

**OTTAWA COUNTY COMMISSIONERS**

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November 12, 2010

**COUNTY ADMINISTRATOR**

JERE WITT

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CLERK/ASSISTANT

ADMINISTRATOR

RHONDA SLAUTERBECK

419-734-6720

**A RESPONSE IS NECESSARY FROM ALL EMPLOYEES NO  
LATER THAN NOVEMBER 29<sup>TH</sup>**

TO: County Employees

FROM: Rhonda Slauterbeck

RE: Flexible Spending – Section 125 Plan

Included with this letter you will find information on the Flexible spending program for 2011.

You should have this cover letter, the take care OF YOURSELF booklet, ENROLLMENT FORM for the take care FLEX BENEFIT PLAN, and a couple of fliers that explain the benefits of the program.

**You may participate in the health care flexible spending plan only if you qualify below:**

- 1. You have been employed by the county full-time for one year**
- 2. You have been employed by the county part-time for five consecutive years**

**You may participate in the dependent care program regardless of your full-time or part-time status. This option is available to all employees.**

The amount you may deduct for 2010 will be \$4,000 for health care expenses and \$5,000 for dependent care expenses. These amounts will change in 2013. Please remember over-the-counter purchases are very limited with the new law. We are still able to offer the Take Care Debit card. All you will do is swipe your debit card and it will automatically come out of your flexible spending account for eligible expenses. You may also continue to submit claims on your own if you wish or have MMOH automatically roll them over for processing.

(please turn over for additional information)

*The Ottawa County Commissioners do not discriminate in provision of services of employment because of race, color, national origin, sex, age, religion or disability*

<http://www.co.ottawa.oh.us>

For payroll purposes the funds will be deducted again from 24 pays for your health insurance contribution and your flexible spending elections. MMOH will process claims daily and you have the ability to have the funds direct deposited into your personal checking or savings account and not have to wait on a paper check.

- If you are eligible to participate **BUT CHOOSE NOT TO AND HAVE HEALTH INSURANCE COVERAGE**, please complete the Enrollment Form for the take care Flexible Benefits Plan with your name printed at the top and mark no on all the boxes **except for option 3 – this is the tax savings for your employee health insurance contribution – check that box yes**, sign and date the form and return to your supervisor.
- If you are eligible to participate **AND CHOOSE TO** do so, please complete the Enrollment Form for the take care Flexible Benefits Plan.
  - OPTION 1A - Please check yes and fill in the first set of boxes with your annual amount – up to \$4,000 – the amount is then divided by 24 for the per pay boxes.
  - OPTION 1B – We do not have – you can check no.
  - OPTION 2 – Please check yes if you wish to participate in the Dependent Care Plan and fill in the first set of boxes with your annual amount – up to \$5,000 – the amount is then divided by 24 for the per pay boxes.
  - OPTION 3 – Please check yes - this is the tax savings for your employee health insurance contribution – check that box yes.
  - Sign and date the form and return to your supervisor.
- More information will follow regarding the debit card and when it is available online to sign up.

Once you have elected to participate, you will be mailed more information from MMOH.

**\*\*\*\*\*I must have all election forms returned whether you elect or waive the benefit no later than November 29, 2010. Please return them to your department head prior to that date. I am not able to accept any forms after that date, so if you are interested in participating – I MUST HAVE THEM no later than the 29<sup>th</sup>. \*\*\*\*\***

# CONTRIBUTION MAXIMUMS FOR EACH BENEFIT ARE BASED ON A PLAN YEAR

## OPTION 1A – HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Your employer sets the annual maximum contribution amount for the FSA. Check with your employer or review your Summary Plan Description (SPD) for contribution limits to the FSA. The SPD is provided to you by your employer.

## OPTION 1B – LIMITED FLEXIBLE SPENDING ACCOUNT (LFSA)

Available only if you elect to enroll in an HSA (Health Savings Account). The LFSA is in addition to the HSA account and is limited to paying only qualified dental and/or vision expenses that are not covered by your employer's health plan or any other health plan.

Your employer sets the annual maximum contribution amount for the LFSA.

Check with your employer or review your Summary Plan Description (SPD) for contribution limits to the LFSA.

## OPTION 2 – DEPENDENT DAY CARE / ELDER CARE ACCOUNT

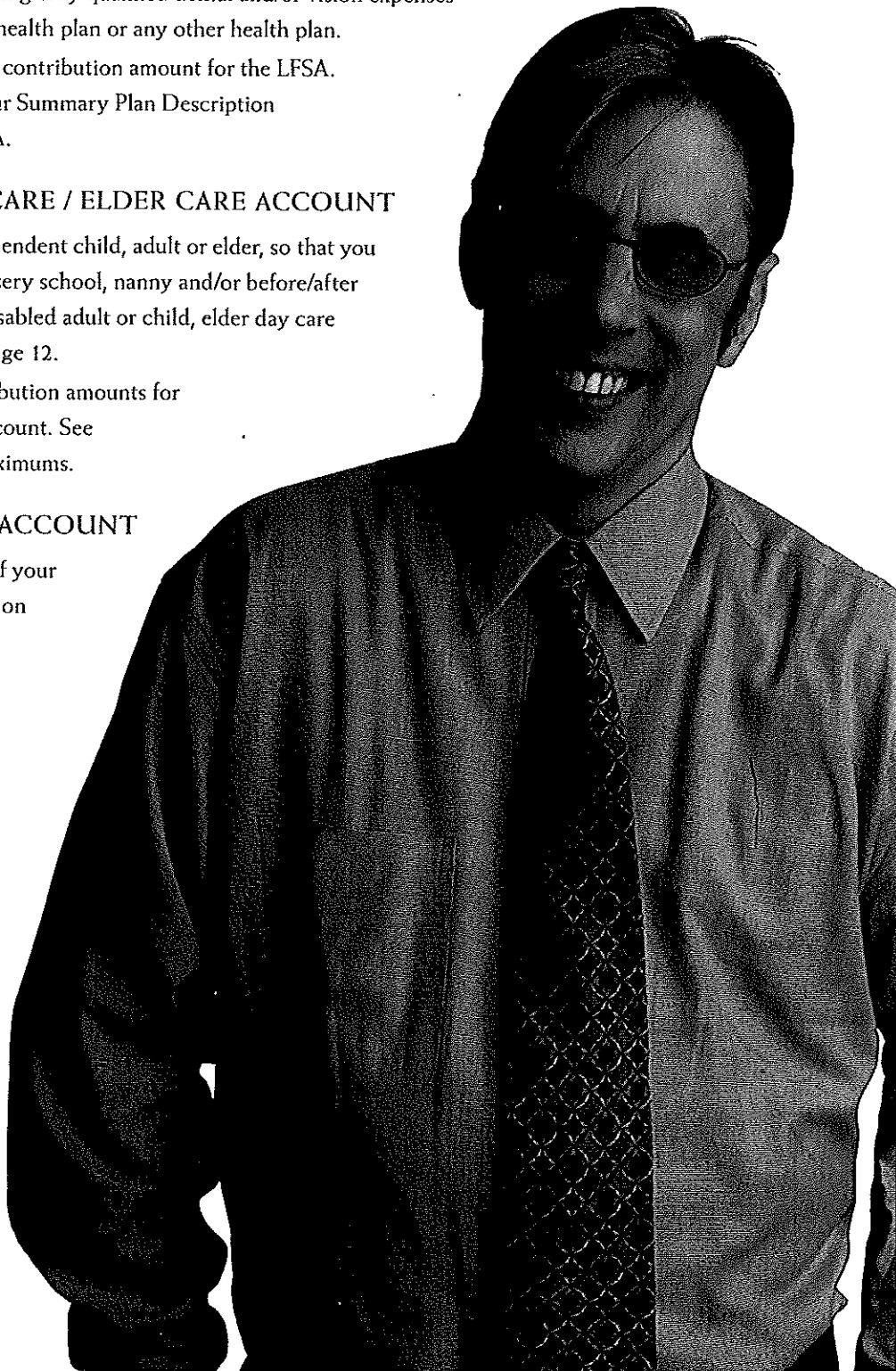
This pays for day care expenses for a dependent child, adult or elder, so that you may work. Eligible services include: Nursery school, nanny and/or before/after school care thru age 12, day care for a disabled adult or child, elder day care for parent or dependent, day camp thru age 12.

The IRS sets the annual maximum contribution amounts for the Dependent Day Care/Elder Care Account. See [mytakecareplan.com](http://mytakecareplan.com) for current year maximums.

## OPTION 3 – PRE-TAX PREMIUM ACCOUNT

This allows you to pay for your portion of your employer-sponsored insurance premiums on a pre-tax basis. Eligible expenses include health, dental, and vision.

Other insurance premiums may qualify. Check with your employer or review your Summary Plan Description (SPD).



take care®

[mytakecareplan.com](http://mytakecareplan.com)

*(over for enrollment form)*

