



Cafeteria/Insurance Enrollment Information

PLAN YEAR: January 1, 2021 – December 31, 2021

OPEN ENROLLMENT CAFETERIA PLAN INFORMATION

CAFETERIA PLAN INFORMATION

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.

CURRENT DEDUCTIONS ELIGIBLE TO PRE-TAX

Insurance: Option 1.

**Health Insurance – State of Mississippi
Life Insurance – State Life
Dental Insurance – Delta Dental
Vision Insurance – Davis Ins.
Cancer/ICU/Accident – AFLAC
Catastrophic Illness/ICU- Central United
AD&D – AIG**

**Flexible Spending: Option 2. Dependent Care Expenses
Option 3. Unreimbursed Medical Expenses**

OPTION 1. INSURANCE

If you purchase any of the above insurance products, they will automatically be deducted tax-free under the plan.

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/content/dependent-care. Expenses must incur by December 31, 2021.

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 valuable tax dollars 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 **\$2,750**. 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/content/eligible-medical-expenses) for more information on eligible expenses. Expenses may be for you, your spouse or children under age 27. Expenses must incur (services rendered) by March 15, 2022.

All services rendered for unreimbursed medical should be on the list of eligible deductible medical expenses. Should you have a medical expense not listed, please feel free to contact SABC or see a representative during the enrollment.



SABC FLEXCard (Benny Card) by WEX - If you are a participant in Unreimbursed Medical, you have the option to sign up for the SABC FLEXCard, if you have not already. The card allows you 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, it is important to understand that 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.

After notification, if you fail to submit your receipts within 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 after the deadline date, your card will be suspended, and no further claims will be processed, until the request has been satisfied.

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 as described on page 1.**

CLAIMS PROCEDURES

To receive reimbursement for expenses incurred during the coverage period, 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 provider for each expense. An Explanation of Benefits from your insurance provider is your best receipt and may be required. You may also scan your receipts and submit your claim online through our website. For more information logon to: <https://www.sabcflex.com/content/claim-procedures>.