



**FOOTHILL-DE ANZA**  
**Community College District**  
Office of Human Resources and Equal Opportunity

**2008 OPEN ENROLLMENT**  
**VOLUNTARY BENEFITS**

**Please refer to the Evidence of Coverage or the Summary Plan Description for details of benefit limitations, exclusions, and general program parameters.**

**FLEXIBLE SPENDING ACCOUNTS (FSA) - Administered by United Healthcare, Group #709593**

**Definition:** Flexible Spending Accounts (FSA) provides a simple way to gain tax savings. Participating in an FSA allows you to contribute, on a pre-tax basis through payroll deduction, to a health care and/or dependent care account. When you incur eligible expenses, as defined by the IRS, you may then request reimbursement from your account(s). The reimbursements you receive from these accounts remain tax-free when they are paid to you.

**Plan Year:** The plan year is the period between July 1, 2008 through June 30, 2009 when your expenses must be incurred, regardless of when the service is billed or paid.

**Contributions:** Contributions for FSA's are deducted from each paycheck on a pre-tax basis. The annual contribution limits associated for each account are:

- A. HEALTH CARE REIMBURSEMENT ACCOUNT (HCRA):**  
\$500 minimum; \$3,000 maximum
- B. DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA):**  
\$500 minimum; \$5,000 maximum  
**Note: (DCA allows \$2,500 if married and filing separate tax returns)**

- Health Care FSA funds and Dependent Care FSA funds must remain separate. Contributions made to one account cannot be used to reimburse expenses for the other account.
- The IRS provides for a maximum of \$5,000 in combined contributions to any Dependent Care FSA, per family, per calendar year.
- Any unused funds remaining in your FSA account(s) after the close of the plan year are forfeited as required by the IRS.

**How to make FSA Elections:** (1) Use Open Enrollment Online to review your current FSA elections, (2) Use FSA Worksheets available online at: <http://hr.fhda.edu/benefits> to

estimate your eligible expenses for the plan year (3) Make your elections at <http://www.ielect.com> for **each** plan year. It is **not** automatically renewed.

**FSA Election Changes During the Plan Year:** You can only make election changes during the year within 31 days of a qualifying status change. There are two types of qualifying changes: (1) Family Status Changes and (2) Employment Status Changes.

- ❑ **HEALTH CARE FSA:** Pre-tax deductions can be used to reimburse eligible health care expenses (medical, prescription, dental and vision) incurred by you or any of your eligible dependents. Eligible expenses cannot be paid or reimbursed by any benefit plan, and do not include health plan contributions or premiums.

For a detailed list of eligible expenses, please refer to IRS Publication 502 (Health Care Expenses) available online at <http://irs.gov>.

- ❑ **DEPENDENT CARE FSA:** Pre-tax deductions can be used to reimburse any child (under 13 years old) and dependent (elder) care expenses that would otherwise be eligible for a tax credit, as defined by the IRS. The care provider cannot be your child under age 19, or anyone else you or your spouse can claim as a dependent for tax purposes. You will be required to report the Tax ID number or social security number of your dependent care provider.

For a detailed list of eligible expenses refer to IRS Publication 503 (Child and Dependent Care Expenses), available online at <http://irs.gov>.

**NOTE:** You may not use this account to reimburse health care expenses for your dependent(s).

If you elect to participate in the PLAN YEAR 2008-2009 FLEXIBLE SPENDING ACCOUNTS, your policy will become effective on July 1, 2008. Your first payroll deduction will occur on July 31, 2008.

**For information regarding FSA approved expenses or exclusions by the IRS, please contact United Healthcare Customer Care at 1-800-510-4846. Any amounts not used for expense incurred during the Plan Year will be forfeited.**

**IMPORTANT:** Please note that the deadline to apply for FSA reimbursement of expenses incurred for the current Plan Year 07/08 (July 2007 – June 2008) is **September 30, 2008**. The deadline for Plan Year 08/09 (July 2008 – June 2009) is **September 30, 2009**. Failure to incur expenses within the plan year or to submit claims for reimbursement by the deadline will result in a forfeit of the balance of the account(s) per IRS regulation. Please review the FSA Plan Summary of Description on line for more details.

**AUTO ROLLOVER:** If you wish to apply your out-of-pocket expenses (co-payments and/or deductibles) for the PPO Network Only or PPO+ medical plans and Medco through United Healthcare, **you must elect this option when enrolling online**. This option will allow UHC to tabulate all of your out-of-pocket expenses and reimburse you when your expenses have reached a minimum of \$50 without you submitting claim forms. However, expenses incurred via other

carriers such as Kaiser HMO, Delta Dental, and Vision Service Plan (VSP) are required to be submitted to United Healthcare for reimbursement.

**SUPPLEMENTAL TERM LIFE INSURANCE AND ACCIDENTAL DEATH &  
DISMEMBERMENT PLAN**

**(Underwritten by HARTFORD Life Insurance Company)  
Group # 677313**

Effective July 1, 2008, HARTFORD is increasing the maximum on the volume life from \$25,000 to **\$150,000**, with the **\$150,000** guaranteed issue for spouse/domestic partner coverage. The employee and dependent children amount will remain unchanged at \$150,000 and \$10,000 respectively.

For Plan Year 08/09, Hartford enforces the 12 months premium over 12 equal payroll deductions. To avoid arrear payment for Ten and Eleven-month employees, the District will apply a double (Eleven-month employee: July or August + September) and/or triple (Ten-month employee: July/August/Sept) premium deduction at the earliest payroll cycle. This action will bring the account up-to-date with the payment schedule.

Existing policyholders will be defaulted to the same level of coverage and premium for Plan Year 2008/2009. Therefore, to maintain your existing coverage, you do not need to fill out any paperwork; however, you must verify your current level of coverage amount online via iElect.

**To enroll or withdraw from the voluntary term life program, to select new coverage, or to make a change to your current policy, you must make your selection online via iElect.**

To enroll in the Supplemental Life and AD & D Insurance program, please complete both the HARTFORD Life Insurance application and Evidence of Insurability (EOI) forms by the deadline of April 30, 2008. Both forms can be downloaded online during your election process via iElect or via email to [VoChristine@fhda.edu](mailto:VoChristine@fhda.edu). **Failure to complete both applications will automatically disqualify you from the application process.** Your payroll deductions may change if you are in a different age bracket on July 1, 2008. You can view premium rates on the iElect website. Premium rates are calculated on a monthly basis and payroll deductions will be deducted accordingly over 12 pay periods.

