BeneFit for Life

Flexible Benefit Program

Summary Plan Description

YOUR GUIDE TO:

- Premium Payment Plan
- Health Care Reimbursement Account
- Limited Purpose Health Care Reimbursement Account
- Dependent Care Reimbursement Account
- Health Savings Account
- Important Administrative Information

October 2025

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What is the Judiciary Benefits Center (JBC)?
The JBC is operated by Conduent, the third-party administrator for the Federal Judiciary Flexible Benefit Program. If you have any questions about your reimbursement or eligible expenses, call the JBC at 1-877-207-3220, or log in to the JBC website through JENIE or at https://judiciary.lifeatworkportal.com.

The Federal Judiciary Flexible Benefit Program

The Federal Judiciary Flexible Benefit Program has been designed to assist eligible judges and employees in defraying the cost of health, eligible out-of-pocket medical, dental, vision and dependent care expenses. The program consists of five separate parts—a Premium Payment Plan, a Health Care Reimbursement Account, a Limited Purpose Health Care Reimbursement Account (only available to employees who enroll in a high deductible health plan), a Dependent Care Reimbursement Account and a Health Savings Account (only available to employees who enroll in a high deductible health plan).

Participation in these plans is completely voluntary. Each plan allows you to set aside part of your salary on a pre-tax basis. This reduces the amount on which federal income taxes, Social Security taxes—and in most cases—state and local income taxes are based, thereby increasing your spendable income.

The Premium Payment Plan (PPP) allows you to pay for your health insurance premiums with pre-tax dollars.

The Health Care Reimbursement Account (HCRA) lets you set aside part of your paycheck on a pre-tax basis that you can then use to pay certain health care expenses that you, your spouse, and your dependents incur throughout the year. These expenses may include deductibles, copayments, and other out-of-pocket health, dental and vision expenses that aren't covered by your health insurance. Because the money you contribute into your account is deducted from your income before taxes are subtracted, you will pay less money in taxes.

The Limited Purpose HCRA (LPHCRA) lets you set aside part of your paycheck on a pre-tax basis that you can then use to pay certain dental and vision care expenses you, your spouse, and your dependents incur throughout the year. These expenses may include deductibles, copayments, and other out-of-pocket dental and vision care expenses that aren't covered by your dental or vision insurance. Because the money you contribute into your account is deducted from your income before taxes are subtracted, you will pay less money in taxes. This account is only available to you if you are enrolled in a high deductible health plan (HDHP).

The Dependent Care Reimbursement Account (DCRA) allows you to set aside pre-tax dollars to pay for expenses such as a daycare provider for your children or other IRS-recognized dependents while you and your spouse, if you are married, work or attend school full-time.

The Health Savings Account (HSA) is a tax-advantaged medical savings account available to those who are enrolled in an HDHP. This account is set up with a custodian or trustee and funds may be used to pay for eligible medical expenses for you and your IRS-recognized dependents. The Judiciary allows you to make contributions to this account through salary reduction on a pre-tax basis but has no control over the funds once deposited into your HSA.

Fast facts about the Federal Judiciary Flexible Benefit Program

The Federal Judiciary Flexible Benefit Program consists of the following tax-favored plans:

– The Premium Payment Plan (PPP)
– The Health Care Reimbursement Account (HCRA)
– The Limited Purpose Health Care Reimbursement Account (LPHCRA)
– The Dependent Care Reimbursement Account (DCRA)
– The Health Savings Account (HSA)

- Generally, you are eligible to participate in the Flexible Benefit Program if you are an active employee who is eligible to participate in the Federal Employees Health Benefits (FEHB) Program. Temporary or seasonal employees are not eligible for HCRA/LPHCRA or DCRA benefits, unless the employee has a temporary or permanent federal judiciary appointment (or series of appointments) of at least one year and a day.
- Each year an Open Season period will be held for eligible employees. You will have the opportunity to choose whether you wish to participate or continue to participate in any of the four plans for the upcoming Plan Year.
- If you are an eligible employee enrolled in the FEHB Program, you are automatically enrolled in the PPP pre-tax option unless you waive this option during enrollment. You cannot change or discontinue your enrollment in the FEHB Program before the next Open Season period unless you experience a Qualifying Life Event (QLE), described on page 6.
- If you decide to participate in a reimbursement account, you can open a HCRA, a DCRA, or both. If you are enrolled in an HDHP with an HSA, you can open a LPHCRA and/or a DCRA but not a HCRA. To continue participation in any of the reimbursement accounts each year, you must re-enroll during the Open Season period. You cannot change or discontinue your enrollment before the next Open Season unless you experience an IRS defined QLE, described on page 12.
- Current annual contribution limits are found on page 7 of this document.
  - Contributions for HCRA may be used to pay for eligible health care expenses.
  - Contributions for LPHCRA may be used for out-of-pocket dental and vision expenses.
- As a result of the CARES Act, over-the-counter ("OTC") drugs and medicines are eligible for reimbursement from the HCRA without a prescription. Also, menstrual products (tampons, liners, and similar products) are considered a medical care expense eligible for reimbursement from the HCRA when accompanied by an adequate receipt.
- Beginning with the 2005 Plan Year, a 2½ month grace period applies to Health Care FSAs. This means that HCRA/LPHCRA participants have until March 15 of the following Plan Year to incur expenses for the prior Plan Year. DCRA claims must be incurred by December 31. Participants have until April 30 to submit and substantiate HCRA/LPHCRA and DCRA claims with required documentation towards the prior-year account. If claims are not submitted and substantiated by the deadline, any unused funds from that Plan Year will be forfeited.
- Consider your reimbursement account contributions carefully. Once you make an election, you cannot change it unless you experience a QLE. Any money that you do not use in your accounts will be forfeited. Any forfeited money will be used to offset administrative costs for the program.
- If you have a balance in your HCRA from the prior year during the grace period **(January 1 to March 15)** and you enrolled in a HDHP for the current year, and elected to contribute to an HSA, then you will not be eligible to make an HSA contribution until **April 1**.

What is a Plan Year?
The Plan Year begins January 1 and ends December 31 each year, so it is the same as a calendar year.

The Premium Payment Plan (PPP)

What is the Premium Payment Plan?

The Premium Payment Plan (PPP) is an optional tax-favored program that allows you to pay for your health insurance premiums before taxes are deducted from your paycheck. Because taxes are calculated on a lower salary, your take-home pay will be higher.

You are automatically enrolled in the PPP if you meet the eligibility requirements for the Federal Employees Health Benefits (FEHB) Program, unless you waived this option during an enrollment period. Your decision to participate (or not) will remain in effect from year to year, so it is not necessary for you to re-enroll unless you wish to change your election.

What are the advantages of participating?

Tax savings

When you elect to have your health insurance premiums deducted from your salary through the PPP, the amount of your premiums is subtracted from your pay before federal income taxes, state income taxes (in most cases) and Social Security taxes have been calculated and withheld—resulting in a tax-savings for you.

For example, let's say your annual salary is $55,000. The example below shows the amount of your take-home pay if your insurance premiums cost $700 per year.

	With PPP	Without PPP
Your annual salary	$55,000	$55,000
Your annual insurance premium PRE-TAX	$ 700	N/A
You pay taxes on	$54,300	$55,000
Minus federal income taxes	-$ 9,605	-$ 9,780
Minus Social Security taxes (7.65%)	-$ 4,154	-$ 4,208
Your annual insurance premium AFTER-TAX	N/A	$ 700
Your take-home pay	$40,541	$40,312
You Save	**$229**	

Remember, the amount you save in taxes under this feature will vary depending on your FEHB Program enrollment (Self Only, Self Plus One or Self and Family), your annual earnings, whether or not you pay Social Security taxes, the number of exemptions and deductions you claim on your tax return, your tax bracket, and your state and local tax regulations. Check with your tax advisor for information on how participation will affect your tax savings.

Are there any disadvantages to participating?

When you elect to participate in the PPP, the salary on which your annual contribution to Social Security is based may be reduced, which may result in a reduction in the Social Security benefit you receive at retirement. However, increasing your personal savings by participating in the PPP can more than make up for the difference.

In addition, if you participate in the PPP, you cannot change or cancel your enrollment in the FEHB Program unless you experience an IRS defined QLE, described on page 6.

When am I eligible to participate?

You are eligible to participate in the PPP if you are an active employee and you are eligible to participate in the FEHB Program.

How do I enroll?

It is not necessary for you to enroll in the PPP. As an eligible employee you are automatically enrolled in the Plan unless you elect to have your health insurance premiums deducted on an after-tax basis.

Your enrollment status in the PPP will remain in effect from year to year unless you elect to change it during the Open Season period. You may only change your option outside of the Open Season period if you experience a QLE, as described on page 6 under "Can I change my election?"

The Premium Payment Plan (PPP) *continued*

Can I change my election?

Generally, your enrollment in the PPP is in effect unless you change it during an Open Season period. However, if you experience a QLE, you may be able to change your election mid-year. The IRS considers the following events to be QLEs:

- A change in legal marital status, such as marriage, death of a spouse, divorce, annulment or legal separation
- A change in employment status for you, your spouse or your dependent, such as termination or commencement of employment, change from a full-time to a part-time work schedule, or a commencement of or return from an unpaid leave of absence
- A change in number of tax dependents, such as birth of a child, adoption or placement for adoption of a child, or the death of a dependent
- A change in your dependent's eligibility status, such as by attaining a certain age
- You or your spouse either become eligible or lose eligibility for Medicare or Medicaid
- Certain changes in the cost of your coverage
- Certain changes to your coverage
- Entitlement to special enrollment rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including acquisition of a new dependent or spouse; becoming eligible for a premium assistance subsidy under Medicaid or a state's Children's Health Insurance Program (CHIP); or loss of coverage under another health insurance policy or plan (including Medicaid or CHIP), if that coverage is terminated because of:
  - Voluntary or involuntary termination of employment or reduction in the number of hours of employment, death, divorce or legal separation, or
  - Termination of employer contributions toward that other coverage, or
  - In the case of Medicaid or CHIP, a loss of eligibility for such coverage
- Certain judgments, decrees or orders, including a qualified medical child support order, that provide for a dependent's health coverage. You may only change or terminate your election under the Plan if the life event that you experience affects the coverage eligibility of you or your dependent and if the change is consistent with or on account of the life event.

For example, if you move to another state and your change in residence causes you to change health plans under the FEHB Program, changing your PPP election would be consistent with, or on account of, the event. However, if you move across the street and your eligibility for coverage is unaffected, you have not experienced a QLE that would allow you to make a change.

If you experience a QLE, you may be able to make a change to your elections. Within sixty (60) days of the event, log on to the JBC website through JENIE or at **https://judiciary.lifeatworkportal.com**. From the home page, select Life Events, then Report or Process a QLE. You can also call the JBC at 1-877-207-3220. Depending on the life event, you may be able to:

- Enroll in the Premium Payment Plan
- Terminate participation in the Premium Payment Plan

Your change will go into effect the beginning of the pay period that coincides with, or immediately follows, receipt of the form. If you have a baby or adopt a child, the election will go into effect retroactively to the date of the birth or placement for adoption, as required by HIPAA.

What happens if I leave the Federal Judiciary?

If you terminate employment during the year, your participation in the Flexible Benefit Program ends. Although you may be eligible to continue your FEHB Program coverage through Temporary Continuation of Coverage (TCC), you do not have the option of paying for the premiums on a pre-tax basis.

What happens if I go on a Leave Without Pay?

If you take an unpaid leave of absence, that does not affect eligibility in this Plan; your employer will pay both your share and the employer share. When you return to work, the premiums will be pre-tax if you have payroll deductions to make up the premiums that the employer paid on your behalf.

If you pay these premiums in a lump sum check, they are not pre-tax. If the missed premiums cross Plan Years, you must pay with a check, not through a payroll deduction.

When does my participation in the PPP end?

Your participation in the PPP will end when:

- You elect to have your insurance premiums deducted from your salary on an after-tax basis;
- You elect to terminate participation in the FEHB Program;
- You are no longer eligible to participate in the FEHB Program;
- You are no longer employed by the Federal Judiciary; or
- The Administrative Office of the U.S. Courts terminates the Flexible Benefit Program.

What is the Premium Payment Plan?
The Premium Payment Plan (PPP) is an optional tax-favored program that allows you to pay for your health insurance premiums before taxes are deducted from your paycheck. Because taxes are calculated on a lower salary, your take-home pay will be higher.

Plan Year Contribution Limits

The following contribution limits are established by the IRS and are generally updated annually for the following plan year. Please be aware that the IRS sometimes releases updated limits after the publication of this guide. In those instances, you will be notified by email.

Benefit	Limit	Last Updated by the IRS
Health Savings Account (HSA)	• $4,400 for self-only coverage • $8,750 for family coverage • $1,000 for Catch-up contribution for age 55 and older	April 20, 2025
HCRA	• $3,400 • $0.21/mi medical mileage reimbursement	October 9, 2025 December 19, 2024
LPHCRA	• $3,400 • $0.21/mi medical mileage reimbursement	October 9, 2025 December 19, 2024
DCRA	• $6,000 for single individuals and married couples filing jointly • $3,000 for married individuals filing separately	July 4, 2025
Commuter	• $340 Parking • $340 Mass Transit	October 9, 2025
TSP	• **Standard Limit:** The standard TSP contribution limit (elective deferral) is $24,500. • **Catch-Up Contributions:** Individuals aged 50 and older can contribute an additional $8,000, for a total of $32,500. • **Enhanced Catch-Up (60-63):** Those aged 60 to 63 can contribute an extra $11,250, totaling $35,750. • **Mandatory Roth Catch-Up:** Catch-up contributions for employees with prior year wages over $150,000 will be automatically directed to a Roth TSP account.	November 14, 2025

Reimbursement Accounts

What is a reimbursement account?

A reimbursement account offers you a way to pay for eligible dependent care expenses and health care expenses not covered by insurance with tax-free income—before federal income, state income (in most cases) and Social Security taxes are taken out of your pay. You contribute pre-tax money to a reimbursement account, file a claim, and then receive reimbursement from the account for eligible expenses.

The Flexible Benefit Program offers three (3) different reimbursement accounts:

- The Health Care Reimbursement Account (HCRA);
- The Limited Purpose Health Care Reimbursement Account (LPHCRA), only available to HDHP participants; and
- The Dependent Care Reimbursement Account (DCRA).

You may enroll in the HCRA and/or the DCRA. If you are enrolled in an HDHP, you may enroll in the LPHCRA and/or the DCRA.

Participation in a reimbursement account is completely voluntary. Each year, during the enrollment period, you decide in which account(s) you wish to participate and how much to contribute to cover your eligible expenses for the coming Plan Year.

There are three ways to submit, substantiate, and claim a reimbursement from your account:

1. **Online**
   Log in to the JBC website through JENIE or at **https://judiciary.lifeatworkportal.com**, select **Flexible Benefits**, then the **Go** button in the **View or Submit Claims** tile.

   Select **File a Claim** and follow the easy steps on the screen to enter information about your claim.

   Continue through the screens and submit the required documentation via the online upload feature.

2. **Mail**
   Print the Claim Submission form, located on the JBC > Library > Documents & Forms > Claim Forms > HCRA/DCRA Claim Form and mail to the following address:

   Judiciary Benefits Center (FSA)
   PO Box 18033
   Norfolk, VA 23501-1887

3. **Fax**
   Print the Claim Submission form, located on the JBC > Library > Documents & Forms > Claim Forms > HCRA/DCRA Claim Form.

   Fax to 1-855-904-0655.

   Your reimbursement will be deposited directly into the same account as your pay via electronic funds. If you do not receive your pay by direct deposit, you will receive a paper check.

Am I automatically enrolled in a reimbursement account each year? No. You must re-enroll each year that you wish to participate in a HCRA/LPHCRA and/or DCRA. Your election does not carry over year to year.

Reimbursement Accounts *continued*

What are the advantages of participating?

Tax savings

The amount you contribute to a reimbursement account is deducted from your pay before federal income taxes, state income taxes (in most cases) and Social Security taxes are taken out, increasing your spendable income.

For example, if you earn $55,000 and elect to contribute $2,500 to your reimbursement account, you will only pay taxes on the remaining $52,500 of your income. You save $817 in taxes, as shown below.

	With PPP	Without PPP
Your annual salary	$55,000	$55,000
Your tax-free reimbursement account contribution	$ 2,500	N/A
You pay taxes on	$52,500	$55,000
Minus federal income taxes	-$ 9,155	-$ 9,788
Minus Social Security taxes (7.65%)	-$ 4,016	-$ 4,208
Your annual insurance premium AFTER-TAX	N/A	$ 700
Your take-home pay	$39,329	$41,012
Your out-of-pocket expenses*	N/A	$ 2,500
Your spendable income	**$39,329**	**$38,512**
Your tax savings with a reimbursement account*	**$ 817**	**N/A**

**Remember, these are expenses that you would have incurred and paid for even if you didn't have a reimbursement account, such as copayments for a doctor's visit, a prescription, or payment for a daycare provider.*

Also, the amount you save in taxes under this feature will vary depending on the amount you set aside in the reimbursement account, your annual earnings, whether or not you pay Social Security taxes, the number of exemptions and deductions you claim on your tax return, your tax bracket, and your state and local tax regulations. Check with your tax advisor for information on how participation will affect your tax savings.

Interested in learning how saving in a HCRA or LPHCRA could impact your taxes?
For a personalized example, visit the JBC member portal, accessible by logging in to the JBC website through JENIE or at **https://judiciary.lifeatworkportal.com** > Flexible Benefits > Go button in the **View or Submit Claims** tile > Resource Center > Tools > FSA Tax Savings Calculator.

Are there any disadvantages to participating?

When you elect to participate in a reimbursement account, the salary on which your annual contributions to Social Security are based may be reduced. This may result in a reduction in the Social Security benefit you receive at retirement. However, increasing your personal savings by participating in a reimbursement account can more than make up for the difference.

Reimbursement Accounts *continued*

IRS Rules

The Federal Judiciary Flexible Benefit Program is a tax-qualified program based on the guidelines in Sections 105, 125, and 129 of the Internal Revenue Code. As with many tax-favored programs, the IRS has certain important rules associated with participation, outlined below.

Tax-deductible expenses

If you use your account to pay for health care or dependent care expenses, you may not also deduct those expenses on your federal income tax return. Keep in mind that you can deduct unreimbursed health care expenses from your federal income tax only if they exceed the annual threshold established by the Internal Revenue Service. For more information on how using a DCRA affects your eligibility for the childcare tax credit, refer to page 26.

No transfers between accounts

You may only be reimbursed for eligible health care expenses with the money in your HCRA. You may only be reimbursed for eligible dental and vision care expenses with the money in your LPHCRA. You may only be reimbursed for qualifying dependent care expenses with the money in your DCRA. You may not transfer funds from one account to another to cover unanticipated expenses, even if you have a leftover balance in one account.

Expenses incurred vs. expenses paid

An expense is incurred on the date that you receive the service, not on the date on which you pay for the service. For example, the date you go to the doctor is the date the service is incurred, even if you are billed for the visit at a later date. Similarly, the date your child is at his or her daycare provider is the date the expense is incurred, even if you do not pay your childcare provider until a later date.

Claims must be filed by April 30 of the following year

The money you contribute to your Reimbursement Account(s) may only be used to pay for eligible expenses that you incur during the plan year. When you set up your account(s) during the Open Season period, you are setting them up for one year only —the upcoming plan year which is the same as the calendar year. The 2½ month grace period extended to the HCRA and LPHCRA means that a HCRA or LPHCRA participant has until March 15 of the following plan year to incur expenses that can be applied to the prior plan year HCRA/LPHCRA balance. All DCRA claims must be incurred by December 31. You have until April 30 of the next year to submit claims with required documentation for expenses that you incur during and/or would like applied to the previous plan year. If claims are not submitted and substantiated by the deadline, any unused funds from that plan year will be forfeited.

Do I need to claim reimbursements as income on my tax return?
No. Your reimbursements are tax-free as long as you have not taken or do not intend to take a tax deduction or credit for related expenses when you file your federal tax return.

Open Season period

Each November/December, an enrollment period will be held for the Flexible Benefit Program. During this time, if you wish to continue participation or newly enroll in the reimbursement accounts, you must actively make an election. Your previous election will not carry over to the next plan year.

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
Annual Enrollment Period		Plan Year															
		Period during which you may file claims you incur throughout the Plan Year															

Reimbursement Accounts *continued*

What if I do not use all the money in my account(s) by the end of the year?

If you overestimate your expenses and contribute more money than you spend, you will forfeit any balance in your account(s) after you've processed all expenses for the year.

Fortunately, due to the grace period adopted by the Federal Judiciary for the HCRA and LPHCRA, you now have 14½ months (until March 15 of the following Plan Year) to incur eligible health care expenses. DCRA expenses must still be incurred by December 31. Be sure to plan and budget carefully when deciding how much to contribute to your account(s).

Forfeiting leftover contributions

The IRS requires that any money left in a reimbursement account at the end of the Plan Year be forfeited. This is known as the IRS's "Use-it-or-Lose-it" Rule. Any forfeited money will be used to offset administrative costs for the program.

Limits on contributions

In addition to the yearly limits on how much you can contribute to your reimbursement account(s), the Internal Revenue Service requires plans with pre-tax contributions to prove that they do not favor "highly-compensated" employees, as defined by the IRS. If the Federal Judiciary's reimbursement accounts do not pass this test, the contributions made by employees considered highly compensated may have to be reduced or recharacterized as after-tax contributions. If this happens, those affected will be notified.

When am I eligible to participate?

Generally, you are eligible to make contributions to a reimbursement account if you are an active employee who is eligible to participate in the Federal Employees Health Benefits (FEHB) Program. You do not have to be enrolled in the FEHB Program, just eligible to enroll. Temporary or seasonal employees are not eligible to enroll in a reimbursement account, unless the employee has a temporary or permanent federal judiciary appointment (or series of appointments) of at least one year and a day.

How do I enroll?

If you wish to participate in any of the reimbursement accounts, you must enroll during the Open Season period for the upcoming Plan Year, even if you've enrolled in prior years. Your election will take effect on January 1 of the new Plan Year. You will be notified of your right to enroll before the Open Season period begins.

There are four ways to enroll in the reimbursement accounts:

1. **Online**

   Go online to the JBC website through JENIE or at **https://judiciary.lifeatworkportal.com** during the Open Season period.

2. **Mail**

   Sign and mail the completed enrollment form prior to the Open Season period.

   Judiciary Benefits Center
   PO Box 18031
   Norfolk, VA 23501-1885

3. **Call**

   Call the JBC at **1-877-207-3220** during the Open Season period. Benefits representatives are available from 9 a.m. to 8 p.m. ET, Monday through Friday, except federal holidays.

4. **Fax**

   Fax your completed enrollment form to the JBC at **1-855-904-0348**.

If you decide to enroll in a reimbursement account, the amount you elect to contribute will be divided by the number of pay periods in a year: twelve (12) for judges, twenty-seven (27) for employees. This amount will be automatically deducted from your paycheck.

Can I change my election?

Generally, your decision made during an Open Season period to participate in a HCRA/LPHCRA and/or DCRA account is in effect for the whole plan year. However, if you experience a QLE you may be able to change your election mid-year.

Can I change the amount I elect to contribute?
Changes to your contributions are only allowed during annual enrollment or if you experience a QLE, so consider your expenses carefully.

The IRS considers the following events to be QLEs:

- A change in legal marital status, such as marriage, death of a spouse, divorce, or annulment
- A change in employment status for you or your spouse, such as termination or commencement of employment, change from a full-time to a part-time work schedule, or a commencement of, or return from an unpaid leave of absence
- A change in number of tax dependents, such as birth of a child, adoption or placement for adoption of a child, or the death of a dependent
- A change in your dependent's eligibility status, such as by attaining a certain age
- You or your spouse either become eligible for, or lose eligibility for, Medicare or Medicaid.
- Entitlement to special enrollment rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including acquisition of a new dependent or spouse, becoming eligible for a premium assistance subsidy under Medicaid or a state's Children's Health Insurance Program (CHIP), or loss of coverage under another health insurance policy or plan (including Medicaid or CHIP), if that coverage is terminated because of:
  - Voluntary or involuntary termination of employment or reduction in the number of hours of employment, death, divorce or legal separation, or
  - Termination of employer contributions toward that other coverage, or
  - In the case of Medicaid or CHIP, a loss of eligibility for such coverage
- Certain judgments, decrees or orders, including a qualified medical child support order, that provide for a dependent's health coverage, and
- A change in your cost or coverage for dependent care (This applies to the DCRA only.)

You may only change or terminate your election under the Plan if the life event that you experience affects the coverage eligibility of you or your dependent and if the change is consistent with, or on account of, the life event.

Reimbursement Accounts *continued*

Changing your coverage: An example

Adopting a child would be a QLE that would allow you to change your HCRA/LPHCRA and/or DCRA elections. You may wish to increase your HCRA/LPHCRA and/or DCRA elections to accommodate the added health care expenses and/or expenses you may incur for this adopted child. A situation where you may wish to decrease your DCRA, for example, would be if your spouse decided to stay home with your child, and you no longer needed to set aside tax-free money for daycare expenses.

If you experience a QLE, you may be able to make a change to your elections. Log on to the JBC website through JENIE or at **https://judiciary.lifeatworkportal.com** > Home page > Life Events > Report or Process a QLE, or call the JBC at 1-877-207-3220 within sixty (60) days of the event. Depending on the life event, you may be able to:

- Start a reimbursement account;
- Terminate a reimbursement account;
- Increase your elections to a reimbursement account or
- Decrease your elections to a reimbursement account.

Your change will go into effect the beginning of the pay period that coincides with or immediately follows receipt of the form. If you have a baby or adopt a child, the election will go into effect retroactively to the date of the birth or placement for adoption, as required by HIPAA.

If you enroll mid-year

If you become eligible to enroll in the reimbursement accounts mid-year due to a QLE, or if you join the Plan mid-year as a new hire, your annual election amount will be divided by the number of pay periods remaining in the year. That amount will be deducted from your paycheck in equal installments throughout the rest of the year. Expenses are only reimbursable from the effective date of your enrollment until the end of the Plan Year.

For example, let's say you are hired in August and there are ten (10) pay periods remaining in the calendar year. If you elect to contribute $2,000 into a HCRA or LPHCRA, that $2,000 will be divided by the remaining ten (10) pay periods—$200 per pay period. You may only submit claims for expenses that you incur from your enrollment effective date to the end of the calendar year. Due to the 2½ month grace period extended to HCRA and LPHCRA, you have until March 15 of the following Plan Year to incur eligible HCRA/LPHRA expenses and apply them toward the prior Plan Year balance.

Reimbursement Accounts *continued*

How am I reimbursed?

Your reimbursement will be sent to you direct deposit via Electronic Funds Transfer (EFT) to the same account as your pay. If you submit a claim that is less than $25 and request reimbursement by paper check, you will not be reimbursed until your submitted claims total at least $25. However, this $25 threshold is waived at the end of each month, as well as the end of the Plan Year.

Forfeiture of unclaimed benefits

There are certain situations under which reimbursements can be forfeited or delayed. While the JBC is committed to paying claims promptly, you may forfeit or delay reimbursement if:

- You or your beneficiary do not properly file a reimbursement request with required documentation within the time period required—by April 30 following the Plan Year;
- You do not furnish information or required documentation to complete or verify your claim by April 30 following the Plan Year; or
- You do not cash a reimbursement check by the close of the Plan Year following the one in which you incurred the health or dependent care expense.

You should also be aware that reimbursements are not payable for dependents who become ineligible due to age, marriage or divorce.

What happens if I take a leave of absence?

If you take a leave of absence, including one that qualifies under the federal Family and Medical Leave Act (FMLA), here's what happens to your participation in the HCRA/ LPHCRA and/or DCRA:

FMLA leave

If you take a leave of absence under the FMLA, you may continue your participation in the Plan. If you receive compensation during your leave, you will continue your contributions with pre-tax dollars. If you do not receive pay and wish to continue participation, you must "catch-up" on contributions when you return to a pay status. However, these "catch-up" contributions cannot cross plan years. If you stop your participation in the Plan during your FMLA leave, you are entitled to be reinstated in the program upon your return, on the same terms as before taking FMLA leave.

Leave without pay (LWOP)

If you are going on an unpaid leave of absence, you have several options regarding your reimbursement account participation. You can choose to accelerate your contributions prior to your leave, recalculate your contributions upon return from your leave or make after-tax payments to continue participation. You may change or cancel your reimbursement account election due to a QLE (as explained on page 12) if your change in election is consistent with the circumstances of your leave.

Paid leave

Your participation in the reimbursement account(s) will not be affected if you are granted a paid leave of absence. Payroll deductions will continue, and you can still use your reimbursement account(s) to reimburse yourself for eligible expenses. You may change your reimbursement account election due to a QLE (as explained on page 6) if your change in election is consistent with the circumstances of your leave.

What happens to my benefits in the event of my death?

If you die while you are a Plan participant, any benefit payable from your reimbursement account(s) will be paid to your surviving spouse, if you are married. Otherwise, the benefit will be paid to your estate. If there is doubt as to the right of the beneficiary to receive any amount, the Plan Administrator may retain the benefit payment until the right to payment is determined, without liability for any interest. Your dependent can file claims on your behalf for expenses that were incurred before your death.

When does my participation in the reimbursement account(s) end?

Your eligibility to participate in the reimbursement account(s) will end when:

- You reach the end of the Plan Year, unless you reelect during the Open Season period. However, if you later experience a QLE, you can choose to enroll at that time;
- You lose your eligibility status based on your type of employment;
- You are no longer employed by the Federal Judiciary; or
- The Administrative Office of the U.S. Courts terminates the Flexible Benefit Program.

What happens if I leave the Federal Judiciary?

If you terminate employment during the year, your participation in the Flexible Benefit Program ends. Although you may be eligible to continue your FEHB Program coverage through Temporary Continuation of Coverage (TCC), you do not have the option to continue your contributions to the HCRA, LPHCRA or the DCRA. For the HCRA/LPHCRA, you can still be reimbursed for eligible expenses you incur up to your last day worked. For the DCRA, if you have a balance in your account, you can be reimbursed for eligible expenses incurred up to the end of the Plan Year. Please note any money that you don't use in your account will be forfeited.

The Health Care Reimbursement Account
The Limited Purpose Health Care Reimbursement Account

Your Health Care Reimbursement Account (HCRA) lets you set aside pre-tax dollars from your paycheck to cover eligible health care expenses not reimbursed by any medical, dental, or vision care plan for you, your spouse or your eligible dependents.

Your Limited Purpose Health Care Reimbursement Account (LPHCRA) allows you to maximize your Health Savings Account (HSA) by giving you the opportunity to save additional pre-tax dollars to pay for eligible out-of-pocket dental and vision expenses for you, your spouse, or eligible dependents. The LPHCRA is only available to you if you are enrolled in a high-deductible health plan (HDHP). The expenses you submit for reimbursement may be for you or any of your eligible dependents. You cannot be reimbursed for expenses other than for you or your eligible dependents.

The HCRA/LPHCRA definition of dependent

For the purposes of your HCRA or LPHCRA, dependents are defined as either a child until December 31st in the calendar year in which they turn 26 (as provided in Internal Revenue Code Section 105(b)) or a "qualifying child" or "qualifying relative" as provided in Internal Revenue Code Section 152 as revised by Working Families Tax Relief Act of 2004 (WFTRA). In some cases, an individual may not meet the definition of "child" but might still be eligible as a "qualifying child" or "qualifying relative."

In general, a "child" is defined as the participant's:

- Son
- Daughter
- Stepson
- Stepdaughter
- Legally adopted child
- Eligible foster child

Such child is eligible for coverage until the end of the year in which the child attains age 26.

"Adopted child" means a legally adopted individual of the taxpayer, or individual who is lawfully placed with the participant for legal adoption by the participant. "Eligible foster child" means an individual who is placed with the participant by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.

The following will generally qualify as a "qualifying child" by meeting all the following requirements:

An individual who:

1. is a child of the employee or descendant of such child, or is a brother, sister, stepbrother or stepsister of the employee, or a descendant of any such relative;
2. has the same principle place of abode as the employee for more than half the year;
3. is under age 19, or if a full-time student, under age 24. There is no age requirement if the individual is permanently or totally disabled;
4. does not provide more than half of their own support.

In general, a "qualifying relative" is defined as someone who meets all the following requirements:

1. Has a specified relationship to the employee, including:
   a) a child (natural, adopted, foster, and/or step child) and descendant of such child;
   b) a brother or sister (including step siblings);
   c) parent or ancestor;
   d) step parent (not including ancestors);
   e) aunt/uncle;
   f) niece/nephew;
   g) in-laws; or
   h) any other individual not listed above (i.e., a non-relative) who has the same principal place of abode as the taxpayer and is a member of the taxpayer's household (i.e., the individual lives with the taxpayer). Even though not related, the fact that they may receive over half their support from the taxpayer and reside with the taxpayer, cause them to be treated the same as other family members.
2. Is not a "qualifying child" of any taxpayer (as defined in Section 152(c) as amended by WFTRA), and
3. Receives over half of his/her support from the taxpayer.

HCRA/LPHCRA *continued*

How much should I contribute to my HCRA/LPHCRA?

During the Open Season period, you decide how much to contribute to your HCRA/LPHCRA for the upcoming Plan Year. Current annual contribution limits are found on page 7 of this document.

Your contributions for the year will be divided equally by the number of pay periods in the year (12 for judges and 27 for employees). The result is the amount deducted from each of your paychecks throughout the year.

For example, if you estimate your annual health care expenses and decide that $1,200 would be a sensible election, that $1,200 would be divided by the twenty-seven (27) pay periods in a year. The result, $44.00, would be subtracted tax-free from your paycheck each pay period.

For mid-year enrollments, elections will be divided equally by the number of pay periods that remain in the Plan Year.

How much can I contribute to an HCRA/LPHCRA?

Current annual contribution limits are found on page 7 of this document. Use the worksheet on page 22 to estimate your annual reimbursable health care expenses.

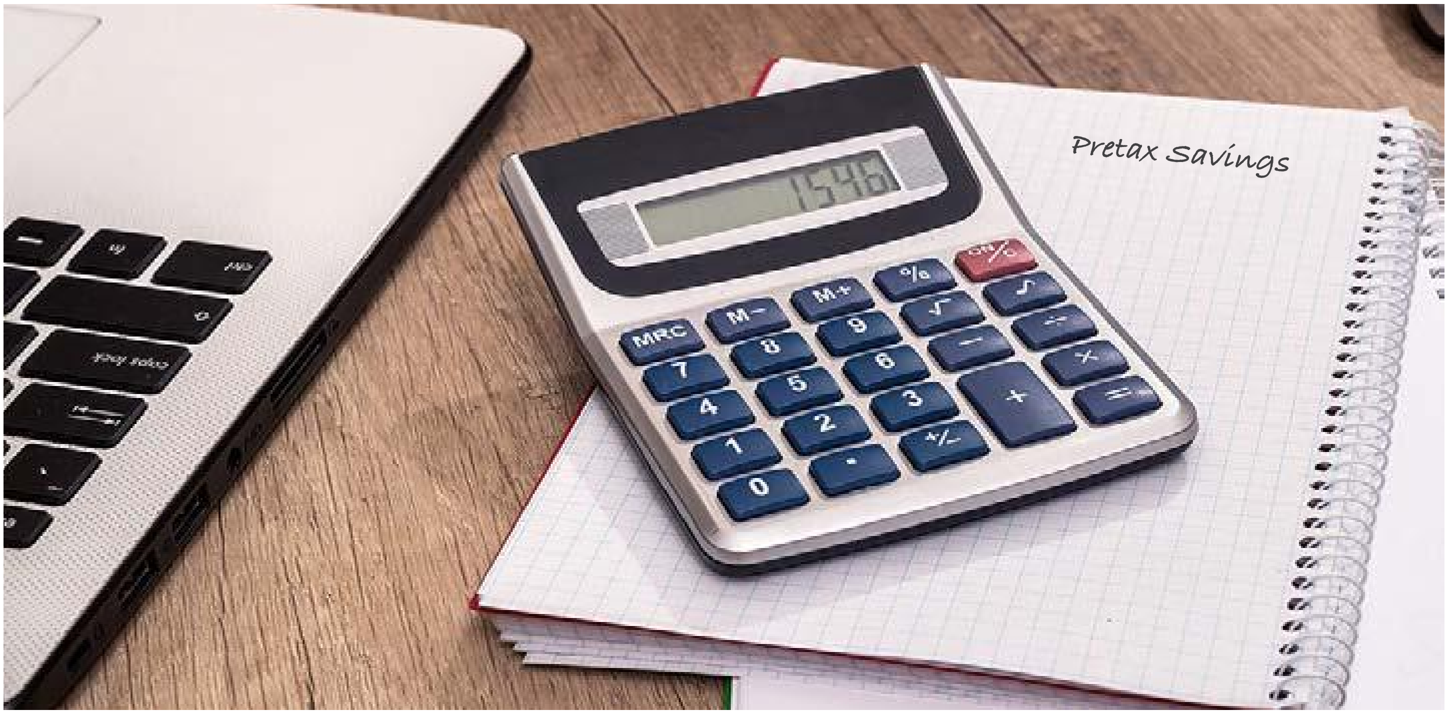
The HCRA or LPHCRA vs. income tax deductions

For many people, using the HCRA or LPHCRA provides a tax break that they would not otherwise receive. To deduct unreimbursed health care expenses from your federal income tax, you must submit an itemized income tax return, and you can only deduct health care expenses that exceed 10% of your adjusted gross income. For example, if your adjusted gross income is $55,000, your health care expenses would have to be at least $5,500 for the year before you begin to get a tax break.

Reimbursement accounts do not impose a minimum percentage rule before you are entitled to a tax-savings. Although you must contribute at least $100 into your account during the Plan Year, you may begin receiving reimbursements for the first eligible health care expense you incur during the Plan Year. This means that the whole amount you elected for the Plan Year is available to you on January 1 even if you have not had the money deducted from your pay yet. You may submit claims as you receive them, and usually you receive your reimbursements within five (5) days from the time they are received.

How can an HCRA or LPHCRA help me if I have already enrolled in the FEHB Program?

A HCRA or LPHCRA offers you a tax break on health care expenses that are not covered or paid for in full by the FEHB Program. You can submit claims for your out-of-pocket expenses, such as eye exams, glasses, and prescribed medicine.



What expenses are eligible for reimbursement?

Important Notice:

Effective January 1, 2020, all over-the-counter drugs and medicines and over-the-counter items that are purchased to alleviate or treat an illness or injury (e.g., bandages, sterile gauze) are eligible for reimbursement without a prescription. Please note that reasonable quantities of OTC drugs are reimbursable, if purchased for either existing or imminent medical conditions. If large quantities are necessary for the treatment of an existing condition, a Letter of Medical Necessity (LMN) may be required to indicate that the quantity being purchased is necessary for the treatment of the diagnosed medical condition.

Reimbursement requests for these items must be submitted with an adequate receipt that includes the name of the product, the date, and the amount paid. Please note that only current prescriptions or Letters of Medical Necessity (LMN) will be accepted. Expired prescriptions or Letters of Medical Necessity (LMN) will not be accepted.

A copy of the label from the product or its packaging is required if the receipt does not clearly identify the product. The correct price of the product should be circled on the receipt if other items are purchased. The receipt must be accompanied by the Federal Judiciary HCRA/LPHCRA Claim Form.

Generally, expenses you may submit for reimbursement include annual deductibles, copayments or items not covered by your health care plan, such as for vision and dental care. The amount you contribute toward health care coverage, or health care premiums, are not considered eligible reimbursable expenses. Section 105 of the Internal Revenue Code regulates what expenses may be reimbursed under a HCRA or LPHCRA.

In addition, to qualify as reimbursable, an expense must:

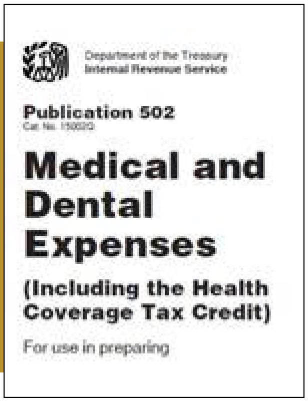
- Meet the criteria of tax-deductibility as a medical, vision or dental expense;
- Not be covered, paid or reimbursed from any other source;
- Not be insurance premiums;
- Not be taken as a deduction on your federal income tax return;
- Not exceed the amount you have elected to contribute to a HCRA or LPHCRA, and
- Be verified in writing that you or your dependent have incurred the expense within the Plan Year.

IMPORTANT: If you or your spouse participate in an HSA, you cannot enroll in the HCRA, but you are eligible to participate in the LPHCRA.

Questions about what qualifies as an eligible expense?

View the complete list of qualified expenses by visiting the IRS website, www.irs.gov/pub/irs-pdf/p502.pdf or review the Flexible Spending Eligible Expense Guide by logging in to the JBC website through JENIE or at https://judiciary.lifeatworkportal.com.

From the home page, select Library then Plan Information > Flexible Benefit Program > Flexible Spending Eligible Expense Guide. You can also call the JBC at 1-877-207-3220 with specific questions.



What expenses are not eligible for reimbursement?

- Cosmetic surgery or medication that is not medically necessary
- Expenses claimed on your income tax return
- Expenses not eligible to be claimed as an income tax deduction
- Expenses reimbursed by other sources, such as insurance companies
- Fees for exercise/athletic/health clubs where there is no specific medical reason for membership
- Illegal treatments, operations, or drugs
- Insurance premiums
- Weight reduction programs for general well-being

How do I file a claim for reimbursement?

You can submit a claim for any dollar amount for an expense incurred during the Plan Year or during the 2½ month grace period immediately following the Plan Year. However, if you submit a claim for an expense that is less than $25, you will not be reimbursed until your submitted claims total at least $25 or until the end of the month, if you are requesting reimbursement by check. If you are requesting reimbursement by direct deposit, claims will be reimbursed as they are approved. Remember, an expense is incurred when you receive the service, not when you pay for the service.

Follow these steps for quick and convenient reimbursement:

First, gather your supporting documentation, which includes one of the following:

- An Explanation of Benefits (EOB) from your insurance carrier. This will show the amount of expenses paid by the carrier and the amount you must pay, the date of service, who received the service and the provider's name, or
- A receipt from the provider showing the type of service or product, the date the service was incurred, who received the service, the provider's name and address, and the amount of the expense.

Then request your reimbursement in one of three ways:

1. **Online**

   Log in to the JBC website through JENIE or at **https://judiciary.lifeatworkportal.com**, select **Flexible Benefits**, then the **Go** button in the **View or Submit Claims** tile.

   Select **File a Claim** and follow the easy steps on the screen to enter information about your claim.

   Continue through the screens and submit the required documentation via the online upload feature.

2. **Mail**

   Print the Claim Submission form, located on the JBC > Library > Documents & Forms > Claim Forms > HCRA/DCRA Claim Form and mail to the following address:

   Judiciary Benefits Center (FSA)
   PO Box 18033
   Norfolk, VA 23501-1887

3. **Fax**

   Print the Claim Submission form, located on the JBC > Library > Documents & Forms > Claim Forms > HCRA/DCRA Claim Form.

   Fax to **1-855-904-0655**

Make sure to sign and date the claim form and keep a copy with your supporting documentation for your records if you mail in or fax your form.

HCRA/LPHCRA *continued*

How can I track my account balance?

Log in to the JBC website through JENIE or at **https://judiciary.lifeatworkportal.com**, select **Flexible Benefits**, then the **Go** button in the **View or Submit Claims** tile. You can also call the JBC's automated voice response system, available 24 hours/day, seven days a week at 1-877-207-3220.

What is the deadline to submit claims?

You can submit claims at any time during the Plan Year for expenses incurred while you were an active employee during the Plan Year. You also have until April 30 of the following year to submit a claim with the required documentation for the previous Plan Year. You will have online access to quarterly statements that detail your account activity, claim payment, and remaining funds available for reimbursement.

When will I receive my reimbursement?

Typically, once your claim form and proper documentation is received by the Judiciary Benefits Center, your reimbursement will be sent within five (5) business days. Your reimbursement will be made via Electronic Funds Transfer (EFT) to the same account as your paycheck.

Qualified Reservist Distribution

The Judiciary has established a "Qualified Reservist Distribution" for the HCRA and LPHCRA offered under the Flexible Benefits Plan that allows certain participants to request a distribution of unused HCRA or LPHCRA funds, if any, in the event that the participant is called or ordered to active military duty for (i) 180 days or more or (ii) for an indefinite period.

In order to be eligible for a Qualified Reservist Distribution, you must:

- be a member of a "reserve component" (as defined in section 101 of title 37 of the United States Code), which means a member of the Army National Guard; the Reserve for the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard; Air National Guard of the United States; or the Reserve Corps of the Public Health Service
- be called or ordered to active military duty for (i) 180 days or more or (ii) for an indefinite period
- be a participant in the HCRA or LPHCRA on the date you are called or ordered to duty
- provide a copy of your order or call to active duty, and
- satisfy the Plan's election requirements for Qualified Reservist Distributions.

If you believe you are eligible for a Qualified Reservist Distribution, you must contact the Judiciary Benefits Center (JBC) to request a distribution request form as soon as possible. A request for a Qualified Reservist Distribution must be made in writing on the form provided by the Administrator. You must submit a copy of your order or call to active duty along with your request. Requests for a Qualified Reservist Distribution must be made on or after the date of the order or call to duty but before the last day of the Plan Year (or grace period, if applicable) during which the order or call to duty occurred. You will receive your Qualified Reservist Distribution within a reasonable period of time, but no later than sixty (60) days after your request has been received.

A Qualified Reservist Distribution will be made based on all salary reduction amounts credited to your HCRA or LPHCRA for the applicable Plan Year that have not been applied to provide Health Care Reimbursements or Limited Purpose Health Care Reimbursements submitted before the Qualified Reservist Distribution request is submitted. Claims incurred and submitted but not yet reimbursed at the time the Qualified Reservist Distribution Request is received will be treated like any other claim submitted for reimbursement under the HCRA or LPHCRA. Notwithstanding anything to the contrary, if you elect to receive a Qualified Reservist Distribution, you forfeit any right to reimbursement that would otherwise be available under the Plan.

The JBC will determine what this amount is on a uniform basis, consistent with applicable law and IRS interpretations.

Unlike your reimbursements for eligible expenses from your HCRA or LPHCRA, the amount of your Qualified Reservist Distribution is taxed as income and will be reported as income on your W-2.

Qualified Reservist Distributions do not apply to amounts in your DCRA.

Do I have immediate access to the balance in my HCRA/LPHCRA?

You have access to the full amount you've elected to contribute into your HCRA or LPHCRA, even before all the deposits from your paycheck have been made. This means that even at the beginning of the Plan Year, you have access to the total amount you elected to set aside pre-tax for eligible health care expenses as soon as the expenses are incurred.

Things to remember

- Carefully consider your expenses. Once you make an election, you cannot change it unless you experience a QLE. Any money that you do not use in your account will not be refunded to you.
- Insurance premiums (such as health, dental or long-term care) are not an eligible HCRA or LPHCRA expense.
- You cannot use the money in your HCRA or LPHCRA to pay for dependent care expenses such as daycare or elder care providers.
- You will not pay Social Security taxes on the money you contribute to your HCRA or LPHCRA; therefore, your Social Security benefits may be slightly reduced in the future. However, the tax savings you realize by using the HCRA or LPHCRA usually offsets any reduction to Social Security benefits.
- An expense is considered incurred on the date the service or treatment is provided, NOT on the date you pay for it.
- If you have funds remaining at the end of the plan year, you have a grace period, until March 15 following the end of the plan year to incur expenses on the prior plan year.
- You have until April 30 of the following year to submit a claim with the required documentation for reimbursement of expenses incurred during the previous Plan Year.
- If you or your spouse participate in an HSA, you cannot enroll in the HCRA, but you are eligible to participate in the LPHCRA to pay for eligible dental and vision expenses.
- If you terminate employment, you can only be reimbursed for eligible expenses you incur up to your last day of work.

What if I have a question?
Call the JBC at 1-877-207-3220. Representatives are available Monday through Friday from 9 a.m. to 8 p.m. ET, except federal holidays.

HCRA/LPHCRA *continued*

Worksheet to estimate HCRA or LPHCRA contributions

The following worksheet will help you determine how much pre-tax salary to deposit into the HCRA or LPHCRA. Refer to this sheet when you need to re-enroll during the Open Season period. You can also access online worksheets by logging in to the JBC website through JENIE or at **https://judiciary.lifeatworkportal.com** > Library.

Annual Eligible Health Care Expenses	Amount Estimate
Medical Plan Deductible	$
Copayments or coinsurance	$
Covered medical expenses post-deductible	$
Vision expenses (including eyeglasses, exams and contact lenses and solutions) not covered by your medical or vision plan	$
Dental expenses not covered by your medical or dental plan	$
Over-the-counter drugs	$
Other non-covered medical expenses	$
Divide by the number of pay periods (12 for judges, 27 for employees)*	$
Estimated HCRA or LPHCRA contribution per pay period	$

** Remember if you enroll mid-year, divide by the number of pay periods left in the Plan Year. Only eligible expenses incurred after your effective date are eligible for reimbursement.*

The Dependent Care Reimbursement Account

Like the Health Care or Limited Purpose Health Care Reimbursement Account, you may set up a Dependent Care Reimbursement Account (DCRA) by agreeing to contribute a portion of your salary before taxes are taken out. The DCRA can be used to pay for qualifying dependent care expenses for your children or other qualified dependents so you (and if you are married, your spouse) can work. The money in your account may also be used so that your spouse may attend school full-time while you work.

Which is best for you: The DCRA or the Dependent Care Tax Credit?
Before you enroll in the DCRA, you will need to consider which is best for you, the DCRA or the Federal Dependent Care Tax Credit. Some people may find the Tax Credit a better option than the DCRA. Please consult a tax professional for more details.

Eligible dependents under the DCRA

The IRS defines your eligible dependents under the DCRA as "qualifying individuals" under Internal Revenue Code Section 21(b)(1):

- Your children, as defined by IRC Section 152(a)(1), who are under the age of 13 and who have the same principle residence, receive over half of his/her support from you, and who are not considered a qualifying child of any other taxpayer, and/or
- A spouse or adult (age 13 and up) if they:
  - Are physically or mentally incapable of caring for him/herself, and
  - Have the same principle place of abode for more than half the year

For children of divorced or separated parents, only the custodial parent may set up a DCRA account.

How much should I contribute to my DCRA?

The minimum contribution you may make to your DCRA is $100 per year. Current annual contribution limits are found on page 7 of this document.

Your contributions for the year will be divided by the number of pay periods in the year (12 for judges and 27 for employees). This amount will be deducted from each of your paychecks throughout the year.

For example, if you estimate your annual dependent care expenses and decide that $5,000 would be a sensible election, that $5,000 would be divided by the twenty-seven (27) pay periods in a year. The result, $185.19, would be then subtracted from your earnings each pay period, tax-free.

For mid-year enrollments, elections will be divided equally by the number of pay periods that remain in the Plan Year.

Complete the worksheet on page 27 to estimate your reimbursable dependent care expenses.

Does my provider have to give me his or her social security number?

Yes. In order for you to be reimbursed for the dependent care expense, your provider must give you his or her tax ID number or Social Security number and the caregiver must declare your payment as taxable income.

What dependent care providers are eligible?

For DCRA purposes, eligible care providers include a friend, neighbor or relative, and care can be provided inside or outside your home. Childcare centers that provide care for more than six (6) non-resident children must comply with state and local regulations. In order for the dependent care expense to be considered eligible, your provider must give you his or her tax ID number or Social Security number. In addition, your caregiver must declare your payment as taxable income. Otherwise, the IRS may disqualify your reimbursement from special tax treatment and require you to pay taxes on it.

Expenses for care given by the following providers are not eligible for reimbursement through the DCRA:

- Your spouse, former spouse, or the child's parent
- Your child under age nineteen (19), or
- Anyone you claim as a dependent on your tax return

What expenses are eligible for reimbursement?

You may submit claims for reimbursement through the DCRA for eligible expenses. The following list is based on the information contained in IRS Publication 503. You may obtain a copy of Publication 503 at your local IRS office or on the IRS web site at **http://www.irs.gov**.

Examples of eligible dependent care expenses:

- Childcare at a day camp
- Childcare at a nursery school
- Childcare by a private baby sitter
- Eldercare for an incapacitated adult who lives with you at least eight (8) hours a day
- Expenses for pre-school and after school childcare
- Cost of a housekeeper whose duties include the care of a qualifying dependent

What expenses are not eligible for reimbursement?

Examples of ineligible dependent care expenses:

- Babysitting when you (and your spouse) are not at work or school
- Overnight camps
- Education or tuition (kindergarten and above)
- Expenses of a childcare center that provides for more than six (6) non-resident children but does not comply with all applicable state and local laws
- Care given by an ineligible care provider, such as your spouse or dependent child
- Childcare expenses you include on your income tax return for a federal tax credit
- Expenses for services not fully incurred (advance payments)
- Late payment fees
- Placement fees for finding a dependent care provider
- Sports lessons
- Field Trips
- Clothing

This is only a partial listing. For more complete information, see IRS Publication 503.

How do I file a claim for reimbursement?

The DCRA is set up as a "pay as you go" account. This means that dependent care expenses can only be reimbursed up to the amount available in your account. You have access to your DCRA funds once a contribution is deposited into your account. However, you can only be reimbursed as the service is incurred, even if you pre-pay several months in advance.

What if I have to pay my provider six (6) months in advance? With a DCRA account, you may only be reimbursed after the service is incurred and as funds have been deposited to your account, even if you pay for the service in advance. You must file your claims after the service is completely rendered, not when it is billed, charged or paid.

IRS regulations require that expenses must be fully incurred in order to claim reimbursement from your account. Expenses are considered to be fully incurred when the service is completely rendered and not when it is billed, charged or paid.

For example, if you pay for dependent care services for the full month of February, you cannot submit your claim for reimbursement until March 1st. The date you submit your claim (or sign if sending by fax or mail) must be after the date the service was provided. If you submit a reimbursement request in the middle of the service period, the Judiciary Benefits Center (JBC) may prorate the reimbursement request and will not approve the portion associated with services that have not been rendered.

This means that:

- If you submit a Dependent Care claim to the JBC for processing that includes a future date of service, only those dates submitted that have already been incurred and certified by your dependent care provider, may be reimbursed at that time.
- Once the remaining services have been incurred, you may submit a new claim to request reimbursement for these dates of service.

For example, you cannot be reimbursed for July's daycare expenses until July even if you had to pay for them in advance and even if you have the money in your reimbursement account. If you file an eligible claim for more than your account balance, the difference will pend until subsequent payroll deductions are received into your account.

Where can I find information on my account?
Log in to the JBC website through JENIE or at **https://judiciary.lifeatworkportal.com**, select **Flexible Benefits**, then the **Go** button in the **View or Submit Claims** tile. You can also call the JBC at **1-877-207-3220**. Representatives are available Monday through Friday 9 a.m. through 8 p.m. ET except federal holidays.

For quick and convenient reimbursement, first, gather your supporting documentation, such as detailed bills or receipts. You should also include:

- Your dependent's name and date of birth
- Provider's name, address, and tax ID or Social Security Number
- The cost, place and date of the service(s) performed, and
- Receipt from the provider, or if none available, the provider's signature on the claim form

Then, submit your claim in one of three ways.

1. **Online**
   Log in to the JBC website through JENIE or at **https://judiciary.lifeatworkportal.com**, select **Flexible Benefits**, then the **Go** button in the **View or Submit Claims** tile.

   Select **File a Claim** and follow the easy steps on the screen to enter information about your claim.

   Continue through the screens and submit the required documentation via the online upload feature.

2. **Mail**
   Print the Claim Submission form, located on the JBC > Library > Documents & Forms > Claim Forms > HCRA/DCRA Claim Form and mail to the following address:

   Judiciary Benefits Center (FSA)
   PO Box 18033
   Norfolk, VA 23501-1887

3. **Fax**
   Print the Claim Submission form, located on the JBC > Library > Documents & Forms > Claim Forms > HCRA/DCRA Claim Form

   Fax to **1-855-904-0655**

Make sure to sign and date the claim form and keep a copy with your supporting documentation for your records if you mail in or fax your form. You can submit claims at any time during the Plan Year for expenses incurred during the Plan Year. You have until April 30 of the following year to submit and substantiate expenses for the previous Plan Year.

When will I receive my reimbursement?

Typically, once your claim form and proper documentation is received by the JBC, your reimbursement will be sent within five (5) business days. Your reimbursement will be made via Electronic Funds Transfer (EFT) to the same account as your pay.

DCRA availability

You will have online access to quarterly statements that detail your account activity, claim payment and remaining funds available for reimbursement.

Things to remember

- In general, the annual amount you submit for reimbursement from your DCRA cannot exceed the lesser of your taxable income or your spouse's taxable income.
- If you retire or terminate employment mid-year, you will be able to submit claims for expenses that you incurred prior to your retirement/termination date.
- In order to be reimbursed through your DCRA:
  - The expenses you submit must be necessary to enable you (and your spouse, if married) to work;
  - You (and your spouse, if married) must be working, looking for work (with income during the year), or attending school full-time;
  - Your dependent must be under age thirteen (13) or physically or mentally incapable of caring for himself or herself (for example, a disabled spouse, an elderly parent, or grandparent) to receive reimbursement from the DCRA;
  - Your dependent must be eligible to be claimed as a dependent on your federal income tax return; and
  - Your dependent must reside in your home for at least eight (8) hours per day.
- Carefully consider your expenses. Once you make an election, you cannot change it unless you experience an IRS QLE (see page 12). Any money that you do not use in your account will not be refunded to you.
- You will not pay Social Security taxes on the money you contribute to your DCRA; therefore, your Social Security benefits may be slightly reduced in the future. However, the tax savings you realize by using the DCRA usually offset any reductions to Social Security benefits.
- You have until April 30 of the following year to submit claims with the required documentation for reimbursement of expenses incurred during the previous Plan Year.
- You may not use the money in your DCRA to pay for health care expenses.
- You can only be reimbursed up to the amount available in your account. If you file an eligible claim for more than your account balance, the difference will "pend" until subsequent payroll deductions are received into your account.
- You will need to file Form 2441 "Child and Dependent Care Expenses" when you file your federal tax return. The amount of your DCRA election for the Plan Year will appear in box 10 on your W-2 tax form.
- If you have a balance in your DCRA after terminating employment mid-year and you incur eligible expenses after your termination date but before the end of the Plan Year, you may submit these claims for reimbursement. This only applies to the Dependent Care Reimbursement Account. Remember, for expenses to be eligible for reimbursement, they must be necessary so you and your spouse (if you are married) can work, look for work or attend school fulltime.
- Remember, though the Federal Judiciary adopted the grace period for HCRA and LPHCRA, DCRA expenses must still be incurred by December 31 of the current Plan Year.

What if I have a question?
Call the JBC at 1-877-207-3220. Representatives are available Monday through Friday from 9 a.m. to 8 p.m. ET, except federal holidays.

Worksheet to estimate DCRA contributions

This worksheet can assist you in deciding how much to allocate to your DCRA. You can also access online worksheets by logging in to the JBC website through JENIE or at **https://judiciary.lifeatworkportal.com** > Library.

1. To be eligible for this type of account you, and your spouse or the other parent must both work or your spouse must be disabled or a full-time student. Do you fulfill this requirement?

______ Yes ______ No

2. (a) Do you have dependents under age thirteen (13) whom you claim as tax exemptions on your tax return?

______ Yes ______ No

(b) Do you have a mentally or physically disabled spouse or dependent who lives with you and is unable to care for himself or herself?

______ Yes ______ No

c) Do you pay someone to care for these dependents so that you and/or your spouse or the other parent may work?

______ Yes ______ No

If you answered "Yes" to (c) and either (a) or (b) above, you may qualify for a DCRA.

3. How much are you planning to pay someone to care for your child or disabled dependent while you work during the Plan Year? Keep in mind the school year, summer day camp, etc.

	COST
• Nursery school or day camp	$________________
• Babysitter	$________________
• Daycare center for children/elderly	$________________
• Maids or housekeepers who care for your eligible dependent	$________________
• Other	$________________
YOUR DEPENDENT CARE COST	$________________

4. Review your dependent daycare costs and decide how much to contribute to your DCRA. Keep in mind that the IRS limits dependent daycare tax exemptions in different ways for married people filing jointly and married people filing separate returns. Fill in the amount below.

Final Amount: $ _________________________

(Current annual contribution limits are found on page 7 of this document.)

5. Divide your final amount (see 4, above) by the number of paychecks you will receive during the calendar year.

$ _________________________	÷	_________________________	=	$ _________________________
Final Amount		No. of Pay Periods in Year		Payroll Deduction

(Full Year = 12 for judges, 27 for employees)

Health Savings Account (HSA)

What is a Health Savings Account?

A Health Savings Account (HSA) is an account that you or your FEHB High Deductible Health Plan (HDHP) establishes to be used for payment of "eligible medical expenses" incurred by you and your tax dependents. An HSA provides traditional medical coverage and a tax advantaged way to help you build savings for future medical expenses while providing you greater flexibility and discretion over how you use your health care benefits.

The HSA is administered by the HSA Custodian subject to the terms and conditions set forth in your FEHB brochure and any HSA custodial agreement. The HSA is not an employee benefit plan sponsored or maintained by the Courts. The Employer's role with respect to the HSA is limited to processing pre-tax dollars that you can contribute to the HSA. Your FEHB plan passes through a portion of the health plan contribution (if applicable) and any additional salary reductions as a deposit to the HSA each month. The Employer has no authority or control over the funds once they are deposited in your HSA.

If you choose an HSA, you can also make additional voluntarily tax-deductible contributions into your HSA, up to the allowable amount determined by the IRS rules. For more information, see Section 5 of your health insurance plan document.

If you qualify and choose to make voluntary tax-deductible contributions to an HSA, you may not use a personal bank account. You must provide an HSA bank account and routing number.

Who is eligible for HSA contributions under this Plan?

HSAs are available to members who enroll in a HDHP, do not have non-HDHP coverage, and are not claimed as a dependent on someone else's Federal tax return. When you enroll in an HDHP, the health plan will ask questions to determine if you are eligible for an HSA or a Health Reimbursement Arrangement (HRA). HSA eligibility is determined under IRS rules and the applicable terms and conditions of any custodial or trust agreement. You are eligible for Plan contributions to your HSA during any month if you satisfy all the following three conditions on the first day of that month:

1. You are covered under a qualifying HDHP (as defined in Code Section 223) maintained by Employer.
2. You certify, in accordance with policies and procedures established by the Employer, that you satisfy all the requirements to be an HSA Eligible Individual. As set forth in Code Section 223, you:

   (i) must not be covered under any other health plan or program other than a qualifying High Deductible Health Plan (HDHP) (as defined in Code Section 223). Disqualifying coverage includes coverage under your spouse's health plan or health FSA as well as other coverage that you have. On the other hand, "permitted coverage" (such as accident coverage, vision only, or dental only coverage), "permitted insurance" (such as specified disease coverage, cancer coverage, and hospital indemnity coverage), and preventive care as defined in Code Section 223 and related guidance are permissible, and

   (ii) must not be enrolled in Medicare (including Medicare Parts A, B, and D), and

   (iii) must not be eligible to be claimed as a tax dependent of any other taxpayer.

   You are required to notify your FEHB HDHP if you fail to satisfy any of these conditions prior to the first day of any month following the date that you are no longer eligible.
3. You are otherwise eligible for this Plan.

Health Savings Account (HSA) *continued*

Who is an Account Beneficiary?

You are an Account Beneficiary if you or your FEHB HDHP have properly enrolled in your own HSA in accordance with the terms of the applicable Custodial Agreement.

Who is a Custodian or Trustee?

The Custodian or Trustee is the entity with whom your HSA is established. To the extent that you are an Eligible Individual as defined on page 28, you may establish an HSA with any Custodian; however, pre-tax HSA contributions and Employer HSA contributions, if any, that are made through this Plan will only be made to a Custodian designated by the FEHB HDHP ("Designated Custodian"). Participants who establish HSAs with the Designated Custodian will be permitted to rollover funds from the HSA offered through this Plan to another HSA they choose (in accordance with the terms of the Custodial Agreement).

What are the rules regarding contributions made to an HSA under the Plan?

Contributions made under this Plan may consist of both pre-tax contributions made by you through this Plan and/or non-elective FEHB premium pass-through contributions (if any) made by the FEHB HDHP. The health plan may pass through a portion of the health plan premium as a deposit to the HSA each month. The pass-through contribution amount is different for a Self Only enrollment than for a Self Plus One or Self and Family enrollment. You may elect to contribute any amount to the HSA up to the annual contribution limit established under Code Section 223 (the "Maximum Annual Contribution Amount").

The Maximum Annual Contribution Amount for an HSA offered under this Plan cannot exceed the sum of the "monthly limits" for each month during the Plan Year that you are an Eligible Individual (as described above). The monthly limit is 1/12 of the lesser of the statutory annual contribution amount for the applicable level of coverage (or such amount established under this Plan, if lesser) for each month that you are an Eligible Individual.

NOTE: There is a special rule for employees who become an Eligible Individual during the calendar year. If you are not an Eligible Individual (as defined on page 28) for the entire calendar year but you are an Eligible Individual on December 1st, then you are treated as being an Eligible Individual for the entire calendar year. For all months during the calendar year that you are treated as being an Eligible Individual solely as a result of this rule, you are considered as having the same coverage as is in effect in the last month of that year. You will be taxed on any contributions made to the HSA (and be subject to a 20% excise tax) under this rule for months that you were not an Eligible Individual if you cease to be an Eligible Individual during the following 13 month "Testing Period."

The testing period begins in December of the year in which you became an Eligible Individual and ends the last day of December of the following year. The Maximum Annual Contribution amount will be prorated equally over the remaining pay periods following your effective date of coverage. No contributions will be withheld until you have provided evidence deemed sufficient by the Plan Administrator that you have established an HSA as set forth herein. As permitted by this Plan, if you are or will be age 55 or older before the end of the year and you properly certify your age to the Employer, the Maximum Annual Contribution amount described above may be increased by the "additional annual contribution" amount (as set forth in Code Section 223(b)(3)). Employer Contributions are not mandated but if made, such contributions may be made at any time during the Plan Year in a lump sum amount or through periodic contributions (as determined in the sole discretion of the Employer and as communicated in Plan or HSA enrollment materials).

Your election to make HSA contributions through this Plan will not be effective until the later of the date that you make an HSA contribution election through this Plan (to the extent such election is approved by the Plan Administrator) or the date that you establish an HSA with the Custodian during the Plan Year (the effective date of the HSA is determined by the Custodian and/or applicable law). Employer may adjust contributions made under this Plan as necessary to ensure the Maximum Contribution Amount described above is not exceeded.

Health Savings Account (HSA) *continued*

Any pre-tax salary reduction contributions that cannot be made to the HSA because it is determined that you are not an Eligible Individual (as described on page 28), or you have failed to establish an HSA with the Designated Custodian by December 31 (or such other date as determined by the Employer), or that the Maximum Annual Contribution amount has been exceeded, will be returned to you as taxable compensation or as otherwise set forth in the Plan or Plan enrollment material. Any Employer Contributions that cannot be made to the HSA because you are not eligible for such contributions will be returned to the Employer, except as otherwise set forth in the Plan or the Plan enrollment material.

In the event excess contributions are made to your HSA (i.e., the HSA has received contributions in excess of the Maximum Annual Contribution Amount), it will be your sole responsibility to work with the Custodian to remove the excess contribution (plus earnings on such contributions) prior to April 15th of the year following the year in which the contribution was made and to report the contributions (and earnings) as income when filing taxes at the end of the year on IRS Form 8889.

Where can I get more information on my HSA and its related tax consequences?

For details concerning your rights and responsibilities with respect to your HSA (including information concerning the terms of eligibility, qualifying High Deductible Health Plan, contributions to the HSA, and distributions from the HSA), please refer to your HSA Custodial Agreement and/or your FEHB HDHP plan brochure.

If you choose to enroll with an HSA, and currently have a HCRA, you must spend all of the current year's HCRA funds by December 31 or you can not contribute to your HSA until April 1 of the new plan year.

Important Administrative Information

Denial of claims

If you submit an expense for reimbursement that is denied, you will receive written notice within ninety (90) days after the receipt of your claim that will include the reason for the denial and a general description of any additional information necessary for you to perfect the claim.

You may appeal the denial, in writing, within sixty (60) days after you've received the notice of denial. The Plan Administrator will then review your claim. The decision on whether to deny or grant your claim will be sent to you within sixty (60) days after receipt of your request for review of your claim.

Employer's right to amend or terminate the Plan

The Administrative Office of the U.S. Courts has the right to amend or terminate the Flexible Benefit Program at any time and without prior notice. The decision to terminate the Plan will be made in writing and will be approved by the Administrative Office of the U.S. Courts in accordance with its normal procedures for transacting business.

Affiliated employers (Federal Judicial Center, United States Sentencing Commission, and the Supreme Court) may withdraw from participation in the Plan but may not terminate the Plan.

Plan administration

Both the Administrative Office of the U.S. Courts and the third-party administrator, Judiciary Benefits Center operated by Conduent, play a role in providing you the benefits described in this booklet.

The third-party administrator for the Flexible Spending Accounts, Judiciary Benefits Center, operated by Conduent, determines eligibility, provides enrollment materials, processes enrollments/changes, adjudicates and pays claims for reimbursement, maintains account information, and answers employee questions regarding the PPP, HCRA, LPHCRA, and DCRA.

The Administrative Office of the U. S. Courts has sole, complete, and final discretionary authority to make all determinations regarding eligibility, elections, contributions, reimbursements and administration under the PPP, the HCRA, the LPHCRA and the DCRA and to construe all terms under the Plan documents and all other relevant documents.

Official Plan documents determine benefits

This summary is based on the official Plan documents. If there is a difference between the description in this booklet and the official Plan documents, the Plan documents will always govern.

Plan continuation

The Administrative Office of the U.S. Courts intends to continue maintaining the program described in this booklet. However, the Administrative Office of the U.S. Courts reserves the right to terminate or change the Plan at any time without advance notice.

Plan participation does not guarantee employment

Nothing in this booklet says or implies that participating in the Plan is a guarantee of continued employment with the Federal Judiciary.

Taxability of benefits

The Employer makes no guarantee as to the excludability of benefits under this Plan from federal, state, or local taxes, and it shall be the employee's sole responsibility to pay any taxes due as a result of the payment of benefits hereunder.

Privacy laws and coverage

The Health Insurance Portability and Accountability Act of 1996, also known as HIPAA, prevents the disclosure of certain employee health information called Protected Health Information (PHI). Conduent is committed to keeping PHI secure and confidential and has instituted HIPAA-compliant privacy protections through their business operations, including all web-based transactions.

Important Administrative Information *continued*

Plan Facts	
Legal Name of Plan	Administrative Office of the U.S. Courts Flexible Benefit Program
Plan Sponsor	Administrative Office of the U.S. Courts One Columbus Circle, NE Washington, DC 20544
Plan Type	The Plan is an employee welfare benefit plan that is a cafeteria plan under Internal Revenue Code (IRC) Section 125 featuring medical flexible spending accounts under IRC Section 105 and dependent care assistance spending accounts under IRC Section 129
Plan Year	January 1 to December 31
Plan Administrator	Administrative Office of the U.S. Courts
Third-Party Administrator	Judiciary Benefits Center, Operated by Conduent PO Box 18031 Norfolk, VA 23501-1885 1-877-207-3220
Agent for Services of Legal Process	Administrative Office of the U.S. Courts
Plan Funding	Employee contributions are made through employee salary-reduction contributions. Costs for administering the Plans are paid by the Administrative Office of the U.S. Courts

This summary is based on the official Plan Documents. If there is a difference between the description in this booklet and the official Plan Documents, the Plan Documents will always govern.

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