

TO: All Active Employees

FROM: The State Health Plan for Teachers and State Employees

RE: Enrollment for Flexible Benefit Plan (IRS Section 125) for the State Health Plan

If you are an **active** employee, you are eligible for participation in the Flexible Benefit Plan to have your health benefit plan premium payments deducted on a pre-tax basis. **Retirees** and members with **COBRA** continuation coverage **are not eligible** for participation since they must have current earnings from which the premium payments can be deducted.

The Flexible Benefit Plan allows any premiums you pay for health benefit coverage to be deducted from your paycheck before Federal, State, and FICA taxes are withheld. By participating, you will be able to lower your taxable income and lower your taxable liability, thereby in effect, lowering the net cost of your health plan coverage.

**The Flexible Benefit Plan is designed so that your participation will be automatic unless you decline.** If you wish to **decline participation** and have your contributions paid on an “after tax” basis, you must complete the **attached Rejection Form** and return it to your Health Benefits Representative. You will have the opportunity to change your participation election during each annual enrollment period.

The Flexible Benefit Plan administered by the State Health Plan is for the payment of health benefit plan premiums on a before tax basis only and is separate and distinct from the NC Flex, which is administered by the Office of State Human Resources.

**Your health benefit coverage can only be changed (dependents added or dropped) during the Annual Enrollment period or when one of the following events occurs:**

- Your marital status changes due to marriage, death of spouse, divorce, legal separation, or annulment.
- You increase or decrease the number of your eligible dependents due to birth, adoption, placement for adoption, or death of the dependent.
- You, your spouse, or your eligible dependent experiences an employment status change that results in the loss or gain of group health coverage.
- You, your spouse, or your dependents become entitled to coverage under Medicare or Medicaid.
- Your dependent ceases to be an eligible dependent (e.g., the dependent child reaches age 26).

- You, your spouse, or your dependents commence or return from an unpaid leave of absence such as Family and Medical Leave or military leave.
- You receive a qualified medical child support order (as determined by the plan administrator) that requires the plan to provide coverage for your children.
- If you, your spouse or dependents experience a cost or coverage change under another group health plan for which an election change was permitted, you may make a corresponding election change under the Flex Plan (e.g., your spouse's employer significantly increases the cost of coverage and as a result, allows the spouse to change his/her election) (not applicable to the Health FSA).
- If you change employment status such that you are no longer expected to average 30 hours of service per week but you do not lose eligibility for coverage under the State Health Plan (e.g., you are in a stability period during which you qualify as full time), you may still revoke your election provided that you certify that you have or will enroll yourself (and any other covered family members) in other coverage providing minimum essential coverage (e.g., the marketplace) that is effective no later than the first day of the second month following the month that includes the date the original coverage is revoked.
- You may prospectively revoke your State Health Plan election if you certify your intent to enroll yourself and any covered dependents in the marketplace for coverage that is effective beginning no later than the day immediately following the last day of the original coverage that is revoked.
- You or your children lose eligibility under Medicaid or a state Children's Health Insurance Program. In this case you must request enrollment within 60 days of losing eligibility.
- If you, your spouse, or your dependent loses eligibility for coverage (as defined by HIPAA) under any group health plan or health insurance coverage (e.g., coverage in the individual market, including the marketplace), you may change your participation election.

In addition, even if you have one of these events, your election change must be "consistent" with the event, as defined by the IRS. Consequently, the election change that you desire may not be permitted if not consistent with the event as determined by IRS rules and regulations. When one of these events occurs, you must complete your request through your online enrollment system within 30 days of the event (except as described above). If you do not process the request within 30 days, you must wait until the next Annual Enrollment to make the coverage change. Whenever you report a change due to a qualifying event, your premium deduction will be on a pre-tax basis.

## **Flexible Benefit Plan REJECTION FORM**

### **For Active Employees Only**

Employing Unit: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Election for current benefit year:

Effective Date: \_\_\_\_\_

**I do not** want the health benefit plan premiums I am currently paying to the State Health Plan withheld from my earnings on a “before tax” basis.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

Please return this form to your Health Benefits Representative.