

#### Benefit Options

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| <b>Health Care Account</b>    | <ul style="list-style-type: none"> <li>• Participants may choose to enroll in a health care account. Payroll contributions are made to this account on a pre-tax basis for reimbursement of allowed expenses for enrolled employees and their eligible dependents.</li> <li>• You may use the Health Care Flexible Spending Account for expenses incurred by you and/or an eligible dependent even if that dependent is not covered under your medical, dental, or vision plan. Eligible dependents include:             <ul style="list-style-type: none"> <li>– Spouse</li> <li>– Dependent children</li> <li>– Any other person who is considered a dependent under the Internal Revenue Code</li> </ul> </li> <li>• Refer to <a href="http://hr.osu.edu/benefits/healthflex.htm">hr.osu.edu/benefits/healthflex.htm</a> for listing of eligible and non-eligible health care expenses.</li> </ul> |
| <b>Dependent Care Account</b> | <ul style="list-style-type: none"> <li>• Participants may choose to enroll in a dependent care account. Payroll contributions are made to this account on a pre-tax basis for reimbursement of allowed expenses for eligible dependents.</li> <li>• Refer to IRS Publication 503, <a href="http://www.irs.gov/pub/irs-pdf/p503.pdf">www.irs.gov/pub/irs-pdf/p503.pdf</a>, for listing of eligible and non-eligible dependent care expenses.</li> </ul>  |

#### General Plan Provisions

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| <b>Eligibility</b>           | <ul style="list-style-type: none"> <li>• An eligible employee is any faculty or staff member who holds a qualifying appointment, as determined by Ohio State, refer to Benefits Eligibility information online at <a href="http://hr.osu.edu/benefits/benefiteligibility.htm">hr.osu.edu/benefits/benefiteligibility.htm</a>.</li> <li>• Participation is voluntary; however, you must enroll in an FSA by completing an FSA Election Form, online at <a href="http://hr.osu.edu/forms/ben/fsaqual.pdf">hr.osu.edu/forms/ben/fsaqual.pdf</a>.</li> <li>• Employees with at least 50% full-time equivalency (FTE) are eligible to participate in the salary redirection portion of this plan provided their salary before redirection is at least equal to the premium for the benefits elected.</li> <li>• Employees with less than 50% FTE are not eligible to participate in either the health care account or the dependent care account.</li> </ul> |
| <b>Effective Date</b>        | <p>The effective date for all eligible employees will be determined by the university for the purposes of reimbursement administration. Coverage is effective on:</p> <ul style="list-style-type: none"> <li>• January 1 of new plan year, if elected during annual open enrollment</li> <li>• Date of hire or transfer to an eligible appointment, if elected within 31 days</li> <li>• Date of qualifying status change, if elected within 31 days</li> </ul>   |
| <b>FSA Plan Year</b>         | <p><b>Payroll Contribution Period:</b> January 1 – December 31</p> <p><b>Incurred Expense Period:</b> January 1 – February 28, a 14-month claim period gives extra time to use funds</p> <p><b>Reimbursement Period:</b> January 1 – March 31, a 15-month period to request payment for eligible expenses</p>   |
| <b>Availability of Funds</b> | <ul style="list-style-type: none"> <li>• Reimbursement requests for eligible expenses must total at least \$25.</li> <li>• Dependent Care FSA funds: available upon deposit after payroll deduction.</li> <li>• Health Care FSA funds: annual election amount available upon effective date.</li> <li>• Current account status can be viewed anytime by using FSA Online at <a href="http://hr.osu.edu/benefits/healthflex.htm">hr.osu.edu/benefits/healthflex.htm</a> or by contacting the Office of Human Resources Customer Service Center.</li> </ul>   |

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Office of Human Resources Customer Service Center

Suite 300, 1590 North High Street, Columbus, OH 43201-2190

(614) 292-1050, (800) 678-6010, fax: (614) 292-6235, [service@hr.osu.edu](mailto:service@hr.osu.edu), [hr.osu.edu](http://hr.osu.edu)

This is intended to be a summary of plan provisions.

# Flexible Spending Accounts

## Program Details

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| <p><b>Enrollment</b></p>   | <ul style="list-style-type: none"> <li>• Participation in an FSA is not automatic.</li> <li>• You may enroll in either a Health Care or Dependent Care FSA by completing an FSA Election Form, available online at <a href="http://hr.osu.edu/forms/ben/fsaqual.pdf">hr.osu.edu/forms/ben/fsaqual.pdf</a>.</li> <li>• You may enroll in either or both account(s):             <ul style="list-style-type: none"> <li>– Within 31 days of a qualifying status change, as described below</li> <li>– Within 31 days of employment in an eligible appointment</li> <li>– During an annual open enrollment period</li> </ul> </li> </ul> <p><b>Note:</b> To continue participation in an FSA, you <b>MUST</b> re-enroll annually during Open Enrollment.</p>  |
| <p><b>Change in Coverage Due to a Qualifying Status Change</b></p> | <p>The Internal Revenue Code restricts you from increasing, decreasing, or changing FSA contributions during the plan year unless a qualifying status change occurs. The request for change in contribution must be consistent with the qualifying status change. There are two types of qualifying status changes:</p> <ul style="list-style-type: none"> <li>• <b>Family status changes</b> include:             <ul style="list-style-type: none"> <li>– Marriage</li> <li>– Divorce/legal separation</li> <li>– Childbirth, Adoption of a child<sup>1</sup>, Gain legal custody/guardianship of a child<sup>1</sup></li> <li>– Death of a spouse/dependent</li> <li>– Dependent child reaching the age limit</li> </ul> </li> <li>• <b>Employment status changes</b> include:             <ul style="list-style-type: none"> <li>– The full-time equivalency (FTE) of your appointment with the university changes, affecting benefit eligibility.</li> <li>– Your appointment type changes, affecting benefit eligibility (see below).</li> </ul> </li> </ul> <p><sup>1</sup> Documentation of the qualifying status change is required.</p>  |
| <p><b>FTE Changes</b></p>  | <p>FTE changes to your Ohio State appointment must meet the following conditions:</p> <ul style="list-style-type: none"> <li>• Loss of eligibility due to decrease in combined FTE to below 50% FTE.</li> <li>• A gain in eligibility for benefit programs as a result of an increase in combined FTE to above 50% FTE.</li> </ul>   |
| <p><b>When a Qualifying Status Change Occurs</b></p>               | <ul style="list-style-type: none"> <li>• You must complete the university FSA Election Form, available online at <a href="http://hr.osu.edu/forms/ben/fsaqual.pdf">hr.osu.edu/forms/ben/fsaqual.pdf</a>, in order to make enrollment changes. Documentation is required for some events.             <ul style="list-style-type: none"> <li>– The completed form must be submitted to the Office of Human Resources Customer Service Center <b>within 31 days</b> of the qualifying status change.</li> <li>– Coverage and contributions will be effective back to the qualifying status change date.</li> <li>– If you do not notify the university <b>within 31 days</b>, the change can only be made at the next open enrollment period or future qualifying events. The university determines the open enrollment period.</li> <li>– The form may not be altered by anyone other than the employee unless the employee has given written consent allowing alterations.</li> </ul> </li> <li>• The university must approve all qualifying status changes.</li> <li>• The university determines the effective date for all enrollment changes and any contribution changes that may be required.</li> </ul> <p><b>Note:</b> Your pre-tax, per pay contributions may be adjusted based on the qualifying status change.</p> |
| <p><b>Termination of Enrollment</b></p>                            | <ul style="list-style-type: none"> <li>• Your participation automatically ends on December 31 each plan year. You must re-enroll during the annual Open Enrollment period to participate in a FSA for the following plan year.</li> <li>• Your participation also ends when:             <ul style="list-style-type: none"> <li>– your employment with the university terminates</li> <li>– the first day of the first pay period after you cancel your enrollment by submitting an FSA Election Form available online at <a href="http://hr.osu.edu/forms/ben/fsaqual.pdf">hr.osu.edu/forms/ben/fsaqual.pdf</a>, to the Office of Human Resources <b>within 31 days</b> of an eligible qualifying status change</li> <li>– you transfer to an ineligible appointment</li> <li>– you retire</li> <li>– the university terminates this plan</li> </ul> </li> <li>• You may submit reimbursement requests for expenses that were incurred during your employment toward the balance in your account until the end of the FSA plan year in which you terminate employment.</li> </ul> <p><b>Note:</b> Any expenses incurred after the above dates are ineligible for reimbursement.</p>   |