

Millsaps College Cafeteria/Insurance Enrollment Information

We will soon begin the enrollment of our Section 125 Cafeteria Plan and Insurance Products. Our yearly benefits fair is usually held on the first Thursday in December, from 10am -1pm. You will have the opportunity to meet with each of our vendors to ask questions and enroll in your benefits.

SABCElect On-Line

This year you will have the opportunity to make your Dependent Care and/or Unreimbursed Medical spending account election(s) on-line. Simply login to Southern Administrators' website at: www.sabcflex.com. Click on SABCElect On-Line, before entering this secured site, please read the instructions. You will enter your SS# as your login, and six digit date of birth as your password.

IMPORTANT INFORMATION FOR 2011: Effective January 1, 2011 over-the-counter (OTC) drugs are no longer reimbursable under your Unreimbursed Medical Spending Account. Please take this into consideration when making your election.

CAFETERIA PLAN

A Section 125 Cafeteria Plan is simply a tax savings plan which allows participating employees to deduct certain expenses from gross earnings before the computation of federal, state, and social security taxes. Under our Plan there are three (3) options in which you may participate. **You may pick any or all in which to participate**

CURRENT DEDUCTIONS ELIGIBLE TO PRE-TAX

Insurance: Option 1 Health and Dental

Flexible Spending: Option 2. Dependent Care Expenses

Option 3. Unreimbursed Medical Expenses

OPTION 1. INSURANCE

In order to participate in the insurance part of the Cafeteria Plan, you will simply sign your enrollment form indicating you wish to participate. You will receive an increase in spendable income for the current plan year. Please notice the illustration above to see how your taxes will be computed.

OPTION 2. DEPENDENT CARE EXPENSE

If you have dependents that require care while you and your spouse work, participation in this part of the plan can save taxes by pre-taxing the expense. Simply estimate your dependent care expenses for the **current plan year**, up to a maximum of **\$5,000 per calendar year, (\$2,500 if married filing a separate return.)** Your election will be divided by the number of pay periods in the plan year and deducted tax free. For more information log on to: www.sabcflex.com/page15.html.

OPTION 3. UNREIMBURSED MEDICAL EXPENSES

If you have medical expenses which you have to pay out of your own pocket such as your medical deductibles, co-insurance, dental expenses, eye care expenses, etc., you may save taxes by pre-taxing these expenses. To participate, you must estimate the out-of-pocket medical expenses you will incur during the plan year up to a maximum of **\$10,000**. Your plan year election will be divided by the number of deductions in the plan year and deducted tax free. After eligible expenses have been incurred, simply submit proof of the expense with a reimbursement form and you will be reimbursed up to the amount you have requested, not to exceed your annual election. Please go to (www.sabcflex.com/page14.html) for more information on eligible expenses. Expenses may be for you, your spouse or children under age 26. We currently do not use the prescription credit card.

All services rendered for unreimbursed medical must be on the list of deductible medical expenses. Should you have a medical expense not listed, please feel free to contact SABC or see a representative during the enrollment. *For unreimbursed medical expenses, your benefit period has been extended for and extra 2 and ½ months after the plan year ends. Therefore, you have until March 15, 2012 to incur your expenses.*

IMPORTANT NOTE: You must participate in the Unreimbursed Medical portion of the plan for the whole plan year. Your total election is available to you anytime during the plan year when you incur an expense(s). **Should you terminate** anytime during the plan year, in lieu of Cobra; your remaining election will come from your last paycheck. You will have until the end of the plan year plus the 2 and ½ month extension to incur your expense(s) and a sixty (60) day grace period after the plan closes to request reimbursement for qualified expenses.

All elections made under your flexible benefit cafeteria plan are irrevocable unless a Status Change occurs. Examples of Status Changes are - marriage, divorce, birth, death, adoption or, a change of your spouses' employment. Election under Dependent Care and/or Unreimbursed Medical should be conservative. Any monies not claimed by the end of the plan year or at least sixty (60) days after the close of the plan year will be forfeited. **All expenses must be incurred within the benefit period listed above.**

CLAIMS PROCEDURES

To receive reimbursement for expenses incurred during the plan year you must submit a Claim Form (Request for Reimbursement) to Southern Administrators and Benefit Consultants, Inc. Attached or along with the claim form, you must provide a receipt from the third party for each expense. Listed below is the information your third party receipt must include:

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| Dependent Care: | Providers tax identification number or social security number, dependents name and date of birth, date of service and cost of service. Cancelled checks are not accepted for Dependent Care Claims. |
| Unreimbursed Medical: | Providers name and address date of service (Not Date Paid), type of service and cost. If claiming prescription drugs the receipt must also include the name of the drug and RX number. If insurance is going to pay a portion of your expense an EOB may be required. Cancelled checks are not accepted for Unreimbursed Medical Claims. |

Please be sure that receipts or statements submitted contain the above information. If you have not received your reimbursement within a week from submitting the claim, please contact SABC. The reimbursement turn around is same day on Unreimbursed Medical claims. Dependent Care Reimbursement is based on individual funds deposited. These funds are generally available a few days after payroll. There is a \$15.00 minimum on all reimbursements. Reimbursements for less than \$15.00 are issued once the claim submitted exceeds \$15.00 or at plan year end when the minimum is lowered to \$1.00.