



## 2017 Flexible Spending Account (FSA) Plan Year Frequently Asked Questions

A Flexible Spending Account (FSA) is an employer-sponsored plan that allows eligible employees to deduct dollars from a paycheck before they are taxed and put them into a special account. The State of Delaware has contracted with **ASIFlex** to perform certain administrative functions for the Plan. ASIFlex processes all claims for the Health Care Flexible Spending Account and the Dependent Care Flexible Spending Account. Additional information is available at [www.ben.omb.delaware.gov/fsa](http://www.ben.omb.delaware.gov/fsa).

### **2017 Flexible Spending Account (FSA) Enrollment**

**1. Who is eligible to participate in the Flexible Spending Account (FSA) Plans?**

Flexible Spending is offered to active, benefit eligible full-time and part-time State of Delaware employees after completing an initial waiting period of **90 days**.

**2. When can I enroll in the Flexible Spending Account (FSA) Plans?**

Newly benefit eligible employees may enroll effective the first day of the month after completing an **initial waiting period of 90 days** to participate for the remainder of that plan year. Newly benefit eligible employees should contact their Benefits/ Human Resources Representative for information regarding enrollment.

Employees may also enroll online during open enrollment each year for the upcoming Plan Year. You may enroll during the plan year **ONLY** if you experience a qualifying change in status and the enrollment corresponds with a change in eligibility caused by that status change.

### **2017 FSA Open Enrollment**

**3. When is the 2017 Flexible Spending Account (FSA) Open Enrollment?**

Open Enrollment is **November 1 through November 18, 2016**. Coverage is effective January 1, 2017 through December 31, 2017 and the accompanying Grace Period January 1, 2018 through March 15, 2018.

**4. What do I need to do if I want to enroll during Open Enrollment?**

If you wish to enroll please review the 2017 FSA Online Enrollment instructions located at [www.ben.omb.delaware.gov/fsa](http://www.ben.omb.delaware.gov/fsa). Online Enrollment is **REQUIRED** each year if you wish to continue your FSA participation. FSA elections **DO NOT** rollover to the next plan year automatically.

- 5. What do I need to do if I DO NOT want to make any changes to my current elections?**  
Online Enrollment is **REQUIRED** each year if you wish to continue your FSA participation. FSA elections **DO NOT** rollover to the next plan year automatically. If you do wish to participate please review the 2017 FSA Online Enrollment instructions located at [www.ben.omb.delaware.gov/fsa](http://www.ben.omb.delaware.gov/fsa).
- 6. What is the maximum elections allowed for Health Care FSA?**  
The Annual Maximum for Health Care FSA is \$2,600. If you have a spouse who has access to a Health Care FSA through his/her employer, you may each set aside up to the \$2,600 maximum through your respective employers, for a total of \$5,200 per household.
- 7. What are qualified expenses under Health Care FSA?**  
Qualified expenses include medical, dental, vision, and prescriptions for **you & your tax dependents** that are not covered or not reimbursed by insurance. Federal regulations do not allow any insurance premiums or long-term care expenses to be included under the Health Care FSA. Please review the eligible expense listing at [www.asiflex.com](http://www.asiflex.com), or contact ASIFlex at (800) 659-3035 if you have any questions regarding particular expenses.
- 8. What is the maximum elections allowed for Dependent Care FSA?**  
The Annual (household) Maximum for Dependent Care FSA is \$5,000.
- 9. What are qualified expenses under Dependent Care FSA?**  
Qualified expenses for Dependent Care are those incurred primarily for the protection and well-being of a child (**under the age of 13**) or elder dependent while you work. **DO NOT** include **medical, dental or vision** expenses for your dependents in the Dependent Care election, **these expenses should be included in your election for the Health Care FSA**. Please contact ASIFlex at (800) 659-3035 if you have any questions regarding particular expenses.
- 10. What is the cost for the FSA Debit Card?**  
There is a \$6 annual fee that will be deducted from your available balance in January 2017. There are no refunds for the ASIFlex Card if you terminate employment or use up your balance early in the plan year.
- 11. Will I receive a Confirmation Statement?**  
The final screen of the online enrollment process will display your confirmation number and election(s). It is highly recommended to print or save this screen for your records. A copy of the confirmation will be **REQUIRED** for any enrollment corrections.
- 12. What do I do if my elections as of January 1, 2017 are not correct?**  
For errors identified after Open Enrollment has closed, employees must contact the Statewide Benefits Office immediately. A copy of the online confirmation will be **REQUIRED** for any enrollment corrections. **If an error has been made, you MUST contact Statewide Benefits Office to correct the error by December 1, 2016. No corrections will be made after December 1, 2016.**

**13. What will happen if I do not take action to enroll in Flexible Spending by November 18, 2016?**

You **MUST** take action during the 2016 Open Enrollment process if you wish to enroll in Flexible Spending for Plan Year 2017. If not, any enrollments must wait until next year's Open Enrollment, unless you experience an approved qualifying event to make a mid-year change.

**14. If I am currently on a Leave of Absence for any reason, do I need to complete the FSA online enrollment process?**

You are **REQUIRED** to complete the Online Enrollment if you wish to enroll in Flexible Spending for the 2017 Plan Year. Elections will **NOT BE ACCEPTED** after the close of Open Enrollment, unless you experience an approved qualifying event to make a mid-year change.

If you will not return from a Leave of Absence prior to January 1, 2017, you will also be required to complete a **LEAVE OF ABSENCE FORM**. Additional information regarding Leave of Absence for Health Care FSA can be located at

[www.ben.omb.delaware.gov/fsa](http://www.ben.omb.delaware.gov/fsa).

**AFTER I ENROLL**

**15. When will the new coverage take effect?**

The new coverage will take effect on January 1, 2017 and will be in effect for the plan year ending December 31, 2017 and the accompanying Grace Period January 1, 2018 through March 15, 2018.

**16. When will the deductions begin?**

The first deduction for new coverage beginning January 1, 2017 will be taken on the January 6, 2017 paycheck.

**ADDITIONAL CONSIDERATIONS**

**17. What if funds are not used during the Plan Year?**

When enrolling, employees will need to estimate the amount of family care expenses expected to incur during **January 1, 2017 through December 31, 2017**.

ASIFlex has provided FSA Planning Worksheets to help you determine the dollar amount you will spend for medical, dental, vision and prescriptions during the upcoming plan year and are available online at [www.ben.omb.delaware.gov/fsa](http://www.ben.omb.delaware.gov/fsa).

Federal rules state that employees may only be reimbursed for expenses incurred during the plan year and the accompanying FSA grace period. Plan rules also state that unused funds will be forfeited to the State.

**18. Does the Statewide Benefits Office offer a Grace Period?**

Yes. The Grace Period will run **January 1, 2018 through March 15, 2018** and employees that are a participant as of December 31, 2017, may continue to incur expenses through **March 15, 2018**. Claims for expenses incurred during the Grace Period are paid from the oldest year's funds first unless otherwise requested.

**19. When is the deadline to submit claims incurred during the Plan Year and accompanying Grace Period?**

Claims must be filed by **April 15, 2018** following the end of the Plan Year. After that, accounts will be closed and any balance remaining will be forfeited to the State of Delaware in accordance with federal regulations.

**20. What happens to my Flexible Spending Account if I go on a Leave of Absence?**

Health Care FSA Participants must make arrangements **PRIOR** to going on unpaid leave with their Human Resources Office to pay for coverage after returning from unpaid leave in order to maintain coverage. If you have been on unpaid leave for longer than 30 consecutive days and did not elect to catch up contributions when you return, the election and corresponding coverage will be revoked (effective on the last day worked). Once your coverage is revoked, your ASIFlex Card will be immediately suspended.

Dependent Care expenses are not eligible for reimbursement during a period of leave. Because of this, you may choose to have your deductions stopped prior to going on a paid leave. When you return to work, you will have **31 days** to reinstate your coverage with the same or a new annual election.

**21. When will my coverage in Flexible Spending Account end?**

Participation in Flexible Spending will end at the end of the expiration of the Plan Year, or participation will end on your last day of work should you terminate employment or retire from the State of Delaware, unless arrangements are made to continue coverage under COBRA.

**MAKING CHANGES AFTER OPEN ENROLLMENT**

FSA Open Enrollment elections are binding. Changes to your FSA elections after Open Enrollment require a Qualifying Event and the desired election change must correspond with that gain or loss of coverage. You must request the change **within 30 days** of the qualifying event, and provide an **ELECTION CHANGE FORM** to the Statewide Benefits Office. The form can be located by following [www.ben.omb.delaware.gov/fsa](http://www.ben.omb.delaware.gov/fsa).

Additional Information regarding qualifying events are available in the State of Delaware's **2017 FSA Plan Booklet** located at [www.ben.omb.delaware.gov/fsa](http://www.ben.omb.delaware.gov/fsa).