|  |  |
| --- | --- |
| **MEDICAL FLEXIBLE SPENDING ACCOUNT PROGRAM**  **(MEDFLEX)**  **OPEN ENROLLMENT**  **October 1, 2019 through October 31, 2019** | |
| https://encrypted-tbn1.gstatic.com/images?q=tbn:ANd9GcR0uoZQNhCA3UUSiFYdEdN3nYo8YTim8KTAXgthwBOtMDYGa7SMvQ  Co-Pays for  Medical Appointments  https://encrypted-tbn2.gstatic.com/images?q=tbn:ANd9GcSf8dXcF37SGByYTuHFeRD2_fl4C8X44g8QOMnSKg7QNzPQajlttg  Co-Pays for Prescriptions  https://encrypted-tbn3.gstatic.com/images?q=tbn:ANd9GcQ_Lzwg1gzUVW3EwXi6Gd-jYs9zaRiZI5eUH2-eal2mYqK7S-D84Q  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. The current contribution limits are between $520 and $2,700. (If the IRS announces an increased maximum amount during the open enrollment period, you can check a box on the enrollment form to increase your election to the maximum). 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 for eligible plan year expenses by March 31, 2021 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 expenses 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 full time equivalent).  **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 🟁 Eyeglasses 🟁 Prescription Sunglasses 🟁 Orthopedic shoes 🟁 Orthodontia 🟁 Wheelchairs  **What are some ineligible expenses?**  🟁 Childcare 🟁Cosmetic Surgery 🟁Health Club Dues 🟁 Insurance Premiums 🟁 Massage Therapy 🟁 Over-the-counter medications  Enroll online at [www.ctpbs.com](http://www.ctpbs.com) or by filling out an enrollment form, CO-1306, available at <https://www.osc.ct.gov/agencies/forms/index.html> or the PBS web site, [www.ctpbs.com](http://www.ctpbs.com).  **Enrollment forms must be postmarked by October 31, 2019.**  **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.* | |