

MILLSAPS COLLEGE
ON-LINE ENROLLMENT FOR CAFETERIA PLAN AND INSURANCE

January 1, 2022 – December 31, 2022

Due to COVID, we will not have our benefits meeting this year. Our online enrollment will be open from November 15th thru December 10th. If you have questions regarding your Cafeteria Plan please contact SABC at 601-856-9933. Other questions can be addressed to human resources or payroll.

CAFETERIA PLAN

A Section 125 Cafeteria Plan is merely 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, we will continue to have the following three (3) options.

CURRENT INSURANCE DEDUCTIONS ELIGIBLE TO PRE-TAX

Insurance:	Option 1. Health <u>Dental Insurance</u> <u>Vision</u>
Flexible Spending:	Option 2. Dependent Care Expenses Option 3. Unreimbursed Medical Expenses

OPTION 1. INSURANCE

If you have elected any of the above coverage, your premiums will automatically be pre-taxed under the plan. Payroll will make the necessary adjustments.

FLEXIBLE SPENDING



OPTION 2. DEPENDENT CARE EXPENSE

If you have qualified 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 **plan year**, up to a maximum of **\$5,000 per calendar year, (\$2,500 if married filing a separate return)**. Your annual election will be divided by the 12 or 24 pay periods in your plan year and deducted tax free.

The amount of Dependent Care you elect under the Cafeteria Plan will be listed on your W-2 Form, excluded from gross wages, but listed to report amounts sheltered to IRS. For more information please log onto: www.sabcflex.com/content/dependent-care



OPTION 3. UNREIMBURSED MEDICAL EXPENSES (URM)

If you have medical expenses which you have to pay out of your own pocket such as, medical deductibles, co-insurance, co-pays, dental expenses, eye care expenses, you will save valuable tax dollars by participating in this spending account. To participate, you must estimate the amount of out-of-pocket medical expenses you will incur during the plan year, up to a maximum of **\$2850** per plan year. Your annual election will be divided by your 12 or 26 pay periods and deducted tax free and placed in your account with SABC. All expenses must incur between January 1, 2022 and March 15, 2023.

If you currently have the SABC FLEXCard it will be reloaded with your new annual election. You will be able to pay for your out of pocket expenses, or you can simply submit proof of the expense with a reimbursement form to SABC and you will be reimbursed up to the amount you have requested, not to exceed your annual election. (See **List of Deductible Medical Expenses** at www.sabcflex.com/content/eligible-medical-expenses). Expenses may be for you, your spouse and children up to age 27. Should you have any questions about eligibility, please contact SABC.

Important: If you participate in the **Health Savings Account**, your Unreimbursed Medical election must be limited to dental and vision expenses only.



SABC FLEXCard (Benny Card) by Wex - If you elect to participate in Unreimbursed Medical, you **may** elect to receive the SABC FLEXCard to pay for your eligible medical, dental and vision expenses.

When you use the card for prescription drug purchases at participating merchants (most major pharmacies), or for certain co-pays you will not have to follow up with receipts. However, when you use the card at other medical, dental or vision facilities, you will have to validate the expense with an Explanation of Benefits statement from your insurance provider, or a detailed printout from your provider. You will receive an email, stating the need for you to submit your receipts to SABC. Simply print the email and send it to SABC along with your receipt(s). You may send it via fax; utilize the secure on-line portal at www.sabcflex.com or SABC's smart phone app. When completing the information online, make sure to check the box labeled validation.

If you fail to submit your receipts after 20 days from receiving the first email, a second reminder email will be sent, with a deadline date. If you still fail to follow-up with necessary documentation, your card will be suspended, and no further claims will be processed, until the request has been satisfied.

All elections made under the 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 and the requested change must be consistent with the event. Eligibility will be determined by Human Resources. **It is recommended that your Dependent Care and/or Unreimbursed Medical elections are conservative. Determine your election based on known expenses. This will ensure that you do not forfeit any unclaimed funds at the end of coverage period. Regulations require that monies not claimed or left over after the plan closes, become the property of the employer.**

CUSTOMER PORTAL

If you participate in flexible spending, if you have not already, please make sure you create a login in the customer portal. To create a login, click on [Access Portal](#). Enter your 9 digit SS# as your username and your 6 digit date of birth as your password. You will then be prompted to create a new user name and login.

CLAIMS PROCEDURES FOR FLEXIBLE SPENDING EXPENSES

For claims information, please logon to www.sabcflex.com/content/claim-procedures



ON-LINE ENROLLMENT INSTRUCTIONS

Open on November 15 thru December 10, 2021

Go to www.sabcflex.com and click on SABCElect Online or www.sabcflex.com/content/sabcelect-online. Under user name enter your social security number (no dashes), and your six digit date of birth as your password (mmddy).

Note: You can also login to your customer portal if you are a flex participant to make your election.

Step 1. Review and revise any personal information that is incorrect. Follow the instructions to the next page.

Step 2. Review your current information. If correct and you have no changes, continue to the next page. If you wish to **enroll** in the **dental** or **vision**, click the enroll button. To **cancel** any supplemental insurance product, click the cancel coverage. Simply sign the cancellation form, using your SS#. To review benefits under the plan, click on the name of the product name highlighted in blue.

Step 3. Make your Flexible Spending election. If you are electing to participate in Flexible Spending for the first time, please have your bank account direct deposit information available to enter online. If you participate in Unreimbursed Medical and want a debit card, click on the link provided. If you are participating in Unreimbursed Medical and do not already have a card, and would like one, make that selection where indicated.

Step 4. Review the summary of your election, if correct, proceed to the next step. If incorrect, click the back button.

Step 5. Read the plan provisions, acknowledge that you understand, and sign using your SS#. Your enrollment is complete.

Please print or email yourself a copy for your records and click **done**.

If you have questions or trouble with online enrollment, contact Southern Administrators and Benefit Consultants Inc. at 601-856-9933.