

OPEN ENROLLMENT 2024

OPEN UNTIL
NOVEMBER 30, 2023

100% Digital Open Enrollment Available on CityLF.org
Need help? Come see us!

IT'S TIME TO:

- Review benefit/Make changes
- Enroll online for Medical Flex or Dependent Care Flex
- Verify \$\$ in Flex
- Add or Drop dependents
- Meet with MissionSquare or AFLAC
- Verify/Update Emergency Contacts

IMPORTANT!

Medical and Dependent Care Flex accounts require **annual enrollment**.

If you utilize the FSA debit card, you need to enroll online yearly.



Use the QR code at the bottom of each section to access all Digital Open Enrollment information!

TUES, NOV 14		
CROYA	7-10:30am	7-9: Parks, Cem, Water Plant, Library 9-10:30: Rec, CROYA, Seniors, OCM, Library
WED, NOV 15		
PSB Classroom	7-9am	Police & Fire
PSB Conf. Room	9:30am-12:30pm	1-on-1s w/ MissionSquare
MS Prairie	1:30-4pm	1-on-1s w/ MissionSquare
THURS, NOV 16		
MS Lunchroom	7-11:30am	7-9: Forestry, Bldg. Maint, Streets, Sanitation 9-11:30: Eng, ComDev, IT, Finance, Admin
PSB Classroom	2-4pm	Police & Fire
MON, NOV 20		
PSB Classroom	2-4pm	Police & Fire

MEDICAL & DENTAL

PREMIUMS - EFFECTIVE JAN 1, 2024

Choice Plan	2023 Per Pay Period	2024 Per Pay Period	Increase
Single	\$7.67	\$8.36	\$0.69
Single +1	\$88.85	\$94.18	\$5.33
Single +2	\$112.98	\$119.76	\$6.78
Single +3	\$121.28	\$128.56	\$7.28
Single +4	\$128.24	\$135.94	\$7.69

Dental Plan	2023 Per Pay Period	2024 Per Pay Period	Increase
Single	\$0.00	\$0.00	\$0.00
Single +1	\$53.13	\$54.73	\$1.60
Single +2	\$58.04	\$59.78	\$1.74
Single +3	\$62.82	\$64.71	\$1.89
Single +4	\$67.72	\$69.75	\$2.03

Basic Plan	2023 Per Pay Period	2024 Per Pay Period
Single	\$186.01	\$162.51
Family	\$758.85	\$731.97



NOW IS THE TIME TO

- Enroll/drop medical and/or dental plans
- Add or drop **dependent** coverage
- Compare plan options

NEED TO MAKE CHANGES?

- [PBA Digital Change Form](#)
- [PBA portal](#)
- See HR for a paper form

NO CHANGES?

- As long as you **aren't** adding money to Flex Spending Account (FSA), you're all set!

EXPANDED IMMUNIZATION

The expanded immunization program includes the following vaccines at network retail pharmacy:

- Chicken Pox
- Meningitis
- Haemophilus Influenza Type B
- Polio
- HPV-Related Cancers
- Measles, Mump, Rubella
- Tetanus, Diphtheria

NOTICES

- [Employee Choice Plan](#)
- [Basic Plan](#)
- [Uniform Glossary of Terms](#)
- [Notice of Privacy Practices](#)
- [Women's Health & Cancer Rights](#)

FLEXIBLE SPENDING

2023 EXPENSES & CARRYOVER

Dec 31, 2023	'23 expenses must be incurred by the end of the plan year
Mar 31, 2024	Deadline to Submit '23 claims using '23 funds
Apr 2024	Unused '23 funds carryover to be used for '24 claims*

***2023 to 2024 CARRYOVER LIMIT:
\$50-610**

Most commonly asked open enrollment flex spending question:

Q: Why can't I use carryover funds starting Jan 1, 2024?

A: It gives you time to submit claims near the end of the year. Billing takes time and you might not get a December bill until January or February.



**DON'T
FORGET**

Both Medical and Dependent Care Flex accounts require **enrolling every year if adding funds**

Enroll online to add funds for 2024

2023 FLEX IMPORTANT DATES

Nov 30, 2023	Deadline to enroll in Flex and choose '24 amounts
Jan 1, 2024	Submit to use '23 funds available for '23 claims

2024 FLEX CONTRIBUTIONS CAPS

Medical Flex	\$3,200
Dependent Care (dependent child under age 13)	\$5,000

To max out your contributions:

- Subtract your Think Healthy dollars from your total amount
- **Example: \$3,200 - \$150 = \$3,050**
- PBA will add Think Healthy dollars

WHAT CAN I SPEND MY FLEX ON?

Check the list of FSA eligible & ineligible expenses [here](#).

[FSA Store](#), a program that gives access to exclusive discounts that bring value to your FSA.

NEED TO UPDATE YOUR HOME ADDRESS FOR FSA?

Email FSA directly: fsa@pbaclaims.com





Don't know how to spend your FSA money?

Did you know you could use your FSA to save money on everyday health essentials like baby health items, health trackers, pain relief products and more?

Use your FSA funds or risk forfeiting your money.



NO
RECEIPTS
NEEDED*



2,500+ FSA
ELIGIBLE
PRODUCTS



100%
ELIGIBILITY
GUARANTEED

*Skip the claims process when you use your FSA card so you can shop worry-free.

\$**5** OFF

One use per customer
Exp. 3/31/24

Enjoy extra savings to boost your health.

Visit FSAsStore.com

and use code TAKE5D at checkout.

FLEXIBLE SPENDING

2024 FLEX ENROLLMENT GET STARTED

Login at pbaclaims.com

Forgot your login?

- Select "secure login" for "employee"
- Choose "forget username or password". You will receive an email to reset your password.

1 CLICK "VIEW FSA" THEN "ENROLL NOW"

Professional Benefit Administrators

Home My Benefits My FSA / HRA / HSA ID Card Make a Request Benefit Resources Telemedicine

Home • Home

What Would you Like to Do?

- View Claims
- View Eligibility
- View FSA / HRA / HSA**
- View Messages

I Want To:

Enroll Now File A Claim Track Expenses Here

2 READ DISCLAIMERS

Enrollment

Are you ready to enroll? **Begin Your Enrollment Now**

Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and Medicare taxes on dollars you put into the plan. You could save approximately 30% on every plan dollar you spend, depending on your tax bracket.

Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

2020 Med Flex Acct [Plan Description](#)

Your employer will establish a Medical Flexible Spending Account on your behalf. The amount that you elect to contribute for the plan year will be available immediately in your account, but your election will be divided out and deducted, pre-tax, from each paycheck throughout the entire plan year. As you incur eligible expenses you will submit a claim to draw funds from your account. Paying for benefits on a pre-tax basis means your taxable income is lower and, consequently, your taxes are lower.

3 VERIFY/UPDATE INFO

Profile

steps: 1 2 3 4 5 6

First Name: * required field
Middle Initial:
Last Name:
Social Security Number:
Consumer Communication ID:
Address:
Country:

Verify & update your profile

4 CHECK OFF YOU READ RULES

I have read and understand the [2019 Med Flex Acct rules](#)

2019 Dep Care Flex Acct
Eligible expenses must qualify as a Dependent Care deduction under Internal Revenue Service rules.

Ensure your expenses are for a qualified dependent (child under 13, spouse or adult dependent unable to care for self), for care by a qualified dependent care provider, such as a day care center or individual, including non-dependent family member over 19, caring for your dependent(s) inside or outside the home. Additional rules may be found in your Summary Plan Description or on the Plan Details page.

Your expenses must be incurred (service must be provided/purchase must be made) within the dates of the Plan Year and, if applicable, any Plan Year extension period, to be qualified for reimbursement from your Dependent Care Flex Account unless there is a special extension period (see your Summary Plan Description for details.)

I have read and understand the [2019 Dep Care Flex Acct rules](#)

5 CHOOSE ELECTION AMOUNTS

steps: 1 2 3 4 5 6

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

	Your Election	Max Employee Election
2020 Med Flex Acct	2500	\$2,700.00
** 2020 Dep Care Flex Acct	0	\$5,000.00
Total election for the year:	\$2,500.00	
Total tax savings for the year *	\$750.00	
Estimated per pay period deduction:	\$96.15	

Calculate

- Enter your elections. **Do not include Think Healthy dollars.** PBA adds dollars after open enrollment.
- Click calculate for per-pay-period deduction.
- If your spouse has a flex account, both can defer up to the maximum for Medical Only
- **To max out your contributions:**
 - Subtract the Think Healthy flex amount from your total amount
 - Example: \$3,200 - \$150 = \$3,050

FLEXIBLE SPENDING

6 CHOOSE SECONDARY REIMBURSEMENT METHOD

steps: 1 2 3 4 5 6

Select the method in which you would like to be reimbursed.

Debit Card

Debit Card

If you choose to be reimbursed using the Debit Card, please answer the questions below.

1) If your reimbursement method would you like to use for the reimbursement of claims that are filed online?

Check

Direct Deposit

- Primary reimbursement - Debit Card
- Secondary reimbursement - Select Check or Direct Deposit
 - Used for all dependent care reimbursements
 - Medical reimbursements submitted manually

7 DIRECT DEPOSIT (OPTIONAL)

steps: 1 2 3 4 5 6

* = required

Routing Number:* 071000013

Account Number:*

Confirm Account Number:*

Account Type:*

Account Nickname:*

Bank Name:* JPMORGAN CHASE BANK, NA

Street Address:* 9000 HAGGERTY- MI 1-8205

City:* BELLEVILLE

Joan E. Hancock
75012 Colson Avenue
Louisville, Kentucky 40225

- Required only if you selected Direct Deposit in step 6
- If direct deposit was used previously, your information will be here for you to verify/update

8 ENROLLMENT CONFIRMATION

Enrollment Confirmation

You have been successfully enrolled for the upcoming Plan Year. To view your new election information, or any existing account balance, please visit www.pbaclaims.com.

Plan	Company Contribution	Employee Contribution	Estimated Per Paycheck Reduction
2019 Med Flex Acct		\$0.00	\$0.00
2019 Dep Care Flex Acct		Not Eligible	\$0.00
Total Estimated Reductions Per Paycheck: →			\$0.00

* Pay check reductions are based on your election and the number of scheduled pay periods within the plan year. True reductions will be determined by your employer.

You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Direct Deposit.

CONFIRMATION EMAIL - YOU'RE DONE!

FSA Enrollment Confirmation Yahoo/Inbox

customerservice@pbaclaims.LH10D.com Nov 8 at 5:01 AM

To: @YAHOO.COM

You have been successfully enrolled for the upcoming Plan Year. To view your new election information, or any existing account balances, please visit www.pbaclaims.com.

To access your account:

1. Go to www.pbaclaims.com and click the Employees tab located on the Secure Login link.
2. Enter your Username and Password.
3. Click on the View FSA/ HRA /HSA button.
4. For additional information, please click on the Tools and Support tab on the menu bar. Choose the Next Steps Form.



BENEFIT PROVIDERS

MISSION SQUARE

Mission Square will be available onsite to:

- check investments
- update contributions
- answer quick questions

Schedule individual appointments [HERE](#):

- Focused/private 30-minute discussions
- check investments & update contributions

Plan	Maximum
457	\$23,000 (\$30,500 age 50+ catch-up)
Roth IRA	\$7,000 and (\$8,000 age 50+ catch-up)

NEW: Mission Square Participant Website has been updated. Participants are required to set up their new login [here](#).



AFLAC

AFLAC will be available onsite to:

- Enrolling/Changing Coverage
- answer policy questions
- help with Aflac wellness benefits
- Learn about [Aflac](#) offerings & online claims process



2 IDENTITY PROTECTION OPTIONS

Getting your identity stolen can be extremely stressful. Thieves open credit cards, apply for mortgages, and even apply for unemployment using stolen information. Early detection can help before damage is done.

- 24/7 monitoring of social security numbers, credit cards, bank accounts, & more
- Specialists help restore identity
- Group discounts via payroll deduction

ID SHIELD/LEGAL SHIELD

Click [HERE](#) for coverage, pricing, & enrollment information



LIFELOCK

Click [HERE](#) for coverage, pricing, & enrollment information

