Plan Year 2021 Enrollment Book

NEW YORK STATE

Flex Spending Account

Dependent Care Advantage Account	Health Care Spending Account	Adoption Advantage Account

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Important Dates To Remember

Open enrollment period is November 2 through November 30, 2020 at 10:00 p.m. ET.

If you are enrolled for the 2020 plan year, you must re-enroll to continue your benefits in 2021.

The 2021 plan year runs from January 1 through December 31, 2021.

New state employees hired during the open enrollment period who are unable to enroll by the November 30 deadline because they have not been assigned a NYS EMPLID may enroll for the 2021 plan year by submitting a 2021 change in status (CIS) application within 60 days of their hire date. The 2021 CIS system will be available beginning on December 1, 2020.

About The Flex Spending Account

What Is The Flex Spending Account?

The Flex Spending Account (FSA) is a negotiated benefit for state employees. There are three parts to the FSA—the Dependent Care Advantage Account (DCAA), the Health Care Spending Account (HCSA), and the Adoption Advantage Account. They are types of flexible spending accounts, administered in compliance with Sections 125 and 129 of the Internal Revenue Code, that give you a way to pay for your dependent care, health care, or adoption expenses with pre-tax dollars. Enrollment in the FSA is voluntary—you decide how much to have taken out of your paycheck and put into your accounts.

Why Should I Enroll?

If you are paying for dependent care expenses in order to work, have medical expenses that are not covered by your health insurance plan, or are planning to finalize an adoption, you are paying for those expenses with dollars that have already been taxed. By enrolling in the FSA, you will pay for your dependent care or health care expenses with whole dollars—before federal, state, and social security taxes are taken from your salary. You will also save on your adoption expenses because you will pay lower federal and state taxes due to your pre-tax contributions (where applicable).

How Does The Flex Spending Account Work?

The FSA is easy to understand and to use. You may choose to enroll in any or all of the three benefit choices. This is how it works:

During the open enrollment period, use the HCSA and DCAA worksheets to estimate your out-of-pocket health care and dependent care expenses for the calendar year. Based on your estimate, decide how much of your salary you want to set aside in either or both accounts. For the Adoption Advantage Account, estimate your qualified adoption expenses for the plan year. Submit your enrollment application online or by calling the toll-free number before the open enrollment period ends.

Each pay period, a regular portion of these amounts will be deducted tax-free from your biweekly paycheck. These deductions are made before your federal, state, social security, and city (if applicable) income taxes are calculated. The contributions to your FSA are deducted tax-free from your gross pay.

Fees

There are no fees for employees who participate in the FSA program. The FSA is funded by the Governor's Office of Employee Relations in cooperation with the state public employee unions. The Legislature and Unified Court System also contribute on behalf of their employees.

FSA Administrator

The State of New York retains the services of an FSA administrator to manage the Flex Spending Account. HealthEquity (formerly WageWorks) is the FSA administrator.

The FSA administrator reviews and reimburses claims and provides customer service and accounting services. Flex Spending Account participants submit all claims for reimbursement directly to the FSA administrator.

During the plan year, the FSA administrator will provide your account balance with each reimbursement check or direct deposit stub. You will also receive quarterly and year-end statements that detail the activity in your account.

Plan Your Contribution Amount Carefully

Because of the tax advantages of the FSA, the Internal Revenue Service (IRS) has strict guidelines for its use. One of these guidelines is commonly known as the "use it or lose it" rule. Put simply, if you contribute pre-tax dollars into your FSA account and then do not have enough eligible expenses during the plan year to equal the amount you contributed, you will lose the balance remaining in your account when the plan year ends. That is why it is important to plan carefully before deciding how much to contribute. With careful planning, you can minimize the risk of losing any of your contributions. Participants have until March 31, 2022 to submit any eligible unreimbursed expenses from the 2021 plan year. But remember—if you plan properly, you are unlikely to forfeit any of your funds.

In addition, if you enroll in more than one FSA benefit, funds can't be transferred between accounts.

Open Enrollment is November 2 through November 30, 2020.

About The Flex Spending Account

Effect On Other Benefits

Social Security Tax (FICA)

Contributions to the FSA may reduce your social security taxes. If so, based on current social security law, social security benefits at your retirement age may be slightly less as a result of your participation in the FSA program. The effect will be minimal and would likely be offset by the amounts saved in taxes today. If you are concerned about this, contact the Social Security Administration at **1-800-772-1213** or visit **www.ssa.gov**.

New York State Pension

Contributions to the FSA have no effect on your New York State pension contributions or benefits.

Deferred Compensation

Most employees' contributions to the New York State Deferred Compensation Plan will be unaffected by participation in the FSA program. In some cases, however, participation in the FSA program may affect you. The percentage you contribute to the deferred compensation plan will be applied to a lower salary amount as a result of your FSA contributions. Since such contributions are made as a percentage of salary, your deferred compensation contribution may be lower, depending on the amount of your annual salary and the amount you currently contribute to your deferred compensation plan.

SUNY Deferred Annuity Plan

Contributions to the State University of New York's tax-deferred annuity plan are not affected by participation in the FSA program.

Changing Your Coverage

Am I permitted to make election changes after the plan year begins?

If you have a qualifying event, you may be able to make a change to your FSA election by submitting a change in status application.

Can I enroll during the plan year?

If you have a change in status event that occurs after the open enrollment period ends, you may be able to enroll during the plan year. Please refer to the respective HCSA and DCAA sections for specific information on changes in status.

Appeal Process

If your change in status, claim, or other request is denied, in full or in part, you have the right to appeal the decision by sending a written request to the FSA administrator. Contact customer service for information on how to submit your appeal.

Your appeal must include:

- The name of your employer – State of New York
- The date of the services for which your request was denied
- A copy of the denied request
- The denial letter you received
- Why you think your request should not have been denied
- Any additional documents, information, or comments you think may be relevant to your appeal

Your appeal will be reviewed once it and the supporting documentation are received. You will be notified of the results of this review within 30 business days from receipt of your appeal. In unusual cases, such as when appeals require additional documentation, the review may take longer than 30 business days. If your appeal is approved, your account will be adjusted as soon as possible. Appeal decisions are based upon whether your circumstances and supporting documentation are consistent with the FSA rules and IRS regulations governing the plan.

How To Enroll

You will need to have your NYS EMPLID, department ID, and negotiating unit information available to complete your enrollment application. This information can be found on your most recent paystub.

Use the worksheets on page 6 to help you estimate your expenses for the plan year. Based on your estimate, decide how much of your salary you want to set aside in your accounts. The amount you choose is taken out of your paycheck through automatic payroll deductions. The number of payroll deductions will be determined based on the number of paychecks you expect to receive during the plan year and will be made before your state, federal, and social security and city income (if applicable) taxes are calculated. If you expect to be on the state payroll for the entire year, deductions will be taken from a maximum of 24 paychecks.

You can apply online at ***goer.ny.gov/FSA*** or by telephone at 1-800-358-7202. Customer service representatives are available Monday through Friday between 8 a.m. and 8 p.m. ET.

After your application is processed, you will receive a letter from the FSA administrator confirming your annual elections.

Your FSA enrollment lasts for only one year. Re-enrollment is not automatic.

Important Reminder

IRS regulations do not allow exceptions if you miss the open enrollment deadline, regardless of your reason. Enroll early to avoid long hold times or other issues that may occur during the last few days of the open enrollment period that could cause you to miss the deadline.

Claims Process

How Do I Submit My FSA Expenses For Reimbursement?

After you have received services and incurred eligible expenses, you can choose from several options to be reimbursed for your expenses.

- **Using Your Smartphone Or Mobile Device**

  With the EZ Receipts mobile app, you can file and manage your claims on the spot, with a click of your smartphone or mobile device camera. After you download the free app to your smartphone or mobile device, just snap and submit photos of your receipts, making it easy to verify transactions later. You can even let daycare providers sign eligible expenses directly within the app.

- **Your HealthEquity Healthcare Card**

  The HealthEquity® Healthcare Card, a preloaded debit card, is a quick and easy way to pay for eligible healthcare products and services right from your Health Care Spending Account. Use your Card instead of cash or credit to pay for eligible services, goods, and prescriptions at health care providers, pharmacies, and most general merchants. It's easy to just swipe and go. In most cases, card transactions are automatically verified, but save your receipts with the EZ Receipts mobile app. Please note that the Card can't be used to pay for dental, orthodontia, dependent care, or adoption expenses.

- **Paying Your Provider Online**

  You can pay many of your eligible health care and dependent care expenses directly from your FSA account with no need to fill out paper forms. It's quick, easy, secure, and available online at any time. After you log into your FSA account, click **Submit Receipt or Claim**, then request **Pay My Provider** from the menu and follow the instructions. Make sure to provide an invoice or appropriate documentation. When you're done, HealthEquity will schedule the checks to be sent in accordance with the payment guidelines. If you pay for eligible recurring expenses, follow the online instructions to set up automatic payments.

- **Filing A Claim Online**

  You also can file a claim online to request reimbursement for your eligible FSA expenses. Log into your FSA account and click **Submit Receipt or Claim**, then select **Pay Me Back**. Fill in all the information requested on the form and submit. Scan or take a photo of your receipts, EOBs and other supporting documentation, then attach the documentation to your claim by using the upload utility.

Most claims are processed within one to two business days after they are received, and payments are sent shortly thereafter.

If you prefer to submit a paper claim by fax or mail, download a Pay Me Back claim form at ***goer.ny.gov/FSA*** and follow the instructions for submission.

After the plan year ends on December 31, you have until March 31 to submit claims for services rendered from January 1 through December 31 of the preceding year.

Special Rules For HCSA Claims

Submit claims after you have received health care services and know the amount of the bill for which you are responsible. Include a statement from your health insurance plan showing the amount of the medical expense that has not been reimbursed or attach copies of receipts, billing statements, invoices, or other appropriate supporting documentation from the health care provider. Canceled checks or credit card receipts will not be accepted. The receipts, billing statements, or invoices must include the:

- Name of the person for whom the service was provided
- Name and address of the health care provider
- Amount charged for each service
- Type of service and the date performed
- If a prescription drug expense, a receipt containing the prescription number and drug name

Special Rules For Orthodontia Claims

If you are on a monthly payment plan for orthodontia services, you may submit a request for reimbursement after each monthly payment is due, even if no office visit takes place during that month. If you pre-pay the entire orthodontia expense up front when treatment begins, you can't be reimbursed for the entire amount at one time. Rather, the amount will be pro-rated and reimbursed over the course of treatment. You will need to submit a claim for the pro-rated monthly amount on or after the beginning of each month of service, since you will not be reimbursed automatically. A copy of the orthodontia contract must be included with your first claim for the plan year.

Special Rules For DCAA Claims

The FSA administrator will review your claim and if it is complete, will authorize it for payment up to the amount of money accumulated in your account.

If you submit a claim for more money than you have in your DCAA, the balance will be paid automatically when the funds are deposited from your next payroll deduction.

If dates of service for which you are seeking reimbursement begin in one plan year and end in the next plan year, a claim for each year is required. The claim must include the provider's name, address, and taxpayer ID number (or social security number), the period during which the services were provided, and the amount you were charged. Submit a receipt or invoice with the claim form, or you can have your provider countersign the form with you.

Claims are paid after services are received, regardless of when you pay for the expenses. If you would like, you can prorate a large expense as the services are rendered and submit claims as often as you would like.

Worksheets

To help you plan the amount of your HCSA or DCAA contribution, use these worksheets. You may want to look at what you spent on health care and dependent care last year before making your decision. Include annual estimated expenses for health care services anticipated for the upcoming plan year that will not be reimbursed by your medical, dental, or other benefit plans. You may include expenses for you, your spouse, your qualifying children, and your qualifying relatives. You should also verify with your health care provider that you are a suitable candidate for any surgical procedure, such as laser eye surgery, before committing the money to your account.

If you are enrolling during the open enrollment period, use the chart below to estimate your expenses for the plan year. If you are joining the program with a change in status during the year, use the chart to estimate your expenses for the remainder of the calendar year. If you are a new employee, your HCSA coverage will begin on your 61st consecutive calendar day of employment.

HCSA WORKSHEET

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

Medical expenses, such as:

Health plan deductible $ __________

Office visit and hospital copayments $ __________

Prescription drug copayments $ __________

Routine physicals $ __________

Non-covered prescriptions $ __________

Hearing aids $ __________

Planned, non-covered medical procedures $ __________

Other eligible expenses $ __________

Dental expenses, such as:

Deductibles and copayments $ __________

Routine check-ups, cleaning, and x-rays $ __________

Orthodontia $ __________

Non-cosmetic dental work (crowns, dentures, dental implants, etc.) $ __________

Vision care expenses, such as:

Exams $ __________

Eyeglasses $ __________

Contact lenses and contact lens solutions $ __________

Total Expenses Remember, the minimum contribution is $100, and the maximum contribution is $2,750. $ __________

Divide by the number of paycheck deductions you will receive during the plan year (24 max). __________

This is your biweekly contribution. $ __________

DCAA WORKSHEET

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

Child Care Expenses

Babysitter $ __________

Daycare services $ __________

Nursery school $ __________

Before/after school care $ __________

Summer day camp $ __________

Elder Care Services

Adult daycare center $ __________

Disabled dependent care $ __________

Other expenses $ __________

Total Expenses Remember, your total contribution cannot exceed the IRS limit of $5,000 for the plan year and calendar year. $ __________

Divide by the number of paycheck deductions you will receive during the plan year (24 max). __________

This is your biweekly contribution. $ __________

Manage Your Account

Account Information

Getting answers to many of your FSA questions is now easier than ever. The FSA administrator, HealthEquity, offers you a variety of resources to make inquiries about your FSA.

You will be able to access your account information by logging in to the FSA administrator's participant site at participant.wageworks.com/NYSFSA. Once logged in, you will see your account dashboard and find answers to many of your questions by using the navigational tabs located near the top of the screen.

If you are enrolling in the FSA for the first time for the 2021 plan year, you will need to register as a first-time user. Click on the **Register** link, then follow the instructions for the First-Time User Registration process. You will need to enter the last four digits of your NYS EMPLID in the ID Code box on the **Identify Yourself** screen. Once you have completed the registration process, you can access your online account information any time by logging in to the participant site through ***goer.ny.gov/FSA***.

FSA Claims

After you login to your online account, you can check the status of your claims, download or view a report of your claims history, access information about eligible FSA expenses, and submit your claims online.

Accounts

View your account balance and reimbursement transactions and download or view a report of your reimbursement history.

Profile

Click on the **Profile** link at the top of the screen to update your contact information, change your password, select your preferences for receiving information from the FSA administrator, authorize individuals to contact the FSA administrator about your account, and select the method for receiving claims reimbursements.

If you decide to enroll in the direct deposit option, you will have quicker access to your reimbursements by eliminating mail time. To enroll in direct deposit, login to your account, click on the **Profile** link at the top of the screen, then click on the **Reimbursement Method** tab on the left side of the screen. Enter your banking information on the screen and click on the **Save Changes** button. If you enroll in direct deposit and make a change to your bank account at a later date, you will need to update the banking information saved in your **Profile**.

Alerts & Messages

Click on the **Alerts & Messages** link at the top of the screen to view important messages and reminders about your account and the FSA program.

Flex Spending Account FAQs

Will money in the FSA ever be subject to taxes, or is it free from taxes? Money used for qualified expenses from the FSA is free from taxes.

How much money will I save by enrolling in the FSA program? Your savings will be based upon your individual income and tax filings.

Does the State guarantee the tax benefits under the FSA? No. The State cannot guarantee that a participant will receive the intended tax benefits. It is up to each participant to make sure that contributions are made for eligible expenses within the legal and plan limits.

What responsibilities do I have to ensure the intended tax benefits of the program are received? You should make sure that contributions to the FSA will only be made for eligible expenses, for qualifying individuals, up to the legal or plan maximum, and for services provided in the same plan year the contributions are made.

Wouldn't I save more by taking a deduction on my income tax? You need to determine whether taking a tax deduction is more beneficial than using the FSA. According to the IRS, only medical and dental expenses that exceed 7.5% of your adjusted gross income can be deducted from your income taxes. Most people do not have expenses high enough to qualify for this deduction. For work-related dependent care expenses, the tax credit amount is determined by applying a percentage to your total dependent care expenses. In addition, money set aside through your HCSA and DCAA is exempt from FICA taxes. This exemption is not available on your federal income tax return. When it comes to adoption-related expenses, it is recommended that you only use the FSA for expenses in excess of the tax credit amount. If you enroll in an adoption FSA, you will save on federal and state taxes (where applicable).

If I reside outside of New York State, how will my participation in the FSA be affected? Most states follow the federal rules; however, some states may tax the FSA contributions. You must comply with the laws of the state where you reside.

Do contributions to my FSA reduce my income for purposes of the Federal Earned Income Tax Credit (EITC)? Yes. Contributions to your FSA will reduce your earned income for purposes of the Federal EITC. This means that participation in the FSA may affect your EITC — an additional advantage of participation in the pre-tax FSA program.

How would I determine if participating in the FSA would affect my social security benefits? Participation in the FSA may have a minimal effect on your social security benefits upon retirement. The Social Security Administration (SSA) uses the highest 35 years of salary earned before retirement to calculate your social security benefit. However, if you are concerned, you should call the SSA for further advice at **1-800-772-1213** or visit **www.ssa.gov**.

What happens if I submit a claim for an amount greater than my FSA balance? When you submit an eligible claim to the HCSA, you will be reimbursed up to the full amount of your annual election, regardless of the amount of money that has been deposited into your account. Contributions will continue through payroll deductions throughout the year and claims will continue to be paid until your elected annual contribution amount is met.

Dependent care and adoption claims are paid differently. If you submit a claim and your balance is less than the amount of the claim, you will only be reimbursed for the amount of money available in your account. The remainder will be reimbursed once the money is deposited into your account. This enables you to submit a claim only once and receive reimbursement on an ongoing basis until it is paid in full.

What if I don't use up all my money by the end of the year? You will forfeit the money that remains in your account. You will have until March 31, 2022 to submit claims for expenses you incurred during the 2021 plan year. You should plan very carefully when estimating your expenses. The FSA administrator will notify you during the last quarter of the plan year if you are likely to have money left in your account. The State uses forfeitures to offset the costs of administering the program.

What if I change my mind? You may not change your mind once the plan year begins, but you can decide not to join next year. There are certain situations, called "changes in status," and if they occur in your family during the plan year, you can make a change—you can start, stop, restart, or change your deduction amounts as long as the requested change is consistent with your qualifying event. The change in status application process is paperless. You may file a change in status application online or by calling the FSA administrator at **1-800-358-7202**.

If I underestimate or overestimate my elections, can I transfer money between my FSA accounts? No, you can use monies only for the purpose for which the election was initially made. IRS Regulations do not allow monies to be transferred between accounts.

How long is my contribution in effect? Your contribution is in effect until the end of the plan year. Each year you will have the opportunity to re-enroll and select a new annual contribution amount.

Health Care Spending Account

What Is The Health Care Spending Account?

The Health Care Spending Account (HCSA) is a negotiated employee benefit that helps state employees pay for health-related expenses with tax-free dollars. This includes medical, hospital, laboratory, prescription drug, dental, vision, and hearing expenses that are not reimbursed by your insurance, or other benefit plans.

Before enrolling in the HCSA program, you should carefully consider what your eligible expenses might be. Reviewing your expenses from previous years can help. Once you have estimated the amount of your expenses, you may then determine how much to contribute to your HCSA. Under federal law, any money that you put into your HCSA must be used for expenses incurred during the plan year in which it was contributed. For the 2021 plan year, the maximum annual contribution allowed is $2,750 and the minimum annual contribution is $100. The maximum contribution may be subject to change annually.

Who Is Eligible To Enroll?

1. Employees who work for New York State Executive Branch agencies (excluding UUP-represented employees), the State University of New York (SUNY), and the Legislature, and non-judicial employees of the Unified Court System are eligible if they:
   - Are permanent employees or are expected to be on the payroll for the entire calendar year (employees who teach on a school year schedule and are paid on a 10-month basis are eligible if they meet the other criteria below)
   - Are employed on an annual-salaried basis
   - Receive regular, biweekly paychecks
   - Work half-time or more on a regular schedule for a single agency
   - Are eligible to enroll in the New York State Health Insurance Program
   - Are represented by a negotiating unit that is eligible to participate or are designated Management/Confidential. Employees of Executive Branch agencies who are represented by one of the following unions are eligible to participate in the HCSA: CSEA, PEF, NYSCOPBA, Council 82, PBANYS, District Council 37, PBA, and NYSPIA. In addition, all negotiating units in the Unified Court System are eligible to participate.

   Employees of the Roswell Park Cancer Institute, NYS Energy Research and Development Authority, Environmental Facilities Corporation and New York Liquidation Bureau are also allowed to participate if they meet the eligibility criteria listed above.

   All judges and justices of the Unified Court System, paid elected officials, and paid members of the Legislature are eligible regardless of their work schedule.

2. UUP-represented employees employed by SUNY are eligible if they:
   - Are permanent employees or are expected to be employed by New York State for the entire calendar year (employees who are hired on a semester basis are eligible if they meet the other criteria below) and
   - Receive regular, biweekly paychecks and
   - Are eligible to enroll in the New York State Health Insurance Program and
   - Are academic employees who teach two or more courses per semester at a single university or
   - Are full-time professional employees or
   - Are part-time academic or professional employees who are hired by a single university at a specified annual rate ($15,930 or more between July 2, 2020 and July 1, 2021)

3. New employees must meet the eligibility criteria to participate in the HCSA. Your period of coverage will start on your 61st consecutive calendar day of employment. You will be able to submit claims for eligible health care expenses incurred on or after that date through December 31 of the plan year in which you are enrolled. Deductions will start with the first payroll date that occurs after you become eligible to submit claims.

Who Is Not Eligible To Enroll?

GSEU-represented, casual, seasonal, session, per diem, fee basis and hourly employees, as well as retirees, are not eligible to participate in the HCSA.

Health Care Spending Account

What You Need To Know Before Enrolling

To be reimbursed through the HCSA, expenses must be for health care received primarily for the prevention or treatment of a physical or mental defect or illness. Out-of-pocket expenses are generally eligible if they are not reimbursed by insurance. Regardless of whether the expenses are incurred by you or your eligible dependents, they must be incurred during the plan year or during your period of coverage if you enroll after the plan year begins. An expense is incurred when you or one of your dependents receives the health care service, not when you are billed, charged for, or pay for the service.

To be eligible for reimbursement, a health care expense must be:

- For you or an eligible dependent
- Permitted under the Internal Revenue Code
- Medically necessary
- Not reimbursed by your health insurance or any other benefit plan, nor will you seek reimbursement from such plans

Note: You can only be reimbursed for expenses that are incurred during your period of coverage, which means:

- If you enroll during the open enrollment period and remain on the state payroll for the entire year, your period of coverage is from January 1 to December 31.
- If you enroll during the plan year as a new employee, your period of coverage will begin after the completion of 60 consecutive calendar days of state service. Your coverage will end on December 31.
- If you enroll during the plan year as a result of a change in status, your period of coverage will begin when your change in status application is received, although it can't take effect before the date of your qualifying event. Your coverage will end on December 31.
- If you enroll during the open enrollment period and experience a mid-year change in status, you will have two separate periods of coverage from which expenses will be reimbursed.

When will I be reimbursed?

You can be reimbursed for your expenses as soon as you or your dependents receive medical services. In addition, once you sign up for the HCSA and decide how much you want to contribute, that total amount is available to you at any time during your period of coverage. It's like a cash advance because you don't have to wait for the cash to accumulate in your account before you can use it to pay for your eligible health care expenses. Your money is tax free and interest free!

Whose Expenses Are Eligible For Reimbursement?

You may claim eligible expenses under the HCSA program for the following individuals:

- Yourself
- Your spouse
- Your qualifying child
- Your qualifying relative

An individual is a **qualifying child** if he or she:

- Is a U.S. citizen, national, or a resident of the U.S., Mexico, or Canada
- Has a specified family-type relationship to you
- Lives in your household for more than half of the tax year
- Is 18 years old or younger (23 years, if a full-time student) at the end of the tax year
- Has not provided more than one-half of his or her own support during the tax year (and receives more than one half of his or her support from you during the tax year if a full-time student age 19 through 23 at the end of the tax year)

An individual is a **qualifying relative** if he or she:

- Is a U.S. citizen, national, or a resident of the U.S., Mexico, or Canada
- Has a specified family-type relationship to you, is not someone else's qualifying child, and receives more than one-half of his or her support from you during the tax year

  or

  if no specified family-type relationship to you exists, is a member of and lives in your household (without violating local law) for the entire tax year and receives more than one-half of his or her support from you during the tax year

Note: There is no age requirement for a qualifying child if he or she is physically or mentally incapable of self-care. An eligible child of divorced parents is treated as a dependent of both, so either or both parents may establish a HCSA to be reimbursed for the child's health care expenses.

Health Care Spending Account

What Types Of Expenses Are Eligible?

Expenses are eligible for reimbursement if they are for medically necessary health care services. The expenses must be incurred during the plan year or during your period of coverage if you enroll after the plan year begins. Examples of eligible expenses under the HCSA are listed below.

Examples of Medically Necessary ELIGIBLE Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance services
- Artificial limbs[2]
- Breast pumps
- Chiropractic care
- Christian Science practitioners
- Contact lenses (corrective)
- Contact lens solutions
- Copayments
- Crutches
- Dental fees[1]
- Dentures
- Diagnostic tests
- Dietary supplements[1]
- Drug addiction treatment
- Drugs (prescription only)[3]
- Eye examinations
- Eyeglasses[2]
- Guide dog and service dog expenses
- Hearing aids & exams
- Holistic healers
- Infertility treatments
- Insulin and diabetic supplies
- Laboratory fees
- Laser eye surgery[4]
- Menstrual care products
- Naturopathic healers
- Nursing services[1]
- Orthopedic shoes[1]
- Orthodontia
- Oxygen
- Psychiatric care
- Periodontal fees
- Physical therapy
- Smoking cessation programs
- Surgery[1,4]
- Telephone for the hearing-impaired
- Transplants of organs
- Transportation[5]
- Vaccinations
- Vitamins[1]
- Weight loss programs[6]
- Wheelchairs

1 Some health care treatments or services, including those deemed cosmetic in nature, require written proof of medical necessity from your health care provider with your initial claim and for each subsequent plan year that you participate.
2 The effective date that expenses are incurred (for example, eyeglasses and prosthetic devices) is the day the item is available to be picked up, not the date ordered.
3 Not all drugs requiring a prescription are approved by the IRS as eligible for reimbursement. Prescription drugs that are used solely for cosmetic purposes are not eligible for reimbursement.
4 Unused funds designated for the HCSA cannot be refunded to you. Please verify with your health care provider (prior to enrolling for the upcoming plan year) that you are a suitable candidate for any surgical procedure before committing the money to your HCSA.
5 Must be primarily for, and essential to, medical care. Reimbursable expenses include 17 cents per mile (2020) for automobile use, parking fees, tolls, subways, buses, trains and air travel.
6 Expenses incurred for weight loss programs may only be reimbursable if a physician prescribes the treatment as medically necessary to prevent, treat or alleviate a specific, diagnosed medical illness (such as hypertension, diabetes, or obesity).

Ineligible Expenses

Certain health care expenses are not eligible for reimbursement from your HCSA, some of which are listed below.

Examples of INELIGIBLE Expenses

- Contact lens insurance contracts
- Cosmetic procedures
- Cosmetic surgery
- Dance lessons
- Electrolysis
- Exercise equipment[1]
- Fitness classes[1]
- Hair transplants
- Health club memberships
- Herbal remedies
- Holistic medicines
- Homeopathic remedies
- Insurance premiums
- Items/services to improve general health
- Marriage counseling
- Massage therapy[1]
- Meal replacements[2]
- Medicines purchased outside the U.S.
- Pilates
- Skating
- Teeth whitening/bonding
- Tennis and other sports lessons
- Yoga

1 May be an eligible expense if prescribed by a doctor to treat a specific medical condition. Written proof of medical necessity is required.
2 Special foods may be an eligible expense if prescribed by a doctor to treat a specific illness or ailment and if the foods do not substitute for normal nutritional requirements. Food modified for special diets (e.g., gluten-free) may also be eligible, but only to the extent that the cost of the special food exceeds the cost of commonly available versions of the same product. Written proof of medical necessity is required.

Health Care Spending Account

Over-The-Counter Drugs

Over-the-counter (OTC) drug expenses are reimbursable through the HCSA as long as the items are used to treat a medical condition or illness. Certain OTC expenses such as vitamins and dietary supplements are not reimbursable unless they are recommended by a doctor to treat a medical condition. General purpose items such as toothpaste, moisturizers, and lip balm are not eligible expenses.

Eligible OTC Items			
Acne treatments Allergy & sinus medicine & products Antacids Antibiotic ointment Anti-itch & insect bite products Aspirin or other pain relievers Asthma/respiratory medicines or treatments Bandages & related items (OTC) Birth control (OTC) Blood pressure monitors Canker & cold sore treatments Chest rubs Cholesterol test kits & supplies Cold & flu medicines Condoms Contact lenses, cleaning solutions, etc. Corn & callus removers	Cough drops & sore throat lozenges Cough syrup Crutches, canes, walkers or like equipment (purchase or rental) Diabetic monitors, test kits, strips & supplies Diaper rash ointments & creams Ear drops & wax removal Eye drops Eye related equipment/materials Eyeglasses (OTC) Feminine anti-fungal/anti-itch treatments Fertility monitors (OTC) First aid kits (OTC) Gastrointestinal medications Hearing aids & batteries Hemorrhoid treatments Incontinence supplies	Insulin, testing materials & supplies Laxatives Lice treatments Medical equipment (for treatment of a medical condition) & repairs Medical monitoring & testing devices Medical supplies (for treatment of a medical condition) Menstrual care products Monitors & test kits (OTC) Motion sickness & nausea medicines Occlusal guards to prevent teeth grinding Orthotics Orthopedic & surgical supports OTC bandages & related items	OTC products for dental, oral, & teething pain Ovulation monitor (OTC) Pain relievers Pregnancy tests (OTC) Propecia (for treatment of a medical condition) Reading glasses (OTC) Retin-A (for non-cosmetic purposes) Sleep aids Teeth grinding prevention devices Toothache & teething pain relievers Urological products Walking aids (canes, walkers, crutches & related supplies) Wart removal treatments Wound care (OTC)

Ineligible OTC Items		Eligible OTC Items That Require a Letter of Medical Necessity
Herbal medicines Holistic medicines Homeopathic remedies	Items to improve general health Lip balm Moisturizers Toothpaste and toothbrushes	Nutritional supplements Vitamins

Health Care Spending Account

Changes In Status

You may be eligible to enroll after open enrollment has ended or during the plan year if you experience a change in status (CIS) event. You must enroll within **60 days** of the change event.

Once enrolled in the HCSA, you may not change your election amount. Your pre-tax deductions will continue throughout the plan year. However, there are certain circumstances where a change in your annual election may be permitted, as long as the change is consistent with the change in your family situation. For example, if you become married during the plan year, you may increase the amount of your contribution, and if you lose a dependent during the plan year, you may reduce the amount of your contribution. However, you are not allowed to reduce your election amount to $0 if you have a change in status. Certain events, such as marriage, the birth of a child, or returning to work from an unpaid leave of absence will allow you to enroll during the year. Below is a list of eligible CIS events:

- Change in legal marital status such as marriage, death of spouse, divorce, legal separation, or annulment
- Change in number of eligible dependents due to birth, death, adoption, or placement for adoption
- The taking of, or return from, an unpaid leave of absence for the employee
- Beginning or end of employment for the employee
- Gain or loss of spouse's or eligible dependent's eligibility for health insurance coverage due to a change in employment
- Gain or loss of your dependent's eligibility for health insurance by attaining a specified age, due to a change in student or marital status, or because of other allowable circumstances

If you have a CIS, call customer service or visit our website at ***goer.ny.gov/FSA*** to complete a change in status application. Your change in status application must be submitted within **60 calendar days** of the qualifying event, but as soon as possible to prevent unwanted, non-refundable deductions. You will also need to include documentation to support the change request, such as a copy of a marriage license, divorce decree, birth certificate, adoption decree, or death certificate.

The effective date of your new period of coverage and your new election amount will be the date your application is submitted to the FSA administrator or the date of your qualifying event, whichever is later, unless you are a new employee. If you enroll during the year as a new employee, your period of coverage will begin on your 61st consecutive calendar day of employment. In addition, if you are enrolled in the HCSA when the plan year begins on January 1 and you submit a change in status request during the plan year, you will have two separate periods of coverage from which expenses must be incurred and will be reimbursed.

CIS applications will be accepted during the plan year for events that occur on or before November 1, 2021. Applications received after November 1 won't be accepted because they can't be processed in time for the last payroll deduction of the year.

Payroll Changes

What happens if I leave the payroll during the plan year?

If you leave the payroll due to termination of employment, leave without pay (including leave under the Family and Medical Leave Act), or any other reason, and stop contributing to your account, your HCSA coverage will be terminated. You will still be able to submit claims for expenses that occur on or before your last paycheck deduction, but any health care expenses that occur *after* your contributions stop will not be reimbursed.

However, under certain circumstances you may still continue participating in the HCSA after you leave the payroll:

- If you are eligible to elect COBRA coverage, you can make after-tax payments directly to the FSA administrator, although under the direct pay option, you won't save money on your taxes. If you leave the payroll during the plan year (either temporarily or permanently) and want to continue your coverage, the FSA administrator will send you a COBRA notice that you must sign and return by the specified deadline.
- Before you retire, terminate employment, or take a planned leave of absence (such as under the Family and Medical Leave Act) you can pre-pay your election by increasing the amount of your biweekly deductions to compensate for the deductions you expect to miss once you leave the payroll. If you choose this option, you must contact the plan via email at **fsa@goer.ny.gov** as soon as possible to arrange for your deductions to be adjusted before you receive your last paycheck.
- If you return to the payroll during the same plan year, you can re-enroll if you submit a change in status application within 60 days of your return to the payroll. CIS applications will be accepted during the plan year until November 1, 2021.
- If you leave and then return to the payroll, you may re-enroll, but only for the same election amount that you had at the time you left the payroll. However, you will have two separate periods of coverage from which expenses can be incurred and reimbursed.

Remember, even if you re-enroll in the HCSA after you return to the payroll, you will not be reimbursed for health care expenses incurred during the time period when you were not contributing to your account.

What To Do At Tax Time

When you receive your W-2 for the 2021 tax year, the salary reported in Box 1 will already be reduced to reflect your 2021 plan year HCSA contributions. You are not required to file any tax forms to report your HCSA contributions.

Saving With The HCSA

We encourage you to use the online tax calculator to help you estimate the taxes you will save by enrolling in the HCSA. Visit ***goer.ny.gov/FSA*** to use the calculator. You will need your 2019 Federal and State tax returns to calculate your savings, which will depend on a number of factors such as your earned income, tax filing status, and the amount of your qualifying out-of-pocket health care expenses.

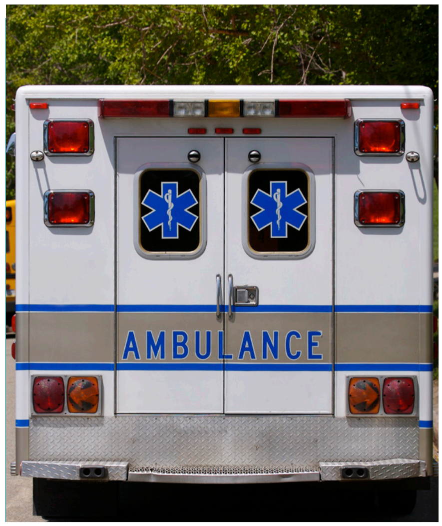
HCSA FAQs

Does the HCSA replace my medical plan? No. This program offers you a way to pay for eligible out-of-pocket health care expenses with pre-tax money. You cannot submit expenses for which you have received or will seek reimbursement from your health care plan or other source. You should first submit your claims to your health insurance plan. Once you know how much of your cost is covered, then submit any remaining out-of-pocket eligible expenses to the HCSA for reimbursement.

Am I required to participate in the New York State Health Insurance Program (NYSHIP) in order to enroll in the HCSA? No. If you have coverage elsewhere, you may still enroll in the HCSA as long as you meet the eligibility criteria.

If my spouse or I have health insurance coverage elsewhere, can I still enroll in or use the HCSA to pay for my family's expenses? Yes. You can participate in the HCSA even if you are not enrolled in NYSHIP.

If my spouse and I are state employees, can we both enroll in the HCSA? Yes. Any eligible state employee may enroll in the HCSA, up to the maximum contribution per individual for the tax year. However, if both spouses enroll, each health care expense can only be reimbursed once.



Whose expenses are eligible for reimbursement under the HCSA program? The HCSA may be used to reimburse health care expenses for you, your spouse, and anyone who is defined as a qualifying child or qualifying relative by the Internal Revenue Code.

Are my domestic partner's health care expenses eligible for reimbursement from my HCSA? According to the IRS, health care expenses for a domestic partner cannot be reimbursed through the HCSA unless the domestic partner qualifies as a dependent under the Internal Revenue Code.

Are expenses that are reimbursed by the HCSA eligible to be deducted on my tax return as a medical expense? No, because you have already received reimbursement with tax-free dollars. Only expenses that are not reimbursed through an insurance plan, some other source, or the HCSA may be deducted on your income tax return.

What happens if my medical expenses change during the plan year? Can I increase or decrease my HCSA contributions? No. According to IRS rules, a change in medical expenses is not a qualifying event that would allow you to change the amount of your HCSA annual election. So, if you incur more medical expenses during the plan year you cannot increase your HCSA contributions. If your medical expenses are less than you had planned, you cannot reduce your HCSA contributions.

If I have an eligible change in status, can I increase or decrease my HCSA amount? Yes, however your change must be consistent with the event. The IRS requires that the FSA administrator treat the periods prior to and subsequent to the change as two separate periods of coverage for reimbursement purposes.

If I was not eligible to enroll in the HCSA during the open enrollment period, but gain eligibility during the plan year, can I enroll mid-year? No. A change in eligibility is not a change in status event that would allow you to enroll in the HCSA during the plan year.

What happens if I retire, terminate employment with the State, or take an unpaid leave of absence during the year? If you retire, terminate employment, or take an unpaid leave of absence during the plan year, your coverage will be terminated once you leave the payroll and stop contributing to your account, unless you plan ahead during open enrollment. You can contribute your full annual election before you leave the payroll, which will enable you to use your account for expenses incurred after you leave.

When you apply for enrollment, make sure to indicate the number of paychecks you expect to receive before you leave the payroll. If you are unable to plan ahead, you may still continue to participate in the HCSA by making after-tax COBRA payments directly to the FSA administrator, or by arranging to pre-pay the balance of your annual election before you leave the payroll. Email the plan at **fsa@goer.ny.gov** if you wish to arrange pre-payments.

I am an adjunct professor at a state university, and don't expect to receive paychecks during the summer months. Will that affect my participation in the HCSA? Yes. If you are an adjunct employee and leave the payroll at the end of the spring semester, your coverage will be terminated once you stop contributing to your account. However, if you plan ahead during the open enrollment period and select the option of contributing your full annual election by the end of the spring semester, your participation will continue uninterrupted after you leave the payroll.

What happens to the money in my account if I separate from state service during the plan year? Can I use it after I leave? If you retire, leave state employment, go on leave without pay, or otherwise stop contributing to your account, the money in your account can only be used for services that occurred before you left the payroll. However, if you continue to contribute to the HCSA after you leave the payroll by making after-tax payments directly to the FSA administrator, or if you pre-pay the balance of your annual election before leaving the payroll, you will be able to submit claims for services that occur after you leave your state job.

HCSA FAQs

Can I request reimbursement from the HCSA for services I receive before the plan year begins if I am not billed until after the plan year starts? No. According to IRS guidelines, a qualified expense is "incurred" at the time the service is provided, not when you are billed (or charged) or actually pay for the service. Therefore, reimbursements made during a plan year are only for eligible medical services received during that same plan year.

Can health care services that require upfront payment to the provider be reimbursed from the HCSA in a single plan year, even if the health care is delivered over several plan years? No. IRS regulations do not allow medical expenses to be reimbursed through the HCSA until they have been incurred. Expenses are not incurred until treatment is provided to the participant, regardless of when the participant pays the provider.

How do I know if my child's orthodontia will be reimbursed? How are orthodontic expenses reimbursed if I pay my provider on a monthly payment plan? Orthodontic expenses are a reimbursable expense through the HCSA. At the beginning of the plan year in which you first request reimbursement for these expenses, you must submit a copy of the service contract between you and the orthodontist describing the payment arrangement/schedule.

Orthodontia costs that are paid on a monthly payment plan will be reimbursed after each monthly payment is due. However, if you pre-pay the entire cost of orthodontia treatment up front, you will only be reimbursed in a particular plan year for the value of the services that will be provided during that plan year. You must submit a claim for the pro-rated monthly amount on or after the beginning of each month of service, since you will not be reimbursed automatically. See page 5 for more information.

Are dental implants reimbursable? Yes. Dental implants are reimbursable as long as they are not a cosmetic treatment.

Will the HCSA reimburse the cost of my prescription drug, even if my insurance plan won't pay for part of it? Any prescription drug can be reimbursed as long as it is used to treat a medical condition. Prescription drugs that are primarily used for cosmetic purposes can't be reimbursed.

Can over-the-counter drugs, herbal medicines, and homeopathic remedies be reimbursed if my doctor or medical provider prescribes them to treat my medical condition? OTC drugs, medicines, and biologicals are eligible for reimbursement under the HCSA. Dietary supplements and vitamins are reimbursable if recommended by a doctor to treat a medical condition, and if your claim for the expense is submitted with a letter of medical need written by your doctor. However, herbal medicines and homeopathic remedies are not reimbursable under the HCSA.

Can travel expenses related to my medical care be reimbursed through my HCSA? Yes. The IRS permits you to be reimbursed for amounts paid for transportation primarily for, and essential to, medical care. You can receive reimbursement for car mileage (17 cents per mile in 2020), parking fees, tolls, subways, buses, trains, air travel, and lodging if the costs are incurred primarily to receive medical care.

Will the plan pay for upgrades to my prescription glasses? Yes. You can be reimbursed for the cost of upgrades or add-ons (such as scratch-resistant coating) to your prescription lenses and frames. There is no limit on dollar amounts of the upgrades or add-ons. Non-prescription glasses, warranties, and sunglasses are not reimbursable.

Dependent Care Advantage Account

What Is The Dependent Care Advantage Account?

The Dependent Care Advantage Account (DCAA) is a negotiated employee benefit that helps state employee families pay for custodial child care, elder care, or disabled dependent care while they are at work.

Who Is Eligible To Enroll?

Employees who work for Executive Branch state agencies, the State University of New York, the Legislature, and the Unified Court System are eligible to participate in the DCAA. Part-time and hourly employees are eligible as long as their biweekly paychecks can support their DCAA deductions. Employees of NYS Energy Research and Development Authority (NYSERDA), Environmental Facilities Corporation (EFC), New York Liquidation Bureau, and Roswell Park Cancer Institute are also eligible to participate.

New employees are immediately eligible for this benefit, but must enroll within 60 days, inclusive, of their hiring date. The plan year contribution amount will then be pro-rated over the remaining pay periods in the calendar year.

Who Is Not Eligible To Enroll?

Employees paid on a fee basis are not eligible to participate in the DCAA.

What You Need To Know Before Enrolling

The maximum you may put into the account is $5,000 or $2,500 based on your tax filing status.

- If you or your spouse earn less than $5,000 annually, you cannot put more money into the account than your income or your spouse's income — whichever is less.
- If you use the "Married Filing Jointly" tax filing status the IRS $5,000 maximum contribution rule is applied to households.
- If both you and your spouse participate in a dependent care FSA the total household contribution is limited to $5,000.
- If you file as "Head of Household", the IRS maximum contribution is $5,000.
- If you use the "Married Filing Separately" tax filing status, the IRS limits contributions to $2,500.
- If you use the "Single" tax filing status, the IRS limit is $2,500.

Expenses must be for service provided from January 1 through December 31 of the plan year.

If the services are for child care, your child must be under age 13 and must be your dependent as defined by federal tax rules. Services for a child or adult of any age are eligible if they are disabled and unable to care for themselves and spend at least eight hours of the day in your home.

The services may be provided either in your home or elsewhere, but not by someone whom you also claim as your dependent for income tax purposes. You may not pay your older child to care for your younger child or elderly parent.

The IRS requires you to provide the name, address, and taxpayer identification number (or social security number) of the person providing the care. You must provide this information when you submit a claim and when you file IRS Form 2441 with your income tax return.

Employer Contribution

The employer contribution is an amount of money that NYS will deposit into employees' DCAA when they enroll. The employer contribution was negotiated during collective bargaining to help employees with the high cost of dependent care expenses. Employees only need to enroll in the DCAA and their employer contribution will be contributed to their accounts, if they are eligible. The employer contribution is included in the employee's annual election amount. The DCAA employer contribution will be available in 2021 for unions that have agreements to participate in the employer contribution program. The following employees are currently eligible for the employer contribution:

- Employees of Executive Branch state agencies, Roswell Park Cancer Institute, or State University of New York who are designated M/C or represented by CSEA, UUP, NYSCOPBA, GSEU, or DC-37.
- Employees of the Unified Court System, except those designated unrepresented (Negotiating Unit #88).
- Employees of the Legislature, NYSERDA, or EFC.

If Your Salary Is...	The Employer Contribution Is...
Under $30,000	$800
$30,001 - $40,000	$700
$40,001 - $50,000	$600
$50,001 - $60,000	$500
$60,001 - $70,000	$400
Over $70,000	$300
GSEU Employees only (regardless of salary)	$600

The employer contribution may be available to state employees in other bargaining units for the 2021 plan year pending conclusion of negotiations and ratified contracts. Based on salary, the employer contribution may provide up to $800 for eligible employees who enroll in the DCAA. For employer contribution updates please visit the FSA website at ***goer.ny.gov/FSA*** or call **1-800-358-7202**.

Dependent Care Advantage Account

Who Is Considered A Dependent?

The IRS definitions regarding dependents may affect your DCAA reimbursement. Use this information to determine if your expenses are eligible. You may use your DCAA to receive reimbursement for eligible dependent care expenses for qualifying individuals.

A qualifying individual includes a **qualifying child**, if he or she:

- Is a U.S. citizen, national, or a resident of the U.S., Mexico, or Canada
- Has a specified family-type relationship to you
- Lives in your household for more than half of the taxable year (**Special rule for children of divorced or separated parents.** Even if you can't claim your child as a dependent, he or she is treated as your qualifying person if you were the child's custodial parent. According to the IRS, the custodial parent is the parent with whom the child lived for the greater number of nights in 2020. If the child was with each parent for an equal number of nights, the custodial parent is the parent with the higher adjusted gross income. For details and an exception for a parent who works at night, refer to IRS Pub. 501.)
- Spends at least eight hours per day in your home
- Has not provided more than one-half of his or her own support during the taxable year
- Under age 13

A qualifying individual includes your **spouse, relative, or any other individual** (as long as the relationship does not violate local law), if he or she:

- Is a U.S. citizen, national, or resident of the U.S., Mexico, or Canada
- Has a specified family-type relationship to you
- Lives in your household for more than half of the taxable year
- Spends at least eight hours per day in your home
- Receives more than one-half of his or her support from you during the taxable year
- Is physically or mentally incapable of self-care

If you are a tax dependent of another person, you cannot claim qualifying individuals for yourself. You cannot claim a qualifying individual if he or she files a joint tax return with his or her spouse. Only the custodial parent of divorced or legally-separated parents can be reimbursed using the DCAA.

Eligible And Ineligible Expenses

To use the DCAA, you must be paying for dependent care so that you and your spouse (if you are married) can work or go to school. If your spouse is not disabled, not at work, or not in school, it is assumed they are available to care for the dependent.

Some ELIGIBLE Expenses

Adult daycare
Au pair[1]
Babysitter
Before/after school programs
Boarding school[2]
Child care center
Family care provider
Home aide
Housekeeper or cook (who also provides custodial care)
Nursery school
Pre-school programs
Summer day camp
Sports day camp
Virtual/remote camp
Virtual/remote care

Some INELIGIBLE Expenses

Activity fees
Books
College tuition
Deposits[1]
Diaper service
Insurance fees
Meals
Medical expenses
Online classes
Piano, ballet, art lessons, etc.
Registration fees
Residential nursing home
Sleepover camp
Supplies
Transportation fees (unless provided by the caregiver)
T-shirts
Tuition (kindergarten and up)
Virtual/remote education

1 Application, agency fees, and deposit expenses required to obtain child care for qualifying dependents are considered employment-related expenses; however, if the care is not provided (for any reason), these expenses are not eligible for reimbursement through the DCAA.

2 Proper documentation differentiating between expenses for the care of a qualifying dependent and expenses for other goods or services is required. For example, in the case of a dependent attending boarding school: the participant must allocate the expenses for care and the expenses for food, lodging, clothing, and education. Only the cost for care is reimbursable. Overnight camps are not considered employment-related expenses and are not reimbursable.

Dependent Care Advantage Account

Changes In Status

You may be eligible to enroll after open enrollment has ended, or during the plan year if you experience a change in status (CIS) event. You must enroll within **60 days** of the change event.

Once enrolled in the DCAA, you may not change your mind. Your pre-tax deductions will continue throughout the calendar year. However, there are certain circumstances where a change may be permitted.

Here are some examples of eligible CIS events:

- Marriage
- Divorce or separation
- Death (spouse/dependent)
- Birth or adoption of a child
- Beginning or end of employment (employee or spouse)
- Dependent disability
- From full-time to part-time employment or vice versa (employee or spouse)
- Beginning of or return from leave of absence (employee or spouse)
- Change in work schedule (employee or spouse)
- Change in custody of dependent
- Change in rate paid (only if the provider is not a relative)
- Change in care provider
- Dependent reaches age 13 (decrease or termination only)
- Loss of another Dependent Care Assistance Program (DCAP) plan's coverage (increase or enrollment only)

If you have a CIS, you must submit your application online or by phone within **60 days**, inclusive, of the qualifying event, but as promptly as possible to prevent unwanted, non-refundable deductions. Your application to start, change, or terminate your account becomes effective once the date of the CIS event has elapsed or the date your application is received, whichever is later. Any change in your DCAA contributions must be consistent with the change in status. No additional documentation or verification of the eligible event is required. It is your responsibility to keep legal documentation of the changes in your personal records in case the IRS audits you.

If you are starting an account after the plan year has begun with an eligible CIS event, your expenses will be eligible for reimbursement from the date your application is received or the date of your CIS, whichever is later, through December 31.

CIS applications will be accepted during the plan year until November 1, 2021 for CIS events that occur on or before November 1, 2021. Applications received after that date cannot be processed in time for the last pay period of the year.

Payroll Changes

Leave Without Pay

If you go on leave without pay, your DCAA deductions will automatically stop. When you return from your leave, you will need to file a CIS application either online at ***goer.ny.gov/FSA*** or by calling the FSA administrator at **1-800-358-7202**. You must submit your CIS application within 60 days of your return to work. Your account will be re-established for the remainder of the plan year. CIS applications will be accepted during the plan year for CIS events that occur on or before November 1, 2021. Applications received after that date cannot be processed in time for the last DCAA deduction of the year.

Leave With Pay

Payroll deductions will continue for participants on sick leave, vacation, and sick leave at half-pay, provided there are sufficient funds in the paycheck. Deductions will not continue for employees receiving short- or long-term disability benefits through the Income Protection Plan (IPP).

Some of these situations may be considered eligible changes in status. If you have a question about your situation, contact the FSA administrator at **1-800-358-7202**.

Terminations

If you leave the state payroll, your DCAA deductions will automatically stop. Your DCAA eligibility will continue from your initial eligibility date through December 31 of the plan year.

If you return to the state payroll and have not missed a deduction, your election will automatically reinstate. If you wish to make a change to your election you will need to submit a CIS application.

If you return to the state payroll and have missed a deduction, you may re-enroll by submitting a CIS application within 60 days of your return to the State payroll.

You can submit a CIS application either online at ***goer.ny.gov/FSA*** or by calling the FSA administrator at **1-800-358-7202**.

Dependent Care Advantage Account

What To Do At Tax Time

Your total DCAA contributions will be reflected in Box 10 of your W-2 Form. You will also need to file IRS Form 2441 when you file your Federal Income Tax return.

Please consult your tax preparer, tax attorney, or accountant if you have any questions regarding your filing requirements.

Federal Tax Credit Or DCAA?

Choosing the Federal Tax Credit or the DCAA depends on your specific tax situation. You may apply up to $3,000 of expenses paid in a year for one qualifying individual, or $6,000 for two or more qualifying individuals to your taxes through the Dependent Care Tax Credit.

If you have two or more dependents and your household adjusted gross income is less than $43,000, you might find the federal tax credit to be more beneficial. However, if your household adjusted gross income exceeds $43,000, it is likely that the DCAA will provide greater tax savings.

Please use the online calculator to help you estimate whether to use tax credits, the DCAA, or a combination of both to maximize your savings. Log onto ***goer.ny.gov/FSA*** to use the online calculator.

Please consult your tax preparer, tax attorney, or accountant if you have any questions regarding your specific tax situation.

	TAX SAVINGS EXAMPLE 1		TAX SAVINGS EXAMPLE 2	
	WITHOUT THE DCAA	**WITH THE DCAA**	**WITHOUT THE DCAA**	**WITH THE DCAA**
FAMILY INCOME (AFTER EXEMPTIONS & DEDUCTIONS	$40,000	$40,000	$75,000	$75,000
DCAA ANNUAL ELECTION	$0	$5,000	$0	$5,000
TAXABLE INCOME	$40,000	$35,000	$75,000	$70,000
MINUS PAYROLL TAXES	-$11,060	-$9,677	-$28,238	-$26,355
ELIGIBLE DEPENDENT CARE EXPENSES (POST-TAX)	$5,000	$0	$5,000	$0
YOUR INCOME AFTER TAXES & EXPENSES	$23,940	$25,323	$41,762	$43,645
ESTIMATED ANNUAL SAVINGS*		$1,383		$1,883

* Savings shown are for illustrative purposes only. The examples assume 2020 tax rates. The taxpayer is married filing a joint return with 5 percent state and local income taxes, 1.45 percent Medicare tax, 6.2 percent Social Security tax, and a 15 percent marginal federal income tax rate for Example 1 and a 25 percent marginal rate for Example 2. No Employer Contribution is included in either example. Your actual tax rates may vary.

DCAA FAQs

How can payroll deductions to the DCAA be a benefit if I still have to pay for my dependent care expenses with my own money? The money you contribute to your DCAA is not subject to state, federal, social security, and city (if applicable) taxes, so you end up paying less in taxes. This allows you to take home more of your paycheck and be reimbursed from your DCAA with pre-tax or whole dollars.

Can I pay my mother to care for my kids? Yes, as long as your mother is not your dependent and will give you her social security number (SSN). You need her SSN so that you can report her as the caregiver when you file claims for reimbursement and when you file your income tax return. Your mother should report the payments as income.

Can I pay my spouse? No. You can't pay your spouse to care for your children. You also cannot pay your own child under age 19, or any other person you claim as a dependent.

Can I use the DCAA to pay a maid, cook, or housekeeper? If the intent of the service is to provide your dependent with care while you work, then those expenses are eligible.

What about kindergarten or private elementary school? Tuition costs for kindergarten and up are not eligible.

Can I participate in the DCAA if I use an au pair to care for my children? Yes, the amounts paid to cover wages, taxes on those wages, expenses incurred for lodging, food the au pair consumes in your home, and agency fees are eligible for reimbursement.

What if my babysitter won't give me their SSN? In order to receive reimbursement, you must provide the FSA administrator with your caregiver's SSN. Therefore, it is important that you discuss this program with your caregiver before electing to participate.

Who determines whether a child or other dependent is disabled? The IRS offers guidelines for you as the participant to consult in order to determine if your dependent is disabled.

Can I pay for my disabled child's overnight expenses, since they are at the school during the day? No. This account is only for daycare while you work—not for residential care, tuition for special educational schools, or medical care.

Do my child's summer camp expenses qualify if occasional sleepovers are a part of any overall day program? Summer day camps that offer occasional overnights are eligible. Sleepaway camps do not qualify, and your child must be 12 years old or younger.

My elderly mother requires care. I pay someone to take care of her in her own home while I work. Is this an eligible expense? No. The IRS requires that the person needing care reside in your home at least eight hours a day.

My 20-year-old child is disabled and lives in my home. We pay a neighbor to care for them while we work. Is this cost reimbursable? Yes. If your disabled dependent is unable to care for themselves and your spouse also works, then the costs of caring for them in your home or at a special daycare facility are reimbursable. The same rules apply if your spouse is disabled.

I have a disabled friend who resides with me and for whom I contribute a sizable portion of financial support. Can I establish a DCAA for their care while I'm at work? Yes, if the individual meets the IRS definition of a qualifying individual defined on page 17.

If I am able to enroll in the DCAA with an eligible change in status during the year, how far back may I calculate my expenses? You should not back date your expenses. If you enroll during the plan year your expenses will be eligible from the date your change in status application is received, or the date of your change event, whichever is later.

What if my child turns age 13 during the middle of the plan year? IRS regulations state that once a child turns 13, child care expenses are no longer eligible, unless the child is disabled. "Dependent reaches age 13" is a change in status event that will allow you to terminate or decrease the amount you contribute to your account.

My child was expelled from daycare and is now being cared for by a family member, free of charge. Can I terminate my DCAA? Yes, "change in care provider" is an eligible change in status event.

What if I'm laid off, fired, or quit my job? If you leave state service during a plan year, you retain your account through the end of that plan year. This means that although you cannot make any additional contributions to your account, you have until December 31 of the plan year to incur eligible expenses—and until March 31 of the following year to submit a claim.

What if my spouse is laid off, fired, or quits his or her job? If your spouse is working or looking for work, then you are still eligible to participate, or you may use that event as a change in status to make a change to your account.

DCAA FAQs

My spouse and I have separated but are not yet "legally" separated. Is that a "change in status?" No. Other circumstances surrounding a separation may qualify, such as a change in employment schedule.

If I become legally separated, how does this affect participation in the plan? A participant who is legally separated is not considered married for purposes of the DCAA and may be reimbursed up to $5,000 of eligible expenses—even if filing a separate tax return. Legal separation would constitute a change in status.

Can my spouse and I both use the $5,000 limit? No, the $5,000 limit is a household limit.

My spouse is a full-time student. Can we participate in the DCAA? Yes. However, the maximum you can contribute to the DCAA is determined by the earned income of you and your spouse. As a student, the IRS considers your spouse to be gainfully employed. Earned income is calculated as not less than $250 for one qualifying dependent and $500 for more than one qualifying dependent for each month the spouse is a student.

For example, if you have two children in need of care, and your spouse is a student nine months out of the year and earns no other income, the maximum you can put into the DCAA is $4,500.

How do I know if the Federal Tax Credit or the DCAA is better for me? We encourage you to use the online calculator to help you choose. As the taxpayer, you must determine whether participation in the DCAA, claiming a federal and state tax credit or exclusion, or using a combination of the taxable and tax-free benefits is best for you. Consult your tax advisor or the IRS for additional information.

Can I take the Federal Tax Credit and be in the DCAA, too? You cannot use the Federal Tax Credit and the DCAA for the same expenses. However, if you underestimate your DCAA contribution, the tax credit can be used for any remaining expenses up to the maximum allowed by the tax credit provisions.

The amount reimbursed through your DCAA reduces dollar-for-dollar the amount that can be used to calculate the Federal Tax Credit. Use the online tax calculator to find out how to maximize your savings.

The current child and dependent tax credit limits are $3,000 of expenses covering one child and $6,000 for families with two or more children.

Will my dependent care deductions be reported to the IRS? Yes. Your deductions will be reflected on your W-2 form in Box 10. You must file IRS Form 2441 with your tax return. Remember that IRS form 2441 requires you to provide a taxpayer identification number or SSN for each dependent care provider.

My spouse and I are divorced. My spouse claims the children as dependents for tax purposes, but we share equal custody. Am I able to enroll in the DCAA? Yes, if you meet the IRS definition of a custodial parent. The custodial parent is the parent with whom the child lived for the greater number of nights in 2020. If the child was with each parent for an equal number of nights, the custodial parent is the parent with the higher adjusted gross income. For details and an exception for a parent who works at night, see IRS Pub. 501.

According to the IRS, the noncustodial parent can't treat the child as a qualifying person even if that parent is entitled to claim the child as a dependent under the special rules for a child of divorced or separated parents.

How is the amount of the employer contribution determined? What if I'm working at 50%? It is based on your annualized state salary.

My spouse and I are both state employees and are represented by an eligible bargaining unit. Can we both enroll in the DCAA and get the employer contribution? Yes. Apply for enrollment individually, and you will both receive the employer contribution based on your individual state salaries. Remember, your combined enrollments cannot exceed the $5,000 maximum calendar year household limit set by the IRS.

What is the minimum amount I can enroll for? If you wish, you can enroll just for the amount of the employer contribution and your DCAA will be fully funded by New York State. You will have no biweekly DCAA deductions taken from your paycheck.

Adoption Advantage Account

What Is The Adoption Advantage Account?

Eligible employees can enroll in a flexible spending account for expenses related to the adoption of an eligible child. Pre-tax payroll deductions contributed to the Adoption Advantage Account can help pay for a qualified adoption. Although you won't save on social security taxes, you can save on federal and state taxes (where applicable) by having up to $14,300 withheld from your paycheck on a pre-tax basis.

Who Is Eligible To Enroll?

Employees of Executive Branch state agencies, the State University of New York, or Roswell Park Cancer Institute who are designated M/C or represented by:

- CSEA
- UUP
- NYSCOPBA
- DC-37
- PBA

What You Need To Know Before Enrolling

- Qualified adoption expenses are reasonable and necessary expenses directly related to, and for the principal purpose of, the legal adoption of an eligible child including the expenses listed above.
- An eligible child must be under the age of 18 or any disabled individual physically or mentally incapable of self-care and must not be a stepchild.
- You can enroll or stop deductions within 60 days of starting or stopping adoption proceedings. Accounts cannot be backdated so keep in mind only expenses incurred after you enroll will be eligible for reimbursement.
- Pre-tax deductions are not refundable for any reason. You can only be reimbursed from money already contributed to your Adoption Advantage Account. If you are unable to get reimbursed, you will forfeit the money back to the plan.
- You can have up to the maximum amount of the adoption tax credit withheld from your paycheck.
- Employees are responsible for understanding the tax treatment of reimbursement under this plan and for claiming the application income exclusion by filing Form 8839 with their federal income tax return.

Eligible Expenses

- Home study and application fees
- Reasonable and necessary legal adoption fees
- Court costs
- Attorney fees
- Agency fees
- Medical services associated with a child with special needs
- Travel and lodging fees
- Other expenses which are directly related to, and for the principal purpose of, a legal adoption

Changes in Status

You must enroll during the open enrollment period, unless you have a change in status event that occurs after the open enrollment deadline.

Once enrolled in the Adoption Advantage Account, you may not change your mind. Your pre-tax deductions will continue throughout the calendar year. However, there are certain circumstances where a change may be permitted. Here are some examples of eligible changes in status (CIS) events:

- Beginning or end of adoption proceedings
- Beginning of or return from leave of absence (employee or spouse)

If you have a CIS, you must submit your application online or by phone within **60 days**, inclusive, of the qualifying event, but as promptly as possible to prevent unwanted, non-refundable deductions. Your application to start, change, or terminate your account becomes effective once the date of the CIS event has elapsed or the date your application is received, whichever is later. Any change in your contributions must be consistent with the change in status. No additional documentation or verification of the eligible event is required. It is your responsibility to keep legal documentation of the changes in your personal records in case of an IRS audit.

If you are starting an account after the plan year has begun with an eligible CIS event, your expenses will be eligible for reimbursement from the date your application is received or the date of your CIS, whichever is later, through December 31.

CIS applications will be accepted during the plan year until November 1, 2021 for CIS events that occur on or before November 1, 2021. Applications received after that date cannot be processed in time for the last pay period of the year.

Payroll Changes

What happens if I leave the payroll during the plan year? If you leave the payroll due to termination of employment, leave without pay (including leave under the Family and Medical Leave Act), or any other reason, and stop contributing to your account, your eligibility in the adoption FSA will be terminated. You will still be able to submit claims for expenses that occur on or before your last paycheck deduction, but any adoption-related expenses that occur after your contributions stop will not be reimbursed.

What To Do At Tax Time

When you receive your W-2 form, the salary reported in Box 1 will already be reduced to reflect your plan year contributions. You will also need to file IRS Form 8839.

Please consult your tax preparer, tax attorney, or accountant if you have any questions regarding your filing requirements.

2021 Open Enrollment Calendar

November 1, 2020	Last day to submit change in status applications for 2020 plan year
	Last day to submit requests for adjustments for 2020 plan year
November 2	2021 open enrollment period begins
	New state employees hired during the open enrollment period who have not been assigned a NYS EMPLID may enroll by submitting a change in status application within 60 days of their hire date.
November 30	Open enrollment period ends at 10:00 p.m. ET
December 1	First day to submit change in status applications for 2021 plan year
December 21	Confirmation notices sent to all applicants
January 6, 2021	First deduction taken from Administration Payroll participants
January 14	First deduction taken from Institution Payroll participants
January 31	Deadline for correcting administrative errors resulting from open enrollment process
March 31	Deadline for submitting claims for **2020** plan year

Flex Spending Account

goer.ny.gov/FSA

FSA Hotline 1-800-358-7202

fsa@goer.ny.gov

New York State Governor’s Office of Employee Relations

Andrew M. Cuomo, Governor

The Flex Spending Account is sponsored by the Work-Life Services Advisory Board and the Joint Labor-Management Committees on Health Benefits, the Governor’s Office of Employee Relations, the Civil Service Employees Association, Public Employees Federation, United University Professions, NYS Correctional Officers & Police Benevolent Association, Inc., Council 82, District Council 37, Police Benevolent Association of the New York State Troopers, New York Police Investigators Association, Police Benevolent Association of New York State, Inc., and the Graduate Student Employees Union.

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