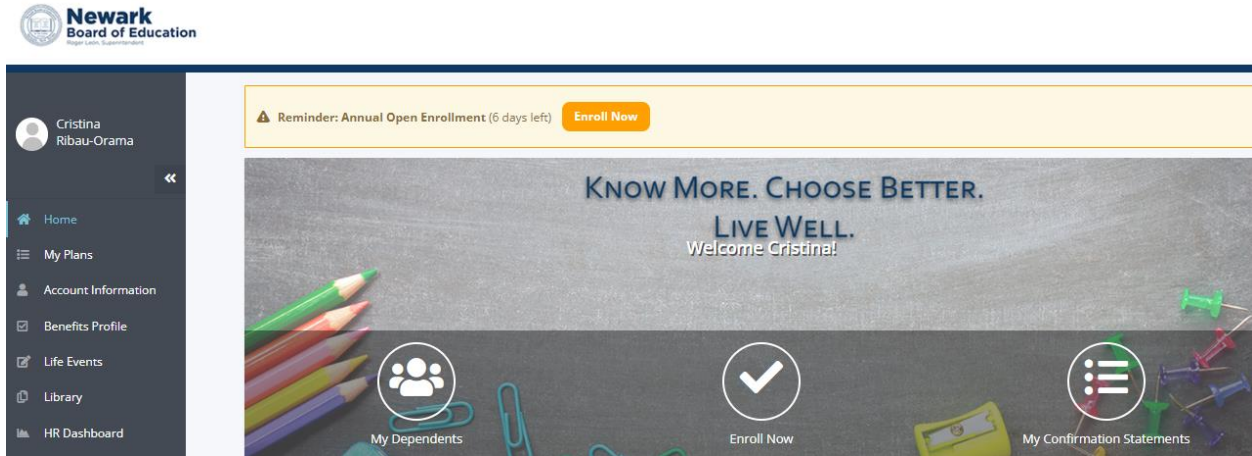
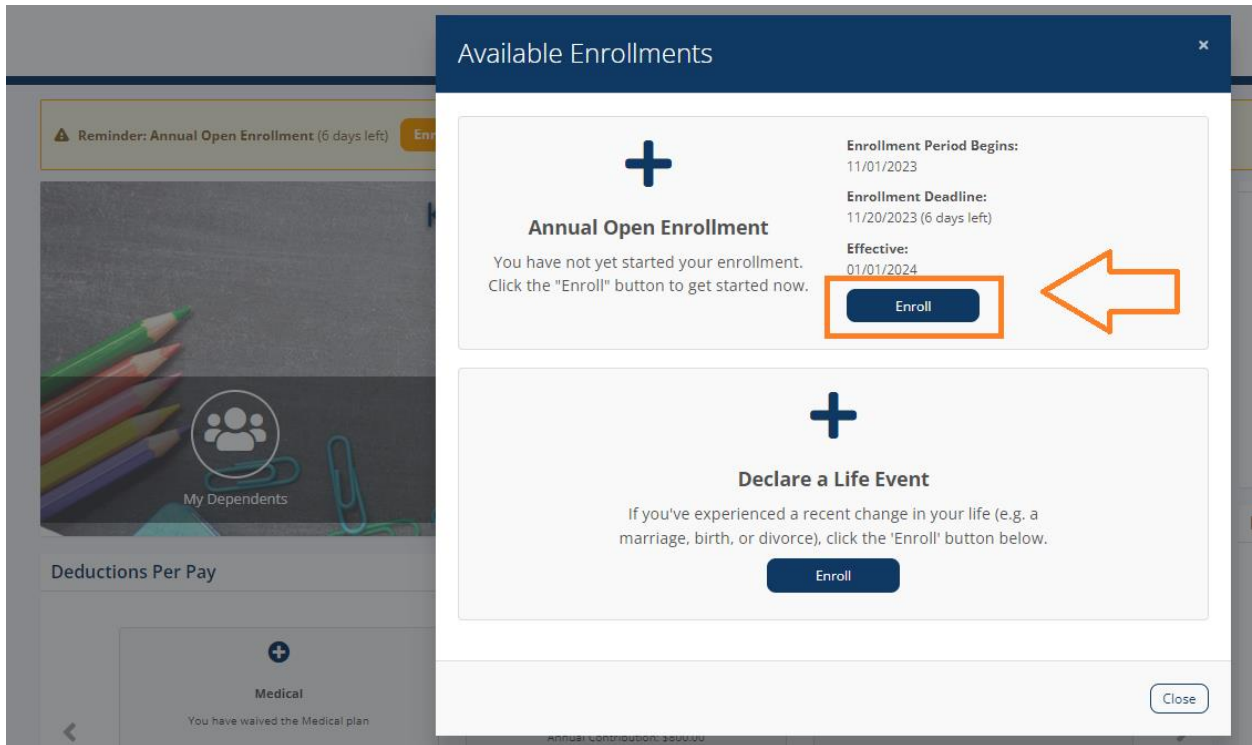


Directions on to re-enroll into Healthcare Flexible Spending Account
and/or Dependent Care Account during Open Enrollment

First, visit www.NBOEbenefits.com logging in using your SSO.



Click on the **Enroll Now** button on the center of the screen. A pop up will appear and you will click on the Enroll button for the Annual Open Enrollment



The screen will ask if you want to add a dependent. If no action is needed, you can proceed to the **Save and Continue** button on the lower right-hand side.

Newark Board of Education

Contact Us

My Dependents

1. MY DEPENDENTS 2. CHOICES 3. CONFIRMATION

My Dependents

Annual Open Enrollment
Effective Date: 01/01/2024

YOU PAY:
\$:0.00
Bi-Weekly
+
\$:0.00
Monthly

Save and Continue

Name	Relationship	Gender	Admin ID	Date of Birth	Full-Time Student	Disabled	Status	Action	Reason
					No	No	Verified		N/A
					No	No	Verified		N/A
					No	No	Verified		N/A

You will see the **Express Enrollment** screen, and select what is applicable (i.e. Healthcare FSA and/or Dependent Care FSA) Questions on what is eligible expenses, please visit <https://nboehrs.com/fsa/> .

DO NOT ENROLL into the account until you understand how the program works.

Newark Board of Education

Express Enrollment

Annual Enrollment!

1. **Required Action(s)** must be completed. You will not have coverage in these benefits if you do not take action.
2. **Your Benefits** shows the plans you are already enrolled in and that continue into the new plan year. These require action only if you want to make a change.
3. **Available Benefits** are other options you have not enrolled in. Take action only if you want to begin participating in those benefits.
4. **Your Total Cost** shows the amount that will be deducted from your pay.

Once you have made your choices, click on the "Save and Continue" button to complete your enrollment process.

If you prefer to go through your enrollment plan by plan, you can do so by clicking [here](#).

Required Action(s): You will not have coverage in the following plans unless you enroll.

Healthcare FSA

Your Annual Amount:
\$0.00

You Pay Bi-Weekly:
\$0.00

Take Action

Healthcare FSA

Dependent Care FSA

Your Annual Amount:
\$0.00

You Pay Bi-Weekly:
\$0.00

Take Action

Dependent Care FSA

Your Benefits: You already have coverage in the following plans. You can choose to edit if you would like to make any changes.

When you select the either tile, you are prompted to enter your annual amount for the calendar year. At the bottom of the page, you must click on the check box to confirm you understand how Healthcare FSA contribution is calculated.

Healthcare FSA | Plan Information

The Healthcare Flexible Spending Account lets you set aside pre-tax dollars from your paycheck to help take care of certain health care expenses not covered or fully payable by your medical, prescription, dental, or vision plan.

To determine if you should contribute to a flexible spending account, estimate how much you pay out-of-pocket each year for medically necessary, IRS-approved health care expenses not covered (or only covered in part) by your medical, prescription, dental, and vision plans.

Here is a list of important links:

- Eligible Health Care Expenses will be reimbursed.
- Tax Savings Calculator shows you how much you can save on your taxes by using the Flexible Spending Account.
- Please see your tax advisor or IRS Publication 969 if you have any specific questions regarding tax liabilities with respect to the spending account plan(s).

Note: If you don't have eligible expenses, the IRS requires that you forfeit any unclaimed money at the end of the plan year.

Healthcare FSA | Make Your Choice

Min and Max Contributions:

- The minimum annual contribution to participate is \$100.00
- The maximum annual contribution to participate is \$3,050.00
- If you do not wish to participate, please enter \$0.00

ENTER:

Your Annual Amount: \$

or

Deduction (Bi-Weekly): \$

Calculate

Healthcare FSA | Note, if you select the \$3,050 max, and the IRS annual limit increases, you will be automatically adjusted to the new 2024 amount.

Your per pay Healthcare FSA contribution is calculated based on the number of pay periods in the calendar year (January - December), not the school year. FSA funds must be used by end of calendar year plus grace period.

I understand how my Healthcare FSA contribution is calculated.

The same is true for the Dependent Care Account election. **Reminder: DO NOT ENROLL** into the account, until you understand how the program works.

Dependent Care FSA | Plan Information

The Dependent Care Flexible Spending Account allows you to set aside pre-tax dollars to pay dependent care expenses for your children under age 13 or adult dependents that are unable to care for themselves because of a mental or physical disability. In order to use this account, you, and your spouse if you are married, must be at work or school at the time your dependent(s) are receiving care. Plan your annual Flexible Spending Account contribution amount carefully; the election you make when you enroll is binding for the entire plan year (January 1 to December 31), unless you have a qualified life event. You must enroll each year that benefits does not rollover from year to year.

Here is a list of important links:

- Reimburse Eligible Dependent Care Expenses for a list of items that are eligible for reimbursement.
- Any money you contribute to the Dependent Care Flexible Spending Account reduces the amount you can claim as a Child Tax Credit on your income tax return. The value the Child Tax Credit is based on your income tax return. (See IRS Publication 969 for more information on calculating the credit to determine which will be more advantageous for you personally.)
- The Tax Savings Calculator can show you how much you can save on your taxes by using the Flexible Spending Account. Please see your tax advisor if you have any specific questions regarding tax liabilities with respect to the spending account plan(s).

Dependent Care FSA | Make Your Choice

Min and Max Contributions:

- The minimum annual contribution to participate is \$100.00
- The maximum annual contribution to participate is \$5,000.00
- If you do not wish to participate, please enter \$0.00

ENTER:

Your Annual Amount: \$

or

Deduction (Bi-Weekly): \$

Calculate

Dependent Care FSA | Dependent Care FSA Acknowledgment

The Dependent Day Care Flexible Spending Account is to pay certain dependent care expenses in order for you to work or look for work. Examples include:

- Day care, local day camp or in-home child care for your dependent child under age 13.
- Adult day care or in-home dependent care for a spouse who is physically or mentally incapable to care for him or herself.
- Day care or in-home dependent care for an adult dependent who lives with you more than half the year.

CANNOT BE USED FOR MEDICAL, DENTAL OR VISION EXPENSES

Your per pay Dependent Care FSA contribution is calculated based on the number of pay periods in the calendar year.

I understand the types of expenses that qualify under the Dependent Care Flexible Spending Account.

To generate a confirmation sheet, after you make your elections on the account, please scroll down to the **Express Enrollment** screen and click **Save and Continue**.

The screenshot shows the 'Express Enrollment' screen. At the top, it displays 'Employee Assistance Program' with 'Coverage: \$0.00' and 'You Pay Bi-Weekly: \$0.00'. Below this is a 'View' button and an 'LAP' icon. A section titled 'Available Benefits' states: 'You do not have coverage in the following plan that are available to you. Take action, if you would like to enroll.' There are two columns for 'Medical' and 'Prescription 2024', each with a 'Plan:' field and a 'Take Action' button. Below this is a section for 'Your Total Cost' with an 'Effective Date: 01/01/2024' and 'You Pay Bi-Weekly: \$'. At the bottom, there is a '< Previous' button on the left and a 'Save and Continue >' button on the right. A large orange arrow points downwards from the 'Save and Continue' button area.

You will be redirected to a **Confirmation Statement** that outline all your new enrollment(s). Please review all the information thoroughly.

The screenshot shows the 'Confirmation' page for Newark Board of Education. The page title is 'Confirmation'. There is a notification bar at the top that says 'Please complete our satisfaction poll' with 'Take our poll' and 'No thanks' buttons. The main content area is titled 'Enrollment Information' and includes the following text: 'Enrollment Type: Annual Open Enrollment | Effective Date: 01/01/2024 | Generated: 11/14/2023 at 10:21:31 a.m.' Below this, it states: 'You have made or changed your elections for only some of the plan types available to you. Review your elections shown below.' There is a section for 'If you are satisfied, use the button above to print this form.' and another section for 'To make other changes, click on the name of the plan type you want to change. You will be returned to that spot in the enrollment process to make your change. Your election for one plan type is saved when you are provided with information for the next plan type. At that time, you may click on the Confirmation link in the Enrollment Status bar on the right to return to this statement.'

Lastly, you can click **Finish Enrollment** button when you scroll to the bottom. Note, your elections will still process even if you don't click "**Finish Enrollment**".

- I understand that:
 - I am making an election concerning the above described benefits. I authorize applicable payroll deductions for the plan choices indicated. This election is subject to any changes required to comply with Federal or State Tax Laws.
 - I cannot revoke or change this election during the plan year unless there is a qualifying "change in family status". This change must be consistent with the IRS rules relating to a change in family status. If such a change occurs, I may then revoke my earlier election.
 - I verify and affirm the dependents enrolled for Medical, Dental and/or Vision coverage are eligible under the terms of the applicable plan. I understand misrepresenting dependent eligibility is subject to disciplinary action, up to and including termination.

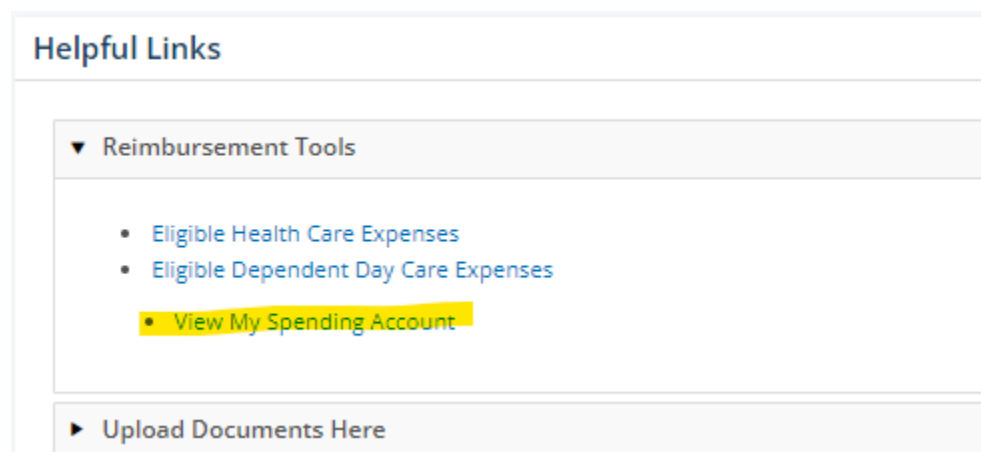
The screenshot shows a 'Finish Enrollment' button in a dark blue box. To the right of the button is a large orange arrow pointing to the left, towards the button.

If you never had a WEX - FSA/DCA/Commuter card, you will receive the Benefits Card in the mail via US Postal Services within 14 business days.



Side note, to view your balance on your WEX benefit card or to report the card lost or stolen, please visit your Benefits Enrollment website at www.NBOEbenefits.com. Signing in using your school credentials (email and password).

Scroll to the middle of the page, click Helpful Links, Reimbursement Tools, then View Spending Account. Answer the security questions, there go to Accounts > Banking/Cards to report the card lost or stolen. Note, the card was mailed to the address on file.





Security Information

In an effort to keep your information secure, please create an answer to each security question below. You will be asked to correctly answer one of the questions when completing sensitive functions. *Required

Select a question...	<input type="text"/>
Select a question...	<input type="text"/>
Select a question...	<input type="text"/>



Home

Accounts

Tools & Support

Message Center **1**

ACCOUNTS

- Account Summary
- Account Activity
- Dashboard
- Claims

PROFILE

- Profile Summary
- Banking/Cards
- Payment Method
- Login Information

I WANT TO

- Reimburse Myself
- Send Payment
- Manage My Expenses

Any questions you can email benefits@nps.k12.nj.us