

Flexible Spending Account (FSA) Open Enrollment Instructions

1. After you log into the Benefits Supersite, the Benefits Dashboard will appear. Click on "Elections."

My Benefits Dashboard

The dashboard features three circular icons with corresponding labels and descriptions:

- BCS**: View, print, save or download your benefit confirmation statement. [View](#)
- Elections**: Enroll, change, or edit your benefits information. [View](#)
- Supersite**: Benefit summaries, comparisons, forms, videos, links, and contacts. [View](#)

2. Select "Next Year's Benefits" and "Continue to next section."

Welcome to your employee benefits management system.

To make (or change) Flexible Spending Account (FSA) benefit selections for next year's employee benefit offerings, select the "Next Year's Benefits" tab below. You have 19 days starting on October 31, 2022 and ending on November 18, 2022 to make your FSA benefit selections for next year. This benefit selection period is commonly known as your "Open Enrollment Period." You can change your FSA benefit selections at any time during this period by accessing this system. Next year's FSA benefits will become active on January 1, 2023.

or

To make changes to your current benefit selections, select the "Current Benefits" tab below. (An approved, qualifying event may be required.)

Next Year's Benefits - Or - Current Benefits

[Continue to next section](#)

3. You may be prompted to review your dependent information. You'll have the opportunity to make changes to your personal information, if necessary. However, if you need to update your address, you must do so through Human Resources, who will advise Employee Benefits of the change.
4. If you wish to enroll in a Medical Flexible Spending Account (FSA), enter the **ANNUAL** amount you wish to contribute for the 2023 calendar year. The system will automatically populate the "New Per Paycheck" box based upon your pay cycle (i.e., monthly vs. tenthly).
 - a. **PLEASE NOTE:** *The "Per Paycheck" value is an estimate and is recalculated each pay cycle.* Specifically, the system will contribute your contribution based upon many factors, including the number of paychecks you have remaining in the calendar year. It does so to ensure you reach your annual contribution amount by the end of the calendar year.

- b. If you are enrolled in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), you will be provided with the option to enroll in a **Limited Use FSA**. *This works in a similar manner, but can only be used for dental and vision expenses.*
- c. *If you are enrolled in an HMO as your medical plan, you should only select the Limited Use FSA option if you intend to enroll in a High Deductible Health Plan with an Health Savings Account (HSA) during next year's medical open enrollment period since you cannot be enrolled in an HMO and a Medical FSA at the same time.*

Flexible Spending Accounts Basic Pacific

HealthCare

Insert your annual amount or per paycheck amount below.

Contributed So Far	New Annual Contribution	New Per Paycheck
\$0.00	\$ 0.00	\$ 0.00

[Learn More](#)



5. If you wish to enroll in a Dependent Care FSA, enter the ANNUAL amount you wish to contribute for the 2023 calendar year.

- a. **PLEASE NOTE:** The Dependent Care FSA applies to those who wish to set aside money on a pre-tax basis to pay for childcare (children up to age 13) or elder care for qualified individuals. It is NOT used to pay for medical/dental/vision expenses. *If you do not have eligible dependents, you are not eligible to enroll in this plan.*

Flexible Spending Accounts Basic Pacific

Dependent Care

Insert your annual amount or per paycheck amount below. The per paycheck amount will be automatically rounded to the nearest penny, which may change your annual amount slightly.

Contributed So Far	New Annual Contribution	New Per Paycheck
\$0.00	\$ 0.00	\$ 0.00

6. At the end of the enrollment process, you will be asked to review the information you entered for accuracy. Once you complete this step, you will check the "I have read and agree to these terms" box and click "Continue to Complete Enrollment." You will also be given the opportunity to generate a "Benefit Confirmation Statement (BCS)" to retain for your records.



Review Your Information

Please review your benefit selections below. If any corrections need to be made, simply click the edit button in the section that you would like to change.

Once your information is correct, please scroll to the bottom of the page to confirm your selections. After confirming your selections you will have an option to print a copy of your benefits.

Final Review