

Flex enrollment is about choices — choices that enable you to select benefits that meet your needs. Loyola College’s flexible benefits program is classified as a “cafeteria style plan” under Section 125 of the Internal Revenue Code. It provides the flexibility for you to spend benefit dollars wisely. The cafeteria flexible benefits plan passes along tax-saving features by allowing you to purchase optional benefits with pre-tax dollars, saving on federal, state, FICM (Medicare) and FICA (Social Security) taxes.

## **COST OF BENEFITS**

Each year, the College offers a core level of benefits that provide basic coverage at no cost to the employee. A range of optional benefits to enhance your core coverage, and an allowance of Flex Credits are also available. Each optional benefit has a premium. The premiums are adjusted annually to reflect the changes in benefits costs. You may purchase these optional benefits using your Flex Credits. If you select additional benefits and the premiums exceed the amount of your Flex Credits, you will pay the net cost through regular payroll deductions on a pre-tax basis.

## **DETERMINING YOUR FLEX CREDITS**

### **Flex Credits**

The College provides a base amount of \$1,000 in Flex Credits to assist employees with the purchase and selection of their benefits. Qualified half-time employees receive \$500 in Flex Credits. Jesuits and Sisters of Mercy receive \$850 in Flex Credits.

### **Extra Credits**

In addition to the base Flex Credits, the College will provide additional credits based on your length of service. The amount of extra credits is based on years of service as of July 1. Refer to the chart below for the schedule of extra Flex Credits. Flex Credits will be prorated and provided to you over the course of the year through your paycheck. Should the cost of the options you select exceed your Flex Credits, you pay the difference through pre-tax payroll deductions. If you have excess credits after selecting your benefits, the remaining amount of Flex Credits will be converted to taxable income and distributed to you over the course of the year through your paycheck.

<b>Extra Flex Credits</b>	
0 through 5.99 years of service	0 credits
6 through 10.99 years of service	100 credits
11 through 15.99 years of service	200 credits
16 through 20.99 years of service	300 credits
21+ years of service	400 credits

## ELIGIBILITY

Your benefit choices take effect on July 1, or on the date you first become eligible to participate. Benefits remain in effect until June 30 of the following year.

### Employees

All full-time, four-fifths, core and qualified half-time, non-temporary, employees of Loyola College, who have satisfied the waiting period, are eligible to participate in the flexible benefits plan.

### Dependents

Dependent coverage is available for medical, dental, vision insurance and limited life insurance. Your spouse and unmarried dependent children under 25 years of age are eligible for medical coverage. Dependents include stepchildren, children legally placed by the court and legally adopted children. Dependent children incapable of self-support because of a physical or mental disability may be covered regardless of age. Dependents between the ages of 19 and 23 are eligible for dental and vision coverage provided they are enrolled as full-time students in an accredited school, college or university and are solely dependent upon the employee for support.

**Student status must be verified each benefit year.** In addition, you must notify the Benefits Unit (Human Resources) when your dependent is no longer a full-time student.

## BENEFITS AT A GLANCE

BENEFIT OPTIONS		
MEDICAL COVERAGE	DENTAL COVERAGE	VISION COVERAGE
<ul style="list-style-type: none"> <li>CareFirst PPO</li> <li>BlueChoice HMO</li> <li>Waive Coverage</li> </ul>	<ul style="list-style-type: none"> <li>MetLife PPO Plan</li> <li>MetLife Copay Plan</li> <li>Waive Dental Coverage</li> </ul>	<ul style="list-style-type: none"> <li>Core coverage is provided by the College (employee coverage only)</li> <li>Optional Buy-Up plan</li> <li>No optional buy-up plan</li> </ul>

BENEFIT OPTIONS		
LIFE INSURANCE	DISABILITY INSURANCE	FLEXIBLE SPENDING ACCOUNTS
<ul style="list-style-type: none"> <li>Core coverage is provided by the College</li> <li>Optional Term Life</li> <li>Dependent Life Insurance</li> <li>Cap Life Insurance at \$50,000</li> </ul>	<ul style="list-style-type: none"> <li>Core coverage is provided by the College</li> <li>Optional "Short-Term" Disability</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare Flexible Spending Account</li> <li>Dependent Care Flexible Spending Account</li> <li>No Flexible Spending Accounts</li> </ul>

# MEDICAL BENEFITS

## CAREFIRST BLUECROSS BLUESHIELD PPO (CareFirst PPO)

This is a comprehensive major medical plan that covers most healthcare needs and prescriptions. The CareFirst PPO arrangement offers greater flexibility in choosing providers and facilities. There is a higher level of benefit coverage if network providers are utilized. If you choose to go out-of-network, you will be responsible for paying a greater amount out of your pocket.

Some medical services in this plan are subject to a deductible and coinsurance. **The deductible amount must be met each plan year.** Please refer to the CareFirst Health Benefit Description Chart on the Human Resources website for more detailed information.

### **Generic Substitution Program**

Under the generic substitution program, if a physician or the employee does not specify that a brand name drug is necessary, a generic drug will be dispensed. Using generic versus brand name drugs is cost effective and will reduce the costs you pay for drugs as well as costs to the College

### **Prior Authorization**

Some prescriptions require advance approval before they can be dispensed. Prior authorization is used to ensure that employees meet necessary medical criteria to obtain a particular drug. Without proper authorization, you will pay the full price of the prescription rather than only your copay. Please refer to the prescription drug information on the Human Resources website or go to [www.carefirst.com](http://www.carefirst.com).

### **Mail Order Prescriptions**

Maintenance medications may be ordered by mail. **The copay for a 90-day supply is \$16 for generic prescriptions and \$50 for brand name prescriptions.** Employees must submit a prescription from a physician and a personal profile to order by mail. Walgreens is the mail service provider. Order forms may be obtained from the Carefirst website or the Benefits Office. Using mail order for maintenance prescription drugs is an economical and convenient service. You may reorder prescriptions via the telephone or Internet.

Maintenance drugs are described as those used for on-going, long-term or chronic conditions such as high blood pressure, diabetes, heart conditions, and allergies.

**Note:** Oral contraceptives are not dispensed under this plan without proof of medical necessity from a health care provider. Providers must contact CareFirst.

### **Outpatient Mental Health Treatment Precertification**

The Plan will require precertification for outpatient mental health benefits prior to the 11<sup>th</sup> visit. The precertification form should be submitted by your provider. If precertification forms are not submitted, payment will be suspended for additional visits until the form is received.

## BLUECHOICE HMO

An HMO offers medical services through a network of providers, including primary care physicians, specialists, and hospitals. You must choose a Primary Care Physician for yourself and each member of your family when signing up for the benefit. Your Primary Care Physician acts as your gatekeeper and guides you to the proper care required. You must get a referral from your Primary Care Physician in order to receive care from most specialists. You and your family are covered for most medical services, including preventive care, without deductibles or claim forms to fill out. There is a copayment for most services.

If you elect an HMO for your medical coverage, you will be required to use only those doctors and hospitals or other facilities affiliated with the HMO. Benefits will not be paid if you select providers out of the network.

Copays apply to most services. However, mental health and substance abuse services require coinsurance payments. BlueChoice also covers routine eye exams through participating providers. Please refer to the CareFirst website for more detailed information.



## JUST FOR THE HEALTH OF IT! – WELLNESS PROGRAM

We are committed to developing programs that contribute to the overall health and wellness of our community. Look for news of upcoming initiatives that promote a healthier and happier you.

- **Confidential Health Risk Assessment (HRA) – available dates to be announced**
- **CareEssentials Disease Management Program**

Visit [www.carefirst.com](http://www.carefirst.com) for additional information and wellness tools.

## MEDICAL BENEFITS CHART – CAREFIRST PPO

BENEFITS	IN PREFERRED NETWORK	OUTSIDE PREFERRED NETWORK
<b>DEDUCTIBLE</b>	\$300 Individual/\$600 Family	\$750 Individual/\$1,500 Family
<b>OUT-OF-POCKET MAXIMUM</b>	\$1,000 Individual/\$2,000 Family	\$4,000 Individual/\$8,000 Family
<b>COINSURANCE LEVEL</b>	80% of AB*	60% of AB
<b>LIFETIME MAXIMUM</b>	Unlimited	
<b>OFFICE VISIT</b>		
Physician Office Visit Well Child Visit	\$10 copay per visit \$10 copay per visit	60% of AB, after deductible 60% of AB, after deductible
<b>INPATIENT HOSPITALIZATION</b> (Precertification required)		
Facility Professional Services	80% of AB, no deductible 80% of AB, after deductible	60% of AB, after deductible 60% of AB, after deductible
<b>OUTPATIENT SURGERY</b>		
Facility Professional Services	80% of AB, no deductible 80% of AB, after deductible	60% of AB, after deductible 60% of AB, after deductible
<b>DIAGNOSTIC TESTING</b>	100% of AB, no deductible	60% of AB, after deductible
<b>MATERNITY CARE</b> Pre/Post Natal & Delivery	80% of AB, after deductible	60% of AB, after deductible
<b>PRESCRIPTION DRUGS</b>	\$8 generic \$25 name brand	
<b>EMERGENCY SERVICES</b>	\$50 Copayment; waived if admitted	
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE**</b> (Precertification required)		
Inpatient	80% of AB after deductible	60% of AB, after deductible
Outpatient	Visits 1-30: 80% of AB after deductible Visits 31+: 50% of AB after deductible	Visits 1-5: 80% of AB after deductible Visits 6-30: 65% of AB after deductible Visits 31+: 50% of AB after deductible
*AB = Allowed Benefit    **Combined in and out-of-network		

## MEDICAL BENEFITS CHART – BLUECHOICE HMO

BENEFITS	
<b>DEDUCTIBLE</b>	N/A
<b>OUT-OF-POCKET MAXIMUM</b>	\$2,000 Individual/\$5,500 Family
<b>LIFETIME MAXIMUM</b>	N/A
<b>PHYSICIAN SERVICES</b>	
Physician Office Visit	Primary Care: \$10 copay per visit Specialist: \$20 copay per visit
Well Child Visit	\$10 copay per visit
<b>HOSPITALIZATION</b> (Precertification required)	
Inpatient/Outpatient Facility Outpatient Surgery	Covered in full \$10/\$20 copay
<b>DIAGNOSTIC TESTING</b>	Covered in full
<b>PREGNANCY &amp; MATERNITY</b>	
Pre/Post Natal & Delivery	\$10/\$20 copay, not to exceed 10 times the copay per pregnancy Hospital: Covered in full
<b>PRESCRIPTION DRUGS</b>	\$5 generic/formulary, \$10 brand name formulary, \$25 brand name non- formulary
<b>EMERGENCY SERVICES</b>	\$50 copay; waived if admitted
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE**</b> (Precertification required)	
Inpatient	Covered in full Limited to 60 days for partial hospitalization per year
Outpatient	Visits 1-5: 20% copay Visits 6-30: 35% copay Visits 31+: 50% copay

## **DENTAL BENEFITS**

### **METLIFE PREFERRED DENTIST PROGRAM (PDP)**

There are two plans available through MetLife, a PPO plan and a CoPay plan. Under either plan, you have complete freedom of choice to visit any provider you chose, with no preauthorization or referrals required. However, you will save money if you utilize the providers who participate in MetLife's network. In-network annual maximums are greater, and the deductibles are lower, if you chose participating (in-network) providers in either plan. Both the PPO Plan and CoPay plan pay for services based on the Preferred Dentist Program Fee (PDP Fee). This is a fee negotiated with providers who participate with MetLife. You receive the maximum plan value when you use an in-network provider.

### **METLIFE PPO PLAN**

Payment for services in this plan (other than Type A Preventive Services) is a percentage of the PDP fee. The PPO plan, though more expensive, may sometimes provide a richer benefit when compared to the CoPay plan, for employees who need extensive dental care. Under this plan, more services are covered at a higher level. Please refer to the MetLife brochure located on the Human Resources website for more detailed information.

### **METLIFE COPAY PLAN**

There are no deductibles in this plan when you use in-network providers. The amount paid for services in this plan is a set fee for the service performed if you use an in-network provider. When using a non-participating provider, you will usually pay more than the fees listed on the schedule. Please refer to the MetLife Preferred Dentist Program Procedure Charge Schedule for specific copayment amounts. This schedule is located on the Human Resources website.

# DENTAL BENEFITS CHART

## MetLife® Preferred Dentist Program Benefit Summary

Plan Option 1 Benefit Highlights: PPO Plan			Plan Option 2 Benefit Highlights: CoPay Plan		
Coverage Type:	In-Network	Out-of-Network	Coverage Type:	In-Network	Out-of-Network
Type A - Preventive	100% of PDP Fee*	85% of PDP Fee*	Type A - Preventive	See Schedule	80% of PDP Fee*
Type B - Basic Restorative	80% of PDP Fee*	60% of PDP Fee*	Type B - Basic Restorative	See Schedule	50% of PDP Fee*
Type C - Major Restorative	50% of PDP Fee*	40% of PDP Fee*	Type C - Major Restorative	See Schedule	30% of PDP Fee*
Type D – Orthodontia (Child Only)	50% of PDP Fee*	40% of PDP Fee*	Type D – Orthodontia (Child Only)	40% of PDP Fee*	40% of PDP Fee*
Deductible**:	In-Network	Out-of-Network	Deductible**:	In-Network	Out-of-Network
Individual	\$50	\$75	Individual	None	\$75
Family	\$150	\$225	Family	None	\$225
Annual Maximum:	In-Network	Out-of-Network	Annual Maximum:	In-Network	Out-of-Network
Per Person	\$1,250	\$750	Per Person	\$1,250	\$750
Orthodontia Lifetime Maximum:	In-Network	Out-of-Network	Orthodontia Lifetime Maximum:	In-Network	Out-of-Network
Per Person	\$1,250	\$750	Per Person	\$1,250	\$750
* PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full.			* PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full.		
** Applies only to Type B & C Services.			** Applies only to Type B & C Services.		

An Example of Savings When You Visit a Participating PDP Dentist		An Example of Savings When You Visit a Participating PDP Dentist	
<p>Take a look at a hypothetical example* that shows how receiving services from a PDP dentist can save you money:</p> <p><b>Your Dentist** says you need a Crown, a Type C service:</b>  <b>PDP Fee: \$375.00</b>  <b>Dentist's Usual Fee: \$750.00</b></p> <p>*Please note: this example assumes that your annual deductible has been met.</p>		<p>Take a look at a hypothetical example* that shows how receiving services from a PDP dentist can save you money:</p> <p><b>Assume that on a recent dental visit, your dentist determines that</b>  <b>You need a Crown at a cost of \$750.00</b></p> <p>*Please note: this example assumes that your annual deductible has been met.</p>	
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
When you receive care from a Participating PDP dentist...	When you receive care from a Non Participating PDP dentist...	When you receive care from a Participating PDP dentist...	When you receive care from a Non Participating PDP dentist...
The PDP Fee is: \$375.00 Your Plan Pays: (50% x \$375 PDP Fee) - \$187.50 Your Out-of-Pocket Cost: \$187.50	Dentist's Usual Fee is: \$750.00 Your Plan Pays: (40% x \$375 PDP Fee) - \$150.00 Your Out-of-Pocket Cost: \$600.00	<b>Procedure Charge:</b> (For Illustration Purposes Only) \$390.00	Dentist's Usual Fee is: \$750.00 Plan Payment: (30% x \$375): - \$112.50 Your Out-of-Pocket Cost: \$637.50
<p><b>In this example, YOU SAVE \$412.50 (\$600.00 minus \$187.50)... by using a participating PDP dentist!</b></p>		<p><b>In this example, YOU SAVE \$247.50 (\$637.50 minus \$390.00)... by using a participating PDP dentist!</b></p>	
<p><b>We strongly encourage you to consider using a participating PDP Dentist in order to get the maximum value from your plan.</b></p>			

## VISION BENEFITS

### **Core Vision Benefit**

The College provides eligible employees with a core vision eye exam once every 12 months. This benefit is provided through the Vision Service Plan (VSP) for in-network services only. The employee pays a \$15 copayment at the time of the exam. VSP maintains a network of vision care providers across the country. Visit [www.vsp.com](http://www.vsp.com) for a list of in-network providers.

### **Optional (Buy-Up) Vision Benefit**

The level of benefit is higher if you use a VSP participating provider (refer to their website at [www.vsp.com](http://www.vsp.com)). The employee is responsible for a \$15 copayment for routine eye exams and a \$20 copayment for materials such as lenses and frames. Eye exams, lenses, frames and/or contact lenses may be obtained once every 12 months. The allowance for frames is \$120. The allowance for contact lenses is \$120 which applies to the cost of the lenses and the exam for evaluation and fitting. You may also receive services from a non-participating (out-of-network) provider and still have coverage in the plan. In this case, benefits are paid according to a schedule and you will pay a greater share of the costs out of your own pocket. These costs are determined by the provider you chose. **Limitations:** The plan is designed to cover your visual needs. Options such as progressive multifocal lenses, coated or laminated lenses or cosmetic lenses may be purchased for an additional charge.

## LIFE INSURANCE

### CORE LIFE INSURANCE BENEFIT

Core term life insurance with Accidental Death and Dismemberment (AD&D) Coverage is an employer paid benefit. The College provides you with core term life insurance equal to your base annual salary rounded up to the next highest multiple of \$1,000. (For example, if your salary is \$25,479.00 per year, the life insurance benefit payable would be \$26,000).

### OPTIONAL TERM LIFE INSURANCE

You have the option of choosing additional term life insurance for yourself. This optional benefit does not include AD&D benefits. The cost of the additional term life insurance is based on your age as of July 1.

Additional term life insurance may be purchased in amounts of: \$25,000, \$50,000, \$100,000 or \$150,000.

### MEDICAL APPROVAL FOR OPTIONAL INSURANCE

Current employees must apply for medical approval when electing any level of optional life as a new benefit. New employees electing \$100,000 or \$150,000 of optional insurance will also require medical approval. New employees electing \$25,000 or \$50,000 of optional life insurance within 30 days of employment will not have to apply for medical approval.

For employees electing coverage requiring medical approval, a Statement of Health form must be completed and submitted to the Benefits Office. If the carrier approves your request, payroll deductions will begin and be adjusted to the approval date. You will receive notification of approval/denial directly from the insurance company. Statement of Health forms may be obtained from the Human Resources website.

## **IMPUTED TERM LIFE INSURANCE INCOME**

Current IRS regulations allow an employee a non-taxable benefit of \$50,000 or less of group term life insurance. The value of term life insurance coverage in excess of \$50,000 is taxable. This tax applies to the combined total of both core and optional coverage you may elect. The Imputed Income Worksheet will assist you in figuring out the taxable value of your term life insurance over \$50,000. Taxes are deducted from your pay and the value of the imputed income will be included on your Form W-2.

## **LIMIT (CAP) TERM LIFE INSURANCE**

Those who earn over \$50,000 in base salary may elect to cap the amount of insurance to \$50,000 in order to avoid paying taxes on the imputed income.

The Imputed Income Worksheet can help you determine if you want to cap your Core life insurance. Please fill out a Request To Limit (CAP) Group Life Insurance Benefit form and submit it to the Benefits Office, if you wish to cap your Core life insurance. Both the Imputed Income Worksheet and the Request To Limit Group Life Insurance Benefit forms can be found on the Human Resources website.

## **DEPENDENT LIFE INSURANCE**

Dependent life insurance is offered in the amount of \$10,000 for spouses and \$5,000 for eligible dependent child(ren). Dependent children are eligible from age 15 days to 19 years (25 years if a full-time student). Spouses may be insured to age 70.

## **DISABILITY INSURANCE**

### **CORE LONG-TERM DISABILITY BENEFIT**

The College provides core long-term disability (LTD) coverage at no cost to you. You must be disabled for six consecutive months before the benefit is payable. If you become disabled, you will receive 66-2/3% of your salary up to the monthly plan maximum. The insurance company determines eligibility for disability benefits.

### **OPTIONAL SHORT-TERM DISABILITY**

The Flex plan provides an option for long-term disability buy-up coverage. Loyola refers to this benefit as Short-Term Disability (STD). You must be disabled for three consecutive months before the benefit is payable. If you become disabled, you will receive 66-2/3% of your salary up to the monthly plan maximum. The insurance company determines eligibility for disability benefits.

## MEDICAL APPROVAL

Current employees must apply for medical approval when electing STD as a new benefit. The Statement of Health form must be completed and submitted to the Benefits Office. If the carrier approves your request, payroll deductions will begin and be adjusted to the approval date.

Newly hired employees do not have to provide medical evidence as long as the election is made within the first 30 days of employment.

## COST

To find the cost of the STD plan election, fill out the worksheet on this page. Rates are also different based on eligibility for the retirement plan contribution. If you are participating in the College retirement plan, use Column A. If you are not participating in the College retirement plan, use Column B.

These rates are based specifically on your salary. If you receive a salary increase for the new benefit year, your annual cost will increase accordingly (for instance, if the current annual cost estimate is \$100.00 and you receive a 3% increase, the annual cost of the STD coverage effective July 1 would be \$103.00).

You must be actively at work when the plan becomes effective in order to qualify for coverage; otherwise, coverage will not become effective until you return to active employment.

SHORT-TERM DISABILITY WORKSHEET		
	Column A	Column B
1. Record current annual base salary	\$	\$
2. Divide base salary by 100	=	=
3. Multiply by	.234	0.190
4. Estimated annual cost	=	=

## BENEFIT INTEGRATION

The monthly LTD or STD benefit is integrated with any amounts paid or payable under the disability or retirement provisions of the Social Security Act (including any payments for eligible dependents). Also integrated is any workers' compensation or any occupational disease act or law; any state compulsory disability benefit law; and any disability, retirement or other income benefits provided by or through the employer, including salary continuation and paid leave.

## PENSION PREMIUM PROTECTION

This section applies to employees who are eligible for, and participating in, the Loyola College Regular Retirement Plan. While you are receiving disability benefits, monthly retirement contributions will be deposited to your contract.

## HEALTH & DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) provide a method to pay for expenses partially covered or not covered by an employee's medical, dental or vision plans, and for qualified dependent care expenses. The accounts may not be combined.

During open enrollment, you decide how much money you want to deposit in either or both accounts for the year. Money is deducted in equal installments from your paycheck on a pre-tax basis. **Only those employees who actively elect these accounts will have them.** As you incur eligible expenses throughout the plan year (July 1-June 30), you pay yourself back with the money in your account.

### **Restrictions**

Services provided must be incurred during the plan year (July 1-June 30). You will have 90 days following the end of the plan year to file claims under the FSAs.

- Amounts not claimed are forfeited under the "use it or lose it" federal requirement.
- Changes in your contribution are not permitted unless a qualified life event occurs (see page 12 for qualified life event information).
- If you leave the College, you may still submit reimbursement claims for expenses incurred while you were employed.

### **Tax Effect**

Contributions to FSAs reduce your amount of taxable income. This results in savings of FICM, FICA, federal and state income taxes on the amount of salary deferral.

## HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Healthcare FSAs help pay for expenses that are either partially covered or not covered by medical, dental or vision insurance. You may contribute up to **\$5,000** in the account each plan year.

For more information, including types of eligible expenses, please refer to the Flexible Spending Account Enrollment Guide available on the Human Resources website.

In general, you may use a healthcare FSA to pay most health expenses that qualify as a medical deduction for federal income tax purposes, as described in IRS Publication 502. Healthcare expenses reimbursed through the account on this untaxed basis cannot be claimed as a deduction for federal income tax purposes.

### **Additional Claim Information**

If you submit a claim for a higher amount than you have contributed to date to the account, you will be reimbursed up to the annual maximum amount you agreed to have deposited. Reimbursement consideration is based on when the service is rendered or purchase is made, not when payment is submitted.

### **Worksheet to Calculate Healthcare Contributions**

Please refer to the Hirsch Financial Services brochure for a worksheet that can help you list the uninsured medical expenses you expect to have during the plan year. This will assist you in estimating the amount to direct into the healthcare FSA.

## **DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT**

Dependent care FSAs allow you to set aside pre-tax dollars to pay for qualified dependent care expenses. Eligible dependents are those under age 13, your disabled spouse or other disabled persons (a parent) whom you can claim as dependents for federal income tax purposes.

Only the cost for the actual daycare is eligible for reimbursement. Costs for “activities” while a dependent is in daycare are not eligible for reimbursement through the dependent care FSA. Examples of costs not eligible are art, dance, piano and singing lessons.

Examples of eligible dependent care expenses are nursery school, child daycare, and adult daycare. You may direct up to \$5,000 per plan year of your salary on a pre-tax basis into a dependent care FSA. You may be reimbursed for the cost of care by a professional or licensed caregiver.

### **Limitations**

To be eligible to use this account, you (and your spouse) must be actively at work or school during the time your eligible dependents are receiving care.

If both you and your spouse have a dependent care FSA available through your employer(s), your combined limit is \$5,000. Also, if you are married but file separate tax returns, your contribution limit is \$2,500 each.

NOTE: Employees participating in the Child Care Voucher Program must ensure that their Dependent Care Flexible Spending Account election and the amount they receive in voucher benefits do not exceed \$5,000. Our website contains information on the current monthly voucher amounts based on a dependent’s age and/or type of care. Please visit our website at [www.loyola.edu/hr](http://www.loyola.edu/hr) for a complete Child Care Voucher Program packet.

Expenses eligible for reimbursement must be incurred during the plan year (July 1-June 30). Reimbursement consideration is based on when services are rendered not when payment is made.

## **FLEXIBLE SPENDING ACCOUNT DEBIT CARDS**

Present your card to a qualified merchant or provider and via their charge terminal, they will swipe your card like any other credit card to pay for your eligible purchases. Funds for eligible expenses will be transferred directly to the provider or merchant from your Health Care Spending Account through the MBI network. **Remember, save your receipts, as you may be required to substantiate expenses.**

## **FILING CLAIMS FOR FSA REIMBURSEMENT**

Hirsch Financial Services will continue to reimburse employees enrolled in the flexible spending accounts. Loyola employees will have access to personal account balances and claims submitted for reimbursement. Direct deposits, tracking claims on-line and timely payments are additional features available.

Whenever you and/or an eligible dependent incur an eligible expense:

1. Print the FSA reimbursement claim form from the Loyola Human Resources website or from [www.hfsbenefits.com](http://www.hfsbenefits.com).
2. Complete your claim form, attach appropriate receipts, and return it via mail or fax to:

**Hirsch Financial Services • 164 Lakefront Drive • Hunt Valley, MD 21030  
410-771-5533 (fax)**

**For Healthcare FSA Reimbursement Claim**

Submit an explanation of benefits (EOB), an itemized bill, or receipt (canceled checks are not acceptable) containing the following:

- Name of person receiving service
- Date and Type of Service
- Amount charged for service
- Name, address and phone number of provider rendering service
- Amount paid by you or your insurance carrier (if applicable)

**For Dependent Care FSA Reimbursement Claim**

- Name of person receiving service
- Name, address and Tax ID number or social security number of service provider
- Date of dependent care
- Amount charged for service

## QUALIFIED LIFE EVENT

The changes you can make when a qualified life event occurs may vary by benefit. Any change must be consistent with the event. Contact the Benefits Office for more information.

You can make certain benefit changes during the plan year only if you notify the Benefits Office **within 30 days** of a qualified life event such as:

- Marriage
- Death
- Birth or adoption of a child
- Loss of student eligibility
- Divorce or legal separation
- Spouse losing or gaining employment
- Spouse's open enrollment period

PLEASE REVIEW YOUR CURRENT ELECTIONS. ALL EMPLOYEES MUST UPDATE OR CHANGE THEIR ELECTIONS ON-LINE AT [WWW.LOYOLA.BENELOGIC.COM](http://WWW.LOYOLA.BENELOGIC.COM).