

**OFFICE OF THE COUNTY EXECUTIVE
ALL-EMPLOYEES MEMORANDUM**

DATE: DECEMBER 9, 2021

PRE-TAX FLEXIBLE BENEFITS PROGRAM

ENROLLMENT ENDS DECEMBER 15, 2021

This is your final opportunity to enroll in the Pre-Tax Flexible Benefits Program for 2022. Enrollment for participation in the 2022 plan year ends on December 15, 2021. Please adhere to this deadline or your enrollment may be denied. Late submissions WILL NOT be processed. (PLEASE NOTE WE DID NOT EXTEND LAST YEAR.)

Note: All employees currently in the Suffolk F-L-E-X program must re-enroll if they wish to continue to participate in 2022, unless you only participate in the Suffolk County Pre-Tax Health Insurance Benefits or PBA Insurance Premium Benefits. Those two pre-tax contributions will remain in place unless canceled.

Section 125 of the Internal Revenue Code allows employees to voluntarily direct a portion of their salary, pre-tax, to pay for health and dependent care expenses not covered by an existing health, dental or dependent day care plan. Depending on the individual's tax status, the tax savings for most participating employees ranges between 28% and 42% for each dollar channeled through the program. For Suffolk County employees, this program is referred to as Suffolk F-L-E-X.

What Can You Do With the Pre-Tax Flexible Benefits Program?

Below are some of the programs available to you under the Pre-Tax Benefits Program. Please visit the Pre-Tax Flexible Benefits website at www.flexbene.com/suffolk-flex (passcode: suffolk) for a more in-depth description of each available benefit and to view the Summary Plan Description (SPD).

1. Health Insurance Benefits Contributions

All employees who choose County medical coverage are required to contribute 2% of their base salary toward their health benefits and will be **automatically** enrolled in the Pre-Tax Health Insurance Benefits Contributions portion of this Plan. This will allow

you to pay for your share of the contributions with pre-tax dollars. You will **not** be required to submit claim forms or request reimbursements to obtain the pre-tax savings. This is not a reimbursement account; your savings are AUTOMATICALLY included in your paycheck.

If you choose **not** to participate in the Health Insurance Benefits Contributions Plan, prior to your effective date for health benefits, you must contact the Employee Benefits Unit via email at ebu@suffolkcountyny.gov or via telephone at 631-853-4866 to obtain an "Opt Out Form". **Note: If you chose not to participate, you will not be able to enroll until the next Open Enrollment Period, with an effective date of January 1st of the following year, unless you have an eligible change in status. See the Suffolk F-L-E-X Summary Plan Description.**

If you previously chose **not** to participate in the Health Insurance Benefits Contributions and wish to participate in 2021, please contact the Employee Benefits Unit via e-mail at ebu@suffolkcountyny.gov to obtain the "Suffolk County Pre-Tax Health Insurance Benefits Contribution Enrollment Form". You would need to complete the enrollment by December 15, 2021.

2. Medical Flexible Spending Account

The Health Care Reform legislation limit for Medical Flexible Spending Account plans is currently a \$2,850 maximum contribution per enrollee. The plan allows an employee to "carryover" all unused **medical** flexible spending account dollars *contributed* in 2021 to 2022. **Participants do not need to enroll in the 2022 Plan Year to have access to their carryover for the 2021 Plan Year.** This is a one-time change due to COVID legislation.

(No enrollment form is necessary for this carryover)

Eligible Health Expenses

This pre-tax reimbursement program covers many health care services that are not covered by our current medical plan, like plan deductibles, unreimbursed doctor/drug co-payments, partially reimbursed dental bills, optical bills, Lasik eye surgery, contact lenses and solutions. Please note that cosmetic procedures of any kind **are not** covered. Over-the-counter medications and drugs used to treat an illness or condition are eligible for pre-tax reimbursement **as well**. Due to updated legislation, a prescription is no longer required for reimbursement. However, the drug or medication should be a valid treatment for the medical condition cited.

Preventive items such as 30 or greater SPF sunscreen and supplements known to have a treatment effect on an illness or recurring medical condition are eligible for pre-tax reimbursement with proper documentation. A Letter of Medical Necessity form needed for reimbursement can be obtained at www.flexbene.com/suffolk-flex (passcode: suffolk)

Your dependents are eligible for coverage under the Unreimbursed Medical, Dental and Vision Care program to age 26 regardless of their financial dependence on you, residency with you, marital status, student status or employment status. *Please be sure to list this dependent on your enrollment form if you choose to cover him/her under your Flex Plan.*

3. Coverage for Dependent Day Care Expenses

Dependent Day Care, including both childcare (for a child UNDER the age of 13, or an older disabled and legally dependent adolescent/adult) continues to be eligible for pre-tax reimbursement if such care is required so that you and your spouse may continue to work, or go to school. A maximum of \$5,000 per family household is eligible. Please see the Summary Plan Description (SPD) for more information. This amount is limited to \$2,500 if you are single or filing a separate return from your spouse.

4. Adoption Assistance

The Health Care Reform legislation limit for adoption assistance flexible spending account plans increased to a \$14,890 maximum contribution per child. Please see the Summary Plan Description (SPD) for more information.

Claims

Participants can file claims electronically or by mail. If you file your claims electronically, you must attach receipts to the electronic claim, fax or email copies of receipts to FLEXBENE™, our third-party administrator. You may complete a DIRECT DEPOSIT AUTHORIZATION FORM to receive your reimbursements as an electronic transfer of funds DIRECTLY from the Plan to your designated checking or savings account.

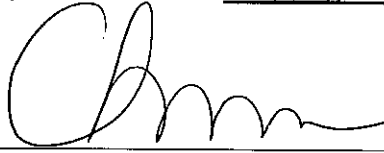
If you choose electronic funds transfer, you will receive an e-mail notice of your reimbursement statement and the date that your reimbursement will appear in your account. This is the quickest method of reimbursement. However, you are **required** to submit paper, photo copies, or PDFs of receipts in a timely manner.

Forfeitures

The Pre-Tax Flexible Benefits Program is operated in accordance with Federal IRS regulations. Therefore, funds allocated by a member for a certain benefit during the Plan Year and not totally utilized will remain in the commingled benefit account. This balance is forfeited to the Plan and not reimbursable directly to the member who forfeited it. Please see the Summary Plan Description (SPD) for additional details.

If you are interested in enrolling in the Program or would like additional information, please contact FLEXBENE™ by telephone at 1-800-836-8100, 631-863-8887 or via email at info@flexbene.com.

You may also contact the Employee Benefits Unit, S.C. Department of Civil Service/Human Resources, Division of Employee Services, via email at ebu@suffolkcountyny.gov or via telephone at 631-853-4868.



LISA BLACK
CHIEF DEPUTY COUNTY EXECUTIVE

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