

# The Diocese of Long Island

## Flexible Spending Account Open Enrollment

Effective January 1, 2024

Third Party Administrator:  
Website:  
Phone Number:

Benefit Analysis, Inc  
[www.benefitanalysis.com](http://www.benefitanalysis.com)  
973-661-2424

### Healthcare

#### Healthcare FSA eligible expenses:

Prescriptions, copays, coinsurance, deductibles, vision care, dental and over the counter (OTC) items.

#### Healthcare FSA ineligible items:

Cosmetic procedures, vitamins/supplements and food under a weightloss program (may be reimbursable with a doctor's letter of medical necessity or prescription)

#### Eligibility:

Full time employees - 20 or more hours per week  
Eligible on date of employment

#### Plan year dates:

1/1/24-12/31/24

The Plan Year is time period during which you incur your healthcare expenses plus an additional 2½ month extension.

#### Extension:

1/1/25-3/15/25

#### Maximum and minimum annual election:

\$3,200  
\$20 per pay

The highest and lowest healthcare election amount you can deduct from your paycheck over the course of the plan year

#### Claims submission run-out:

6/15/2025

The day by which all of your healthcare expenses must be submitted electronically, via fax or postmarked

### Dependent Day Care

#### Dependent Day Care FSA eligible expenses:

Reimburses expenses incurred for the care of a child age 12 and under; or a disabled dependent incapable of self-care that allow the employee (and spouse, if applicable) to work. Additional restrictions may apply.

#### Dependent Day Care FSA ineligible expenses:

Overnight camp, care provided by your dependent under the age of 18, babysitting when you are not working, care of your dependent who does not spend at least 8 hours per day in your home

#### Eligibility:

Full time employees - 20 or more hours per week  
Eligible on date of employment

#### Plan year dates:

1/1/24-12/31/24

The Plan Year is time period during which you incur your healthcare expenses plus an additional 2½ month extension.

#### Extension:

1/1/25-3/15/25

#### Maximum and minimum annual election: (\$5,000 per household)

\$5,000  
\$20 per pay

The highest and lowest dependent day care election amount you can deduct from your paycheck over the course of the plan year. Additional restrictions may apply.

#### Claims submission run-out:

6/15/2025

The day by which all of your dependent day care expenses must be submitted electronically, via fax or postmarked

### Prepaid Benefit Card- How does it work?

- Two cards will be mailed to your home
- Can be used at qualified merchants
- Should be used only for eligible expenses
- Use the same card year to year
- SAVE ALL RECEIPTS
- Prepaid Benefit Card swipes always prevail over manual claims

**USE IT OR LOSE IT!** Please refer to [www.sig-is.org](http://www.sig-is.org) for a complete list of approved IIAS Merchants, participation may be different by location.

**REIMBURSEMENTS ARE PROCESSED WEEKLY**

Healthcare claims reimbursed based on annual election, not contributions to date. Dependent Care claims reimbursed based on contributions to date, which could be less than the claimed amount.

**\* For any questions, please contact Benefit Analysis, Inc.**