

correction without being processed. Also, please remember to sign and date the claim form.

KEEP A COPY OF THE CLAIM FORM AND ANY DOCUMENTATION FOR YOUR OWN RECORDS

SISC FLEX PURCHASES MADE EASIER

Medco online and mail order systems work with your SISC Flex Card to "auto-substantiate" purchases. That means you do not have to submit claim forms or receipts for prescriptions purchased using the Medco Online and mail order systems.

The SISC Flex Card may be used at health care providers such as medical, vision, dental, chiropractic offices who accept VISA to pay for eligible medical services received and medical products purchased. Because these transactions cannot be verified at the point of sale, SISC will send a letter requesting documentation/receipts for the expense of the transaction.

ACCOUNT BALANCES

Account balances cannot be carried over to the next Plan Year for reimbursement (except for the 2½ month grace period for Health Care claims). Also, please note that for Health Care expenses, "Date of Service" is the date you see the doctor or purchase the prescription. For Dependent Care Expenses, "Date of Service" is determined by when day care services are provided to the dependent, not when you pay the bill.

ELIGIBLE DEPENDENT CARE EXPENSES

"Dependent Care Expenses" means expenses necessary for you to be gainfully employed that are incurred on behalf of any Dependent who meets the requirements to be a Qualifying Individual. Please refer to the Plan Document for more information.

ELIGIBLE HEALTH CARE EXPENSES

Eligible medical expenses may include, but are not limited to the following:

- Acupuncture performed by a licensed practitioner
- Contact Lenses and Lens Care Solutions
- Deductibles, Co-Pays, and Co-Insurance
- Dental Fees, X-Rays, Fillings, Orthodontics
- Insulin and Diabetic Supplies
- Hearing Aids, including Batteries and Repair
- Licensed Physical or Occupational Therapy
- Optometrist Services & Prescription Eyeglasses
- Prescription Drugs
- Psychologist Services

Please go to the SISC Flex website for a more comprehensive list of eligible expenses. Expenses reimbursed under the SISC Flex Plan cannot also be claimed as a deduction or credit on your tax return.

PLAN ADMINISTRATOR

Please refer to the SISC Flex website for additional information and forms. Or you may contact the SISC office directly as noted below. The SISC Flex Plan is sponsored by the Self Insured Schools of California (SISC) and is intended to qualify as a cafeteria plan under Internal Revenue Code Section 125.

Every effort has been made to be as accurate as possible in communicating the highlights of this plan. All information is subject to correction if an error is discovered. In all cases, the SISC Flex Plan document governs the operation of the plan. If you have any questions, please contact the Plan Administrator at:

SISC FLEX

1300 17th Street

P.O. Box 1808 • Bakersfield, CA 93303-1808

661-636-4416 • 800-972-1727 • FAX: 661-636-4063

Website: <http://sisc.kern.org/flex/>

Email SISC Flex Plan Administrator at SISCFLEX@kern.org

A joint powers authority administered by the Kern County Superintendent of Schools, Christine Lizardi Frazier, Superintendent

FlexPlanBro.indd Rev. 9/2010

THE SISC **FLEX** PLAN



**Stretch your dollars
by paying for medical and
dependent care expenses
with pre-tax money**



SISC

SELF-INSURED SCHOOLS OF CALIFORNIA

Schools
Helping
Schools

WANT TO SAVE MONEY?

ADVANTAGES OF THE SISC FLEX PLAN

The SISC Flex Plan allows active employees to set aside pre-tax dollars to pay for eligible medical and dependent care expenses. With careful planning, the SISC Flex Plan can save you money you would otherwise pay as taxes.

YES, TAX SAVINGS!

Money you put aside in the SISC Flex Plan is actually taken out of your earnings before state, federal, Medicare, and social security taxes are deducted. This reduces your taxable income while allowing you to pay for eligible medical and dependent care expenses.

HOW DOES THE SISC FLEX PLAN WORK?

You contribute part of your salary or paycheck on a pre-tax basis to fund the Premium Only Plan, Dependent Care or Health Care Expense Accounts. The objective is to reduce your taxable earnings.

SISC FLEX ACCOUNTS

The SISC Flex Plan is divided into three parts:

★ Premium Only Plan (POP)

Employee-paid medical, dental and vision premiums can be made on a pre-tax basis through this account.

★ Dependent Care Expense Account

Payments for daycare, home-care, or child-care bills for the care of a dependent child under age 13, a disabled child of any age, a disabled spouse or a disabled dependent parent can be made on a pre-tax basis through this account.

★ Health Care Expense Account

Payments for coinsurance, deductibles and most medical, dental and vision expenses that are not covered by insurance can be made on a pre-tax basis.

SISC Flex expense accounts are maintained separately within the Flex Plan. The amount you contribute to one Account can only be used for that Account and not for another Account. For example, contributions made to the Health Care Expense Account cannot be used to pay for Dependent Care expenses or claims.

HOW DO I ENROLL?

AM I ELIGIBLE TO ENROLL IN THE SISC FLEX PLAN?

In order to enroll and participate in the SISC Flex Plan, you must be an active eligible employee of a SISC III member district participating in the SISC Flex Plan. Please check with your school's District Office regarding eligibility questions.

PREMIUM ONLY PLAN (POP)

If you elect the POP Plan, your portion of the health benefits insurance premium will be deducted from your pay on a pre-tax basis. You need only complete an enrollment form once to have continuous participation in this part of the SISC Flex Plan. However, if you prefer, you may elect to make premium payments with an after-tax payroll deduction.

HEALTH CARE AND DEPENDENT CARE EXPENSE ACCOUNTS

In order to participate in the Health Care Expense Account or Dependent Care Expense Account you must be an eligible employee and you must complete a new enrollment form each Plan year. On the SISC Flex Enrollment Form you will need to indicate your annual election amount, the number of months you receive a paycheck each year, and the deduction amount that will be made each pay period.

MINIMUM AND MAXIMUM CONTRIBUTIONS

There is a minimum contribution of \$10 per month. The maximum amount you may contribute each year to the Health Care Expense Account is \$5,000, and \$5,000 for the Dependent Care Expense Account.

NOTE: Effective January 1, 2013, the maximum salary reduction amount for the Health Care Expense account will be \$2,500 per year.

ESTIMATE EXPECTED COSTS CAREFULLY

How much you should contribute to your Health Care and Dependent Care Expense Account depends on what you estimate your annual expenses will be for the year. You must plan carefully before you contribute any part of your salary into the SISC Flex Accounts. Determine what you plan to spend on dependent care and on out-of-pocket medical expenses during the plan year to estimate how much to put into your SISC Flex Plan account(s). Make sure you complete the form correctly because you cannot make corrections or changes once the form has been submitted.

CHANGING YOUR DEPENDENT CARE OR HEALTH CARE EXPENSE ACCOUNT ELECTION MID-YEAR

SISC Flex Plan elections may only be modified if you have an allowable change in status event such as marriage, divorce, death or birth. Please refer to the Plan Document for more information.

FORFEITURE RULE

IRS regulations require that any amounts contributed to a Flex account that are not used for eligible expenses during the Plan Year (or a grace period of 2½ months after the Plan Year ends for Health Care claims) must be forfeited each year. Estimate expenses carefully so you do not put more money into the SISC Flex Plan than you will spend on eligible expenses during the Plan Year. All claims and supporting documentation must be received by the SISC office no later than March 31st in order to be considered filed during the run-out period.

Remember: Any unused amounts will be forfeited. However, you may check your account balance anytime during the Plan Year. You may also confirm your Account balances on your SISC Flex reimbursement check stub, your Quarterly Statement or on the SISC Flex Website at <http://sisc.kern.org/flex/>

I HAVE A CLAIM, NOW WHAT?

FILING A CLAIM

To receive reimbursement for a Dependent Care expense you must receive eligible services during the plan year. A claim for these expenses must be filed with the SISC Flex office. Complete a SISC Flex Claim Form and submit an itemized billing or have your provider certify the information on the appropriate space on the claim form

In order to receive reimbursement from your SISC Flex Health Care Expense Account, you must receive eligible services or products during the plan year or the 2½ month grace period. A claim for these expenses must be filed with the SISC Flex office. Complete a SISC Flex Claim Form and submit an Explanation of Benefits or itemized billing.

SISC Flex claim forms may be obtained from your employer, the SISC Flex Administrator or the SISC Flex website at <http://sisc.kern.org/flex/>

Claim forms must be completed and all required supporting documentation attached, otherwise the claim will be returned to you for completion or