Flexible Benefits Plan Summary

January 1 – December 31, 2026

This Flexible Benefits Plan Summary is a summary description of benefits under the Flexible Benefits Plan. It is not a contract setting forth all terms and conditions for the determination of eligibility and the payment of benefits by the Flexible Benefits Administrator, or its designee. Such provisions are contained within the Plan Document of the Flexible Benefits Plan for the State of Louisiana. Oversight responsibility is assigned to the Division of Administration, Office of Group Benefits (OGB). OGB retains the right to amend any aspect of any plan, to discontinue contributions, and to terminate any plan at OGB's discretion, and in accordance with applicable laws.

For Eligible Employees in the Following Payroll Systems. This list is current as of January 1, 2025. As Participant Employers may be added or deleted throughout the Plan Year, please confirm with OGB whether your employer participates in the Flexible Plan.

Administration - HCM (HR) System

Boards and Commissions

Louisiana Board of Examiners of Nursing Facility Administrators
Louisiana Board of Massage Therapy
Louisiana Board of Nursing
Louisiana Board of Physical Therapy Examiners
Louisiana Cemetery Board
Louisiana Motor Vehicle Commission
Louisiana Patient's Compensation Fund
Louisiana Pilotage Fee Commission
Louisiana Private Security Examiners
Louisiana Professional Engineering and Land Surveying Board
Louisiana State Board of Cosmetology
Louisiana State Board of Medical Examiners
Louisiana State Board of Social Work Examiners Louisiana State Board of Wholesale Drug Distributors Louisiana State Licensing Board of Contractors Louisiana Used Motor Vehicle Commission
New Orleans City Park
New Orleans Redevelopment Authority
New Orleans Regional Planning Commission
State Plumbing Board of Louisiana
Louisiana State Board of Certified Professional Accountants

Charter Schools and School Boards

Beekman Charter School
Cameron Parish School Board
D'Arbonne Woods Charter School
Delhi Charter School
Delta Charter School
East Carroll Parish School Board
Glencoe Charter School
Northeast Claiborne Charter School
Slaughter Community Charter School
Special Education District 1
Lincoln Preparatory School
Max Charter School

Colleges and Universities

Baton Rouge Community College
Bossier Parish Community College
Delgado Community College
Grambling State University
Louisiana Community and Technical College System
Louisiana Tech University
McNeese State University
Nicholls State University
Southeastern Louisiana University
Southern University System
University of Louisiana at Lafayette
University of Louisiana at Monroe
University of New Orleans

Housing Authorities

East Baton Rouge Parish Housing Authority
Parish Housing Authority of New Orleans
Louisiana Housing Corporation and Finance Agency Ruston Housing Authority

Judicial Branch

Criminal District Court of New Orleans
Eighteenth Judicial District Court
Third Circuit Court
Fifth Circuit Court
Fifth Circuit Court of Appeal
Florida Parishes Juvenile Justice Commission
Fourth Circuit Court of Appeal
Fourth Judicial District Court
Fifteenth Judicial District Court
Louisiana Law Institute
Office of the Judicial Administrator
Second Circuit Court of Appeal
Supreme Court of Louisiana
Twenty-Fourth Judicial District Court
Louisiana Law Library
City Court Judges
State of Louisiana District Judges

Legislative Branch

Legislative Budgetary Control Council
Legislative Fiscal Office
Louisiana State Senate
Office of the Legislative Auditor

Levee Districts and Ports

Atchafalaya Basin Levee District
Caddo Levee District
Greater Lafourche Port Commission
Lake Borgne Levee District – East
Natchitoches Levee and Drainage District
Non-Flood Protection Asset Management Authority
Orleans Levee District
Sabine River Authority
St. Bernard Port, Harbor and Terminal District
Southeast LA Flood Protection Authority East
The Port of South Louisiana
Morgan City Harbor

Retirement Systems

Firefighters Retirement System of Louisiana
Louisiana School Employees' Retirement System
Louisiana State Employees' Retirement System
Louisiana State Police Retirement System
Municipal Police Employees' Retirement System
Teachers' Retirement System of Louisiana

OGB Flexible Benefits Plan Year

January 1 through December 31, 2026

Introduction

The State of Louisiana offers a Flexible Benefits Plan that gives you a way to take home more money in every paycheck! Your eligible premiums and contributions for dependent care and medical care are deducted from your gross salary – before taxes. If applicable, this might produce lower Social Security benefits. This means you may pay less in taxes and your spendable income increases.

Benefit Options under the Flexible Benefits Plan

- **Premium Conversion** – allows you to pay the employee share of your eligible health coverage and life insurance premiums before taxes are calculated. By enrollment in an OGB health plan or term life insurance, Eligible Employees are automatically enrolled in the Flexible Benefits Plan and the Premium Conversion option. Also, by enrolling in a voluntary product that is eligible for Premium Conversion (dental, vision, cancer, etc.), Eligible Employees are automatically enrolled in the Flexible Benefits Plan and the Premium Conversion option. Once enrolled in the Premium Conversion option, enrollment will automatically continue from year-to-year, unless the employee chooses to end participation in all coverage during Annual Enrollment, or in some cases, when experiencing an OGB Plan-Recognized Qualified Life Event.

- **General-Purpose Health Care Flexible Spending Arrangement (GPFSA)** – allows you to use pre-tax dollars to pay eligible out-of-pocket medical, dental and vision care expenses for you, your spouse and/or your federal tax dependents – even if they are not covered by your health plan. Employees cannot participate in the GPFSA and a Health Savings Account (HSA) at the same time.

- **Limited-Purpose Dental/Vision Flexible Spending Arrangement (LPFSA)** – limited to eligible out-of-pocket dental and vision expenses only.
    - The LPFSA is available for all Eligible Employees, as defined in the Flexible Benefits Plan document, including employees enrolled in the Pelican HSA775 health plan option.
    - Employees cannot participate in both the GPFSA and the LPFSA at the same time.

- **Dependent Care Flexible Spending Arrangement (DCFSA)** – allows you to use pre-tax dollars to pay eligible dependent care expenses for your child or for a spouse, parent or other dependent, who is incapable of self care.

- **Health Savings Account (HSA)** – allows you and your employer, if applicable, to contribute pre-tax dollars to an OGB Health Savings Account. Eligible Employees can only contribute to the Health Savings Account option when they also choose the qualifying Pelican HSA775 health plan offered by the Office of Group Benefits and are not covered by any disqualifying non-high-deductible health plan.

Eligible Employees can participate in the General- Purpose Health Care FSA option, the Limited-Purpose Dental/Vision FSA option or the Dependent Care FSA option, even if they are not enrolled in an OGB health plan or the Premium Conversion option!

Eligibility Requirements for Flexible Benefits Plan Participation

- Enrollment in the Flexible Benefits Plan is limited to Eligible Employees, as defined in the Flexible Benefits Plan document.

- **Rehired retirees who are employed as - active full-time employees are eligible for all options, except the Pelican HSA775, if they otherwise meet the definition of an Eligible Employee.**

- Enrollment in the General-Purpose FSA, Limited-Purpose FSA and Dependent Care FSA is limited to Eligible Employees in a participating payroll system. Eligible Employees can enroll upon commencing employment during Annual Enrollment, or any special enrollment period announced by OGB, or, in some cases, after experiencing an OGB Plan-Recognized Qualified Life Event. They must re-enroll each year to continue participation and agree to pay the annual administrative fee **($24.00 for the 2025 Plan Year per each participant, which is $2.00 per month per each participant, which is $1.00 per pay period per each participant)** Failure to pay the administrative fee will result in denial of the privilege of participation in any of the FSAs.

- A plan member's election to participate in the GPFSA, the LPFSA and/or the DCFSA is **irrevocable** for the duration of the Plan Year. (See the Health Care; Dependent Care; and Flexible Benefits Plan Documents; Article 4; located on the OGB website.)

- **New hires who are Eligible Employees** must enroll within their first thirty (30) days of employment. The participation will be effective the first of the month after the employee's first full calendar month of employment. For example: if the hire date is August 20, the effective date is October 1.

- Employees who experience an OGB Plan- Recognized Qualified Life Event must timely submit proper documents to their human resources department as indicated on the OGB Plan-Recognized Qualified Life Event chart (see Exhibit 1). Human Resources will submit the documents and a completed GB-01 form to OGB for processing.

To help HR personnel expedite issues, agencies must use the email addresses for the following subjects:
Prudential Life Insurance – PrudentialLifeIns@la.gov
Health Savings Accounts (HSA) – HealthSavingsAccounts@la.gov
Flexible Spending Arrangements (FSA) – FlexibleSpendingAccounts@la.gov
Statewide Products – Statewideproducts@la.gov
COBRA and FSA COBRA – COBRA@la.gov
Eligibility – Ogb.help@la.gov

Enrollment Requirements and Forms

If you are an Eligible Employee, you may enroll in one of three ways (effective for January 1, 2026):

1. Through the Annual Enrollment portal;
2. Through your Human Resources department; or
3. If you have experienced an OGB Plan-Recognized Qualified Life Event, a qualified life event recognized by the Plan during the calendar year (outside of the Annual Enrollment period), you must contact your Human Resources department.

Enrollment forms are available from your human resources or payroll office. To enroll, an Eligible Employee must complete and submit all appropriate enrollment forms to the human resources or payroll office.

The human resources or payroll office must complete all required payroll fields on the enrollment forms.

N**ote about the Flexible Spending Arrangement Enrollment/Stop Form** – A copy of the **GB-02** Flexible Spending Arrangement Enrollment/Stop Form, completed **during Annual Enrollment, does not** need to be submitted to the Flexible Benefits Plan Administrator.

Non-la.gov/HCM agencies can enroll their employees in a FSA through e-Enrollment during Annual Enrollment.

Mid-year enrollment or changes (for OGB Plan-Recognized Qualified Life Events) - Both la.gov/HCM and non-la.gov/HCM agencies must submit mid-year GB- 01 forms and supporting documentation to OGB.

Current participants who want to continue participation:	
Premium Conversion	No action necessary
Flexible Spending Arrangement options	Must enroll each year
Health Savings Account	Must enroll each year

OGB Flexible Benefits Annual Enrollment October 1 through November 15

Less Taxes = More Spendable Income

Participation in the State of Louisiana Flexible Benefits Plan may help you pay less in taxes, which increases your spendable income. The examples below show how you can save.

Example 1: Premium Conversion		
An Eligible Employee earns $2,000 per month and is in the 20% tax bracket.		
	With Flexible Benefits	**Without Flexible Benefits**
Monthly Salary	$2,000.00	$2,000.00
Pre-Tax Health Plan Premium	-420.00	-0.00
Taxable Income	$1,580.00	$2,000.00
Taxes (20%)	-316.00	-400.00
After-Tax Premium	-0.00	-420.00
Spendable Income	**$1,264.00**	**$1,180.00**
$84 monthly savings x 12 months = $1,008.00 yearly savings		

Example 2: Premium Conversion and Dependent Care FSA		
An Eligible Employee earns $3,000 per month and is in the 25% tax bracket.		
	With Flexible Benefits	**Without Flexible Benefits**
Monthly Salary	$3,000.00	$3,000.00
Pre-Tax Health Plan Premium	-420.00	-0.00
Monthly DCFSA Deduction	-400.00	-0.00
	-3.00	-0.00
Taxable Income	$2,177.00	$3,000.00
Taxes (25%)	-544.25	-750.00
After-Tax Premium	0.00	-420.00
Monthly After-Tax Dependent Care Cost	0.00	-400.00
Spendable Income	**$1,632.75**	**$1,430.00**
$202.75 monthly savings x 12 months = $2,433.00 yearly savings		

Premium Conversion

This benefit of the Flexible Benefits Plan allows you to pay eligible health coverage and insurance premiums before taxes are taken out of your salary. Your net income is increased because you pay lower taxes.

There is no administrative fee for participating in the Premium Conversion option. Once you enroll in this option, you will automatically continue in it from one year to the next year unless you choose to end participation. Currently participating employees who want to stop participation in the Flexible Benefits Plan for the upcoming plan year must complete and submit a GB-02 Flexible Spending Arrangement Enrollment/Stop Form during Annual Enrollment to their human resources or payroll office. **However, in discontinuing participation in Premium Conversion, you also are choosing to discontinue health coverage, life coverage, and other voluntary products that are eligible for premium conversion.**

Who is eligible to participate?
Eligible Employees (as defined in the Flexible Benefits Plan document) who are employed in one of the participating payroll systems are eligible to participate.

Products Eligible for Premium Conversion
The following is a list of companies and the products they offer that are eligible for Premium Conversion (**in bold font)** through the **HCM (ISIS/HR) payroll system**. Other payroll systems may offer some of these products. Check with your human resources or payroll office to see which eligible products are offered through your payroll system.

Products Eligible for Premium Conversion	
Office of Group Benefits	**Pelican HRA1000; Pelican HSA775; Magnolia Local; Magnolia Local Plus; Magnolia Open Access; Account Basic and Basic Plus Supplemental Term Life (Prudential) – employee only**
American Family Life Assurance (AFLAC)	Accident/Disability; **Cancer**; **Hospital Indemnity**; Term Life
American Heritage Life Insurance Co.	Accident; Disability Income; Universal Life-N/S
American Public Life Insurance Co.	**Dental**
Colonial Life and Accident Insurance Co.	Accident/Disability; Cancer; Critical Illness; **Hospital Indemnity**; Universal Life N/S; Whole Life
Delta Dental Insurance Co.	**Dental**
First Continental Life & Accident Insurance Co.	**Dental (DINA)**
National Teachers Associates Life	Accident; **Cancer**; Disability Income; **Heart**; Term LIfe
New York Life Insurance Co.	Whole Life
Prepaid Legal Services, Inc	Legal Service; Identity Theft
Protective Life Insurance	Universal Life-N/S
Starmount Life Insurance	**Dental; Vision**
Transamerica Life Insurance Co.	Accident; **Heart**; Heart C/V; Universal Life
Washington National Insurance Co.	Accident C/V; Cancer-C/V; HeartCare C/V

Below are additional products eligible for Premium Conversion that are not offered through the la.gov/HCM payroll system but are offered through other payroll systems.

Products Eligible for Premium Conversion (Not HCM)	
Allstate Corporation	Cancer
American Family Life Assurance (AFLAC)	Dental; Vision
American Public Life Insurance Co.	Cancer
Ameritas Group	Dental
Brokers National Life	Dental
Crescent (Meritain Health)	Dental; Vision
Davis	Vision
Delta	Dental
MetLife	Dental
Spectera	Vision
United Concordia Dental Insurance	Dental
United Healthcare	Vision
VSP (Vision Service Plan Insurance Co.)	Vision

The Internal Revenue Service does not allow insurance products with cash value or return-of-premium riders to be included in the Premium Conversion option.

** To be eligible for reimbursement, some treatments, prescription drugs, or services deemed cosmetic in nature require written proof of medical necessity from your health care provider.*

**** The effective date for glasses and prosthetic devices is the date the item is available for pickup, not the date ordered.*

***** Verify with your health care provider (prior to the beginning of the upcoming plan year) that you are a suitable candidate for any surgical procedure before committing the money to your GPFSA.*

General-Purpose Health Care Flexible Spending Arrangement (GPFSA)

Who is eligible to participate?
Enrollment in the GPFSA is limited to Eligible Employees in a participating payroll system. Employees can enroll during Annual Enrollment, or, in some cases, after experiencing an OGB Plan-Recognized Qualified Life Event. They must re-enroll each year to continue participation and agree to pay the annual administrative fee. Failure to pay the administrative fee will result in denial of the privilege of participation in any of the FSAs.

New hires who are Eligible Employees must enroll within their first thirty (30) days of full-time employment, and FTEs will be allowed an enrollment period as provided under applicable law. The participation will be effective the first of the month after the employee's first full calendar month of employment. For example: if the hire date is August 20, the effective date is October 1. Participation in the GPFSA ends on the date of termination of employment. FSA COBRA is available only if the employee claims submitted did not exceed their contributions made at the time of termination.

Some Examples of Eligible Medical Expenses
Acupuncture
Ambulance service
Chiropractic care
Contact lenses (corrective) *
Dental fees
Diagnostic tests
Doctor fees
Drug addiction or alcoholism treatment
Drugs and medicines with a prescription
Experimental medical treatment
Eyeglasses ***
Service dogs
Hearing aids and exams
Injections and vaccines
In-vitro fertilization
Nursing services *
Optometrist fees
Orthodontic treatment *
Nicotine withdrawal prescription drugs
Reconstructive surgery after mastectomy ****
Smoking cessation programs
Surgery ****
Transportation for local medical care
Wheelchairs
Some Examples of Ineligible Medical Expenses
Health premiums
Health or fitness club membership fees, unless medically necessary
Cosmetic surgery not deemed medically necessary to alleviate, mitigate, or prevent a medical condition

Minimum Deposit	Maximum Deposit
$600*	$3,400*

*Unless otherwise required by the IRS for the 2026 Plan Year

Administrator and Payment card for GPFSA - Total Administrative Services Inc. (TASC) is the third-party administrator who will administer the Flexible Spending Arrangements for the Office of Group Benefits. Each participant in a GPFSA will receive an TASC card, which can be used to pay providers for eligible expenses. The full amount of elected GPFSA funds are available immediately. The payment card is reloadable each year as long as the Employee re-enrolls. The payment card will be replaced before the expiration date.

General-Purpose Health Care FSA Reimbursement Claim Process
GPFSA reimbursement request forms and guidelines for filing claims and receiving reimbursement are available on the OGB website under the Services/ Flexible Benefits tab.
When you request a reimbursement, reimbursements are deposited into your MyCash account. You can access MyCash funds in three ways:

1. Swipe your TASC Card at a merchant that accepts Mastercard.
2. Withdraw funds at an ATM(with a PIN) using your TASC Card.
3. Transfer funds to a personal bank account via the mobile app or online.

You must obtain an itemized receipt and submit a receipt to the Third Party Plan administrator upon request.

Failure to Submit Receipt

If you fail to provide an itemized receipt, the FSA plan will follow a process to attempt to receive repayment:

1. Your debit card will be deactivated until you submit proper substantiation for the claim;
2. If you do not provide the necessary proof or repay the amount of the improper charges, you will receive a demand for repayment from the FSA plan;
3. If the demand for repayment or substantiation is not received timely, the unsubstantiated health claim payments can be withheld from your paycheck;
4. Your employer can apply claims substitution to resolve improper payments, such as a reimbursement for a later substantiated health claim;
5. The improper payment(s) may be reported to the IRS as taxable wages.

The FSA card may be used for over-the-counter purchases such as allergy and cold medicines, ointments and pain relievers. Over-the counter (OTC) medicines and drugs are reimbursable without a prescription or physician's note if purchased on or after 1/1/2020. Eligible OTC products include items that are primarily for a medical purpose and are compliant with federal tax rules under IRS Code Section 213(d).

The Grace Period modifies the IRS "use or lose" rule. **Participants have until March 15 to incur eligible expenses for reimbursement from unused amounts remaining at the end of the immediately preceding plan year, which ends December 31.** The Run-Out Period is the time period after the end of the Grace Period, starting March 16 and ending April 30, during which participants can request reimbursement for eligible expenses incurred during the preceding plan year. **Reimbursement requests must be received by April 30 to be paid from funds remaining at the end of the immediately preceding plan year.**

Limited-Purpose Dental/Vision Flexible Spending Arrangement (LPFSA)

Who is eligible to participate?

Enrollment in the LPFSA is limited to Eligible Employees in a participating payroll system. Eligible Employees can enroll during Annual Enrollment, or in some circumstances when they experience an OGB Plan-Recognized Qualified Life Event. They must re- enroll each year to continue participation and agree to pay the annual administrative fee. Failure to pay the administrative fee will result in denial of the privilege of participation in any of the FSAs.

New hires who are Eligible Employees must enroll within their first thirty (30) days of full-time employment. FTEs may enroll during an enrollment period allowed by applicable law. The participation will be effective the first of the month after the employee's first full calendar month of employment. For example: if the hire date is August 20, the effective date is October 1. Participation in the LPFSA ends on the date of termination of employment. FSA COBRA is available.

Minimum Deposit	Maximum Deposit
$600*	$3400*

*Unless otherwise required by the IRS for the 2026 Plan Year.

The LPFSA is limited to eligible out-of-pocket **dental and vision expenses only**. Employees cannot participate in the GPFSA and LPFSA at the same time. However, an Eligible Employee who enrolls in the Pelican HSA775 health plan option can participate in the LPFSA.

Administrator and Payment card for LPFSA - Total Administrative Service Inc. (TASC) is the third-party administrator who will administer the LPFSA for the Office of Group Benefits. Each participant in a LPFSA will receive a debit card (TASC Card), which can be used to pay providers for eligible expenses.

The full amount of elected LPFSA funds are available immediately. The debit card is reloadable each year as long as the Employee re-enrolls. The debit card will be replaced before the expiration date.

Limited-Purpose Dental/Vision FSA Reimbursement Claim Process

LPFSA reimbursement request forms and guidelines for filing claims and receiving reimbursement are available on the OGB website under the Services/ Flexible Benefits tab.

You must obtain an itemized receipt and fax a copy of the receipt to the Third Party Plan administrator upon request.

Failure to Submit Receipt
If you fail to provide an itemized receipt, the FSA plan will follow a four step process to attempt to receive repayment:

1. Your debit card will be deactivated until you submit proper substantiation for the claim;
2. If you do not provide the necessary proof or repay the amount of the improper charges, you will receive a demand for repayment from the FSA plan;
3. If the demand for repayment or substantiation is not received timely, the unsubstantiated health claim payments can be withheld from your paycheck;
4. Your employer can apply claims substitution to resolve improper payments, such as a reimbursement for a later substantiated health claim;
5. The improper payment(s) may be reported to the IRS as taxable wages.

The Grace Period modifies the IRS "use or lose" rule. **Participants have until March 15 to incur eligible expenses for reimbursement from unused amounts remaining at the end of the immediately preceding plan year, which ends December 31.**

The Run-Out Period is the time period after the end of the Grace Period, starting March 16 and ending April 30, during which participants can request reimbursement for eligible expenses incurred during the preceding plan year.

Qualified Reservist Distribution (QRD)

for Eligible GPFSA or LPFSA Participants Called to Active Duty

A Qualified Reservist Distribution (QRD) is a refund made to an employee of all or a portion of the balance remaining in the employee's unused General-Purpose Health Care Flexible Spending Arrangement (GPFSA) or Limited-Purpose Dental/Vision Flexible Spending Arrangement (LPFSA) account. To qualify for a QRD, the employee must be a member of a reserve unit ordered to active duty for a period of 180 days or more, or for an indefinite period of time. The employee can request distribution during the period that begins with the date the order was given or he or she was called to active duty and ends on the last day of the Grace Period for the plan year. The amount of the distribution is limited to the amount contributed to the GPFSA or LPFSA as of the date of the QRD request, less any GPFSA or LPFSA reimbursements and prior QRDs. QRD request forms can be downloaded from the OGB website, under the Flexible Benefits home page.

Dependent Care Flexible Spending Arrangement (DCFSA)

Working parents with young children may benefit from the DCFSA. Many people are also caring for elderly or disabled dependents, who are unable to care for themselves. Child and elder care can be very expensive. With the Dependent Care FSA, you can redirect a part of your pay into a tax-free account and then reimburse yourself for eligible expenses. You save money because taxes never need to be paid on the money set aside in the account. Dependent care expenses must meet IRS eligibility requirements. The expenses must be necessary for you to continue working. If married, you and your spouse must both be working, or your spouse must be a full-time student or disabled. Reimbursed expenses cannot be deducted on your income tax return.

Minimum Deposit	Maximum Deposit
$600*	**$5,000*, depending upon tax filing status**

*Unless otherwise required by the IRS for the 2026 Plan Year.

Participants in the Dependent Care FSA must file IRS Form 2441 each year!

Who is eligible to participate?

- Eligible employees of employers participating in one of the payroll systems listed at the beginning of this document, including rehired retirees who are employed as active, full-time employees or FTEs

Who are Eligible Dependents?

- Children under age 13 who reside in your household
- Adults or children who are physically or mentally incapable of self-care and spend at least 8 hours a day in your household

Examples of Eligible Expenses:

- Child care services inside the employee's home or someone else's home
- Charges by a licensed day care facility
- Adult day care in your home or someone else's home
- Fees for Extended Care during school and summer day camp

Examples of Ineligible Expenses

The following expenses are generally not eligible; however, if an expense is incident to, and cannot be separated from, the cost of caring for the qualified person, you can claim it:

- Deposits, registration fees, activity fees, books, T-shirts or supplies
- Tuition, meals or diapers
- Transportation fees
- Learning disability schools
- Kindergarten tuition and fees

How does the DCFSA work?

- You **carefully estimate** your dependent or elderly care expenses for the Flexible Benefits plan year (January 1 through December 31).
- Participation is effective the first of the month after the employee's first full calendar month of employment.
- By completing a Flexible Spending Arrangement Enrollment/Stop Form, you will have money withheld from your paycheck. Deductions from your paycheck are deposited into your DCFSA account.
- You submit a claim to be reimbursed for your expenses by the applicable deadline. As soon as you receive the necessary proof of your expenses, you can submit a claim for what you spent.
- You are reimbursed for each claim up to the amount in your DCFSA account.
- Expenses must be incurred before they can be reimbursed.
- Participation in the DCFSA ends on the date of termination of employment. FSA COBRA is not available.

How much can I contribute to a Dependent Care FSA?

- Deposits cannot exceed the established annual limits set by the Internal Revenue Service as listed below:
    - If you are married and filing jointly, or single and filing as head of household, the maximum contribution is $5,000.
    - If you are married and filing separately, or single, the maximum contribution is $2,500.
    - If your spouse is a full-time student or incapable of self-care, the maximum contribution is $5,000.

The maximum contribution applies to the taxable year and the Flexible Benefits Plan Year (January 1 through December 31). If an employee and spouse are enrolled in separate Dependent Care Flexible Spending Arrangements, they can both make contributions and submit claims, but the total for both cannot exceed $5,000. The minimum contribution per family is $600 per Flexible Benefits Plan Year. Failure to pay the administrative fee will result in the denial of the privilege of participation in the DCFSA.

Dependent Care FSA versus Child Care Tax Credit
Generally, employees with an adjusted gross income of $25,000 or more may receive a larger tax savings from the Dependent Care FSA than the child care tax credit. However, individual circumstances (such as income, dependent care expenses and the number of dependents) affect any tax savings you receive. ***Consult your tax advisor to determine which choice is best for you.***

DCFSA funds are available upon deposit. You may only receive reimbursements for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Although your service provider may require payment at the beginning of the service period, you cannot request reimbursement until after the service is provided.

To make this option as convenient as possible, OGB's Flexible Spending Arrangement vendor offers a Dependent Care Contract. This service pre-certifies your regularly recurring dependent care expenses for the same amount with the same vendor. You should keep receipts in your home files in the event you are ever audited.

If it is a recurring expense, the Dependent Care Contract needs to be completed each year for expediting reimbursements.

The Grace Period modifies the IRS "use or lose" rule. P**articipants have until March 15 to incur eligi-ble expenses for reimbursement from unused amounts remaining at the end of the immediately preceding plan year, which ends December 31.**

The Run-Out Period is the time period after the end of the Grace Period, starting March 16 and ending April 30, during which participants can request reimbursement for eligible expenses incurred during the preceding plan year. **Reimbursement requests must be received by April 30 to be paid from funds remaining at the end of the immediately preceding plan year.**

What You Should Know About IRS Rules and Regulations

Elections are irrevocable unless you experience an OGB Plan-Recognized Qualified Life Event, and your change in elections is consistent with the life event. Simply put, this means you cannot change the amount of your elections (participation or deductions from your paycheck) or your participation during the Flexible Benefits Plan Year unless you experience an OGB Plan-Recognized Qualified Life Event and your election change request is consistent with that event.

OGB Plan-Recognized Qualified Life Events are limited. Examples of OGB Plan-Recognized Qualified Life Events are marriage; birth of a child; death of the employee or dependent; change in eligibility of a dependent; gain or loss of Medicaid eligibility; etc. (see the complete list in Exhibit 1). If you experience an OGB Plan- Recognized Qualified Life Event and wish to change your elections, you must submit a GB-01 form, along with proof of the qualified event, to your payroll office, or Human Resources Office.

- It is to your advantage to submit your request as soon as possible after an OGB Plan-Recognized Qualified Life Event occurs. (See Exhibit 1 for what constitutes a timely application for each individual qualified life event.) Changes must be reviewed and approved and will affect deductions from your future paychecks only. A request for an election change cannot be processed until you provide proof of the qualified life event.
- The OGB Plan-Recognized Qualified Life Events (QLEs) are also located on the OGB website under Resources.

Financial hardship is not an OGB Plan-Recognized Qualified Life Event. Financial hardship is not an OGB Plan-Recognized Qualified Life Event that allows you to change your elections or cease or add participation in the Flexible Benefits Plan. Once you enroll in the Flexible Benefits Plan, you are bound by Flexible Benefits Plan rules and regulations.

A change in elections must be consistent with the OGB Plan-Recognized Qualified Life Event. For example, if a dependent becomes ineligible due to age, you can reduce your deductions from your future paychecks for that dependent only, but you cannot make other changes.

Money left in your FSA cannot be refunded or rolled over. In accordance with the IRS "use or lose" rule, any money that remains in your GPFSA, LPFSA or DCFSA at the end of the Plan Year (including the Grace Period and the Run-Out Period) is forfeited. The money will not be returned to you or carried over to the next Flexible Benefits plan year. **Be sure to calculate your FSA contribution amount carefully each year.**

Each year in which you participate in a DCFSA, you must submit an IRS Form 2441. IRS Form 2441 must be attached to the tax return of any participant who receives DCFSA benefits or who files for a child-care tax credit

Mid-Year Election Changes

Payroll deductions in the Premium Conversion, the General-Purpose Health Care FSA, the Limited- Purpose Dental/Vision FSA, and the Dependent Care FSA options are irrevocable and locked in for the Plan Year and cannot be increased or decreased during the Flexible Benefits Plan Year, January 1 through December 31, unless you experience an OGB Plan-Recognized Qualified Life Event and your requested change is consistent with the qualified life event.

Submittal of Change Forms and Documentation
Request for changes to Flexible Benefits Plan elections are to be submitted to your human resources or payroll office on the GB-01 form for the current Plan Year with appropriate documentation of the OGB Plan- Recognized Qualified Life Event. ***It is to your advantage to submit your request as soon as possible after an OGB Plan-Recognized Qualified Life Event occurs.***

Changes **cannot be made** until the form and documentation have been received by your human resources or payroll office and the change is reviewed and approved. It is very important that the form and documentation be submitted in a timely manner for all OGB Plan-Recognized Qualified Life Events during the Flexible Benefits Plan Year January 1 through December 31 (See Exhibit 1).

For human resources or payroll office only, the mailing address for submittal of forms and documentation is:

Office of Group Benefits
ATTN: Flexible Benefits Plan Administration
P.O. Box 44036
Baton Rouge, LA 70804

See Exhibit 1 for a list of OGB Plan-Recognized Qualified Life Events that allow you to make a mid-year change in your Flexible Benefits Plan elections and other pertinent information for each life event. The OGB Plan-Recognized Qualified Life Events (QLEs) are also located on the OGB website under Resources.

Frequently Asked Questions

How long do I have to submit my GB-01 form?

You must make a request and submit your form and documentation of an OGB Plan-Recognized Qualified Life Event to your human resources or payroll office in a timely manner after you experience a qualified life event. **See Exhibit 1 for timeframes to submit documentation for each qualified life event.** It is to your advantage to submit your request for an election change as soon as possible after experiencing the qualified life event.

If my employer knows I'm pregnant, won't my baby be added to my coverage and my GB-01 changed auto-matically?

No. You must complete health coverage documents, including a GB-01, and notify your human resources or payroll office in writing within 30 days of the child's date of birth. In addition, if you want to pay the additional premium amount with pre-tax dollars through the Flexible Benefits Plan, you must include that on the GB-01 form with proof of the event, within the same 30-day period. If approved, your election change will affect future paychecks only. Retroactive adjustments are not allowed, except for some HIPAA Special Enrollment Events.

If I'm dissatisfied with the service that I have received from a health plan or insurance company, can I drop my coverage and my Flexible Benefits Plan pre-tax premium for that coverage?

No. Dissatisfaction with service is not an OGB Plan-Recognized Qualified Life Event for an election change and cannot be used to change or reduce your premium election.

My spouse recently lost his job and I will now be paying the health coverage premiums for my family. Can I enroll in the Flexible Benefits Plan and pay my premiums with pre-tax dollars?

Yes. See Exhibit 1.

I am having financial difficulty and would like to change my elections in the Flexible Benefits Plan. Can I do that?

No. Financial difficulty is not an OGB Plan-Recognized Qualified Life Event allowing an election change.

Why does the Flexible Benefits Plan require an OGB Plan-Recognized Qualified Life Event to allow changes to my coverage? It's my money, isn't it?

Yes, however, you paid your premiums on a pre-tax dollar basis, and IRS rules govern such pre-tax dollar contributions and plans.

I am divorced and have custody of my children, although my former spouse claims them as dependents on his tax return. Can I still participate in the Dependent Care FSA?

Yes. You don't have to declare your children as dependents on your tax return to qualify for a Dependent Care FSA. However, you must be the custodial parent. (The child must reside with you for more than half the year.)

If I enroll in the Flexible Benefits Plan, will I ever have to pay taxes on the money I put into the plan?

No. As an IRS Section 125 benefit, it's tax-free. Your W- 2 form shows your gross income, less any amounts paid for a Flexible Benefits Plan benefit option. Flexible Benefits Plan contributions are reported as non-taxable wages and income on your W-2 form. If the IRS audits you, you will need to show total expenses and receipts from your service provider(s). Keep a copy of your reimbursement request forms and receipts for audit purposes.

Notice of Administrator's Capacity

1. OGB has been authorized by the State of Louisiana to provide administrative services or to subcontract such services for the offered benefit plans (the "Administrator"). In some instances, OGB may also be authorized by one or more of the companies underwriting some of the benefits to provide certain services, including (but not limited to) marketing, billing and collection of premiums, processing claims payments and other services.

2. The insurance companies noted in this Summary document have been approved by the State and are liable for the funds to pay your insurance claims. The policyholder is the person or entity to which the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate. The policyholder may or may not be you.

3. The Administrator can rely on the direction, information or election of a Participant and shall not be responsible for any act or failure to act or lack of direction by a Participant.

4. To the extent permitted by law, the Administrator shall not incur any liability for any acts or for failure to act except for its own willful misconduct or willful breach of the provisions of the Flexible Benefits Plan Document.

5. If the Administrator is unable to reimburse any FSA Participant because the identity or whereabouts of such Participant cannot be ascertained, subsequent payments otherwise due to such Participant shall be forfeited after the end of the Run-Out Period of the Flexible Benefits Plan Year.

6. In the event of a mistake regarding the eligibility or participation of a Participant, or the allocations made to the account of any Participant, or the reimbursements paid or to be paid to a Participant or other person, the Administrator shall, to the extent possible and otherwise permissible, cause to be allocated or cause to be withheld or accelerated, or otherwise make adjustment of such amounts as will, in the Administrator's judgment, accord to such Participant or other person the credits to the account or distributions to which he is properly entitled under this Flexible Benefits Plan. Such action by the Administrator may include withholding of any amounts due under the Flexible Benefits Plan or the employer from the salary paid by the employer.

This notice advises Participants of the identity and relationship among the Administrator, the policyholder and the insurer.

EXHIBIT "1"

OGB PLAN-RECOGNIZED QUALIFIED LIFE EVENTS

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

QLE Code	Plan Recognized Qualified Life Event	Enrollee change request to OGB plan ADD or DROP	Deadline to submit request and provide proof document	Proof or document required	Enrollee allowed to change (who meets the eligibility definition)	Effective Date of Change	ADD Dependent YES or NO	DROP Dependent YES or NO	DROP Self YES or NO	ADD or DROP Medical Coverage	CHANGE Health Plan YES or NO	COBRA Event YES or NO	Flexible Spending Plan – Health Care	Flexible Spending Plan - Dep. Care
BIRTH/ADOPTION														
A-1	Birth	ADD	Application must be made within 30 days of change in status	Birth Certificate or Birth Letter which includes newborn data, and eligibility data for any newly-eligible persons	Employee, new baby. Spouse may be added as a result of this event, but only if baby is added.	Baby's date of birth if Application for enrollment is timely made	YES	NO	NO	ADD	YES	NO	May enroll or can increase amount	May enroll or increase amount
A-2	Adoption or placement for adoption	ADD	30 days from the effective date of adoption/placement for adoption	Adoption or placement for adoption legal document, and eligibility data for any newly-eligible persons	Employee and adopted child; spouse may be added as a result of this event but only if child is added.	Effective date of adoption or placement for adoption if Application for enrollment is timely made	YES	NO (but may drop dependent if dependent is placed for adoption)	NO	ADD	YES	NO	May enroll or can increase amount	May enroll or increase amt if dependent care expenses increased
DEATH/SURVIVING SPOUSE														
B-1	Death of covered dependent	DROP	60 days from the date of death (OGB has the discretion to retroactively terminate coverage if correct premium is not timely paid and Application for disenrollment is not timely made)	Copy of certified death certificate or other official document	Dependent who died. If spouse dies, stepchildren must be terminated and offered COBRA coverage.	End of the month in which the death occurs	NO	DROP the deceased and any stepchildren who are not adopted by the enrollee	NO	DROP for the deceased dependent or any stepchildren only	NO	Only for step-children if parent is the dependent who died	May decrease amount	May drop or decrease amount if dependent is child; May increase amount if event or death of spouse will increase dependent care expenses
B-2	Employee Deceased	DROP	30 days from the date of death (OGB has the discretion to retroactively terminate coverage if correct premium is not timely paid and Application for disenrollment is not timely made)	Copy of certified death certificate or other official document	Employee and eligible dependents (Eligible dependents will be offered survivor coverage)	End of month in which Employee's death occurred	N/A	YES	YES	DROP	NO	YES	Automatic Cancel on date of death	Automatic Cancel on date of death

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

QLE Code	Plan Recognized Qualified Life Event	Enrollee change request to OGB plan ADD or DROP	Deadline to submit request and provide proof document	Proof or document required	Enrollee allowed to change (who meets the eligibility definition)	Effective Date of Change	ADD Dependent YES or NO	DROP Dependent YES or NO	DROP Self YES or NO	ADD or DROP Medical Coverage	CHANGE Health Plan YES or NO	COBRA Event YES or NO	Flexible Spending Plan – Health Care	Flexible Spending Plan - Dep. Care
	DIVORCE													
C-1	Divorce, Annulment and Legal Separation (legal separation and annulment are qualified events only if recognized by law of state of the separation or annulment)	ADD	Application must be made within 30 days of change in status	Copy of divorce, annulment, or legal separation order and eligibility data for any newly-eligible persons	Self; children	Date of divorce order if Application for Enrollment is timely made	YES	N/A	N/A	ADD	YES	NO	May enroll or can increase amount if loss of coverage on spouse's health plan	Yes, if change affects the amount of time the child needs to be in dependent care and increases expenses OR lose coverage under spouse's Dep Daycare Flex Plan
C-2	Divorce, Annulment and Legal Separation (where annulment and legal separation are recognized by law of the state of the separation or annulment)	DROP	Application must be made within 30 days of change in status (OGB has the discretion to retroactively terminate coverage to the end of the month of the change in status if correct premium is not timely paid and application is not timely made)	Copy of official divorce, annulment or legal separation decree	Ex-spouse and ex-stepchildren	End of the Month of the divorce, annulment or legal separation if application is timely made	N/A	YES for Ex-Spouse and Ex-Stepchildren	NO	DROP	NO	YES	May decrease election	May decrease if divorce, annulment or legal separation lowers dependent daycare expenses
	GAIN OF OTHER COVERAGE													
D-1	Gain Medicaid or state CHIP (Children's Health Insurance Program) coverage	DROP	Application must be made within 60 days from date Medicaid became effective	Official state document indicating who, when Medicaid /SCHIP coverage began	Self and dependents who gained such coverage (dependents cannot remain on the OGB plan without the Employee being covered)	The end of the month preceding the first full month in which other coverage became effective if application is timely made	N/A	YES	YES	DROP	NO	NO	May decrease or deactivate deductions if gain of Medicaid; no change if gain of SCHIP	No change

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

QLE Code	Plan Recognized Qualified Life Event	Enrollee change request to OGB plan ADD or DROP	Deadline to submit request and provide proof document	Proof or document required	Enrollee allowed to change (who meets the eligibility definition)	Effective Date of Change	ADD Dependent YES or NO	DROP Dependent YES or NO	DROP Self YES or NO	ADD or DROP Medical Coverage	CHANGE Health Plan YES or NO	COBRA Event YES or NO	Flexible Spending Plan – Health Care	Flexible Spending Plan - Dep. Care
GAIN OF OTHER COVERAGE														
D-2	Dependent gains coverage under another group or individual health plan	DROP	Application must be made within 30 days from date other coverage becomes effective	Proof of other coverage, for whom, and the effective date of the coverage	Dependent who gained other coverage	The end of the month preceding the first full month in which other coverage became effective if application is timely made	N/A	YES	NO	DROP	NO	NO	No change	No change
D-3	Gain new coverage through Medicare Part A or Part B	Continue with OGB coverage as secondary (employee would be retired)	Application must be made within 30 days from date other coverage becomes effective	Official documentation of active enrollment on Medicare Part A or Part B; must show effective dates	Self and dependents	OGB coverage will remain primary until the last day of the month preceeding the first full month of Part A/B	N/A	Yes	N/A	N/A	YES; if spouse gains Medicare A & B after plan member has already gained both plan can be changed to Medicare Advantage only.	NO	N/A	N/A
D-4	Gain coverage through Medicare Part A or Part B, or coverage under spouse's group health plan or other group or individual health plan, or by court order releasing the employee from covering a dependent and ordering someone else to cover dependent	DROP	Application must be made within 30 days from date new coverage became effective	Official documentation of active enrollment on new plan; must show effective dates of each named dependent	Self and dependents who gained such coverage (dependents cannot remain on the OGB plan without the Employee/Retiree being covered)	The end of the month preceding the first full month in which other coverage became effective if application is timely made	N/A	YES	YES	DROP	NO; but any Health Savings Account contributions should cease once gain Medicare	NO	May decrease or deactivate amount	No change
D-5	*OGB Sponsored Medicare Advantage Plan Enrollment (Must have Medicare Part A and B)	ADD	Application must be made within 30 days from date Medicare Part B becomes effective	Official documentation of active enrollment on Medicare Part A and Part B; must show effective dates	Self and Medicare eligible spouse	First of month following the signatutre date.	N/A	YES	N/A	N/A	YES	NO	N/A	N/A

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

QLE Code	Plan Recognized Qualified Life Event	Enrollee change request to OGB plan ADD or DROP	Deadline to submit request and provide proof document	Proof or document required	Enrollee allowed to change (who meets the eligibility definition)	Effective Date of Change	ADD Dependent YES or NO	DROP Dependent YES or NO	DROP Self YES or NO	ADD or DROP Medical Coverage	CHANGE Health Plan YES or NO	COBRA Event YES or NO	Flexible Spending Plan – Health Care	Flexible Spending Plan - Dep. Care
COURT-ORDERED LEGAL GUARDIANSHIP OR COURT-ORDERED CUSTODY; QMCSO														
E-1	Qualified Medical Child Support Order (QMCSO)	ADD	30 days from date of the QMCSO or as otherwise specified by law	Copy of QMCSO and eligibility data for newly-eligible persons	Eligible Child dependent(s) covered by Order (and eligible employee if not currently enrolled)	1st of month following OGB receipt of application or as otherwise specified in the Order	Yes, only for the dependent(s) required by Order (and employee if not currently enrolled)	N/A	NO	only changes consistent with Order	YES	NO	May enroll or can increase amount	No change allowed
E-2	Court-Ordered Legal Guardianship or Court-Ordered Custody	ADD	Application must be made within 30 days from the date of the court-ordered legal guardianship or court-ordered custody	Certified copy of the signed court order granting custody or guardianship, and eligibility data for any newly-eligible persons	Newly Acquired Dependent(s)	The date of the court-ordered legal guardianship or custody or the effective date specified in the court order, if Application for enrollment is timely made	YES for newly-acquired dependent only	NO	NO	ADD	YES	NO	May enroll or can increase amount	May enroll or increase amount if dependent care expenses increased
E-3	Qualified Medical Child Support Order (QMCSO)	DROP	30 days from date of the Order releasing you from covering child or as otherwise specified by law.	Copy of QMCSO	Dependent child covered by Order, or Self and dependent child who was added as a result of the Order	End of month following OGB receipt of application, if application is timely made	NO	YES	YES	DROP	YES	YES, for child	May decrease or disenroll	No change allowed
E-4	Court-Ordered Legal Guardianship or Court-Ordered Custody	DROP	Application must be made within 30 days from date of the Order removing custody or guardianship	Copy of Order	Dependent child for whom custody or guardianship was lost	End of month following OGB receipt of timely application	NO	YES	NO	DROP	YES	YES, for child	May decrease amount or disenroll	May decrease amount if dependent care expenses decreased, or disenroll

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

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LOSS OF OTHER COVERAGE														
F-1	**Lose coverage on spouse's employer-provided health insurance for any of the following reasons: 1) Spouse deceased, 2) Employment of Spouse terminated, 3) COBRA coverage under Spouse's plan terminated or expired, 4) Spouse loses employer's insurance due to no fault of the spouse, 5) Spouse terminates coverage on his/her plan during annual enrollment**	**ADD**	**Application must be made within 30 days from the date the health insurance ended**	**Documents from prior plan confirming coverage date and for whom, termination and eligibility data for any newly-eligible persons**	**Self and other dependent(s) who lost coverage**	**Date immediately following loss of previous coverage if Application for enrollment is timely made**	**YES to Add self and eligible dependents who lost coverage**	**N/A**	**N/A**	**ADD**	**YES**	**NO**	**May enroll or can increase amount**	**No change**
F-2	***Eligible Dependent loses current coverage under another employment-based group health plan or individual health plan**	**ADD**	**Application must be made within 30 days from the date the health insurance ended (except when other coverage is Medicaid, then member has 60 days to apply)**	**Documents from prior plan confirming coverage termination and eligibility data for any newly-eligible persons**	**Self and other dependent(s) who lost coverage**	**Date immediately following loss of previous coverage if Application for enrollment is timely made**	**YES to Add eligible dependents who lost coverage or self and eligible dependent who lost coverage**	**N/A**	**N/A**	**ADD**	**YES**	**NO**	**May enroll or can increase amount**	**No change**
F-3	**Lose Medicaid or state CHIP (Children's Health Insurance Program) coverage because no longer eligible**	**ADD**	**Application must be made within 60 days from the date the Medicaid/CHIP health coverage ended**	**Official state document indicating for whom and when Medicaid/ CHIP coverage ended and eligibility data for any newly-eligible persons**	**Self and dependent(s) who lost coverage**	**Date immediately following end of Medicaid/CHIP coverage if Application is timely made**	**YES to add eligible dependents who lost coverage or self and eligible dependent who lost coverage**	**N/A**	**N/A**	**ADD**	**YES**	**N/A**	**May enroll or can increase amount if loss of Medicaid; no change if loss of CHIP coverage**	**No change**
F-4	**Lose another group or individual health plan sponsored by government or educational institution, including Indian Tribal government and foreign government, or other individual coverage**	**ADD**	**Application must be made within 30 days from the date the health insurance ended**	**Proof of loss of insurance on other plan, for whome and date of loss of coverage, and eligibility data for any newly-eligible persons**	**Self and dependent(s) who lost coverage**	**Date immediately following loss of previous coverage if application is timely made**	**YES**	**N/A**	**N/A**	**ADD**	**YES**	**N/A**	**No change**	**No change**

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

QLE Code	Plan Recognized Qualified Life Event	Enrollee change request to OGB plan ADD or DROP	Deadline to submit request and provide proof document	Proof or document required	Enrollee allowed to change (who meets the eligibility definition)	Effective Date of Change	ADD Dependent YES or NO	DROP Dependent YES or NO	DROP Self YES or NO	ADD or DROP Medical Coverage	CHANGE Health Plan YES or NO	COBRA Event YES or NO	Flexible Spending Plan – Health Care	Flexible Spending Plan - Dep. Care
LOSS OF OTHER COVERAGE														
F-5	Member moves residence and becomes ineligible under current OGB plan	Transfer to another OGB Plan including Medicare Advantage plans	Application must be made within 30 days from date coverage ended under prior plan because of change in residence	Documentation proving date of change in residence (examples include voter registration card, homestead exemption, copy of water or electric bill, notarized attestation, etc)	Self; self and current covered dependents	First of the month following change in residence if Application is timely made	N/A (can only add persons who were previously covered)	NO	NO	CHANGE	YES	NO	No change	No change
MARRIAGE														
G-1	*Marriage	ADD	Application must be made within 30 days of date of marriage	Copy of certified marriage certificate and eligibility data for any newly-eligible persons	Self and new spouse and/or new stepchildren; employee may add child only if child was immediately previously covered under new spouse's insurance.	Date of the marriage if Application is timely made	YES (New Spouse and/or New Step-Children)	N/A	NO	ADD	YES	NO	May enroll or increase amount	May enroll or increase amount
G-2	Marriage	DROP	Application must be made within 30 days from the marriage	Copy of certified marriage certificate and proof of active enrollment on spouse's health plan	Self and current covered dependents	Coverage will be cancelled at the end of the month of marriage if timely Application for disenrollment is made	N/A	YES	YES	DROP	N/A	NO	May decrease if become covered under spouse's health plan	May decrease if spouse has Dependent FSA through his/her employer

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

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MILITARY LEAVE AND UNPAID LEAVE														
H-1	Employee who dropped coverage while on unpaid leave returning to work with pay from unpaid leave in same capacity	Reinstate coverage	Application must be made within 30 days of return to work with pay	Signed GB-01 from Employer	Can only reinstate prior election coverage	Date returns to work with paid status if Application is timely made	ADD (may add newly-acquired dependents only)	NO	N/A	Reinstate prior coverage	NO	NO	May re-enroll either: (a) at same level of benefits as before leave, which requires increased deduction amount for catch-up, or b) continue same deduction as before unpaid leave with no catch-up.	May re-enroll either: (a) at same level of benefits as before leave, which requires increased deduction amount for catch-up, or b) continue same deduction as before unpaid leave with no catch-up.
H-2	Employee on unpaid leave	DROP	Application must be made within 30 days of taking unpaid leave	Signed GB-01 from Employer	Self; self and current covered dependents	End of month unpaid leave begins if Application is timely made	N/A	DROP	YES	DROP	NO	NO	May pre-pay, decrease or deactivate deductions	May pre-pay, decrease or deactivate deductions
H-3	Employee on unpaid leave; elects to maintain coverage (may maintain for 12 months while on LWOP)	Retain coverage	Agency must immediately notify OGB of employee's LWOP status	Documentation (e.g., leave slip, letter on agency letterhead, or etc.) evidencing LWOP status	Self and covered dependents	N/A	NO	YES	NO	N/A	YES	NO, unless drop dependent	May pre-pay, decrease or deactivate deductions	May pre-pay, decrease or deactivate deductions
H-4	Military Employee goes on USERRA leave	DROP	Application must be made within 30 days of beginning USERRA leave	Signed GB-01 from Employer and any military orders, indicating when USERRA service begins	Self; self and current covered dependents	End of month that USERRA leave begins if Application is timely made	N/A	DROP	YES	DROP	NO	NO, unless drop dependent	May pre-pay, decrease or deactivate deductions	May pre-pay, decrease or deactivate deductions

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

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MILITARY LEAVE AND UNPAID LEAVE														
H-5	Military Employee returns from USERRA leave to full-time status.	Reinstate coverage	Application must be made within 30 days from re-employment or from date that Employee's active duty military health benefits end, whichever is later	Documentation of military orders and of military health coverage end date	Can reinstate coverage for self; self and dependents who were covered prior to taking USERRA leave	Date returns to full-time active status from USERRA leave or the date that Employee's active duty military health coverage ends, whichever is later, if Application is timely made	ADD (may only add newly acquired dependents)	N/A	N/A	Reinstate prior coverage; may also allow for a change in health plan	YES	NO	May re-enroll either; (a) at same level of benefits as before leave, which requires increased deduction amount for catch-up, or (b) continue same deduction as before military leave with no catch-up.	May re-enroll either; (a) at same level of benefits as before leave, which requires increased deduction amount for catch-up, or (b) continue same deduction as before military leave with no catch-up.
NEW HIRES AND TERMINATIONS, ACA REQUIREMENTS, AND CHANGE IN CLASSIFICATION														
I-1	New Full-Time Employee	ADD	Application must be made within 30 days from date of full-time employment	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	Employee; employee and eligible dependent(s)	Based upon date of employment (Hire Date - 1st Day of the Month - Coverage effective on First day of the following month; Hire Date - 2nd day of the month or after - Coverage effective on the first day of the second month following employment) if Application is timely made	YES	N/A	N/A	ADD	N/A	NO	May Enroll	May Enroll
I-2	Non-Full-Time (variable, seasonal, part-time) Employee who is determined to be Full-Time at end of the Initial Measurement Period	ADD	Application must be made within 30 days of date of eligibility	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	Employee; employee and eligible dependent(s)	First of the month following the end of the 30-day enrollment period if Application is timely made	YES	N/A	N/A	ADD	N/A	NO	May Enroll	May Enroll
I-3	Non-Full-Time (variable, seasonal, part-time) Employee who is determined to be Full-Time at end of the Standard Measurement Period	ADD	Application must be made within 30 days of date of eligibility	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	Employee; employee and eligible dependent(s)	January 1 of following plan year if application is timely made	YES	N/A	N/A	ADD	N/A	NO	May Enroll	May Enroll

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

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NEW HIRES AND TERMINATIONS, ACA REQUIREMENTS, AND CHANGE IN CLASSIFICATION														
I-4	**Non-Full-Time (variable, seasonal, part-time) Employee who experiences a Change in Classification to permanent Full-Time in any measurement or stability period (this requires a deliberate documented employer decision to make the employee a full-time employee)**	**ADD**	**Application must be made within 30 days of date of change in classification**	**Signed GB-01 from Employer and eligibility data for any newly-eligible persons**	**Employee; employee and eligible dependent(s)**	**First of the month following the end of the 30-day enrollment period if Application is timely made**	**YES**	**N/A**	**N/A**	**ADD**	**N/A**	**NO**	**May Enroll**	**May Enroll**
I-5	**Full-Time Employee returning full-time or part-time with less than 13 weeks (or less than 26 weeks for educational institutions) since Separation (this would include retirees who are rehired as WAEs)**	**ADD**	**Application must be made within 30 days following the return to work**	**Signed GB-01 from Employer and eligibility data for any newly-eligible persons**	**Employee; employee and eligible dependent(s)**	**Effective first of the month following the return of work.**	**YES**	**N/A**	**N/A**	**ADD**	**YES**	**NO**	**May Enroll; Original election must be kept if previously enrolled.**	**May Enroll; Original election must be kept if previously enrolled.**
I-6	**Employee changes from Full-Time status to non-Full-Time (requires deliberate documented decision to reduce hours below full time) (not in stability period)**	**Employee must continue coverage**	**Application must be made within 30 days of change in status confirming change in hours from Full-Time to non-Full-Time**	**Signed GB-01 from Employer**	**Employee; Employee and eligible dependent(s) would be dropped at the end of the plan year**	**Coverage terminates at the end of the plan year**	**N/A**	**N/A**	**N/A**	**N/A**	**NO**	**YES at the end of the plan year**	**Auto drop at the end of the plan year**	**Auto drop at the end of the plan year**
I-7	**Employee determined to be Full-Time during previous Measurement Period changes to Non-Full-Time under corresponding Stability Period**	**Employee must continue coverage**	**Application must be made within 30 days of change in status**	**Signed GB-01 from Employer**	**Employee; employee and eligible dependent(s) would be dropped at the end of the stability period on the last day of that month**	**Coverage terminates at the end of the stability period on the last day of that month**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**Upon termination of coverage**	**Auto drop at the end of the plan year health coverage ends**	**Auto drop at the end of the plan year health coverage ends**

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

QLE Code	Plan Recognized Qualified Life Event	Enrollee change request to OGB plan ADD or DROP	Deadline to submit request and provide proof document	Proof or document required	Enrollee allowed to change (who meets the eligibility definition)	Effective Date of Change	ADD Dependent YES or NO	DROP Dependent YES or NO	DROP Self YES or NO	ADD or DROP Medical Coverage	CHANGE Health Plan YES or NO	COBRA Event YES or NO	Flexible Spending Plan – Health Care	Flexible Spending Plan - Dep. Care
NEW HIRES AND TERMINATIONS, ACA REQUIREMENTS, AND CHANGE IN CLASSIFICATION														
I-8	**Full-time to Full-Time Transferring**	**Moving coverage from one OGB Participant Employer to another OGB Participant Employer (Employee may not Add or Drop coverage but may change health plans)**	**Transferring Participant Employer- Application to remove should be received within 30 days of transfer; New Participant Employer - Application to Add must be received within 30 days of hire**	**Signed GB-01 from the hiring Participant Employer**	**Employee; employee and eligible dependents**	**Continuous coverage, no gap. Hiring Participant's employer will assume coverage based upon date of hire. If hired the first day of the month, hiring Participant's employer will assume responsibility for plan member immediately. If hired the second day of the month, or after, the hiring Participant's employer will assume responsibility on the first of the second month following hire.**	**NO**	**NO**	**NO**	**N/A**	**YES**	**NO**	**May Enroll if transferring from a Non-Flex Participant Employer**	**May Enroll if transferring from a Non-Flex Participant Employer**
I-9	**Employee Terminated/separation of service (other than retirement)**	**DROP**	**30 days from the date of termination (OGB has the discretion to retroactively drop if correct premium is not timely paid and Application for disenrollment is not timely made)**	**GB-01 or it's electronic equivalent, signed by participant employer**	**Employee and all covered dependents**	**The end of the month in which Employee's termination is effective**	**N/A**	**YES**	**YES**	**DROP**	**NO**	**YES**	**Automatic Cancel on date of termination of employment**	**Automatic Cancel on date of termination of employment**
NEW HIRES AND TERMINATIONS, ACA REQUIREMENTS, AND CHANGE IN CLASSIFICATION														
I-10	**Annual Enrollment**	**ADD OR DROP**	**Annual Enrollment period designated by OGB**	**GB-01 or its electronic equivalent (LaGov) signed by participant employer. Retirees ONLY may submit a signed written request or enrollment form**	**Employee; employee and eligible dependents**	**January 1 of following plan year if Application is timely made**	**YES**	**YES**	**YES**	**ADD or DROP**	**YES**	N/A	**Changes allowed**	**Changes allowed**

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

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	OVER-AGE DEPENDENT													
J-1	Natural, Adopted or Stepchild dependent reaches attainment age for that dependent and is not capable of self-sustaining employment	Continuation of Coverage	Executed physician attestation on OGB Form "Request for Continuation of Coverage for Incapacitated Dependent Child" must be submitted prior to the dependent child reaching the age of 26	OGB Form "Request for Continuation of Coverage for Incapacitated Dependent Child"	Only child dependent currently enrolled in the plan who is reaaching applicable attainment age and is incapable of self-sustaining employment by reason of physical or mental disability prior to reaching attainment age	First of the month following the child's reaching applicable attainment age if Application is timely made and accepted	N/A	N/A	N/A	N/A	NO	N/A	No change	No change
	STATE PREMIUM SUBSIDY													
K-1	Obtain subsidy under state's premium assistance program	ADD	Application must be made within 60 days from date subsidy was awarded by state	Official state document indicating effective date when state subsidy was awarded and to whom and eligibility data for any newly-eligible persons	Self and dependent(s)	Date of award of subsidy (or effective date of subsidy if other than date of award) if Application for enrollment is timely made	YES	N/A	N/A	ADD	YES	N/A	May enroll or can increase amount	No change
	RETIREMENT													
L-1	Retirement	Continuation of Coverage under current plan	Application must be made within 30 days from the date of retirement	Application	Continuation of Coverage only for Current Covered Dependents	First of the month following date of retirement	N/A	N/A	N/A	N/A	YES	N/A	NO	N/A
L-2	Retirement	DROP	Application must be made within 30 days from the date of retirement	Application	Self and covered dependents	End of month of retirement date	NO	YES	YES	DROP	YES, if drop dependent only	YES, for person dropped	NO	N/A

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

QLE Code	Plan Recognized Qualified Life Event	Enrollee change request to OGB plan ADD or DROP	Deadline to submit request and provide proof document	Proof or document required	Enrollee allowed to change (who meets the eligibility definition)	Effective Date of Change	ADD Dependent YES or NO	DROP Dependent YES or NO	DROP Self YES or NO	ADD or DROP Medical Coverage	CHANGE Health Plan YES or NO	COBRA Event YES or NO	Flexible Spending Plan – Health Care	Flexible Spending Plan - Dep. Care
RETIREMENT														
L-3	Retirement	ADD	Application must be made within 30 days from the date of retirement	Application	Eligible dependents	First of month following the date of retirement	YES (may not add Self)	N/A	N/A	N/A	YES	N/A	NO	N/A
L-4	Retirement with Medicare (Part A & B)- OGB Sponsored Medicare Advantage Plan Enrollments	ADD	Application must be made within 30 days from the date of retirement	Official documentation of active enrollment on Medicare Part A and Part B; must show effective dates	Self and Medicare eligible spouse	First of month following the signatutre date.	N/A	YES	N/A	N/A	YES	YES FSA COBRA -Yes, if account has a positive balance	NO	N/A
L-5	Rehired Retiree (with Active Retiree Coverage)	ADD	Application must be made within 30 days from the date of return to work.	Signed GB-01 from Employer	Self and eligible dependents	First of month following the return to work.	N/A	N/A	N/A	N/A	YES	NO	YES	YES
L-6**	Rehired Retiree (w/o Active Retiree Coverage)	ADD	Application must be made within 30 days from the date of return to work.	Signed GB-01 from Employer	Self and eligible dependents	Based upon date of employment (Hire Date - 1st Day of the Month - Coverage effective on First day of the following month; Hire Date - 2nd day of the month or after - Coverage effective on the first day of the second month following employment) if Application is timely made	YES	N/A	N/A	ADD	N/A	NO	YES	YES
L-7	Return to Retirement (with Active Retiree Coverage)	Continuation of Coverage	Application must be made within 30 days from the date of last day worked.	Signed GB-01 from Employer	Self and covered dependents	First of month following the date of last day worked for self-funded plans. 1st of month following signature date for MA plans.	YES	YES	N/A	N/A	YES	YES FSA COBRA Yes, if account has a positive balance	NO	N/A
L-8	Return to Retirement (w/o Active Retiree Coverage)	DROP	Application must be made within 30 days from the date of last day worked.	Signed GB-01 from Employer	Self and covered dependents	End of month following the last day worked.	NO	YES	YES	DROP	N/A	YES FSA COBRA Yes, if account has a positive balance	NO	N/A

Note: OGB reserves the right to supplement or amend the QLE chart at any time. Revised October 1, 2024

***Medicare Advantage Plans effective dates may be subject to CMS Guidelines.**

**** Premiums will be determined in accordance with La. R.S. 42:851 and applicable rules.**

For more information on your Flexible Benefits Plan

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