

2022 Flexible Spending Accounts and Commuter Benefits Plan Guide

Your guide to savings

Health care, limited purpose and dependent care flexible spending accounts,
and parking and transit commuter benefits



Find everything you need online at: connectyourcare.com/stateofohio

Table of contents

Introduction to Optum Financial	1
How to enroll	2
Flexible spending accounts.....	4
How to use your account.....	12
Your payment card	13
Enrollment changes	14
Online and mobile access	19
Commuter benefits.....	20



Simple to save



Easy to use



Thousands of
eligible expenses

Introductions to Optum Financial

Your guide to savings: 2022 benefits accounts

Welcome. Optum Financial is one of the nation's largest benefit savings providers, bringing millions of Americans easy-to-use solutions that help them save on health care, limited purpose, dependent care, and commuter benefits.

We're pleased that the State of Ohio selected Optum Financial as the administrator of your flexible spending and commuter benefits, bringing you increased convenience and smart technology to help you make the most of these benefits:

- Health care spending account (HCSA)
- Limited purpose spending account (LPSA)
- Dependent care spending account (DCSA)
- Commuter benefits

These benefits let you pay for eligible health care, dependent care, and commuting expenses with money deducted from your paycheck before you pay taxes. With the transition to Optum Financial, you'll enjoy added conveniences like fast payments, mobile app access, and expert customer service.

Use this guide to learn how these benefits save money for you and your family.

Enrollment and Transition Dates

• **October 18–29, 2021 — Open enrollment for flexible spending accounts**

Don't miss out. HCSA enrollment is not automatic. You must enroll to enjoy health, limited purpose and dependent care spending account benefits. Enrollment elections must be completed by October 29, 2021.

• **November 6–December 5, 2021 — Commuter deadline**

Order your commuter passes by December 5 for January 2022. You can enroll in commuter benefits at any time. Future passes must be ordered by the fifth of the month for the following month.

• **Mid-December 2021 — Payment card**

Keep your eye on your mailbox for your new Optum Financial payment card. All account funds are on the same card for convenience. Your card must be activated prior to its first use. New payment cards will only be sent to new enrollees. Existing card holders will not receive new cards until their current cards expire. If you are currently enrolled in HCSA, LPSA, transit or parking and you enroll again for 2022, your enrollment will be added to your existing payment card.

• **December 31, 2021 — Claim deadline**

Last day to incur 2021 plan year claims for HCSA, LPSA and DCSA.

• **January 1, 2022 — Beginning of the new plan year**

New enrollees enjoy your new accounts. Prior enrollees your 2022 enrollment will be added to your existing payment card.

• **March 31, 2022 — CYC/Optum claims deadline**

Last day to submit any calendar year 2021 incurred HCSA, LPSA and DCSA claims.

• **Mid–Late April 2022 — Funds roll over**

Unused HCSA, LPSA and DCSA funds will rollover automatically in full from the 2021 plan year into the 2022 plan year*.

*Due to the CARES Act, the IRS is allowing full rollover of funds for both HCSA and DCSA for 2021 into 2022. For the 2022 plan year and going forward, rollover will go back to normal with a \$50 minimum and a \$500 maximum.

How to enroll

Don't miss your chance to enroll



October 18–29, 2021

Now, it's time for you to take advantage of all your tax savings.

You only have the chance to enroll once a year, unless your circumstances are changed by a qualifying life event, so make it a priority. Please note the enrollment dates so you can get all the benefits from your health, limited purpose and dependent care spending accounts.



Online enrollment
connectyourcare.com/stateofohio

Enrolling online is the easiest and fastest way to make sure you're signed up for benefits that will help you save.

Visit connectyourcare.com/stateofohio any time between October 18–29, 2021. Enrollment elections must be completed by October 29, 2021.

The online enrollment process consists of just a few easy steps to verify your information and elect your spending account amount.

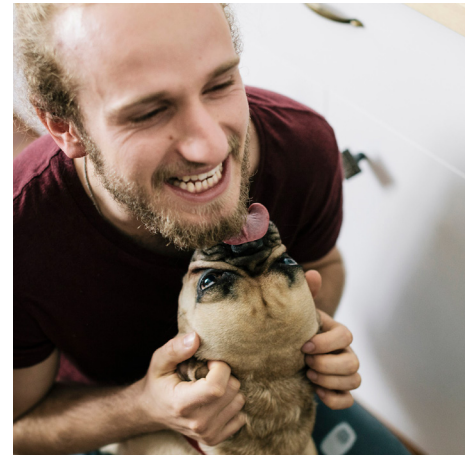
Before enrolling, please check if you're already enrolled in or are planning to enroll in the high deductible health plan (HDHP) with a health savings account (HSA). IRS regulations limit how health care accounts can be paired. If you have an HSA, you cannot also have an HCSA that covers medical expenses. However, you may have a limited purpose spending account (LPSA) that only covers dental and vision expenses.

The first time you access the website, you will establish a user ID and password.

You can change elections at any time by revisiting the website during the open enrollment period.

Alternatively, you may download an enrollment pdf form online at connectyourcare.com/assets/Ohio_Change-of-Election-Form_2021PY.pdf. Follow the instructions to complete the form and submit by October 29, 2021.

Call the Optum Financial customer care center at **1-844-881-7147** for enrollment support, 24/7.



Health Care Spending Account vs. Ohio Med HDHP Enrollment

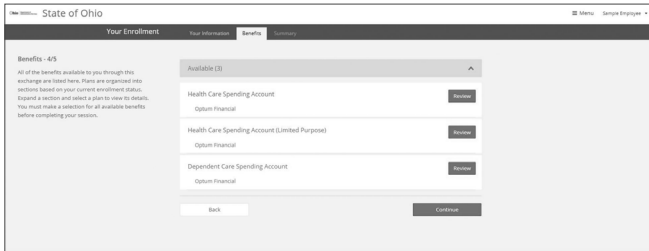
Employees and/or spouses enrolled in the Ohio Med high deductible health plan (HDHP) with the health savings account (HSA) are not eligible to enroll in a traditional health care spending account. Instead, you can supplement your HSA with a limited purpose spending account, which covers only dental and vision expenses. Limits apply and rollovers are the same as the HCSA amounts.

Conversely, if you or your spouse enroll in a health care spending account, neither you nor your spouse is eligible to enroll in the Ohio Med HDHP with an HSA. This also applies if you will have a rollover balance in your health care spending account as of December 31.

Be sure to review your plan materials and enroll in the plans that are right for you.

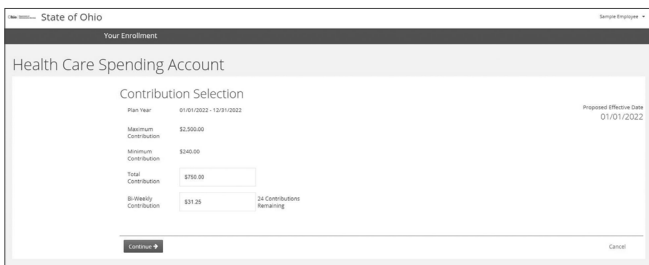
Online enrollment system

Follow the online enrollment steps to quickly and easily submit your enrollment preferences.



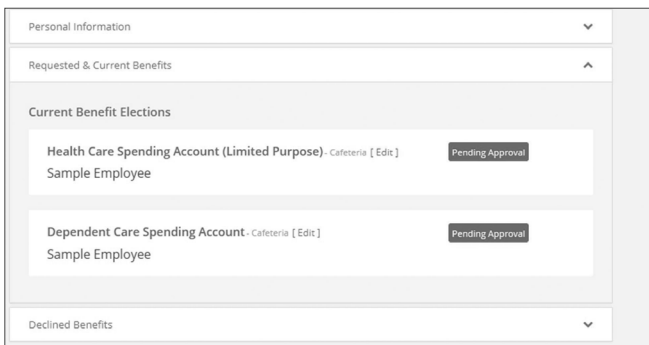
The screenshot shows the 'Your Enrollment' page for the State of Ohio. It features a 'Benefits' section with a list of available options under the heading 'Available (3)'. The options are: 'Health Care Spending Account' (Optum Financial), 'Health Care Spending Account (Limited Purpose)' (Optum Financial), and 'Dependent Care Spending Account' (Optum Financial). Each option has a 'Select' button. There are also 'Back' and 'Continue' buttons at the bottom.

Review your account options.



The screenshot shows the 'Health Care Spending Account' contribution selection screen. It displays the 'Plan Year' as 01/01/2022 - 12/31/2022 and the 'Proposed Effective Date' as 01/01/2022. The 'Maximum Contribution' is \$2,500.00 and the 'Minimum Contribution' is \$240.00. The 'Total Contribution' is \$750.00. The 'Bi-Weekly Contribution' is \$13.25, with a note that 24 contributions remaining. There are 'Continue' and 'Cancel' buttons at the bottom.

Select your benefits and contribution amounts.



The screenshot shows the 'Current Benefit Elections' section of the enrollment system. It lists two elected benefits: 'Health Care Spending Account (Limited Purpose) - Cafeteria [Edit]' and 'Dependent Care Spending Account - Cafeteria [Edit]'. Both are marked as 'Pending Approval'. There are also 'Sample Employee' links for each. The 'Declined Benefits' section is visible at the bottom.

Verify your selections and follow the screen prompts to submit.

Calculate your contributions... and your savings.

Check how much you can save on eligible expenses at connectyourcare.com/stateofohio

Step One: Input spending on eligible expenses

Enter your contribution amounts to cover the medical, dental, vision and dependent care expenses you would otherwise pay out of pocket.

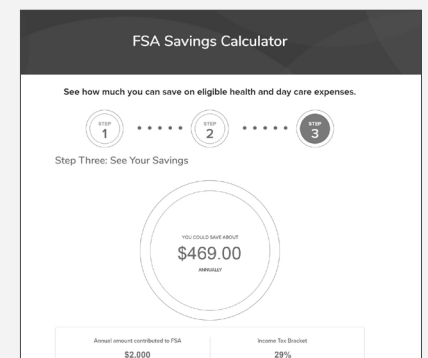
Wondering how much you should contribute? Click the **Not sure? Estimate your annual expenses link.**

Step Two: Enter your tax rate

Enter your combined Federal, state and medical tax rate.

Step Three: See your savings

See how much you can save.



Flexible spending account

Paying for health care is now easier and less expensive with a flexible spending account (FSA) from Optum Financial.

A flexible spending account is a tax-advantaged account that allows you to use pre-tax dollars to pay for qualified medical or dependent care expenses. You choose how much money you want to contribute to an FSA at the beginning of each plan year, up to the plan limits, and you can access these funds throughout the year. There are three types of flexible spending accounts:

- Health care spending account (HCSA)
- Limited purpose spending account (LPSA)
- Dependent care spending account (DCSA)

Federal regulations require that any unspent balance at the end of the calendar year will be forfeited, except for eligible rollovers*. To avoid possible forfeiture at the end of the year, pay attention to the dates to the right and use the FSA Calculator on the website to calculate the appropriate amount. Refer to the instructions on the prior page.

Health care spending account (HCSA)

What is an HCSA?

An HCSA can save you money by allowing you to use pre-tax funds to pay for health care expenses that would otherwise come from your personal funds.

Who is eligible?

Following the probationary period, coverage will begin the first of the following month. Permanent full-time and permanent part-time employees who have successfully completed their initial probationary period (if applicable) and have sufficient pay to cover the election amount may enroll in an HCSA. Enrollment must occur within 31 days of eligibility or during the open enrollment period. If you complete your initial probationary period between October 1–December 31, you are eligible to enroll during Open Enrollment for the next plan year.

*Due to the CARES Act, the IRS is allowing full rollover of funds for both HCSA and DCSA for 2021 into 2022. For the 2022 plan year and going forward, rollover will go back to normal with a \$50 minimum and a \$500 maximum.



HCSA details

Annual contribution limits:

Minimum \$240; Maximum \$2,500

Remember that the limit is per employee, so if you have a spouse with an HCSA, they can contribute up to \$2,500 in their account as well, even if you both work for the State of Ohio.

Rollover amount: Minimum of

\$50 and a maximum of \$500; funds below \$50 or in excess of \$500 are forfeited*.

You may roll over a minimum of \$50 and a maximum of \$500 from one plan year to the next. This means if you have between \$50 and \$500 remaining in your HCSA on December 31, 2022, that amount will automatically rollover to the 2023 plan year. Keep in mind you must use your current year funds before using rollover funds. Rollover funds will show in your account by Mid-Late April each year.

Last day to incur new expenses: December 31, 2022

Deadline to file claims: March 31, 2023

HCSA benefits

- **Multiple uses.** There are hundreds of eligible expenses for your HCSA funds, including prescriptions, some over-the-counter items, doctor office copays, health insurance deductibles, and coinsurance. HCSA funds may even be used for eligible expenses for your spouse, federal tax dependents or qualifying children under the age of 27.
- **Easy to access.** Funds in the account are easily accessed with the payment card. Your account balance is available at any time online, through the mobile app, or over the phone.
- **Tax advantages.** Since HCSA contributions are not taxed, you can reduce your taxable income by the amount you contribute to your HCSA. You can then use those pre-tax dollars to pay for eligible health care expenses that would have otherwise been paid with post-tax dollars.
- **Rapid reimbursements.** Paying for health care expenses is easy when you use your payment card. If you do not use your card, you can quickly and easily create your claim online or using the mobile app. Once you submit your receipts, we will reimburse you via check or direct deposit.

HCSA rules and regulations

- IRS regulations limit how health care accounts can be paired. If you enroll in the high deductible health plan (HDHP) and have a health savings account (HSA), you cannot also have an HCSA that covers medical expenses. However, you may have a limited purpose spending account that only covers dental and vision expenses.
- The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, we will request itemized receipts. Always save your itemized receipts.
- Your full annual contribution amount is available at the beginning of the plan year, so you don't have to wait for the money to accumulate.
- Your HCSA may be used to reimburse eligible expenses incurred by you, your spouse, your qualifying child or a qualifying relative.

Note: There is no age requirement for a qualifying child if they are physically and/or mentally incapable of self-care. An eligible child of divorced parents is treated as a dependent of both, so either or both parents can establish an HCSA. However, only the custodial parent of divorced or legally-separated parents can be reimbursed using the DCSA.

HCSA eligible expense examples

There are hundreds of eligible expenses for tax-free purchase with your account funds, including prescriptions, doctor's office copays, health insurance deductibles, and coinsurance. Funds may even be used for eligible expenses for your spouse or eligible dependents.

Eligible expenses are defined by the IRS. Examples include:

- Acupuncture
- Ambulance services
- Behavioral health care
- Birth control
- Breast pumps
- Childbirth classes
- Chiropractic visits
- Dental care
- Diabetic supplies
- Diagnostic tests/ screening
- Eye exams, glasses and contacts
- Feminine care products
- Fertility treatment
- Hearing aids
- Injections and vaccinations
- Laser eye surgery
- Nursing services
- Orthodontia
- Over-the-counter medications and treatments
- Physical therapy
- Prescription medicine
- Psychotherapy
- Smoking cessation programs
- Speech therapy
- Sunscreen and sunblock
- Surgery
- Transportation for medical care
- Weight-loss programs
- Wheelchairs
- Well-baby and well-child care
- X-rays

How much can you save with an HCSA?

Members can save \$469 or more each year.*
Sample tax savings; actual savings will vary based on your individual tax situation.

Check it out:	With HCSA	No HCSA
Annual pay	\$45,000	\$45,000
Pre-tax FSA contribution	-\$2,000	-\$0
Taxable income	\$43,000	\$45,000
Federal income and Medicare taxes	-\$10,084	-\$10,553
After-tax dollars spent on eligible expenses	-\$0	-\$2,000
Spendable income	\$32,917	\$32,448
Tax Savings	\$469*	\$0

*Estimated tax savings for illustrative purposes only. Individual circumstances may vary. Please speak with your tax advisor about your particular tax situation.



Go to connectyourcare.com/tools/eligible-expenses to view the full Expense Guide.

Limited purpose spending account (LPSA)

What is an LPSA?

If you enroll in the high deductible health plan (HDHP) with a health savings account (HSA) or plan on enrolling in the HDHP with HSA during the plan year, you can pair it with an LPSA that covers only dental and vision expenses.

Who is eligible?

Following the probationary period, coverage will begin the first of the following month. Permanent full-time and permanent part-time employees who have successfully completed their initial probationary period (if applicable) and have sufficient pay to cover the election amount may enroll in an LPSA. Enrollment must occur within 31 days of eligibility or during the open enrollment period. If you complete your initial probationary period between October 1 and December 31, you are eligible to enroll during Open Enrollment for the next plan year.

LPSA benefits

- **Multiple uses.** There are many eligible dental and vision expenses for your LPSA funds. LPSA funds may even be used for eligible expenses for your spouse or federal tax dependents.
- **Easy to access.** Funds in the account are easily accessed with the payment card. Your account balance is available at any time online, through the mobile app, or over the phone.
- **Tax advantages.** Since LPSA contributions are not taxed, you can reduce your taxable income by the amount you contribute to your LPSA. You can then use those pre-tax dollars to pay for eligible dental and vision care expenses that would have otherwise been paid with post-tax dollars. Use your pre-tax dollars to pay for your family's beautiful smiles and eyes.
- **Rapid reimbursements.** Paying for dental and vision care expenses are easy when you use your payment card. If you do not use your card, you can quickly and easily create your claim online or using the mobile app. Once you submit your receipts, we will reimburse you via check or direct deposit.



LPSA Details

Annual contribution limits:

Minimum \$240; Maximum \$2,500

Remember that the limit is per employee, so if you have a spouse with a LPSA, they can contribute up to \$2,500 in their account as well, even if you both work for the State of Ohio.

Rollover amount: Minimum of \$50 and a maximum of \$500; funds below \$50 or in excess of \$500 are forfeited*.

You may rollover a minimum of \$50 and a maximum of \$500 from one plan year to the next. This means that if you have between \$50 and \$500 remaining in your HCSA on December 31, 2022, that amount will automatically rollover to the 2023 plan year. Keep in mind you must use your current year funds before using rollover funds. Rollover funds will show in your account by Mid-Late April each year.

Last day to incur new expenses: December 31, 2022

Deadline to file claims: March 31, 2023

*Due to the CARES Act, the IRS is allowing full rollover of funds for both HCSA and DCSA for 2021 into 2022. For the 2022 plan year and going forward, rollover will go back to normal with a \$50 minimum and a \$500 maximum.

Since HSAs also cover dental and vision, why have both accounts?

Answer – to save and invest.

- **Additional tax savings** — Having two accounts allows you to maximize your tax savings by contributing up to the maximum limits — using pre-tax funds — to both accounts.
- **Preserve your HSA** — By using your LPSA for dental and vision, you're able to save your HSA balance. Since you may be able to invest portions of your HSA balance and your HSA may earn interest, you may save and potentially grow your money for the future.

LPSA rules and regulations

- IRS regulations limit how health care accounts can be paired. If you enroll in the high deductible health plan (HDHP) and have a health savings account (HSA) or plan on enrolling in the HDHP and HSA during the plan year, you can pair it with a LPSA that covers only dental and vision expenses.
- The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, we will request itemized receipts. Always save your itemized receipts.
- Your full annual contribution amount is available at the beginning of the plan year, so you don't have to wait for the money to accumulate.
- Your LPSA may be used to reimburse eligible expenses incurred by you, your spouse, your qualifying child or a qualifying relative.

LPSA eligible expense examples

There are many eligible expenses for your LPSA dental and vision account funds. Funds may even be used for eligible expenses for your spouse or eligible dependents.

Eligible expenses are defined by the IRS. Examples include:

- Artificial teeth
- Contact lenses and related materials
- Dental examination
- Dental and vision coinsurance, copayments, and deductibles
- Dental and vision screening tests
- Dental crowns (metal / porcelain)
- Dental x-rays
- Dentures
- Eye examination
- Eyeglasses and related materials
- Laser eye surgery
- Occlusal guards
- Optometrist
- Orthodontia (not for cosmetic reasons)
- Radial keratotomy
- Shipping and handling fees on eligible expenses
- Sunglasses (prescription)

Dependent care spending account (DCSA)

What is a DCSA?

The cost of day care, nursery school, or supervision for an aging parent is a significant monthly expense for many families. A dependent care spending account (DCSA) allows you to pay for these expenses and get a tax break at the same time, because contributions are deducted from your paycheck before they are taxed.

Typical expenses under this account include charges for day care, nursery school, and certain elder care (unless it is for medical care) for your legal dependents while you work.

Who is eligible?

Coverage would be effective on the first of the month following the receipt of application. Permanent full-time and permanent part-time employees who have a qualifying dependent(s). Enrollment must occur within 31 days of eligibility or during the open enrollment period.

DCSA benefits

- **Multiple uses.** From day care to summer day camps, you have many types of child and adult care expenses eligible for you to use while you work.
- **Easy to access.** Funds in the account are easily accessed online or through the mobile app. Your account balance is available at any time online, through the mobile app, or over the phone.
- **Tax advantages.** Since DCSA contributions are not taxed, you can reduce your taxable income by the amount you contribute to your DCSA.
- **Rapid reimbursements.** You can quickly and easily create your claim online or using the mobile app. Once you submit your receipts, we will reimburse you via check or direct deposit.

DCSA rules and regulations

To be reimbursed through your dependent care spending account for child (under age 13) and dependent care expenses, you must meet the following conditions:

- Care must be provided in order for you to work.
- You cannot have made the care payments to someone you can claim as your dependent on your federal tax return or to your child who is under age 19.
- Your filing status must be single, qualifying widow(er) with a dependent child, married filing jointly, or married filing separately.
- You and your spouse must maintain a home that you live in for more than half the year with the qualifying child or dependent.
- While an eligible child of divorced parents is treated as a dependent of both parents for an HCSA, only the custodial parent of divorced or legally separated parents can be reimbursed using the DCSA.
- Once you sign up for a DCSA and decide how much to contribute, the funds available to you depend on the actual funds in your account. Unlike an HCSA, the entire maximum annual amount is not available at the start of the plan year, but rather after your payroll deductions are received.
- DCSA may only be used for expenses once they are incurred. DCSA may not be used to pay for prepaid expenses.

DCSA details

Contribution limits: \$5,000 per year if you are married and filing a joint return, or if you are a single parent. If you are married and filing separately, you may contribute up to \$2,500 per year per parent.

Rollover:

No rollover for the DCSA

Last day to incur new

expenses: December 31, 2022

Deadline to file claims:

March 31, 2023

DCSA eligible expense examples

Dependent care spending account funds cover care costs for your eligible dependents while you work. Eligible expenses are defined by the IRS. Examples include:

- Before- and after-school care
- Day care and preschool
- Summer and holiday day camp
- Babysitter, nanny, or au pair
- Care of an incapacitated adult who lives with you

How to use your account

Health care spending account (HCSA) and limited purpose spending account (LPSA)

How to pay at your provider

Step 1: Go to the doctor, dentist, eye doctor, pharmacist, or other health care provider.

Show your insurance ID card, if applicable. Remember, if you have a LPSA, you can only use it for dental and vision.

Pay copays and other charges with your payment card or with personal funds. Your choice of payment impacts Step 3, so keep reading.

Ask your provider for an itemized receipt as documentation — be sure it contains these five pieces of information:

1. Patient name
2. Date of service
3. Doctor's name
4. Description of service
5. Amount charged

Step 2: Pay additional charges (if any)

Your insurance plan will process the claim. You may receive a bill for your portion owed.

Paying with your payment card is always the fastest and easiest method. If necessary, you can always pay with personal funds. Your payment choice impacts Step 3.

Keep all necessary documentation.

Step 3: Complete the payment process

Payment card: If you paid using your payment card, you may have to submit documentation. We'll try to automatically verify that your payment card charges were eligible, but if we cannot, we'll ask you for documentation like the itemized receipt you requested or the an explanation of benefits from your insurance.

Personal funds: If you paid with personal funds, you will have to request reimbursement online or via the mobile app and submit your documentation. See How to Submit a Reimbursement Request next.

Hot tip

An Explanation of Benefits (EOB) provided by your insurance carrier usually contains all the required information.

How to submit a reimbursement request

If you used personal funds — a personal credit card, cash, or check — to pay for an eligible expense, you'll have to submit a request to be reimbursed.

Step 1: Getting started

Sign into your account online or using the mobile app.

Step 2: Enter the required information

Select Reimburse Myself to send payment to yourself or Pay my Provider to send a payment directly to a provider, and follow the on-screen prompts to fill in the requested information.

Step 3: Check your documentation

Be sure your documentation contains these five pieces of information (commonly acceptable documentation includes detailed receipts and explanations of benefits from your insurance):

1. Patient name
2. Date of service
3. Doctor's name
4. Description of service
5. Amount charged

Step 4: Submit your documentation

Follow the on-screen prompts to submit your documentation. If you are on your phone, you can take a picture and upload it directly. When we have all the information we need, we'll process the claim and send your reimbursement to you via check or direct deposit.

Hot tip

Save time by setting up direct deposit in your account, and reimbursements will be deposited directly to your personal bank account.



How to use your account

DCSA

For all dependent care claims, you will follow these instructions:

Step 1: Getting started

Log into your account online or using the mobile app.

Step 2: Enter the required information

Select Reimburse Myself to send payment to yourself or Pay my Provider to send a payment directly to a provider, and follow the on-screen prompts to fill in the requested information.

Step 3: Check your documentation

Be sure your documentation contains these five pieces of information:

1. Dependent's name
2. Date of service
3. Provider's name
4. Description of service
5. Amount charged

Step 4: Submit your documentation

Follow the on-screen prompts to submit your documentation. If you are on your phone, you can take a picture and upload it directly. When we have all the information we need, we'll process the claim and send your reimbursement to you via check or direct deposit.

Hot tip

Save time by setting up direct deposit in your account, and reimbursements will be deposited directly to your personal bank account.

Your payment card — the easiest way to pay



Don't forget. Activate your card so it's ready when you are.

You'll receive a payment card for the HCSA or LPSA, which makes it easy for you to pay for qualified health care expenses. Be sure to activate your card right away.

1. Pay for eligible expenses with your card.

After you activate your card, use it to pay for qualified products and services at approved merchants. The money is automatically deducted from your HCSA or LPSA. Simply swipe your card like any other credit or debit card to pay for a qualified purchase, and the funds will be deducted directly from your account.

2. Get your balance.

By frequently checking your account balance online or on the mobile app, you will have a good idea of the available funds in your account. When you swipe your payment card, the system makes sure that your coverage is active and that you have sufficient funds in your account for the full amount. If not, the transaction will be denied.

3. Know what's eligible.

Familiarize yourself with what expenses are eligible using the list of eligible expenses in this guide, your online account, or your plan documents. Examples of eligible expenses are doctors' visits, prescription drugs, and many over-the-counter medications, or dental and vision expenses only for the LPSA. If you use the card for ineligible expenses, you may be asked to refund the plan.

4. Save your itemized receipts.

Although your payment card eliminates the need to file paper claims, the IRS requires that your charges be verified. Always save your itemized receipts in case they are required to confirm a purchase or for tax purposes.

Payment card details

- Payment cards will be mailed to home addresses approximately two weeks before plan start date. If you are currently enrolled in HCSA, LPSA, transit or parking and you enroll again for 2022, your enrollment will be added to your existing payment card.
- Payment cards will arrive deactivated. Follow card activation instructions on the front of the card to activate before the card can be used. You will be provided your personal identification number (PIN) during the activation process. To select a different PIN at any time, call **1-888-999-0121**.
- When paying, select "credit," to pay without a PIN, or "debit" to use a PIN.
- Payment cards may only be used at merchant locations that are designated as health care or transit/parking merchants based on their Merchant Category Code.
- Payment cards cannot be used at ATMs or internationally.
- Payment cards do not have a line of credit.
- Payment cards are limited to 15 authorizations per day.
- Payment cards expire five years from the date of issue, so be sure to hang on to yours even after the plan year ends.

Use your card at approved merchants

- Payment cards are programmed to work only at locations that are designated as health care merchants based on their Merchant Category Code (MCC), like doctors' offices, pharmacies and hospitals. Visit connectyourcare.com/stores for a list of approved merchants. The card should only be used to pay for eligible expenses, and you should always save your receipts.
- For qualified purchases at locations that are not approved merchants, you can pay using personal funds, then submit a request for reimbursement through your online account or using the mobile app.

Enrollment changes

Qualifying life events

Big changes in your life? You may qualify to change your account benefits. By having a flexible spending account, you're setting aside a portion of each paycheck to cover eligible expenses based on your needs at that time. But what if life changes?

If you experience certain qualifying life events you may be permitted to increase or decrease the amount you're contributing to your HCSA, LPSA or DCSA.

Keep in mind that changes in health do not qualify as a qualifying life event.

Here's an overview of the qualifying life events and documentation needed on the following pages. The proposed qualifying life event must be consistent with the type of change experienced.

Need to submit an enrollment change?

Visit connectyourcare.com/stateofohio and follow the online instructions to submit a change, and supporting documentation, within 31 calendar days of the qualifying life event. If your FSA change request is denied, you will have 60 calendar days, from the date you receive the denial, to file an appeal. The State of Ohio permits changes to be made between January 1 and September 30.



Qualifying Life Events	Description	Example	Documentation
Marital status	A change in marital status includes marriage, death of a spouse, divorce, or annulment (legal separation is recognized under the State of Ohio's plan per Ohio law).	Marriage Divorce Legal separation Death of employee and/or spouse	Official or temporary copy of marriage certificate Copy of divorce decree that includes the judge's signature and date divorce was finalized Copy of legal separation decree including the effective date Copy of death certificate
Change in number of tax dependents	A change in number of dependents status includes the following: birth, death, adoption, and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid qualifying life event.	Birth of a child* Death of a dependent Adoption or placement for adoption of a child*	Birth certificate, crib card, or hospital bill Copy of death certificate Copy of adoption papers or other court issued forms that contain the judge's signature
Change in status of employment affecting coverage eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under the State of Ohio's plan, including commencement or termination of employment.	Gain or loss of spouse's or dependent's employment Change in employee's employment status	Letter from spouse's or dependent's employer stating the date of the employment change and the nature of the change in health insurance coverage documentation
Gain or loss of dependent eligibility status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under the State of Ohio's plan. May include change in age, student, marital, or tax dependent status.	Gain or loss of dependent's eligibility status by attaining a specific age or changes in student, marital, or tax status	Copy of birth certificate, documentation from dependent's college such as tuition bill or diploma, marriage certificate

*Coverage effective date is the date of the birth or the adoption.

Some other permitted changes

Coverage and cost changes¹	<p>The State of Ohio may permit election changes due to cost or coverage changes. You may make a corresponding election change to your dependent care spending account benefit whenever you actually switch dependent care providers. However, if a relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your salary reduction amount solely on a desire to increase or decrease the amount being paid to that relative.</p>
Open enrollment under other employer's plan¹	<p>You may make an election change when your spouse or dependent makes an open enrollment change in coverage under their employer's plan if they participate in their employer's plan and:</p> <ul style="list-style-type: none"> • the other employer's plan has a different period of coverage (usually a plan year) or • the other employer's plan permits mid-plan year election changes under this event.
Judgment/Decree/ Order²	<p>If a judgment, decree or order from a divorce, legal separation (as recognized under the State of Ohio's plan), annulment, or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.</p>
Medicare/Medicaid²	<p>Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.</p>
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	<p>If your employer's group health plan(s) are subject to HIPAA's special enrollment provision, the IRS regulations regarding HIPAA's special enrollment rights provide that an IRC § 125 cafeteria plan may permit you to change a salary reduction election to pay for the extra cost for group health coverage, on a pre-tax basis, effective retroactive to the date of the qualifying life event, if you enroll your new dependent within 31 days of one of the following qualifying life events: birth, adoption or placement for adoption. Note: A health care spending account is not subject to HIPAA's special enrollment provisions if it is funded solely by employee contributions.</p>
Family and Medical Leave Act (FMLA) Leave of Absence	<p>Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. (Note: Your account can be closed with no notice for nonpayment if deductions are not received regularly.)</p> <p>A letter is required from the employer or personnel office stating the date the unpaid leave of absence began or the date of return to the payroll.</p>

Notes:

1. Does not apply to a health care spending account plan.
2. Does not apply to a dependent care spending account plan.

Terminate and/or retirement of employment

If you terminate and/or retire from employment, you can continue certain HCSA and LPSA benefits. According to federal and state law, you can continue coverage if you terminate and/or retire from employment or have certain other qualifying events under COBRA. You will be notified of your rights and any containable benefit you may have after Optum Financial has been notified of your qualifying event, termination, and/or retirement.

If you choose not to enroll in COBRA, or for the DCSA, your benefits will terminate at the end of the month in which the event occurred. You will have until March 31 of the following year to file claims incurred through the end of the month in which you terminated and/or retired. Any unclaimed funds will be forfeited according to IRS regulations.

COBRA coverage and flexible spending accounts

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal law that requires employers offering health care benefits to offer the option of continuing such coverage to qualified beneficiaries — at their own expense — who would otherwise lose their benefits due to employment termination, reduction in hours, or certain other events.

COBRA applies to HCSAs and LPSAs but not to DCSAs. In order to make use of remaining HCSA or LPSA benefits administered by the State of Ohio health plan, the former employee must choose to continue that HCSA or LPSA plan by signing up for COBRA continuation.

COBRA continuation

If you are COBRA eligible and retire or terminate employment with the State of Ohio, you will receive a packet with additional information regarding your COBRA coverage option. The packet will provide instructions for next steps and contact information.

If you have unspent contributions in your HCSA or LPSA, you may continue your HCSA or LPSA (on a post-tax basis) only for the remainder of the plan year in which your qualifying event occurs. However, if you have already used or been reimbursed more than you have contributed, you cannot continue the HCSA or LPSA under COBRA.

Terminate and/or retirement of employment

If your employment is terminated and/or retired and you choose not to enroll in COBRA, your benefits will terminate at the end of the month in which the event occurred. You will have until March 31 of the following year to file claims incurred through the end of the month in which they terminated and/or retired. Any unclaimed funds will be forfeited according to IRS regulations.

For more information

This COBRA section does not fully describe continuation coverage or other rights under the Plan. For more information about your COBRA rights, the Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website, at dol.gov/ebsa.

Keep your address updated

In order to keep your family's COBRA rights, you should inform your employer and Optum Financial of any changes in your address. You should also keep a copy, for your records, of any notices you send to your employer and Optum Financial.

Appeals

To appeal a denied claim

If you feel your HCSA, LPSA or DCSA claim was denied in error, you have the right to file an appeal by writing a letter that explains why you believe the claim should be approved:

1. The appeal must be submitted in writing and mailed to:
FSA Claims Appeal Department
307 International Circle, Suite 200
Hunt Valley, MD 21030
2. The appeal must be received within 180 calendar days of the date you receive notice that your claim was denied.
3. Submit additional information related to your claim along with your appeal, such as: written comments, documents, records, a letter from your health care provider indicating medical necessity of the denied product or service, and any other information you feel will support your claim.
4. It is possible to request copies of all documents and information related to your denied claim. These will be provided at no charge.
5. You will be notified of the decision regarding your appeal, and any additional action, in writing by Optum Financial within 31 calendar days of receipt of your written appeal.



Online and mobile access

Optum Financial offers the latest technology to give you immediate access to your information. Whether you're sitting at your desk, or you're on the go with your phone in your hand, we are ready to help you with your benefits.

Using your online account

Our online participant portal puts account information and health education tools at your fingertips.

- Get account balances
- View payment card charges
- Enter a request for reimbursement or pay a provider
- View reimbursement requests
- Read important messages
- Use health education tools
- Find answers to frequently asked questions

Optum Financial mobile app

We offer a secure, interactive mobile app for Android and Apple devices.

- Upload claim documentation — quick and easy way to submit receipts using your device's camera
- Verify the eligibility of products in store by scanning the barcode
- Get account balances
- View payment card charges
- Enter a request for reimbursement or pay a provider
- View reimbursement requests
- Find answers to frequently asked questions
- Tap to call customer care

Information at your fingertips.

You may also sign up for text alerts for quick access to information. Simply sign into your online account and register for text message and email alerts under Settings and Preferences.

Getting started

After you've enrolled in a Optum Financial account, follow these simple steps to register for account access online or through the Optum Financial mobile app.

Sign up

If it's your first time logging in, you may choose to register your account on the mobile app or online, whichever you prefer.

Select Sign Up in the mobile app or LOG IN/SIGN UP online at connectyourcare.com/stateofohio to register and set your username and password.

If your account includes a payment card, you will need to enter your payment card number to complete your registration, so have your card handy. If your account does not include a payment card, you may check the box indicating your account has no card to continue.

Verify your identity

Follow the screen prompts to select how you would like to receive your six-digit authentication code — either by email or by text message. Once you receive the code, enter it into your device. The code will expire 20 minutes after being sent. You will have three attempts to enter the code, and after three attempts you will be required to repeat the process. You'll have to verify your identity each time you sign into a new device. Your device will be registered for six months, and you will be required to repeat this identity verification process on each device every six months.

Use your account

Sign in regularly to see your account balance, review claims, and use many helpful features. Your username and password are the same for both mobile and online access, making it even easier for you to connect with your account.

Commuter benefits

Now you can reduce your commuting expenses with commuter benefits for parking and transit:

- Let aside pre-tax dollars for work transportation costs
- Lower your daily costs
- Cover fare cards, vouchers, shared rides, and direct payments

What is a commuter benefit?

A commuter benefits account is an account set up to reserve money for public transit costs — including train, subway, bus, ferry, and eligible vanpool — and qualified parking as part of your daily commute to work.

Your commuter benefit funds are deducted before federal and state taxes are calculated on your paycheck. With commuter benefits, you benefit from having less taxable income in each of your paychecks, which means more spendable income.

Who is eligible?

All State of Ohio employees are eligible and there's no need to wait for Open Enrollment — you can sign up at any time.

Commuter benefits rules and regulations

- Simply decide how much to contribute to your commuter choice account up to the allowed monthly limit. The IRS sets the contribution limits.
- You can change or cancel contributions to your commuter benefits account at any time, although you must make the change by the fifth of the month to be effective the following month.
- Available balances can be rolled over month to month, unless you terminate employment with the State of Ohio, then you forfeit any unused money in your account.
- These are pre-tax funds and can only be used to pay for eligible commuter expenses. They cannot be refunded to participants per IRS code 1.132-9(b) Q/A 14(d).

Important: Transit and parking funds are considered two separate buckets of money and cannot be mixed. Be sure to calculate both your transit and parking expenses related to your daily commute, and elect contributions accordingly.

Commuter benefits details

Transit contribution limit:
\$280/Month

Parking contribution limit:
\$280/Month

Service fee: \$2.65 per member per month (deducted from your payroll) As long as you have any transit or parking fund balances that remain in your accounts, you will continue to pay the monthly service fee.

Order deadline: Fifth of the month for the following month

Eligible commuter options

Several types of expenses are eligible under this tax-saving plan, but keep in mind that the funds may only be used for commuting to and from work.

- Buses
- Trains and subways
- Ferries
- Vanpools
- Ride shares through Uber Pool, Via, and Lyft Line
- Parking at or near your place of employment

Getting started with commuter benefits

The best thing about commuter benefits is that there is no requirement to sign up during open enrollment — you can begin using this benefit any time during the year.

To get started, log in to your online account the same way you will for your other Optum Financial accounts. If you don't have another Optum Financial account, follow these easy steps:

- Go to connectyourcare.com/stateofohio.
- Select LOG IN /SIGN UP, then select New User Registration.
- The system will prompt you to enter your Optum Financial payment card number. If you have a card, enter the number. If you are not enrolled in a carded account, or if you have not received your card, select the option to indicate you do not have a payment card to proceed.
- Set up your username and password.
- Follow the prompts to verify your identity.
- Once registered and logged in, select the commuter benefits tab to:
 - Place a transit or parking order
 - View your recent orders
 - See reminders
 - Set up recurring orders
 - Change your profile information
 - Read FAQs
 - Receive important notifications about your transit options

How do I use my commuter benefits funds for transit expenses?

- **Payment card**
The easiest way to pay for commuter expenses is to use your Optum Financial payment card to pay for transit passes or tickets, either at kiosks or on your preferred transit provider's website. It will be pre-loaded each month with your specified amount.
- **Monthly passes**
You can also purchase your transit passes or smart cards directly through your online account. You can set these up to recur each month, and passes are mailed to your home.
- **Transit vouchers**
You can select a commuter check voucher to use on any type of transit. Simply select what you need on the Optum Financial portal and follow the online prompts.
- **Vanpool vouchers**
You can select a commuter check voucher to pay for vanpool expenses. Simply select what you need through your online account and follow the online prompts.

How do I use my commuter benefits funds for parking expenses?

- **Payment card**
You can use your payment card to pay for eligible parking expenses as they occur. It will be pre-loaded each month with your specified amount.
- **Parking vouchers**
In your online account, you can arrange for parking vouchers to be sent directly to your home each month.
- **Direct pay for garages**
In the commuter portal, you can elect to send payments directly to your parking garage vendor.

Thank you for choosing Optum Financial.

**We're glad to help you get more out of your benefits.
Let's get started.**

Online: connectyourcare.com/stateofohio

Mobile: Optum Financial app for Apple or Android devices



FSA and commuter customer care

24 hours a day, 7 days a week,
365 days a year.

Chat

Live chat is available through your
online account

Call us

1-844-881-7147

FSA and commuter claims

1-443-681-4601 (fax)

Send documentation to:

Claims Department
P.O. Box 622317
Orlando, FL 32862-2317

Send repayments to:

Repayment Department
P.O. Box 872168
Kansas City, MO 64187-2168

COBRA care and claims

1-855-687-2021 Customer Care
8:00 a.m. to 8:00 p.m. Eastern,
Monday–Friday
443-681-4606 (fax)
Kansas City, MO 64187-2168

**Investments are not FDIC insured, are not guaranteed by Optum Financial®
or its subsidiaries, and may lose value.**



OPTUM Financial®



Department of
Administrative Services

Health Care Spending Accounts, Limited Purpose Spending Accounts, Dependent Care Spending Accounts and Commuter Benefits are administered on behalf of your plan sponsor by Optum Financial and are subject to eligibility and restrictions. Please contact a legal or tax professional for advice on eligibility, tax treatment, and restrictions. Please contact your plan administrator with questions about enrollment or plan restrictions. Federal and state laws and regulations and the design of your plan are subject to change.

Apple, the Apple logo, Apple Pay, Apple Watch, iPad, iPhone, iTunes, Mac, Safari, and Touch ID are trademarks of Apple Inc., registered in the U.S. and other countries. iPad Pro is a trademark of Apple Inc. Android, Google Play and the Google Play logo are trademarks of Google LLC. Data rates may apply.

© 2022 Optum, Inc. All rights reserved. WF6749385 217613-022022 OHC