



Office of Employee Benefits

April 2023 Lunch & Learn Presentation

Roadmap

- OEB + Your benefits at-a-glance
 - Medical/Rx coverage
 - Dental & vision coverage
 - Supplemental benefits
 - Employee wellness
- Deep dive on HSA / FSA / LFSA / DCSPA
- Contact OEB

OFFICE OF EMPLOYEE BENEFITS

Your benefits at-a-glance

Human Resources

OEB

- Medical/Rx
- Dental
- Vision
- Health Savings Account
- Flexible Spending Accounts
- Deferred compensation
- Life insurance
- Short-term disability insurance
- Legal coverage
- Employee wellness

Personnel / payroll

- Vacation & sick times
- Questions about your paychecks
- Questions about union membership

ERSRI

- Hybrid retirement plan:
 - Defined benefit - pension plan
 - Defined contribution - 401(a)

Benefit Enrollment Periods

- You may enroll in benefits or change/cancel an existing election only during the following periods:
 - **Within 31 days of hire** (effective date is date of hire; can enroll or waive, but locked into plan for remainder of calendar year)
 - **Within 31 days of qualifying status change** (effective dates vary based on status change event; can enroll, change plan level or waive, but not change plans)
 - **Open Enrollment** (effective date is January 1 of the following year; can enroll, change plan level or waive, and can freely change plans)
- Year-round enrollment/changes
 - HSA contributions (if enrolled in Anchor Choice)
 - Deferred compensation (457 Plan)
 - Short-term disability insurance

Annual Benefit Election Rules

- All benefits elections except for flexible spending accounts (FSAs) and dependent care spending accounts (DCSAs) are **evergreen** – they remain in place from year to year without the employee needing to re-elect them
 - Including the medical waiver with opt-out payment election
- FSAs and DCSAs are not evergreen – they must be elected during open enrollment each year

MEDICAL / RX COVERAGE

Anchor medical plans: Coverage details

	Anchor	Anchor Plus	Anchor Choice
Co-share (premium)	Moderate	Highest	Lowest
Copays			
PCP	\$15	\$15	10% after deductible
Specialist with / without referral	\$25 / \$50	\$25 / \$50	10% after deductible / 30% after deductible
Coinsurance	10%	10%	10%
Deductible (individual / family)	\$1,000 / \$2,000	\$500 / \$1,000	\$1,500 / \$3,000
OOPM (individual / family)	\$2,000 / \$4,000	\$1,000 / \$2,000	\$3,000 / \$6,000
Open & contribute to an HSA?	No	No	Yes

Anchor medical plans: Rx coverage details

- All Anchor medical plan members receive prescription coverage through CVS Caremark
- Retail (30-day supply) copays
 - Generic: \$10
 - Preferred brand-name*: \$35
 - Non-preferred brand-name: \$60
 - Specialty: \$100
- **Anchor / Anchor Plus:** Copay only
- **Anchor Choice:** Copay after deductible (except for preventive therapy drugs*)



* Visit www.employeebenefits.ri.gov for lists of preferred prescription drugs and preventive therapy drugs.

Waiving medical/Rx coverage

- If you waive medical/prescription drug coverage and show you're enrolled in another plan, you may elect to receive an opt-out payment if you are eligible
- You are **eligible** to receive the opt-out payment if:
 - Your alternative coverage is from a non-State employer;
 - Your alternative coverage is Medicare or military (Tricare) coverage; or
 - You are the child of a State employee and you're on your parent's coverage.
- You are **ineligible** to receive the opt-out payment if:
 - Your alternative coverage is state-subsidized under a Medicaid program (Rite Care, MassHealth, etc.);
 - Your alternative coverage was purchased through a health insurance marketplace under the Affordable Care Act (e.g., HealthSource RI); or
 - Both you and your spouse were hired by the State on or after June 29, 2014 and you are both covered under a State family plan (higher-earning spouse must pay the co-shares and the lower-earning spouse is ineligible to receive the medical waiver opt-out payment).

Waiving medical/Rx coverage

- Medical coverage waiver opt-out payment details:
 - Opt-out payment made once each year in first payday in August
 - Payment is \$38.50 per bi-weekly pay period waived during the prior fiscal year (July 1 to June 30), up to \$1,001 per year
 - Payment is taxed like regular wages and appears in Paystub RI as a second paycheck
- **To waive medical/prescription coverage and receive the opt-out payment, you must make your election online within 31 days of hire or status change, or during open enrollment**

DENTAL & VISION COVERAGE

Anchor dental plans: Coverage details

	Anchor Dental	Anchor Dental Plus	Anchor Dental Platinum
Co-share (premium)	Lowest	Moderate	Highest
Annual maximum	\$1,500	\$2,000	\$2,500
Periodontics	50%	80%	100%
Implants	N/A	N/A	50% \$3,500 lifetime maximum
Orthodontics	50%; up to age 19 \$1,500 lifetime maximum	50%; up to age 19 \$2,000 lifetime maximum	50%; no age limit \$2,500 lifetime maximum
Occlusal guards (for grinding only)	N/A	100%	100%

Anchor vision plans: Coverage details

	Anchor Vision	Anchor Vision Plus
Co-share (premium)	Lower	Higher
Frame allowance for prescription glasses	\$100 (\$120 for featured brands)	\$200 (\$220 for featured brands)
Contacts allowance (instead of glasses)	\$30	\$200

SUPPLEMENTAL BENEFITS

Deferred comp / life / short-term disability / legal

Deferred compensation (“457 Plan”)

- Tax-deferred retirement savings via payroll deductions
- Subject to IRS contribution limits (\$22,500 in 2023)
- Should NOT be viewed as a regular checking/savings account!
- Enroll/manage contributions via **Retirement@Work**



Life insurance

- Group term life insurance through The Hartford
- Three levels of coverage available:
 - **Basic:** 100% of your base annual salary (excluding overtime), rounded to the next highest \$1,000, for a maximum of \$150,000
 - **Supplemental 1X:** 100% of your base annual salary (excluding overtime), rounded to the next highest \$1,000, for a maximum of \$150,000
 - **Supplemental 2X:** the lesser of 2-times your salary rounded to the next highest \$1,000 and \$300,000
- New hires automatically enrolled in basic life insurance
 - Addition of coverage after new hire enrollment window subject to vendor evidence of insurability requirements



Legal coverage

- Pre-paid legal assistance through MetLife Legal for a low premium
 - Estate planning documents
 - Civil lawsuits defense
 - Family law
 - Immigration assistance
 - Financial matters
 - Elder law matters



MetLife

Short-term disability insurance

- State employees do NOT receive TDI benefits
- Enroll in short-term disability insurance to get off-job accident or sickness coverage in addition to sick/vacation time accruals
 - Aflac – available to all employees
 - Colonial Life – available to select union employees



EMPLOYEE WELLNESS

Building blocks for a healthier you

Wellness: Incentive programs

- **Rewards for Wellness**
 - Earn up to \$500 in co-share credits by completing various activities
- **Annual preventive exam**
 - Receive a preventive exam in a year and earn \$250 in co-share credits in the following year
 - Receive an additional \$250 if your spouse also receives a preventive exam



Wellness: Additional programs

- Employee Assistance Program
- Doctors Online
- BCBSRI Disease Management Programs
- www.employeebenefits.ri.gov/wellness



HSA / FSA / LFSA / DCSPA

Save on taxes and have money for qualified expenses

Health Savings Account (HSA)

- **HSA = additional retirement savings vehicle**
- **Triple-tax-free** advantage – you don't pay taxes on:
 - Contributions into the account
 - Growth of funds in the account
 - Regular checking account interest
 - Investment fund growth (you can invest anything over \$1,000 in mutual funds)
 - Distributions from the account if they're for qualified medical expenses
- Only available for employees enrolled in the Anchor Choice Plan – HSA is automatically opened with enrollment

ANCHOR CHOICE PLAN



HSA: Contributions

- **The State contributes \$1,500 / \$3,000*** for individual / family coverage
- **You can contribute too:** start, stop, increase or decrease your biweekly HSA contribution at anytime by logging into Workterra and using the HSA-specific qualifying event
- **2023 contribution limits**
 - Individual coverage: \$3,850**
 - Family coverage: \$7,750**
 - Additional catch-up contribution for age 55 and over: \$1,000**



* Contributions are made biannually with half deposited in January and the other half deposited in July. The State's HSA contributions are NOT pro-rated for employees that enroll after January 1 and July 1.

** Includes any contribution from the State.

HSA: Things to do in new plan year

- Familiarize yourself with digital HSA resources:
 - www.mybcbsri.com and London Health Administrators
 - BlueSolutions On the Go app
- Provide your reimbursement preferences and set your communications settings
- Request an HSA debit card for a family member
- Assign a beneficiary
- Use the educational tools to learn about your HSA and use the tax savings calculator to see how much you're saving in taxes

HSA: Things to do in new plan year

- Think about how you want to use your HSA:
 - Retirement savings vehicle?
 - Invest HSA contributions above \$1000 in mutual funds and set up recurring investment transfers
 - Develop a receipt storage system
 - Quick cash for qualified medical expenses?
 - Request reimbursements through the online “eClaims Manager” or “Add Expense” function in the app
 - Schedule automatic provider payments out of your HSA

Flexible Spending Accounts (FSA)

- Put aside money on a **pre-tax** basis to spend on eligible health expenses
- Administered by ASIFlex
- How they work:
 - Submit an election for an annual contribution amount at hire, qualifying event or during open enrollment
 - Annual contribution amount divided by remaining pay periods in the year (variable if enrolling as new hire or because of a qualifying event; 26 or 20 if enrolling during open enrollment) and an equal amount is deducted from pay each payday
 - Deductions lower taxable wages, which results in more take home pay than paying for same expenses with post-tax dollars



FSA Types

- Two kinds of FSAs
 - **General Health Care FSA** (only for those enrolled in Anchor or Anchor Plus)
 - All qualified medical expenses are eligible for reimbursement
 - **Limited Health Care FSA** (only for those enrolled in Anchor Choice)
 - Only qualified dental and vision expenses are eligible for reimbursement
 - Anchor Choice enrollees also have an HSA, which covers all qualified medical expenses – so LFSA should generally only be elected if you want to contribute to HSA max and protect those funds from dental and vision expenses



FSA: 2023 contribution limits

- **General FSA:** \$3,050
- **Limited FSA:** \$3,050

Uniform coverage rule plan – *your entire health FSA annual election is available for reimbursement on day 1 of the plan year.*

Use it or lose it plan with carryover – *any unused health FSA funds over \$610 by the end of the 2023 plan year will be forfeited. If you have carryover but do not elect an FSA for the next year during open enrollment, you will have a “carryover-only” account in the next year. Monthly vendor administrative fees apply to “carryover-only” accounts.*

FSA: Regulated by the IRS

- Contribution limits and FSA administration are subject to IRS rules and regulations
- All claims and card transactions must be only for ***eligible expenses***
- Expense eligibility determined automatically when you swipe your FSA card if:
 - Expense aligns with a copay amount under the State's medical, dental or vision plan that you are enrolled in
 - Expense incurred at a commercial vendor with a specific merchant system in place (IIAS) that automatically validates an expense as eligible
 - Expense identified as a recurring one at the same provider (same amount each month, first instance would still need verification, e.g. orthodontia)
- All other card swipe expenses and all expenses paid for without swiping your FSA card must be verified as eligible by submission of supporting documentation
- Failure to verify expense as eligible can result in deactivation of FSA card

FSA: Supporting documentation requirements

Type of Expense	Documentation not needed	Documentation needed
Dental		Always
Vision		Always, except copays
Medical		Always, except copays
Plan copays	You must be enrolled in the State's plan and that enrollment must be reported to ASIFlex	If you are not enrolled in the State plan
Prescriptions & OTC products	If purchased at an IIAS merchant* that inventories and identifies eligible products	If purchased at a non-IIAS merchant
Recurring expenses from same provider for exact same dollar amount	Required only for the first transaction	Required if provider or dollar amount varies

*You can view a list of merchants that maintain an Inventory Information Approval System on asiflex.com.

FSA: Why is supporting documentation required?

- IRS requirement to establish an expense as eligible
- Payment/merchant electronic file does not show:
 - Who incurred the expense – was it for you or an eligible dependent?
 - Description of the service(s) provided or product(s) sold – is the service/product a qualified medical expense?
 - Date the services/supplies were provided – was it during the plan year?
- Providers provide both eligible and ineligible services, for example:
 - Medical facilities gift shops, cafeterias, cosmetic procedures
 - Dental cosmetic procedures, electric toothbrushes, mouthwash, etc.
 - Vision warranties, non-prescription sunglasses, etc.

FSA: Claim and debit card documentation

- Documentation must include:
 - **Who** – for whom the service or supply is provided
 - **What** – an itemized description of each service or supply
 - **Where** – name and address of the provider of service or supplier
 - **When** – the date the service was provided, regardless when paid or billed
 - **Dollar amount** – how much you owe

Type of Expense	Documentation Needed
If covered by medical, dental, vision insurance	Insurance payer explanation of benefits (EOB) or itemized statement
If not covered by insurance	Itemized statement
Prescriptions	Pharmacy receipt, printout from pharmacy, itemized mail-order receipt
Over-the-counter products	Itemized merchant receipt

TIP #1: Do not submit credit card receipts, paid on account or balance forward statements, cancelled checks or pretreatment estimates.

TIP #2: To obtain EOBs log into your member portals at mybcbsri.com, deltadentalri.com and vsp.com.

FSA: Sample over-the-counter itemized merchant receipts

Split tender
payment with FSA
debit card and
personal credit
card

Walgreens
#02472 18040 R PLZ
OMAHA, NE 68135
402-408-2342

299 2014 0022 03/25/2022 10:37 AM

DAWN ULTRA ORIGINAL 70Z
03700039713 A 0.99 SALE
REGULAR PRICE 1.49
MYWALGREENS SAVINGS 0.50
RETURN VALUE 0.99

HERSHEY ALMD BAR 24100 1.450Z
03400000241 0.88 SALE
REGULAR PRICE 1.49 or 2/2.50
MYWALGREENS SAVINGS 0.61
RETURN VALUE 0.88

➤ CARMEX ORIGINAL CLICK STICK .150Z
FSA 08307800017 OTC A 2.49
RETURN VALUE 2.49

SUBTOTAL 4.36
SALES TAX A=7.0% 0.24

TOTAL 4.60
W CASH REWARDS REDEEMED 1.00
• VISA ACCT 2601 2.66
AUTH CODE 216504
• VISA ACCT 3556 0.94
AUTH CODE 01144G
CHANGE .00

➤ TOTAL FSA ITEMS 2.66
TOTAL RX ITEMS 0.00
TOTAL FSA AND RX ITEMS 2.66

APPROVED FSA/HRA AMOUNT 2.66

MYWALGREENS SAVINGS 1.11

THANK YOU FOR SHOPPING AT WALGREENS

Only FSA debit card
used for payment

CVS pharmacy®
1225 E. CALGARY AVE, BISMARCK, ND
(701) 223-9323

REG#02 TRN#5182 CSHR#0575458 STR#8614

Helped by: GLORIA

F 1 CVS TODAY RMOR MED EACH 2.79T
F 1 CVS EGLASS RPR KT KIT 3.99T
F 1 CVS MINIONS FA KT KIT 8.49T
F 1 EVA MOULED FA BAG EACH 3.99T
F 1 NICK PAW PATROL 20CT 4.79T

5 ITEMS
Survey ID #
7273 9539 6427 242 79

SUBTOTAL 24.05
ND 6.5% TAX 1.56
TOTAL 25.61
CHANGE 25.61
*****4677 CH

MasterCard *****4677
APPROVED# 086442
REF# 021823
TRAN TYPE: SALE
AID: A0000000041010
TC: 3177E0A46081519A
TERMINAL# 69037193
ND SIGNATURE REQUIRED
CVM: 1E0300
TVR(95): 0000008000
TSI(9B): E800

CHANGE .00

2508 6148 2545 1820 21
Returns with receipt, subject to
CVS Return Policy, thru 11/10/2018

SEPTEMBER 11, 2018 5:00 PM

F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Health Care Eligible Total 25.61

FSA: Ways to access FSA money

Option	Description
Mobile App	Snap picture of documentation and submit via the app
Online	Scan image of documentation and submit online
ASIFlex Card	Pay health care provider at point of service/sale; keep documentation and submit upon request
FSA Store Cardless Pay	Sign into ASIFlex account, and shop FSA Store. No credit or debit card needed; ASIFlex pays FSAStore from your account
Recurring Direct Pay	Sign up online to set up recurring payments to daycare provider
Toll-free Fax	Complete claim form and fax to ASIFlex
USPS Mail	Complete claim form and mail to ASIFlex

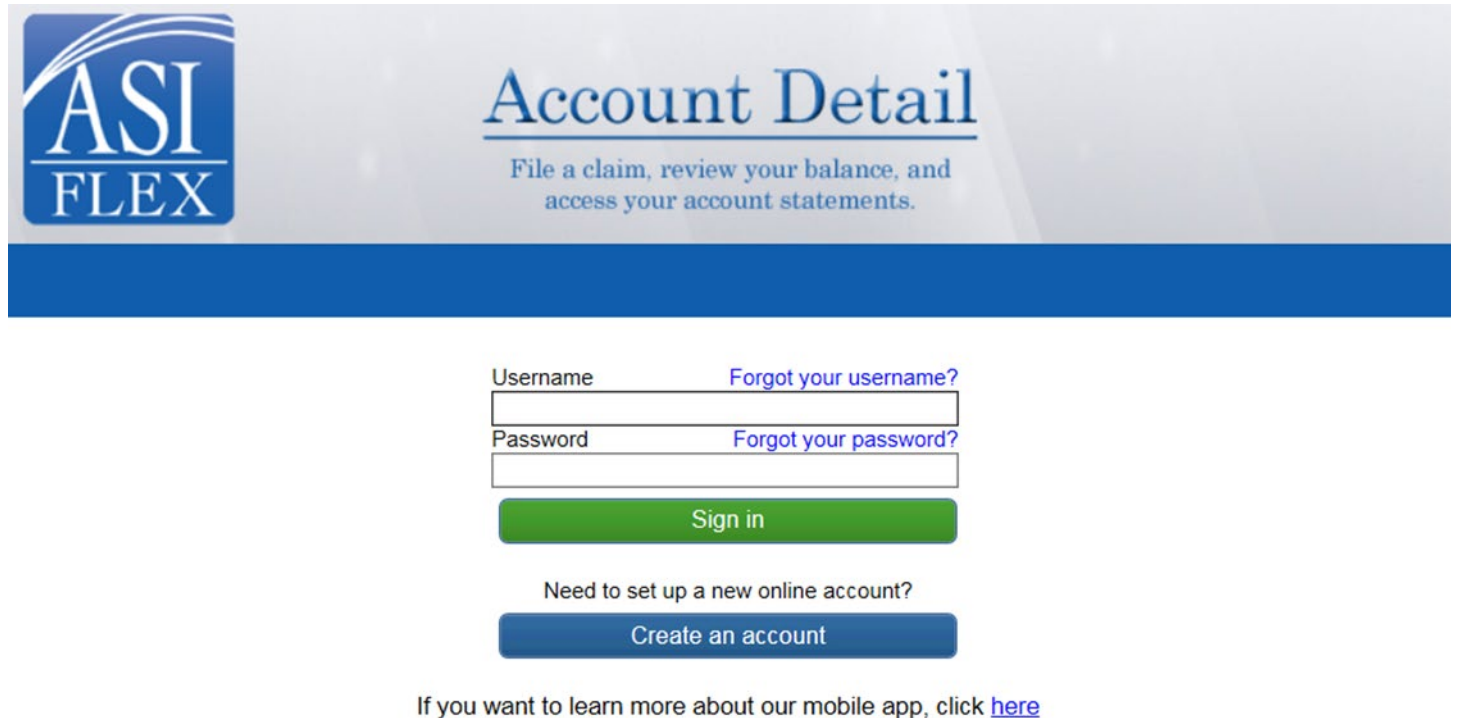
FSA: ASIFlex mobile app

- Video tutorial on asiflex.com
- Use on smart phone or tablet
- Snap a picture of documentation
- Submit right from the pharmacy or doctor's office
- Check your balance 24/7!
- Secure messaging center



FSA: ASIFlex online

- Register to set up your online account
- Submit claims securely
- Secure messaging center
- Single sign-on to FSAstore.com



The screenshot shows the ASIFlex Account Detail page. At the top left is the ASIFlex logo. To its right, the text 'Account Detail' is displayed in a large, blue, serif font. Below this, in a smaller blue font, is the instruction: 'File a claim, review your balance, and access your account statements.' The page has a blue header bar. Below the header, there is a login section with two input fields: 'Username' and 'Password'. To the right of each field is a link: 'Forgot your username?' and 'Forgot your password?'. Below the password field is a green 'Sign in' button. Underneath the button is the text 'Need to set up a new online account?' followed by a blue 'Create an account' button. At the bottom of the page, there is a line of text: 'If you want to learn more about our mobile app, click [here](#)'.

ASIFLEX

Account Detail

File a claim, review your balance, and access your account statements.

Username [Forgot your username?](#)

Password [Forgot your password?](#)

Sign in

Need to set up a new online account?

Create an account

If you want to learn more about our mobile app, click [here](#)

FSA: ASIFlex card

- Provides an easy way to pay providers directly from your health FSA
- You will need to provide documentation for certain transactions
- Accepted at healthcare and retail providers that accept VISA®
- List of retail providers located on asiflex.com
- Not accepted at providers not recognized as a health care provider/merchant (gas station, department store, etc.)



FSA: How to use the ASIFlex card

- Its easy! **SWIPE – ASK – GO!**
- Present card for payment – **swipe** the card.
- **Ask** for an itemized statement of the service or supply provided to you.
- Then, **go!** Be sure to save the itemized statement and if requested, provide to ASIFlex upon request.
- ***Remember: Use of the debit card is not paperless. IRS regulations require backup documentation for certain transactions.***
- **TIP:** Each time you use the card, snap a picture of the itemized statement with your phone's camera feature!



FSA: ASIFlex notices and card deactivation

- Three requests are **emailed and posted to your secure message center** in your online account and mobile app:
 1. Initial notice – Sent approximately **5 days** following transaction
 2. Reminder notice – Reminder is sent **30 days** after the initial notice, and advises card may be deactivated
 3. Final notice – Final notice is sent **30 days** after the reminder notice, and advised the card is temporarily deactivated
- **If documentation not provided, IRS requires the card be temporarily deactivated** (*manual reimbursement claims may still be processed*)
- To remedy, simply provide documentation and card will be activated
- If documentation lost, you can pay the plan back or submit a substitute claim
- **TIP:** Be certain to update your email through Workterra so that ASIFlex has the correct email.

FSA: Sample account statement

Plan Year: Jan 1, 2020 thru Dec 31, 2020 ▼

Account Detail: HCFS A ▼

Last day to file claims was 4/30/2021

Log Out

Coverage period is 1/1/2020 to 12/31/2020

Return to Main Menu

[Print this page](#)

Available Funds: \$900.00

Annual Amount: \$2,600.00

Process Date	Description	Contributions	Approved Claims and Card Substantiation	Payments from FSA	Payments from Other	Total Direct Payment	Outstanding Amount	Earliest Date of Service	Latest Date of Service	Transaction Date	Provider Name	Follow-Up Documentation Required?
4/11/2022	Unused rollin/rollout available	(\$147.84)										
3/24/2020	Card transaction			\$275.00			\$275.00			3/23/2020	DOC IN A BOX	
3/4/2020	Card transaction			\$75.00						1/2/2020	Sam Elliott DDS	YES
9/11/2020	To/From other Plan Years	\$147.84										
2/3/2020	Direct deposit / email sent			\$300.00								
6/6/2020	Check sent			\$1,050.00								

TIP: The right hand column will highlight the debit card transactions that require documentation.

FSA: FSA Store cardless pay

- Payment to FSA Store can be made directly from your health care FSA!
- Sign into your ASIFlex account at asiflex.com or via mobile app
- Click on the FSA Store link to shop
- Select your products and proceed to checkout
- Choose the ASIFlex payment option – no credit or debit card needed
- ASIFlex will pay FSA Store from your account and your products will be shipped to you.
- TIP: All products on FSA Store are guaranteed eligible and supporting documentation is not required!

SHOPPING



Go to FSA Store

Dependent Care Spending Accounts (DCSA)

- DCSAs are similar to FSAs, but they're for dependent care expenses instead
- Put aside money on a **pre-tax** basis to spend on eligible dependent care expenses
- Administered by ASIFlex
- How they work:
 - Submit an election for an annual contribution amount during open enrollment
 - Annual contribution amount divided by pay periods in the year and an equal amount is deducted from pay each payday
 - Deductions lower taxable wages, which results in more take home pay than paying for same expenses with post-tax dollars



DCSA: Rules

- **Dependent eligibility:**

- Generally, your children under age 13
- An older dependent who lives with you at least 8 hours per day and requires someone to come into the house to assist with day-to-day living

- **Qualified expenses:**

- Generally, day care, regular babysitting, general purpose day camps, before and after school care, nursery or preschool, and pre-kindergarten expenses
- Ineligible expenses include overnight camps, care provided by a dependent, your spouse or your child under the age of 19 & care provided while you are not at work



DCSA: 2023 contribution limits

- 2023 contribution limit:
 - \$5,000 (individuals / married couples filing jointly)
 - \$2,500 (married couples filing separately)

Spend as you go plan – unlike health FSAs, you can only get DCSA reimbursements up to the amount you have contributed.

Use it or lose it plan – unlike health FSAs, no carryover is allowed for leftover DCSA funds.

DCSA: Recurring direct pay

- Free service with a one-time set up between you, your provider and ASIFlex
- ASIFlex will pay your provider directly from your DCSA on the schedule you and your provider choose
- No need to file claims after initial setup
- Notification is sent to both you and your provider when payment is made
- You can stop or change your payment schedule at any time

DCSA: Recurring direct pay set up

- Login to the employee portal at asiflex.com
- Under Participant Services click on *Schedule a Recurring Payment*
- Select your plan year
- Select *Dependent Care* as your provider type
- Select your participating provider that you wish to authorize for direct payment from your DCSA*
- If you selected your provider, schedule your recurring direct payment and *Submit*
- ASIFlex will reach out to the provider for approval of the schedule you selected

* If your provider is not listed, click the *Recruit Provider* button and supply your provider's contact information. You should then notify your provider of this new program and let them know that ASIFlex will contact them to complete the set-up process.

FSA & DCSA: Action items

- Update email through Workterra
- Register account online at asiflex.com and opt into text message alerts
- Sign up for direct deposit reimbursements
- View debit card transactions that may require documentation and submit
- Download ASIFlex mobile app
- DCSA participants – utilize “Recurring Direct Pay” to automatically pay your day care providers
- **Questions? Please be sure to contact ASIFlex directly**

FSA & DCSA: ASIFlex customer service

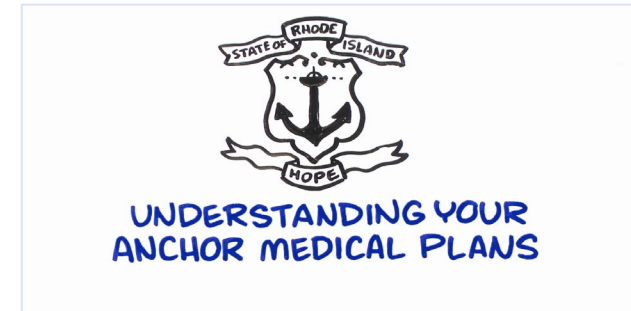
- Online: www.asiflex.com
- Email: asi@asiflex.com
- Phone: 800.659.3035
- TTY Users: Dial 711
- Live chat: Sign into your online account
- Address: PO Box 6044, Columbia, MO 65203
- Hours: 8 a.m. to 8 p.m. Monday through Friday
10 a.m. to 2 p.m. on Saturday

NEED MORE INFO?

Visit the virtual benefits fair website

www.exploreemployeebenefits.ri.gov

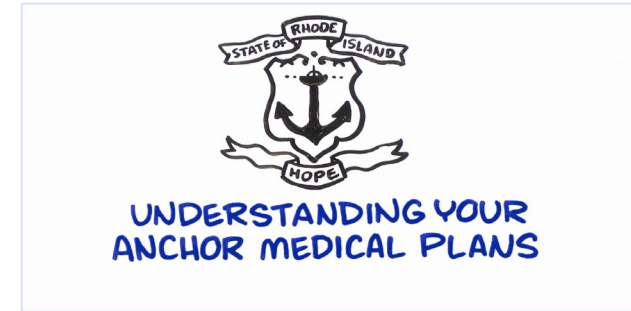
- High-level information on your State benefits
- Frequently asked questions
- Vendor presentation videos
- Detailed beneficiary guidance
- Resources such as benefit videos and ALEX®



Visit the OEB website

www.employeebenefits.ri.gov

- Comprehensive information on your State benefits
- Resources such as benefit videos and ALEX®
- Contacts for OEB and benefits vendors
- Online inquiry submission



THANK YOU!

Questions?