aside for:</p> <ul style="list-style-type: none"> • Deductibles • Copayments • Dental and vision care expenses • Orthodontia not covered by a dental plan • Prescription drugs • Over-the-counter medications (doctor's prescription required to be eligible for reimbursement) • Chiropractic visits • Saline solution and contact lens cleaners • Procedures or expenses that are medically necessary • Doctor prescribed weight loss programs 	<p>The IRS lists these non-eligible expenses:</p> <ul style="list-style-type: none"> • Cosmetic procedures • Your contributions for outside health or life insurance • Employer health premiums of any kind • Procedures or expenses not medically necessary • Weight loss programs not prescribed by a doctor

Where can I find eligible expenses?

FSA Home

2014 Account Snapshot As Of 10/03/2014

Activity on this page may not reflect your most recent transactions.
[More Information About These Balances](#)



[Display Previous Year Account Balance](#)

Helpful Links

- [Activate myMRA Card](#)
- [Eligible Expenses List](#)
- [Eligible Merchants](#)
- [Flexible Spending Account Questions](#)
- [Helpful Terms](#)
- [MyBenefits](#)
- [myMRA Card Questions](#)
- [myMRA Card Tips](#)
- [Tax-Favored Accounts Reference Guide](#)
- [Update My E-mail](#)

Important Information

If your myMRA card is lost or stolen, you should immediately call 1-888-462-1909 to report it. TV cards will be sent to replace the old ones within 7 business days. Remember to [activate your new card](#). If you notice any erroneous deductions from your Spending Account, call People First Customer Service at 866-663-4735.

Forms

- [Flexible Spending Account Claim Form \(Fillable\)](#)
- [MRA Options When Employment Ends](#)
- [Letter of Medical Need for MRA](#)
- [Personal Use Statement](#)
- [Capital Expenditure Worksheet](#)

Announcements

December 31, 2013

In mid-December, you will receive a PIN number for your myMRA Card. This will allow you to use your myMRA Card as you would a debit card at participating healthcare merchants by selecting the "debit" payment option and entering the PIN. The PIN cannot be used to obtain cash at ATMs or get cash back at merchants. Use of the PIN number is not required and if you choose to not utilize your PIN, your myMRA Card will work as it always has by simply selecting the "credit" option.

March 28, 2011

Important Information - If you use your myMRA card at the dentist or the eye doctor, you may receive an e-mail requesting documentation. Some transactions require documentation to prove the expense is eligible because your myMRA card recognizes where you are, but not what you are buying. Follow the instructions in the e-mail or on the FSA website and submit all required documentation, along with a completed Claim Form, to People First. If you have questions call the People First Service Center at (866) 663-4735 or TTY (866) 221-0268, Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.

December 18, 2010

Changes to reimbursement for [Over-the-Counter items](#) begin January 1, 2011; please read this important notice for details.

December 18, 2010

Watch your mail! If you signed up for a Medical Reimbursement Account for the 2011 plan year, you will receive your new myMRA card in the mail the last week of December. Remember to Go Green and activate your card for use on January 1, 2011.



Dependent Care Account

You may set aside up to **\$5,000** per plan year into this account.

- **\$2,500** for married Plan members who file separate tax returns.
- **\$5,000** for single or married filing jointly.

Eligible Dependent Care Expenses

- Daycare expenses for IRS dependent children.
- Daycare expenses for IRS dependent adults.
- Preschool (not including Kindergarten tuition).
- Summer Day Camp - up to age 13.



myMRA Card

The easiest way to access the funds in your FSA account is to use your myMRA VISA debit card. When you pay with the card, your purchase amount is deducted from the appropriate balance in your Flexible Spending Account. Certain payments will require further verification, **so please hold on to your itemized bills and receipts**. Custom Design Benefits will request documentation only when it is needed.

Cards now have three-year expiration dates



How Do I Get My Money If I Didn't Use My MRA Card?

Complete a **CLAIM FORM** only if your debit card was not used.

➤ **Medical**

- ❖ Complete required information on claim form and attach an EXPLANATION OF BENEFITS (EOB) or STATEMENT/RECEIPT detailing expenses not covered by carrier.
- ❖ May need to submit form for dental and vision services.

➤ **Dependent Care**

- ❖ Complete required information on claim form and attach RECEIPT for expenses from Dependent Care provider.

➤ *All reimbursements are issued by direct deposit or mailed to the employee at their home address if banking information is not on file.*

Mail completed form and receipts to:

**People First Service Center
Flexible Spending Account
PO Box 1800
Tallahassee, FL 32303-1800
1-888-800-5217**

Fax Toll-Free to:



FSA Claim Form

Claim Form for MRA, LPMRA, DCRA and the myMRA Card



PLEASE READ THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS FORM. KEEP A COPY OF THIS FORM FOR YOUR RECORDS.
SEND COPIES OF ORIGINAL RECEIPTS. ATTACH ADDITIONAL FORMS IF NECESSARY.

PERSONAL DATA

Name: _____ Home Phone: _____
Street Address: _____ City: _____ State: _____ Zip: _____
SS#: _____ Employer: _____ Day Time Phone: _____
Email: _____

By submitting this Claim form I understand, agree and certify to the following:

- I will use my FSA to pay for only IRS-qualified expenses permitted under my employer's FSA plan(s). These services were provided to my IRS-eligible dependents and/or to me on the date(s) listed below. These expenses were incurred within my period of coverage during the plan year.
- I will request reimbursement only after the services have been provided.
- I have not and will not seek reimbursement through any other source, including any other Flexible Spending Account such as those provided under my employer's plan(s), for these expenses.
- I will collect and maintain sufficient documentation to validate my reimbursed FSA expenses.
- I will not claim any reimbursed FSA expense for any federal income tax deduction or credit.
- I specifically release my employer and People First from any liability resulting from either my participation in any FSA or for any misrepresentation I make regarding my requests for reimbursement.
- If I participate in my employer's Dependent Care FSA plan, I will file a Form 2441 with my income tax return and provide any taxpayer identification number required.
- The dependent care expenses I submit for reimbursement were incurred to allow my spouse (if married) and me to work or actively look for work. My spouse is considered working (i.e., gainfully employed) if he or she is a fulltime student for five months during the calendar year at an educational organization or is physically or mentally incapable of self-care.

Participant's Signature: _____ Date: _____

Remember to date and sign the form.

MEDICAL REIMBURSEMENT ACCOUNT Place a mark in the box(es) and fill in claim amount of any that apply below:

A. I used the myMRA card to pay for these expenses - Supporting documentation must be attached. \$ _____

B. Please reimburse me for these out-of-pocket expenses - Supporting documentation must be attached. \$ _____

C. Please apply attached documents as substitution toward card transactions requiring documentation. \$ _____
(For lost documentation or substantiation of an ineligible charge)

Fill out completely. Use for eligible medical expenses for yourself and your qualifying dependents.

MARK PAYMENT TYPE A. Card B. POC C. Sub. Doc.	Name of Person Receiving Service	Relationship to Employee	Provider of Services*	SERVICE DATE**		CLAIM AMOUNT
				FROM:	TO:	
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
TOTAL						\$

MRA Section of the form

DEPENDENT CARE REIMBURSEMENT ACCOUNT Fill out completely. For qualifying childcare, dependent care and elder care services.

Name of Person Receiving Service	Relationship to Employee	Age and Grade	Name and Address of Persons or Facility Providing Service	SERVICE DATE**		CLAIM AMOUNT
				FROM:	TO:	
						\$
						\$
						\$
						\$
						\$
TOTAL						\$

SIGNATURE OF DAY CARE PROVIDER (LISTED ABOVE)
OR ATTACH STATEMENT / BILL :

* Please remember to keep copies for your records.
** "Provider of Services" means hospital, doctor, dentist, druggists, medical supply store, etc.
** "Service date" refers to dates service was PROVIDED or available for pickups, not the date you paid or were charged for it.

DCRA Section of the form.

People First Service Center - Flexible Spending Accounts
Mail to: P.O. Box 1800, Tallahassee, Florida 32302-1800
Toll-Free Fax to: 1-888-800-5217 Tallahassee Fax: 1-850-425-4608

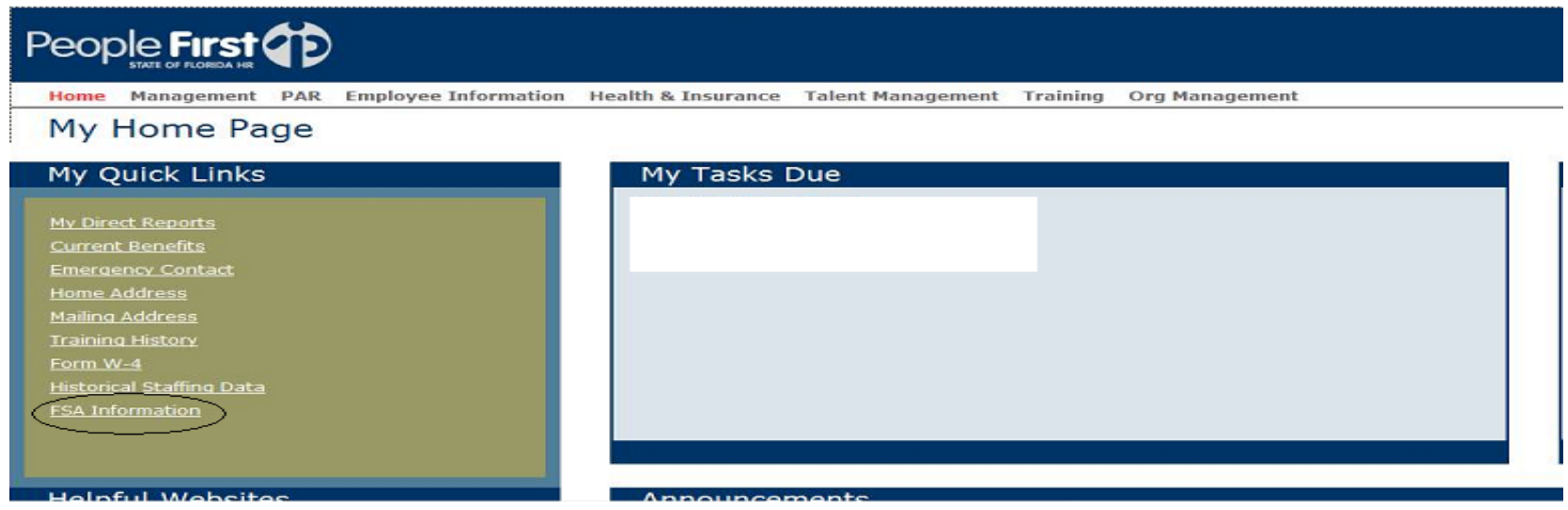
*If you fax your reimbursement request to People First, keep a copy for your records. Do not mail the copy of your faxed transmittal to People First.
Customer Care: 1-866-863-4735; TTY 1-866-221-0268*

Rule 60P-1.018, F.A.C. Scan your documentation and submit it online through PeopleFirst.myflorida.com -> FSA Information
Page 1 of 2




How to Manage My Flexible Spending Account Balances throughout the Year . . .

- Log on to People First. Click *FSA Information* under the “My Quick Links” section on the left to see:
 - ❖ Your account balance.
 - ❖ myMRA card transactions.
 - ❖ Claims history.
 - ❖ How to upload scanned claim forms and documentation.



How to Manage My Flexible Spending Account Balances throughout the Year (con't)


Close this window

[FSA Home](#) | [My Elections](#) | [Account Balance](#) | [Account History](#) | [myMRA Card Claims](#) | [Other Claims](#) | [Online Claim Submission](#)

Current User:

Account Balance

[Printable Version](#)

Activity on this page may not reflect your most recent transactions.

Displaying: Current Year

Plan Year: 01/01/2014 to 12/31/2014

Medical Reimbursement Account Grace Period Ends: 03/15/2015
File Claims By: 04/15/2015

Summary

	YTD Paid In:	\$1,066.66
	YTD Reimbursed:	\$1,600.00
	Current Account Balance:	\$0.00
	Grace Period Balance:	\$0.00
	Total Account Balance:	\$0.00

Contributions

	Total Expected Employee Contribution:	\$1,600.00
--	---------------------------------------	------------

Reimbursements

	Total Non-myMRA Card Reimbursements:	\$70.00
	Total myMRA Card Reimbursements:	\$1,530.00
	Total Authorized Reimbursements:	\$1,600.00
	*Approved Claims Yet To Be Reimbursed:	\$0.00

*Any claim amount that has been authorized for reimbursement, but reimbursement has not yet been issued.

Thursday, September 18, 2014 1:52:14 PM ET

Helpful Links

- [Activate myMRA Card](#)
- [Eligible Expenses List](#)
- [Eligible Merchants](#)
- [Flexible Spending Account Questions](#)
- [Helpful Terms](#)
- [MyBenefits](#)
- [myMRA Card Questions](#)
- [myMRA Card Tips](#)
- [Tax-Favored Accounts Reference Guide](#)
- [Update My E-mail](#)

Forms

- [Flexible Spending Account Claim Form \(Fillable\)](#)
- [MRA Options When Employment Ends](#)
- [Letter of Medical Need for MRA](#)
- [Personal Use Statement](#)
- [Capital Expenditure Worksheet](#)

For assistance, please call the Service Center at (866) 663-4735.
 Acrobat Reader is necessary to read the pdf files on this site. If you do not have Acrobat Reader [click here to download it for free.](#)



What does “pre-tax” mean?

- You earn what is called “**gross pay**”. This refers to the amount your employer must pay you *before* any deductions are taken.
- However, this is not what most people get to spend from their paycheck. Why?
- Because the government takes a percentage of your “gross pay” first (in the form of taxes).

What does “pre-tax” mean? (con’t)

- With an FSA, the government allows you to set aside a portion of your “gross pay” to cover certain expenses before a percentage of it is deducted in taxes.
- The remainder of your paycheck is the amount that the government declares subject to taxes.
- By deducting pre-tax monies, you pay less in taxes!

Paycheck Comparison

(for illustrative purposes only)



	Without FSA Plan	With FSA Plan
Your Paycheck		
Gross Pay (Before taxes)	\$ 1000.00	\$ 1000.00
Qualifying Expenses	- 0.00	- 296.00*
Pay Subject to Tax	\$ 1000.00	\$ 704.00
Taxed paid by you: (Federal, FICA - Approximately 20%)	\$ 200.00	\$ 140.80
Your Expenses		
I. Independent Premiums	- 50.00	- 0.00
II. Dependent Care	200.00	0.00
III. Medical, Dental, Vision Expense	46.00	0.00
*(Total of I, II, III = \$296)		
Net Spendable Income	\$504.00	\$563.20
Increased Spendable Income		+59.20



Expenses must be incurred in the Plan Year

- The Plan Year is the time frame your employer's plan is administered.
- It is important that any expenses you submit for reimbursement are incurred within the Plan Year.
- This means the dates of service (when the service was rendered) must fall within the Plan Year.

Additional questions?

www.myflorida.com/mybenefits/

People First Service Center, Flexible Spending Accounts, Customer Service Representatives are available Monday – Friday 8:00 a.m. – 6:00 p.m. (ET).



1- (800)-643-5819

1- (886)-663-4735