MEDICAL FLEXIBLE SPENDING ACCOUNT PROGRAM

OPEN ENROLLMENT October 1, 2014 through October 31, 2014





Co-Pays for Medical Appointments



Co-Pays for Prescriptions



Do you purchase glasses or contacts?

The State of Connecticut provides comprehensive medical and dental benefits; however, many employees incur medical and dental care expenses that are not covered under our plan. The Medical Flexible Spending Account Program (MEDFLEX) provides a tax-free way to pay these out-of-pocket expenses, which can help you save money.

How Does It Work?

Before you enroll, estimate the amount your family spends each year on co-pays and other expenses that are not covered by your medical and dental plans. Then choose the amount you'd like to set aside for MEDFLEX. For Plan Year 2015, contribution limits are between \$520 and \$2,500. Throughout the year, the amount chosen will be deducted evenly from your paychecks based on your pay frequency (ex. 26 pays, 24 pays, 12 pays). Be conservative in estimating your annual expenses. Unused funds over \$500 that have not been claimed by March 31, 2016 for eligible plan year expenses will be forfeited.

You can get reimbursed for eligible medical expenses for yourself, your spouse, and dependents by submitting a claim reimbursement request to Progressive Benefit Services (PBS), the State's third party administrator. You can receive reimbursements by check, direct deposit or pay for eligible expense with the pre-paid benefits card (called the "Benny Card").

Who is eligible to participate?

Active State employees working at least half-time (0.5 FTE).

Who is not eligible to participate?

Per diem, sessional, durational, temporary or seasonal workers, adjunct faculty members, graduate assistants & rehired retirees.

What are some eligible expenses?*

- Co-payments & Deductibles Lasik Contact lenses Dentures Eveglasses
- ▲ Prescription Sunglasses ▲ Orthopedic shoes ▲ Orthodontia ▲ Wheelchairs

What are some ineligible expenses?

- ▲ Massage Therapy ▲ Over-the-counter medications

Enrollment forms are available on the OSC web site: www.osc.ct.gov/benefits/suppbene.htm, the PBS web site: www.ctpbs.com or by contacting PBS at 1-866-906-8023.

Enrollment forms must be postmarked by October 31, 2014.

The plan will not accept any late enrollments.

^{*}In order to qualify for reimbursement expenses must: (1) be medically necessary health care services; (2) not be reimbursed under another health insurance carrier; (3) not be deducted from your income tax return; and (4) be incurred during the Plan Year.