

City of San José

Flexible Spending Accounts Benefit Summary

Administered by New Liberty Administration ♦ Phone: (866) 639-5289; Claims Fax: (866) 864-4093

	Dependent Care Assistance Plan (DCAP)
Program Description	DCAP allows participants to set aside pre-tax paycheck earnings for future dependent care expenses. A list of eligible expenses is available from Employee Benefits (City Hall Wing, 2 nd Floor, (408) 535-1285).
Eligibility	Full and part-time benefited employees who require dependent daycare for: 1) child dependents (age 12 and under); or, 2) tax dependents incapable of caring for themselves due to physical or mental disability. In families with two parents, both parents must be working, or have one parent working and the other attending school full-time.
Maximum Annual Election	\$5,000 per family
Plan Enrollment	Determine the dependent care expense you know you will have for the plan year and designate your annual election based on this amount. The amount you designate will be divided by 24 pay periods and deducted before taxes are applied to your paychecks. Enroll on-line at www.csj.gov/eWay within 30 days of hire or during the City's annual open enrollment period in November. Enrollment is required each year during open enrollment for participation in the following calendar year. Enrollment does not roll-over from year to year. It is the employee's responsibility to check the first pay check after January 1st to ensure open enrollment changes have been processed accurately. Enrollment corrections must be made by January 30th (or within 30 days of enrollment effective date).
Mid-Year Election Changes	During the plan year, changes to your annual designated amounts for DCAP can be made <u>only</u> if you have a qualifying event, as defined by the IRS. Examples of qualifying events include family status changes such as marriage, divorce, birth or death of dependent; or, changes in work status, such as termination of employment, shift changes, or changes in hours worked. To make a change, you will be required to fill out a Benefit Election Change Request Form (these can be obtained from an Employee Benefits representative or Provest Flexible Benefits' website, www.provest.com or the Call Center (866) 639-5289).
Requests for Reimbursement	When you incur either DCAP related expenses, complete a Benefit Reimbursement Voucher and send it to New Liberty Administration via mail or fax. You will receive your reimbursement check within 5-7 business days. Checks and new Reimbursement forms (Voucher) will be mailed to your home address with your check. A generic form can be obtained from Provest Flexible Benefits' website, www.provest.com , under "City of San Jose Employees". You may also arrange to have reimbursements deposited directly into your bank account. The reimbursement forms are available from Employee Benefits in Human Resources (City Hall Wing, 2 nd Floor, (408) 535-1285), on the department's Intranet site (www.csj.gov), or upon request by contacting Provest Flexible Benefits at (866) 639-5289.
Reimbursement Rules & Conditions	You must have already contributed to your account the amount you are requesting for reimbursement. You may not request reimbursements in advance of your contributions. In no case will reimbursements exceed your designated annual election.
Use it or Lose it Rule & Plan Year Definition	If you fail to utilize the entire DCAP annual designation amounts for a plan year (January – December) remaining account balances will be lost. In accordance with IRS regulations, you may not 'carry over' the remaining balance or have it reimbursed to you.

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	Medical Reimbursement Account (MRA)
Program Description	MRA allows participants to set aside pre-tax paycheck earnings for out-of-pocket medical expenses not covered by a health, dental, vision plan, etc. A list of eligible expenses is available from Employee Benefits (City Hall Wing, 2 nd Floor, (408) 535-1285).
Eligibility	Full and part-time benefited employees.
Maximum Annual Election	\$2,500 per employee (\$5,000 maximum per family)
Plan Enrollment	<p>Determine the out-of-pocket medical expense you know you will have for the plan year and designate your annual election based on this amount. The amount you designate will be divided by 24 pay periods and deducted before taxes are applied to your paychecks.</p> <p>Enroll on-line at www.csj.gov/eWay within 30 days of hire or during the City's annual open enrollment period in November.</p> <p>Enrollment is required each year during open enrollment for participation in the following calendar year. Enrollment does not roll-over from year to year. It is the employee's responsibility to check the first pay check after January 1st to ensure open enrollment changes have been processed accurately. Enrollment corrections must be made by January 30th (or within 30 days of enrollment effective date).</p>
Mid-Year Election Changes	<p>During the plan year, changes to your annual designated amounts for MRA can be made <u>only</u> if you have a qualifying event, as defined by the IRS. Examples of qualifying events include family status changes such as marriage, divorce, birth or death of dependent; or, changes in work status, such as termination of employment, shift changes, or changes in hours worked.</p> <p>To make a change, you will be required to fill out a Benefit Election Change Request Form (these can be obtained from an Employee Benefits representative or Provest Flexible Benefits' website, www.provest.com or the Call Center (866) 639-5289).</p>
Requests for Reimbursement	<p>When you incur MRA related expenses, complete a Benefit Reimbursement Voucher and send it to Provest Flexible Benefits via mail or fax. You will receive your reimbursement check within 5-7 business days. Checks and new Reimbursement forms (Voucher) will be mailed to your home address with your check. A generic form can be obtained from Provest Flexible Benefits' website, www.provest.com, under "City of San Jose Employees". You may also arrange to have reimbursements deposited directly into your bank account.</p> <p>The reimbursement forms are available from Employee Benefits in Human Resources (City Hall Wing, 2nd Floor, (408) 535-1285), on the department's Intranet site (www.csj.gov), or upon request by contacting Provest Flexible Benefits at (866) 639-5289.</p>
Reimbursement Rules & Conditions	You can receive the full reimbursement of your expense up to your maximum election at the time it is incurred. Reimbursements can be made in advance of your contributions. In no case will reimbursements exceed your designated annual election.
Use it or Lose it Rule & Plan Year Definition	If you fail to utilize the entire MRA annual designation amounts for a plan year (January 1 st – December 31 st), you will have an extension through March 15 th of the following year to incur expenses for reimbursement of your remaining balance. After March 15 th of the following year the remaining account balances will be lost. In accordance with IRS regulations, you may not 'carry over' the remaining balance or have it reimbursed to you.