## The Diocese of Long Island

## **Flexible Spending Account Open Enrollment**

## Effective January 1, 2025

	Effective	Janua	ry 1, 2025
Third Party Administrator Website			Benefit Analysis, Inc www.benefitanalysis.com
Phone Number:			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: Extension:	1/1/25-12/31/25 1/1/26-3/15/26		The Plan Year is time period during which you incur your healthcare expenses plus an additional 2½ month extension.
Maximum and minimum annual election:	\$3,300 \$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:	6/15/2026		The day by which all of your healthcare expenses must be submitted electronically, via fax or postmarked
	Depen	dent D	ay 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: Extension:	1/1/25-12/31/25 1/1/26-3/15/26		The Plan Year is time period during which you incur your healthcare expenses plus an additional 2½ month extension.
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:	6/15/2026		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?			
<ul> <li>Two cards will be mailed to your home</li> <li>Can be used at qualified merchants</li> <li>Should be used only for eligible expense</li> <li>Use the same card year to year</li> <li>SAVE ALL RECEIPTS</li> </ul>		LOSE	Please refer to www.sig-is.org for a complete list of approved IIAS Merchants, participation may be different by location.
<ul> <li>Prepaid Benefit Card swipes always p claims</li> </ul>	revail over manual	IT!	REIMBURSEMENTS ARE PROCESSED WEEKLY
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**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.