

**FY13 RATES EFFECTIVE 7-1-12**  
**FREDERICK COUNTY PUBLIC SCHOOLS**  
**EMPLOYEE BENEFITS AND INSURANCE SUMMARY**

**INFORMATION ABOUT:  
INSURANCE**

- **MEDICAL**
- **PRESCRIPTION**
- **DENTAL**

**FLEXIBLE  
SPENDING  
ACCOUNTS**

FY13 PAYROLL DEDUCTIONS – EACH PAY PERIOD						
===== SUBJECT TO CHANGE FOR 2012-2013 PLAN YEAR* =====						
	HEALTH INSURANCE** UnitedHealthcare Medical UnitedHealthcare Vision CVS CareMark Prescription			DENTAL INSURANCE** Delta Dental		
	10-Month Employees	11-Month Employees	12-Month Employees	10-Month Employees	11-Month Employees	12-Month Employees
Employee Only	\$12.37	\$11.24	\$10.31	Paid 100% by FCPS	Paid 100% by FCPS	Paid 100% by FCPS
Employee + <b>One</b> Dependent***	\$117.51	\$106.83	\$97.93	\$36.32	\$33.02	\$30.27
Employee + Family****	\$145.85	\$132.59	\$121.55	\$42.04	\$38.21	\$35.03
Employees + Family**** (both parents employed by FCPS)	\$24.74	\$22.48	\$20.62	\$24.75	\$22.50	\$20.63

**EMPLOYER'S CONTRIBUTION (HOW MUCH FCPS PAYS ON YOUR BEHALF)**

EMPLOYEE COVERAGE	DEPENDENT COVERAGE
<ul style="list-style-type: none"> <li>• Medical – \$534.33 per month (\$6,411.96 per year)</li> <li>• Dental – \$28.81 per month (\$345.72 per year)</li> </ul>	<ul style="list-style-type: none"> <li>• Medical – \$466.40 per month (\$5,596.80 per year)</li> </ul>

**BENEFITS HIGHLIGHTS**

<b>MEDICAL</b>	<b>IN NETWORK</b> <b>CO-PAYMENTS:</b> Primary Care Physician \$15.00 Specialist \$25.00 Outpatient Diagnostic Services \$15.00 Inpatient Hospital \$100.00 Emergency Room (Non-Emergency) \$75.00 <b>DEDUCTIBLE:</b> None <b>MAXIMUM OUT-OF-POCKET:</b> No Out-of-Pocket Maximum	<b>OUT OF NETWORK</b> <b>CO-INSURANCE:</b> 20% after deductible <b>DEDUCTIBLE:</b> \$200 per Covered Person \$400 for all Covered Persons in a family <b>MAXIMUM OUT-OF-POCKET:</b> \$1,250 per Covered Person per policy year \$2,500 for all Covered Persons in a family Out-of-Pocket Maximum includes the Annual Deductible
<b>VISION</b>	<b>IN NETWORK</b> Exams and standard lenses paid in full. Frame allowance \$130.00 Benefits available every 24 months	<b>OUT OF NETWORK</b> Reimbursement according to fee schedule for exam, lenses and frames. Benefits available every 24 months
<b>Rx</b>	<b>RETAIL PHARMACY (30 DAY SUPPLY)</b> <ul style="list-style-type: none"> <li>• Generic \$8.00</li> <li>• Preferred Brand 20.00</li> <li>• Non-Preferred Brand 35.00</li> </ul>	<b>MAIL ORDER (90 DAY SUPPLY) or CVS Pharmacy ONLY</b> <ul style="list-style-type: none"> <li>• Generic \$16.00</li> <li>• Preferred Brand 40.00</li> <li>• Non-Preferred Brand 60.00</li> </ul>
<b>DENTAL</b>	<b>DELTA PPO DENTISTS (ONLY)</b> <b>DEDUCTIBLE:</b> None Maximum Coverage – \$1,000 per year Services paid at maximum contract allowance Orthodontic Coverage available	<b>NON-PPO DENTISTS (DELTA PREMIER AND NON-DELTA DENTISTS)</b> <b>DEDUCTIBLE:</b> \$50 per person per fiscal year Maximum Coverage – \$1,000 per year Services paid at maximum contract allowance Orthodontic Coverage available
<b>FSA</b>	<b>FLEX HEALTH</b> Maximum Amount: <b>\$2,500.00</b>	<b>FLEX DEPENDENT CARE</b> Maximum Amount: <b>\$5,000.00</b>

\*Payroll deductions approved by FASSE and FCASA. Information on FCTA rates will be available at the conclusion of contract negotiations.

\*\*Contributions for medical and dental insurance coverage are deducted from your gross earnings before taxes are calculated.

\*\*\*In this context, "Employee + One Dependent" would refer to employee + spouse or employee + dependent.

\*\*\*\*In this context, "Family" refers to two or more dependents.

This publication is intended to provide an overview of FCPS benefits; complete details can be found in the insurance companies' documents and the plans' legal documents, which will always govern in case of a dispute. The Board of Education of Frederick County, FCTA, FASSE and FCASA jointly reserve the right at any time to modify or amend, in whole or in part, any or all plan provisions.

## INSURANCE COMPANY CONTACT INFORMATION

<p><b>Health/Vision Insurance – UnitedHealthcare</b>  Main Contact: Claims Office  UnitedHealthcare PO Box 740800  800 Oak Street Atlanta, GA 30374-0800  Frederick, MD 21703</p> <p>Phone: 1-877-702-5116  Website: <a href="http://www.myuhc.com">www.myuhc.com</a></p> <p><b>UnitedHealthCare Vision</b>  P.O. Box 30978  Salt Lake City, UT 84130  Customer Service: 1-800-638-3120  Provider Locator: 1-800-839-3242  Website: <a href="http://www.myuhcvision.com">www.myuhcvision.com</a></p>	<p><b>Flexible Spending Accounts – HFS (Hirsch Financial Services)</b>  P.O. Box 1550, Hunt Valley, MD 21030-1550  Phone: 1-888-460-8005  Fax: 1-888-510-4218  Website: <a href="http://www.hfsbenefits.com">www.hfsbenefits.com</a></p>
<p><b>Dental Plan – Delta Dental</b>  One Delta Drive, Mechanicsburg, PA 17055  Phone: 1-800-932-0783  Website: <a href="http://www.deltadentalins.com">www.deltadentalins.com</a></p>	<p><b>Prescription Plan – CVS/CareMark</b>  Claims Office  P.O. Box 52010, Phoenix, AZ 85072-2010  Phone: 1-866-260-4646  Website: <a href="http://www.caremark.com">www.caremark.com</a></p> <p>Mail Order:  CVS/Caremark  P.O. Box 94467  Palatine, IL 60094-4467</p> <p>Fax: 1-800-323-0161</p>

## FCPS BENEFITS OFFICE CONTACTS

Benefits Office:	301-644-5080
Colette Baker	301-644-5112; E-mail: <a href="mailto:colette.baker@fcps.org">colette.baker@fcps.org</a>
Tiana Haile	301-644-5093; E-mail: <a href="mailto:tiana.haile@fcps.org">tiana.haile@fcps.org</a>
Teresa Harris	301-644-5085; E-mail: <a href="mailto:teresa.harris@fcps.org">teresa.harris@fcps.org</a>
Brenda Hedges	301-644-5058; E-mail: <a href="mailto:brenda.hedges@fcps.org">brenda.hedges@fcps.org</a>
Doris Toms	301-644-5052; E-mail: <a href="mailto:doris.toms@fcps.org">doris.toms@fcps.org</a>

**FOR BENEFITS INFORMATION AND FORMS YOU MAY USE THE FCPS WEBSITE**

*<http://www.fcps.org>*

**UNITEDHEALTHCARE SUMMARY PLAN DESCRIPTION and DELTA DENTAL  
INFORMATION SHEET CAN BE FOUND AT**

*[insidefcps](#)*

The HIPAA Privacy Rules require health plans to provide a Notice of Privacy Practices to persons covered under the health plan. Eligible employees may obtain a copy of the Notice of Privacy Practices by visiting the school system's website: [www.fcps.org](http://www.fcps.org). Go to Departments, Human Resources, Benefits Links & Forms, HIPAA Privacy Statement. Employees may also contact the school system's Benefits Office for a copy of the privacy practice notice.

Questions concerning the HIPAA Privacy Rules may be directed to:

Frederick County Public Schools  
Colette Baker, Senior Manager, Benefits  
191 South East Street  
Frederick, MD 21701

# SUMMARY OF BENEFIT PLANS

## UnitedHealthcare Choice Plus Medical Plan

UnitedHealthcare Choice Plus allows you to take advantage of two levels of care benefits:

In-network — Selecting a physician or health care provider within the UnitedHealthcare’s large local and national network means maximum coverage and lower out-of-pocket expenses. Co-payments are charged for eligible services, and *referrals are not required for specialty services*.

Out-of-network — Higher deductibles are required and you must file claims for reimbursement of 80% of eligible expenses. Employees have a \$200 deductible and an annual out-of-pocket maximum of \$1,250. Family coverage requires a \$400 deductible and an annual out-of-pocket maximum of \$2,500.

Plan features include:

- ◆ 24 hour/7 days a week telephone access to:
  - ◆ UnitedHealthcare’s Customer Service Center
  - ◆ NurseLine to get answers to your health care questions
- ◆ UnitedHealth Allies – discounts on certain services not covered by the medical plan
- ◆ Mental health and substance abuse services — Through United Behavioral Health, treatment by in-network providers receives maximum coverage and lower out-of-pocket expenses.
- ◆ Health Assessments – This is a confidential survey that helps assess your overall current state of health and provides tools for health improvement.
- ◆ Personal Health Support Program – Helps you better manage your health care needs and improve your quality of life if you have a chronic condition or are dealing with complex health care needs.
- ◆ Healthy Pregnancy Program – Provides you personal support through all stages of pregnancy and delivery.
- ◆ Health and Wellness Educational Information – Web-based tools through myuhc.com
- ◆ Cancer Resource Services

## UnitedHealthcare Vision Plan

The UnitedHealthcare vision plan allows you to choose in-network or out-of-network providers, and benefits are available every 24 months.

In-network — Includes both private practice and retail chain providers. Exams and standard lenses are covered in full. The frame allowance is \$130 at network providers.

Out-of-network — You will be reimbursed according to a fee schedule for exams, lenses and frames.

## HFS Flexible Spending Account Plan

Under Hirsch Financial Services (HFS), you can use the health and dependent care spending accounts to pay for eligible expenses on a pre-tax basis.

- ◆ Participating employees will receive a Flex Convenience debit card that looks like a credit card and is issued under the MasterCard system. It’s accepted at specific locations, such as pharmacies, doctors’ and dentists’ offices, grocery stores, chiropractors, and diagnostic centers.
- ◆ Use the debit card to pay for co-payments and other qualifying expenses, and there is no more need to file claims for reimbursement from the flexible spending accounts. **(It is very important to keep your receipts when using the debit card since you must submit receipts requested under IRS tax rules and regulations.)**
- ◆ A new card will be issued upon initial enrollment and at the expiration date shown on each card.

## CVS Caremark Prescription Plan

- ◆ Copayments for generic, preferred and non-preferred brand prescription drugs, per the following schedule:

	<b>30-Day Supply – Retail</b> <b>(Any Retail Pharmacy)</b>	<b>90-Day Mail Order or</b> <b>90-Day CVS/Pharmacy (only)</b>
Generics	\$ 8	\$16
Preferred brand prescription drugs	\$20	\$40
Non-preferred brand prescription drugs	\$35	\$60

- ◆ Maintenance Choice Program – plan participants who take maintenance medications will have the choice – purchase their 90-day supply from the mail order program or purchase from a CVS/Pharmacy store and pay the same mail order copayment.
- ◆ Mandatory generics when available
- ◆ Mandatory specialty pharmacy program for specialty prescription drugs
- ◆ Diabetic Meter Program – plan participants with diabetes may qualify for a free blood glucose meter when diabetic testing supplies are ordered through the mail order program.

## Delta Dental Plan

Dental coverage will be offered solely through Delta Dental, at three levels:

Delta PPO (formerly Preferred) — You receive in-network benefits, which include no deductible, no forms to file and lower co-payments.

Delta Premier — You are responsible for co-payments and a deductible.

Out-of-network — You have a deductible to satisfy and need to file claims for reimbursement.

# Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2012. You should contact your State for further information on eligibility –**

<b>ALABAMA – Medicaid</b> Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="http://www.dhhs.nh.gov/ombp/index.htm">www.dhhs.nh.gov/ombp/index.htm</a> Phone: 603-271-5218
<b>ALASKA – Medicaid</b> Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	<b>NEW JERSEY – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>ARIZONA – CHIP</b> Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	<b>NEW YORK – Medicaid</b> Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>COLORADO – Medicaid</b> Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943	<b>NORTH CAROLINA – Medicaid and CHIP</b> Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>FLORIDA – Medicaid</b> Website: <a href="https://www.flmedicaidprecovery.com/">https://www.flmedicaidprecovery.com/</a> Phone: 1-877-357-3268	<b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>GEORGIA – Medicaid</b> Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid Phone: 1-800-869-1150	<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>IDAHO – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 1-800-926-2588 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	<b>OREGON – Medicaid and CHIP</b> Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a> Phone: 1-877-314-5678
<b>INDIANA – Medicaid</b> Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9948	<b>PENNSYLVANIA – Medicaid</b> Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462

<b>IOWA – Medicaid</b> Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	<b>RHODE ISLAND – Medicaid</b> Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300
<b>KANSAS – Medicaid</b> Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 800-792-4884	<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>KENTUCKY – Medicaid</b> Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	<b>SOUTH DAKOTA – Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>LOUISIANA – Medicaid</b> Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	<b>TEXAS – Medicaid</b> Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493
<b>MAINE – Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/OIAS/public-assistance/index.html">http://www.maine.gov/dhhs/OIAS/public-assistance/index.html</a> Phone: 1-800-572-3839	<b>UTAH – Medicaid and CHIP</b> Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	<b>VERMONT– Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>MINNESOTA – Medicaid</b> Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 800-657-3629	<b>VIRGINIA – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	<b>WASHINGTON – Medicaid</b> Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473
<b>MONTANA – Medicaid</b> Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>NEBRASKA – Medicaid</b> Website: <a href="http://dhhs.ne.gov/medicaid/Pages/med_kidsconx.aspx">http://dhhs.ne.gov/medicaid/Pages/med_kidsconx.aspx</a> Phone: 1-877-255-3092	<b>WISCONSIN – Medicaid</b> Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>NEVADA – Medicaid</b> Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	<b>WYOMING – Medicaid</b> Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2012, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 09/30/2013)

## FREDERICK COUNTY PUBLIC SCHOOLS DEPENDENT ELIGIBILITY DOCUMENTATION REQUIREMENTS

RELATIONSHIP TO EMPLOYEE	ELIGIBILITY DEFINITION	DOCUMENTATION FOR VERIFICATION OF RELATIONSHIP
<b>SPOUSE</b>	A member of the opposite sex to whom you are legally married	<p><b>Provide all of the following:</b></p> <ul style="list-style-type: none"> <li>• Copy of official marriage certificate</li> <li>• Copy of most recent Federal Tax Form (1040 or 1040A)* that identifies employee-spouse relationship (1st page only &amp; black out financial information)</li> </ul> <p>*If marriage occurred in current year, Tax Form is not needed.</p>
<b>DEPENDENT CHILD(REN)</b>	<ul style="list-style-type: none"> <li>• Dependent children until they reach age 26</li> </ul>	<p><b>Natural Child:</b></p> <ul style="list-style-type: none"> <li>• Copy of child's official state birth certificate</li> </ul> <p><b>Step Child – Provide all of the following:</b></p> <ul style="list-style-type: none"> <li>• Copy of child's official state birth certificate (must name spouse of employee as the child's parent)</li> <li>• Copy of official marriage certificate</li> <li>• Copy of most recent Federal Tax Form (1040 or 1040A)* that identifies employee-spouse relationship</li> </ul> <p><b>Legal Ward or Court Appointed Guardianship – Provide all of the following:</b></p> <ul style="list-style-type: none"> <li>• Copy of dependent's official state birth certificate</li> <li>• Copy of legal ward court document, with presiding judge's signature and seal</li> </ul> <p><b>Adopted Child:</b></p> <ul style="list-style-type: none"> <li>• Copy of official adoption papers, must indicate child's date of birth</li> </ul> <p><b>Child for whom the court has issued a QMCSO</b></p> <ul style="list-style-type: none"> <li>• A copy of the Qualified Medical Child Support Order</li> </ul> <p><b>Adult Child (age 19 up to age 26):</b></p> <ul style="list-style-type: none"> <li>• Affidavit of Young Adult Child(ren) Eligibility Form</li> </ul>
<b>DISABLED DEPENDENTS</b>	<ul style="list-style-type: none"> <li>• Unmarried dependent children over the age limit if:               <ol style="list-style-type: none"> <li>1. They are dependent on you for primary financial support and maintenance due to a physical or mental disability</li> <li>2. They are incapable of self-support</li> </ol> </li> </ul>	<p><b>Provide all the following:</b></p> <ul style="list-style-type: none"> <li>• Completed Disability Form (Request from Benefits Office)</li> <li>• Copy of most recent Federal Tax Return</li> </ul>

# FREDERICK COUNTY PUBLIC SCHOOLS SAME-SEX DOMESTIC PARTNERSHIP DOCUMENTATION CHECKLIST

RELATIONSHIP TO EMPLOYEE	ELIGIBILITY DEFINITION	DOCUMENTATION FOR VERIFICATION OF RELATIONSHIP
<b>DOMESTIC PARTNER</b>	<ul style="list-style-type: none"> <li>• Are of the same sex.</li> <li>• Share a close personal relationship and be responsible for each other's welfare.</li> <li>• Have shared the same legal residence for at least 12 months.</li> <li>• Are at least 18 years old.</li> <li>• Have voluntarily consented to the relationship, without fraud or duress.</li> <li>• Are not married to, or in a same-sex domestic partnership with, any other person.</li> <li>• Are not related by blood or affinity in a way that would disqualify us from marriage under Maryland law if we were opposite sexes.</li> <li>• Are legally competent to contract.</li> <li>• Share sufficient financial and legal obligations to satisfy at least three (3) of the following items (evidence required):               <ul style="list-style-type: none"> <li><input type="checkbox"/> a joint housing lease, mortgage, or deed</li> <li><input type="checkbox"/> joint ownership of a motor vehicle</li> <li><input type="checkbox"/> a joint checking or savings account</li> <li><input type="checkbox"/> designation of the partner as a primary beneficiary of the employee's life insurance, retirement benefits, or residuary estate under a will</li> <li><input type="checkbox"/> designation of the partner as holding a durable power of attorney for health care decision regarding the employee</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <i>Affidavit For Same-Sex Domestic Partnership</i> signed in the presence of a notary public by both the employee and the employee's partner under penalty of perjury declaring that they satisfy the requirements of domestic partnership <i>and</i></li> <li>• <b>At least 3 of the following documents:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> a joint housing lease, mortgage, or deed</li> <li><input type="checkbox"/> joint ownership of a motor vehicle</li> <li><input type="checkbox"/> a joint checking or savings account</li> <li><input type="checkbox"/> designation of the partner as a primary beneficiary of the employee's life insurance, retirement benefits, or residuary estate under a will</li> <li><input type="checkbox"/> designation of the partner as holding a durable power of attorney for health care decision regarding the employee</li> </ul> </li> </ul>
<b>DEPENDENT CHILD(REN)</b>	<ul style="list-style-type: none"> <li>• Dependent children until they reach age 26</li> </ul> <p><b>NOTE: Following condition must also be met</b></p> <ul style="list-style-type: none"> <li>• Child must be primarily dependent on you for support</li> </ul>	<p><b>Natural Child:</b></p> <ul style="list-style-type: none"> <li>• Copy of child's official state birth certificate</li> </ul> <p><b>Step Child – Provide all of the following:</b></p> <ul style="list-style-type: none"> <li>• Copy of child's official state birth certificate</li> <li>• Copy of most recent Federal Tax Form (1040 or 1040A)* that identifies domestic partner – child relationship</li> </ul> <p><b>Legal Ward or Court Appointed Guardianship – Provide all of the following:</b></p> <ul style="list-style-type: none"> <li>• Copy of dependent's official state birth certificate</li> <li>• Copy of legal ward court document, with presiding judge's signature and seal</li> </ul> <p><b>Adopted Child:</b></p> <ul style="list-style-type: none"> <li>• Copy of official adoption papers, must indicate child's date of birth</li> </ul> <p><b>Child for whom the court has issued a QMCSO</b></p> <ul style="list-style-type: none"> <li>• A copy of the Qualified Medical Child Support Order</li> </ul>
<b>DISABLED DEPENDENTS</b>	<ul style="list-style-type: none"> <li>• Unmarried dependent children over the age limit if:           <ol style="list-style-type: none"> <li>1. They are dependent on you for primary financial support and maintenance due to a physical or mental disability</li> <li>2. They are incapable of self-support</li> </ol> </li> </ul>	<p><b>Provide all the following:</b></p> <ul style="list-style-type: none"> <li>• Completed Disability Form (Request from Benefits Office)</li> <li>• Copy of most recent Federal Tax Return</li> </ul>

# FREDERICK COUNTY PUBLIC SCHOOLS

## DOMESTIC PARTNER BENEFITS

Benefits provided to an employee's same-sex domestic partner or the partner's eligible dependents are equivalent to those available for an employee's spouse or spouse's eligible dependents. This coverage is available to qualified same-sex domestic partners of both covered active and retired plan participants.

### WHAT ARE THE REQUIREMENTS FOR DOMESTIC PARTNERSHIP?

To establish a same-sex domestic partnership, you and your partner must satisfy **ALL** of the following requirements:

1. Are of the same sex.
2. Share a close personal relationship and be responsible for each other's welfare.
3. Have shared the same legal residence for at least 12 months.
4. Are at least 18 years old.
5. Have voluntarily consented to the relationship, without fraud or duress.
6. Are not married to, or in a same-sex domestic partnership with, any other person.
7. Are not related by blood or affinity in a way that would disqualify you from marriage under Maryland law if you were opposite sexes.
8. Are legally competent to contract.
9. Share sufficient financial and legal obligations to satisfy at least three (3) of the required criteria (described below in the section on *Required Evidence*).

### WHAT EVIDENCE IS REQUIRED FOR DOMESTIC PARTNERSHIP?

You must provide the following:

1. The attached *Affidavit For Same-Sex Domestic Partnership* signed in the presence of a notary public by both the employee and the employee's partner under penalty of perjury declaring that they satisfy the requirements of domestic partnership *and*
2. At least 3 of the following documents:
  - a. a joint housing lease, mortgage, or deed
  - b. joint ownership of a motor vehicle
  - c. a joint checking or savings account
  - d. designation of the partner as a primary beneficiary of the employee's life insurance, retirement benefits, or residuary estate under a will
  - e. designation of the partner as holding a durable power of attorney for health care decision regarding the employee

### UNDER WHICH GROUP INSURANCE PLANS MAY I ENROLL MY DOMESTIC PARTNER AND MY PARTNER'S ELIGIBLE DEPENDENTS?

You may enroll your domestic partner and your partner's eligible dependents in your medical/vision/prescription plan, dental plan and the dependent life insurance plan. Under current tax law, reimbursements cannot be made from your Health Care and Dependent Care Flexible Spending Accounts for expenses incurred by your domestic partner or your partner's eligible dependents, if they are not your legal tax dependents.

### WHO QUALIFIES AS AN "ELIGIBLE DEPENDENT" OF MY DOMESTIC PARTNER FOR GROUP INSURANCE PURPOSES?

The following dependents of your domestic partner are eligible dependents for group insurance purposes:

- the children of your domestic partner, residing with you, under 26 years of age
- the unmarried child of your domestic partner, residing with you, beyond age 26 who is incapable of self-support because of a mental or physical disability, and who depends on the domestic partner for support.

*The term "children" includes any natural children, legally adopted children, step children, legally appointed guardianship or a child for whom the court has issued a Qualified Medical Child Support Order*



## HOW DO I ENROLL MY DOMESTIC PARTNER AND MY PARTNER'S ELIGIBLE DEPENDENTS IN MY GROUP INSURANCE PLANS?

### During the open enrollment period:

- submit a notarized *Affidavit For Same-Sex Domestic Partnership* and at least 3 required documents to the Human Resources Division, Benefits Department (affidavit form is attached)
- complete an enrollment/change form to change your level of coverage due to the addition of your domestic partner and your partner's eligible dependents;
- proof of eligibility, such as a birth certificate, is required to add your partner's eligible dependents to your group insurance plans – see attached checklist of required documents

## HOW DOES THE ADDITION OF MY DOMESTIC PARTNER AND MY PARTNER'S ELIGIBLE DEPENDENTS TO MY GROUP INSURANCE PLAN AFFECT MY TAX SITUATION?

Internal Revenue Service regulations require different tax treatment for group insurance costs associated with domestic partner coverage in cases where the partner does not qualify as a tax dependent under the IRS Code. In determining the tax effect of domestic partner coverage, FCPS will assume that neither your domestic partner or your partner's eligible dependents qualify as tax dependents, unless you are able to provide documentation to the contrary.

*For active employees who pay their portion of the group insurance costs with pre-tax payroll deductions, the addition of a domestic partner and the partner's eligible dependents to those group insurance plans will have the following effects:*

### PAYROLL DEDUCTION

For each group insurance plan to which you add your domestic partner and your partner's eligible dependents, you will pay

- a post-tax deduction for the coverage level attributable to the domestic partner and domestic partner's child(ren) and
- a pre-tax deduction for the coverage level applicable to the employee coverage level minus the amount of the post-tax deduction.

### EXAMPLES – MONTHLY MEDICAL PREMIUM RATES

#### 1. Individual to family coverage:

- ◆ you currently have single coverage, the cost of which = \$20.62 per month
- ◆ after adding your domestic partner and your partner's two children, your coverage level increases to family and your cost = \$243.08 per month;
- ◆ the difference between your cost for family coverage and your cost for single coverage = \$243.08 - \$20.62 or \$222.46;
- ◆ the after-tax portion of your deduction of \$243.08 for family coverage = \$222.46;
- ◆ the pre-tax portion of your total deduction of \$243.08 for family coverage = \$243.08 - \$222.46 or \$20.62.

#### 2. Addition of domestic partner and eligible dependents to current family coverage:

- ◆ you currently have family coverage, that includes your two children, the cost of which = \$243.08;
- ◆ your cost, if you had single coverage = \$20.62;
- ◆ after adding your domestic partner and your partner's two children, your coverage level remains as family and your cost remains = \$243.08;
- ◆ the difference between your cost for family coverage and your cost for single coverage = \$243.08 - \$20.62 or \$222.46;
- ◆ the proportion of dependents covered via the domestic partnership to the total dependents you cover, including those covered via the domestic partnership = 3/5 or 60%;
- ◆ the after-tax portion of your deduction of \$226.46 for family coverage = 60% x \$222.46 or \$133.48;
- ◆ the pre-tax portion of your total deduction of \$243.08 for family coverage = \$243.08 - \$133.48 or \$109.60.

### IMPUTED INCOME

If you cover dependents who do not qualify as tax dependents under the IRS Code, the value of the FCPS's contribution toward that coverage is considered wages, subject to tax withholding. This is known as *imputed income*. The way that imputed income is determined is very similar to the way that your after-tax deduction is determined, except that the amount FCPS pays is substituted for the amount *you* pay.

## EXAMPLES – MONTHLY MEDICAL PREMIUM RATES

### 1. Individual to family coverage:

- ◆ you currently have single coverage, for which FCPS pays = \$494.75;
- ◆ after adding your domestic partner and your partner's two children, your coverage level increases to family and FCPS now pays = \$926.60;
- ◆ the difference between FCPS's cost for family coverage and FCPS's cost for single coverage =  $\$926.60 - \$494.75$  or 431.85;
- ◆ you will have reportable imputed income = \$431.85, subject to tax withholding from your paycheck.

### 2. Addition of domestic partner and eligible dependents to current family coverage:

- ◆ you currently have family coverage, that includes your two children, for which FCPS pays = \$926.60;
- ◆ if you had single coverage, FCPS would pay = \$494.75;
- ◆ after adding your domestic partner and your partner's two children, your coverage level remains as family and FCPS's cost remains = \$926.60;
- ◆ the difference between FCPS's cost for family coverage and FCPS's cost for single coverage =  $\$926.60 - \$494.75$  or \$431.85;
- ◆ the proportion of dependents covered via the domestic partnership to the total dependents you will cover, including those covered via the domestic partnership =  $3/5$  or 60%;
- ◆ you will have reportable imputed income =  $\$431.85 \times 60\%$  or \$259.11, subject to tax withholding from your paycheck.

## WHAT IF MY DOMESTIC PARTNERSHIP ENDS?

Should your relationship with your domestic partner end, or you no longer meet the domestic partnership requirements, the domestic partner and the partner's eligible dependents are no longer eligible for coverage under Frederick County Public School's group insurance plans. You must notify the Benefits Department within 30 days of the termination event. In such case, benefits will terminate or continue for the domestic partner and the partner's eligible dependents in the same manner and to the same extent that FCPS terminates or continues, respectively, benefits for a former spouse in equivalent circumstances (such as dissolution of a partnership and divorce). For example, the domestic partner and the partner's eligible dependents may be able to continue their health coverage under COBRA.

## PLEASE NOTE:

The information presented in this material has been prepared to assist you in understanding the provisions of same-sex domestic partner benefits offered by FCPS. While this material attempts to summarize the provisions of domestic partner benefits and answer questions you may have, it is by no means exhaustive or exclusive. **NO GUARANTEE OR CONTRACT IS CREATED BY THIS MATERIAL.** In the event that this material conflicts with federal law or collective bargaining agreements in effect, the language of the federal law and the collective bargaining agreements will be the final authority.

## FOR MORE INFORMATION:

Contact the school systems Benefits Department:

301-644-5058

301-644-5093

**SAME-SEX DOMESTIC PARTNER PAYROLL DEDUCTIONS  
FY12 Rates – Subject to Change for 2012-2013**

**MEDICAL PLAN**

	Employee Only	Employee Plus One	Family	Employee + Domestic Partner	Employee Plus One + Domestic Partner	Employee + Domestic Partner plus DP Dependents	Employee Family plus Domestic Partner*	Employee Family plus Domestic Partner plus DP Dependents*
<b>10 MONTH EMPLOYEES:</b>								
PreTax	12.37	117.51	145.85	12.37	117.51	12.37	Contact Benefits Office 301-644-5058	Contact Benefits Office 301-644-5058
PostTax	0	0	0	105.14	28.34	133.48		
Imputed Income**	0	0	0	259.11	0	259.11		
<b>11 MONTH EMPLOYEES:</b>								
PreTax	11.24	106.83	132.59	11.24	106.83	11.24	Contact Benefits Office 301-644-5058	Contact Benefits Office 301-644-5058
PostTax	0	0	0	95.59	25.76	121.35		
Imputed Income**	0	0	0	235.55	0	235.55		
<b>12 MONTH EMPLOYEES:</b>								
PreTax	10.31	97.93	121.55	10.31	97.93	10.31	Contact Benefits Office 301-644-5058	Contact Benefits Office 301-644-5058
PostTax	0	0	0	87.62	23.62	111.24		
Imputed Income**	0	0	0	215.92	0	215.92		

**DENTAL PLAN**

	Employee Only	Employee Plus One	Family	Employee + Domestic Partner	Employee Plus One + Domestic Partner	Employee + Domestic Partner plus DP Dependents	Employee Family plus Domestic Partner*	Employee Family plus Domestic Partner plus DP Dependents*
<b>10 MONTH EMPLOYEES:</b>								
PreTax	Paid 100% by FCPS	36.32	42.04	0	36.32	0	Contact Benefits Office 301-644-5058	Contact Benefits Office 301-644-5058
PostTax		0	0	36.32	5.72	42.04		
Imputed Income**		0	0	0	0	0		
<b>11 MONTH EMPLOYEES:</b>								
PreTax	Paid 100% by FCPS	33.02	38.21	0	33.02	0	Contact Benefits Office 301-644-5058	Contact Benefits Office 301-644-5058
PostTax		0	0	33.02	5.19	38.21		
Imputed Income**		0	0	0	0	0		
<b>12 MONTH EMPLOYEES:</b>								
PreTax	Paid 100% by FCPS	30.27	35.03	0	30.27	0	Contact Benefits Office 301-644-5058	Contact Benefits Office 301-644-5058
PostTax		0	0	30.27	4.76	35.03		
Imputed Income**		0	0	0	0	0		

\*When adding a domestic partner and domestic partner's children to a current family plan, the after-tax portion of your payroll deduction is pro-rated based on the number of dependents covered via the domestic partnership to the total number of dependents you cover.  
 \*\*If you cover dependents who do not qualify as tax dependents under the IRS Code, the value of the FCPS's contribution toward that coverage is considered wages, subject to tax withholding. This is known as imputed income.

# Frederick County Public Schools Flexible Spending Account Program

July 1, 2012 through June 30, 2013



May is open enrollment for the Flexible Spending Account (FSA) Program. A Flexible Spending Account (FSA) is a tax-advantaged way for you to pay for medical and/or day care expenses. This added benefit allows you to pay for these expenses using pre-tax dollars, lowering your taxable income resulting in a higher take home pay.

## How much can you save?

Your contributions to an FSA are exempt from Federal taxes (income, FICA and Medicare) and in most cases state and local taxes. (*Note: Medical and Dependent Care FSA contributions by New Jersey residents are subject to state tax, as are Dependent Care FSA contributions made by Pennsylvania residents.*) **Most participants save at least 28%** (savings vary by employee's tax bracket).

## Medical Care FSA

The Medical Care FSA helps pay for eligible medical expenses including:

- Health/Dental/Vision deductibles, coinsurance and co-payments
- Prescriptions
- Vision care including glasses, contact lenses, saline solution & **Laser Eye Surgery**
- Dental expenses including orthodontia
- **Certain Over-the-Counter medications** (Effective for all purchases made after January 1, 2011, all over the counter drugs and medicines will require a prescription for reimbursement. Please visit [www.hfsbenefits.com](http://www.hfsbenefits.com) for the most updated form. After January 1, 2011, your debit card will not work for over the counter drugs and medicines)

## Day Care FSA

The Day Care FSA provides tax relief for day care costs for children through age 12 and adult day care. Eligible expenses include day care provided by a licensed facility or in-home dependent care, before/after school care programs, pre-school and summer day camp.

## How much can you direct into your FSA?

- Medical Care FSA maximum is **\$2500.00**
- Day Care FSA maximum is **\$5000.00**

There is no minimum contribution requirement!

## Flex Debit Card!

All new participants will receive a Debit Card to pay for eligible expenses. Please refer to the HFS Flex Debit Card flyer for more details.

## Where do you submit claims?

HFS Benefits  
Claims Department  
4 North Park Drive, Suite 500  
Hunt Valley, MD 21030-1550  
[claims@hfsbenefits.com](mailto:claims@hfsbenefits.com)

Phone: 410-771-1331  
Toll Free Phone: 888-460-8005  
Fax: 410-771-5533  
Toll Free Fax: 888-510-4218



Don't forget services must be incurred during your plan year, **7/01/12 – 6/30/13**

## How can you learn more?

Please visit [www.hfsbenefits.com](http://www.hfsbenefits.com) for more information including a tax savings calculator and a complete list of eligible expenses. You will be able to access your account balance after your plan year begins July 1, 2012. You may also call the toll free customer service line, 888-460-8005, Ext. 2 or e-mail customer service: [customerservice@hfsbenefits.com](mailto:customerservice@hfsbenefits.com).

## FSA Debit Card

The HFS Benefits Flexible Spending Account (FSA) debit card allows you to pay for FSA eligible expenses directly at the point-of-service. The FSA debit card looks like a regular credit card and is issued under the MasterCard® system, but is only accepted at specific types of merchants or provider locations. All new employees who participate in the FSA plan will receive a FSA debit card.

- For security purposes, FSA debit cards are mailed to your home address in a plain white envelope.
- FSA debit cards are automatically activated upon the first physical swipe.
- When using the FSA debit card, select "credit" (v. "debit") since no PIN is assigned.
- FSA debit cards expire after three years.



If you intend to use your FSA debit card for mail order prescriptions or to pay your FSA eligible bills online, be sure your FSA debit card is activated. Please read the cardholder agreement that is included with the card.

### CARD UTILIZATION

Your FSA debit card will work at most health care related merchants including doctors, dentists, vision care providers, chiropractors, and most pharmacies, grocery and discount stores. For most transactions, you will not be required to submit documentation. Grocery stores, discount stores and most pharmacies are required to maintain an inventory control system limiting transactions to FSA eligible items. Transactions at these merchants will not require documentation. For a complete list of merchants with the inventory control system, please visit [www.hfsbenefits.com](http://www.hfsbenefits.com).

Transactions that equal one of your employer's benefit plan copays (including multiples and combinations) will not require documentation. HFS takes every effort within IRS guidelines to request documentation as infrequently as possible. However, it is recommended you maintain all your receipts.

### MONTHLY STATEMENT

HFS will send you a monthly statement if you have transactions that require documentation. This statement will be sent to the email address we have on file or will be mailed to your home address. A statement will not be generated if you have no pending transactions.

Please send the applicable documentation along with the statement to HFS Benefits to substantiate your transaction. Your FSA debit card may be temporarily deactivated if you do not provide proper documentation.

### LOST/STOLEN CARD

If your FSA debit card is lost or stolen, please contact HFS Benefits at 888.460.8005. Your lost/stolen card will be deactivated and a new card issued.

### ADDITIONAL CARDS

You can order additional FSA debit cards for your family members. Please visit [www.hfsbenefits.com](http://www.hfsbenefits.com) to download an order form.



### TRADITIONAL REIMBURSEMENT

If you cannot or do not want to use your FSA debit card, you can submit a request for reimbursement. Complete a claim form and send it via fax, email or mail to HFS Benefits with a copy of your receipts as instructed. Please do not use the Debit Card Substantiation Form for these expenses. Your expenses will not be reimbursed if the incorrect form is submitted.

### QUESTIONS

Contact HFS Benefits at 888.460.8005 or visit [www.hfsbenefits.com](http://www.hfsbenefits.com).

# Online Account Access

## *Login Instructions*

You can access your account(s) at [www.hfsbenefits.com](http://www.hfsbenefits.com). This information will be available to you 24 hours a day – 7 days a week.

### **TO ACCESS YOUR ACCOUNT FOR THE FIRST TIME, JUST FOLLOW THE SIMPLE STEPS BELOW:**

- Go to [www.hfsbenefits.com](http://www.hfsbenefits.com)
- Click on "Participant Login"
- Click on "Register (Create an account)"
- Enter the following information:
  - Employee ID (SSN or Alternate ID #)
  - Last Name
  - Zip Code
  - Email Address
- Click on "Save"



Once the above information is provided, you will be prompted to select a user name and password and then enter your date of birth or debit card number (if applicable).

If you have any questions regarding your account, please call the HFS Benefits Customer Service Unit at 410.771.1331 or 888.460.8005.

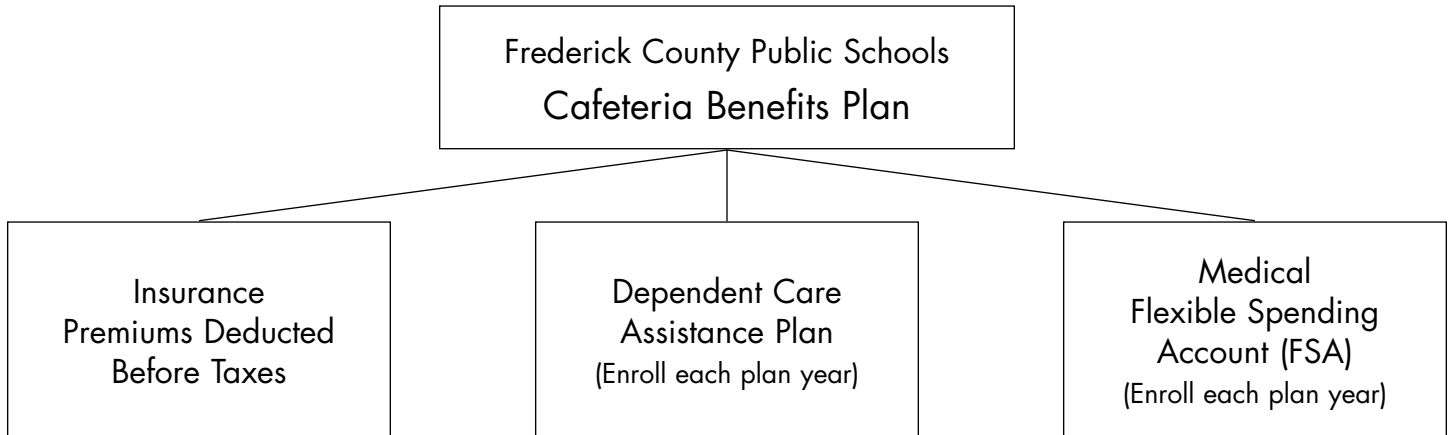


*P.O. Box 1550  
Hunt Valley, Maryland 21030-1550  
Phone: 410.771.1331 / 888.460.8005  
Fax: 410.771.5533 / 888.510.4218  
<http://www.hfsbenefits.com>*



## **OVERVIEW OF THE CAFETERIA BENEFITS PLAN**

The Cafeteria Benefits Plan allows you to set aside part of your salary to pay premiums for medical and dental insurance, dependent care expenses and eligible medical and dental expenses not covered by insurance. These payroll deductions are taken from your gross earnings before taxes are calculated. Therefore, your taxes are calculated on a lower wage base. At the end of the calendar year, your W-2 tax withholding form will report taxable income earned during the year, which is the base salary minus the amount set aside to pay for optional benefits.



## **INFORMATION ABOUT DEPENDENT CARE ASSISTANCE PLAN**

The Dependent Care Assistance Plan, a part of the Cafeteria Benefits Plan, enables you to set aside part of your salary to pay for the cost of care for qualified dependents, such as your cost for child care expenses. Your dependent care deduction is made pre-tax, and is not included in the income that Frederick County Public Schools reports for federal, state and social security tax purposes.

Through the Dependent Care Assistance Plan, the money you have set aside is deposited into a Dependent Care account, administered by Hirsch Financial Services (HFS). As you incur dependent care expenses, you will be reimbursed up to the amount you contributed to your account. Careful estimation of dependent care expenses is prudent because any money remaining in the account at the end of the fiscal-year will be forfeited.

## **ELIGIBILITY REQUIREMENTS**

In order to participate in the Dependent Care Assistance Plan, one of the following must be met:

1. If you are married, both spouses must be working.
2. You are a single working parent; or
3. Your spouse is a full-time student or disabled.

You can set aside a portion of your salary up to a maximum of \$5,000 per family. Married couples filing separate tax returns each have a maximum of \$2,500 that can be set aside for dependent care expenses. Dependent care services will qualify for reimbursement under the plan if they meet these requirements:

1. Services are for children under age 13.
2. Services are for others you claim as tax dependents who are physically or mentally incapable of caring for themselves.
3. Services may be provided inside or outside the home, but not by someone who is a dependent for income tax purposes.
4. Caregiver must have a social security number, tax identification number or comply with local licensing regulations.

## **INFORMATION ABOUT THE MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA)**

The Medical Flexible Spending Account (FSA), a part of the Cafeteria Benefits Plan, enables you to set aside part of your salary to pay for certain medical, dental and vision expenses not covered by insurance plans. Eligible employees can have as much as \$2,500 deducted from their paychecks for the July 1, 2012 - June 30, 2013 coverage period.

The first step for enrolling in the Medical Flexible Spending Account (FSA) is to carefully estimate the amount of expenses you expect to incur during the coverage period. You can participate by completing the Election for Optional Benefits Form. You must include the amount of money you want to set aside from your income during the coverage period.

Through the FSA, the money you have set aside is deposited into a Flexible Spending Account, administered by Hirsch Financial Services (HFS). As you incur eligible expenses, you will be reimbursed from the FSA up to the maximum amount elected for the coverage period. You are eligible to be reimbursed for up to the full amount you have elected for the entire coverage period, even though you have not yet contributed the full amount.

Deductibles, copayments, and certain medical, dental, and vision items not covered by insurance are eligible for reimbursement under the FSA. Allowable expenses are determined by the Internal Revenue Service (IRS) and are described in IRS Publication 502. Additional information can be found in the Enrollment Guide provided by HFS. Claims for reimbursement are sent to Hirsch Financial Services (HFS) for processing.

You cannot be reimbursed for deductibles and other non-covered expenses that you incur prior to or after the coverage period. Money left over in your FSA at the end of the coverage period (after all eligible expenses related to that period are paid) is forfeited. **All FSA claims must be filed no later than September 30 following the plan year ending June 30.**

### **ITEMS TO CONSIDER:**

1. Generally, you do not pay taxes on money you put in these accounts ***unless you are a resident of Pennsylvania***. For employees residing in Pennsylvania, contributions to the Medical Care FSA are not subject to state tax; however, Dependent Care FSA contributions are subject to state tax.
2. Once you have signed up for benefits through the Cafeteria Benefits Plan, you may not change the contribution until the next plan year unless you have a change in family or employment status. These could include: marriage, divorce, death of a spouse or child, birth or adoption of a child, or termination of your spouse's employment.
3. Dependent care expenses have two different kinds of tax consequences. Employees may claim a tax credit on their income tax returns or exclude dependent care expenses through a dependent care assistance plan. You may wish to consult your own tax accountant to determine which method is most beneficial to you.
4. By reducing taxable income through the Cafeteria Benefits Plan, the amount of federal, state and social security taxes is also reduced. The reduced social security taxes could affect the social security benefits received at a later date if earnings fall below the social security wage base.
5. Maryland State Retirement Plan and benefits will continue to be determined on base salary, just as they are now.
6. The Cafeteria Benefits Plan is based on the Board's understanding of Sections 125 and 129 of the Internal Revenue Service Code. The Board reserves the right to amend or discontinue the Plan if the IRS changes the regulations.
7. Complete details can be found in the Plan's legal documents, which in the case of any dispute, will always govern.

### **HOW TO ENROLL (OR RENEW YOUR ENROLLMENT)**

- You must submit the "Election for Benefits Form" if you wish to have part of your salary set aside for the Dependent Care Assistance and/or Medical Flexible Spending Accounts Plans for the July 1, 2012 – June 30, 2013 coverage period.
- **Please remember that you *MUST* re-enroll in the Flexible Spending Account (FSA) Plan each year to continue to purchase optional benefits on a pre-tax basis.**
- Return the Cafeteria Plan election forms to the school system Benefits Department by **May 31** to be effective July 1, 2012.



**CONFIDENTIAL**

**FREDERICK COUNTY PUBLIC SCHOOLS**

***Affidavit for Same-Sex Domestic Partnership***

**(ALL REQUIRED EVIDENCE AND DOCUMENTATION MUST BE ATTACHED TO THIS FORM.)**

**PART I**

I, \_\_\_\_\_, Social Security # \_\_\_\_\_, Employee ID# \_\_\_\_\_, and  
(Employee – Print Name)

I, \_\_\_\_\_, Social Security # \_\_\_\_\_, affirm, by our signatures  
(Same-Sex Domestic Partner – Print Name)

below and under penalty of perjury, that we satisfy the following requirements as domestic partners:

1. Are of the same sex.
2. Share a close personal relationship and be responsible for each other's welfare.
3. Have shared the same legal residence for at least 12 months.
4. Are at least 18 years old.
5. Have voluntarily consented to the relationship, without fraud or duress.
6. Are not married to, or in a same-sex domestic partnership with, any other person.
7. Are not related by blood or affinity in a way that would disqualify us from marriage under Maryland law if we were opposite sexes.
8. Are legally competent to contract.
9. Share sufficient financial and legal obligations to satisfy at least three (3) of the following documents (evidence required):
  - a. a joint housing lease, mortgage, or deed which must be effective for at least 12 months
  - b. joint ownership of a motor vehicle
  - c. a joint checking or savings account
  - d. designation of the partner as a primary beneficiary of the employee's life insurance, retirement benefits, or residuary estate under a will
  - e. designation of the partner as holding a durable power of attorney for health care decision regarding the employee

**PART II**

**TERMINATION OF DOMESTIC PARTNERSHIP**

1. We understand that we must notify Frederick County Public Schools (FCPS) within 30 days after termination of the domestic partnership by death or dissolution.
2. We further understand that when the domestic partnership ends, benefits will terminate or continue in the same manner and to the same extent that FCPS terminates or continues, respectively, benefits for a former spouse in equivalent circumstances (such as dissolution of a partnership and divorce).

**PART III**

1. We understand this information will be held confidential and will be subject to disclosure only upon our express written authorization or if otherwise required by law.
2. We understand that our declaration of domestic partnership and the responsibility for our common welfare may have legal and tax implications under federal and Maryland law. We understand that if an employee receives health benefits, including medical, dental, vision, and prescription for a same-sex domestic partner who is not a dependent of the employee under the Internal Revenue Code, that employee will be required to pay taxes on the value of the benefit. We understand that we are encouraged to contact a tax advisor or an attorney regarding tax implications of same-sex domestic partner benefits.

3. We understand that enrollment in benefits to which we or dependents are not entitled is considered fraud. We further understand that if we willfully misrepresent the eligibility of ourselves or dependents, fail to take the necessary action to remove ineligible dependents, or in anyway obtain benefits to which we are not entitled, our benefits will be canceled. In addition, we may be required to repay any claims that have been paid inappropriately and may face charges (or dismissal) from FCPS service.

\_\_\_\_\_  
*Employee's Signature* \_\_\_\_\_  
*Date*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
*Same-Sex Domestic Partner's Signature* \_\_\_\_\_  
*Date*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**FREDERICK COUNTY PUBLIC SCHOOLS  
AFFIDAVIT OF YOUNG ADULT CHILD(REN) ELIGIBILITY**

**Young Adult Child(ren)** (defined as children from age 19 up to age 26) are eligible for coverage under the Frederick County Public Schools (FCPS) health (includes vision and prescription)/dental plans regardless of student or marital status, financial dependence or residence. However, a **Young Adult Child(ren)** is not eligible to enroll in the FCPS health/dental coverage if he/she has access to health/dental coverage from his/her employer, or if married, the employer of his/her spouse.

- - - - - **DECLARATION** - - - - -

The **Young Adult Child(ren)** listed below has no other means of group health/dental coverage available to him/her (through his/her employer's, spouse's and/or domestic partner's plan, as applicable). Should he/she become eligible for other health coverage, I will notify the FCPS Benefits Department within 30 days of eligibility of such other coverage and will complete a FCPS Enrollment/Change Application to stop this **Young Adult Child(ren)** FCPS health/dental coverage.

**NOTE: - IMPORTANT** - This form does not enroll the **Young Adult Child(ren)** in benefits. You must complete the Insurance Enrollment/Change Application in order to enroll your **Young Adult Child(ren)** into the medical and/or dental plan. However, if currently enrolled, only return this affidavit to continue coverage.

**Eligible Young Adult Child(ren) Age 19 up to Age 26 Information:**

<u>Young Adult Child's Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Relationship to Employee</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My signature below certifies that all **Young Adult Child(ren)** covered under my health/dental coverage are my eligible dependents as defined in the Frederick County Public Schools Summary Plan Description. I understand that it is my responsibility to notify the FCPS Benefits Department within 30 days if the **Young Adult Child(ren)** becomes eligible for health/dental coverage under his/her employer's health plan, spouse's and/or domestic partner's employer's health plan, as applicable. I understand that engaging in insurance fraud, which is defined as the "intentional misrepresentation of material facts and circumstances to an insurance company to obtain payment that would not otherwise be made" is subject to disciplinary action. In addition, I understand that I will be held liable for any claims or fees incurred for the **Young Adult Child(ren)** that is not my eligible dependent.

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FREDERICK COUNTY PUBLIC SCHOOLS  
CAFETERIA EMPLOYEE BENEFITS PLAN  
JULY 1, 2012 – JUNE 30, 2013**

**ELECTION FOR BENEFITS**

Employee Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ PLEASE CHECK ONE OF THE FOLLOWING: \_\_\_\_\_ 10 Month Employee

Address: \_\_\_\_\_ \_\_\_\_\_ 11 Month Employee

\_\_\_\_\_ \_\_\_\_\_ 12 Month Employee

Benefits Selected:

**MEDICAL FLEXIBLE SPENDING ACCOUNT**

I elect to receive health care reimbursements for the coverage period July 2012 - June 2013. I request to have the following deduction paid through the pre-tax Flexible Spending Account:

Amount cannot exceed maximum limit of **\$2,500** \$ \_\_\_\_\_ per year/ \$ \_\_\_\_\_ per pay period

**DEPENDENT CARE ASSISTANCE PLAN** (for eligible childcare and/or eldercare expenses):

I elect to receive dependent care reimbursements for the coverage period July 2012 - June 2013. I request to have the following deduction paid through the pre-tax Dependent Care Assistance Plan:

Amount cannot exceed maximum limit of **\$5,000** \$ \_\_\_\_\_ per year/ \$ \_\_\_\_\_ per pay period

I waive participation in the Dependent Care and Medical Flexible Spending Account

I hereby authorize my employer to reduce my salary as requested above. I can be reimbursed only for qualified expenses incurred during the coverage period July 2012-June 2013. I understand that my pre-tax election will remain in effect for the plan year and cannot be revoked or changed unless I experience a change in my family status. I know that my participation in the Cafeteria Benefits Plan may result in some reduction in potential Social Security Benefits. Any amount of the maximum salary conversion not used for health and dental benefits elected by the employee may be paid on a per capita basis. The payment will be based on the experience gain in the aggregate of plan members' assets with reasonable allocations to members based on the different coverage levels of the members. The costs for elected health and dental benefits to be paid by salary conversion will not be included in income of employee for Federal, State and Social Security purposes. I understand that any amounts remaining in my pre-tax Dependent Care and/or Medical Flexible Spending Account (FSA) not used for eligible expenses during the coverage period will be forfeited in accordance with current plan provisions and tax laws. I will submit a pre-tax election for the dependent care and/or Medical FSA each plan year.

I certify that the debit card will only be used for eligible medical expenses (and, if applicable, eligible dependent care expenses) at eligible providers. I further certify that the amount of eligible expenses is not reimbursable from any other source, nor will I attempt to be reimbursed from any other source. **I will maintain substantiation for all expenses and where required provide applicable substantiation upon request.** If I cannot produce adequate substantiation, I must repay the Plan for such an expense. Failure to repay the Plan will result in the moneys being withheld from my pay. If I terminate employment or participation in the plan, I will return the debit card to my employer.

\_\_\_\_\_

Employee Signature Date

**HOW TO FILE CLAIMS IN THE FLEXIBLE SPENDING ACCOUNT (FSA) PROGRAM**

All regular employees employed on at least a half-time (.5) basis may participate in this benefit program, regardless of the health and/or dental plan in which they are enrolled. Participants can file eligible expenses for the coverage period July 1 through June 30 with claim forms which are available in the FCPS Benefits Office, 301-644-5052 or 301-644-5093. Submit the appropriate receipts along with the claim forms and mail directly to:

HFS (Hirsch Financial Services)  
P.O. Box 1550, Hunt Valley, MD 21030-1550  
Phone: 1-888-460-8005  
Fax: 1-888-510-4218  
Website: [www.hfsbenefits.com](http://www.hfsbenefits.com)

**Return completed form to Benefits Department.**

