



Enroll in Benefits – HealthCare Flexible Spending Account



Enroll in Benefits - HealthCare Flexible Spending Accounts

Step 1:

Click the **Flex Spending Health - U.S.** tile.

[< Previous](#) [Next >](#)

Welcome ● Visited	Review	Review	Review
Dependent Info ● Complete	Life Current Basic Life Salary New Basic Life \$160,377 Status Not Available Pay Period Cost \$0.00	Short-Term Disability Current No Coverage New No Coverage Status Pending Review Pay Period Cost \$0.00 Review	Long-Term Disability Current LTD Premier New LTD Premier Status Pending Review Pay Period Cost \$30.66 Review
Benefits Summary ● Visited	Flex Spending Health - U.S. Current FSA - Health New Waive - Decline Coverage Status Pending Review Pay Period Cost \$0.00 Review	Flex Spending Dependent Care Current Waive - Decline Coverage New Waive - Decline Coverage Status Pending Review Pay Period Cost \$0.00 Review	Florida Retirement System Current FRS Regular New FRS Regular Status Not Available Pay Period Cost \$0.00
Benefits Enrollment ● Complete	Legal Services Current Legal Employee Only New Legal Employee Only Status Pending Review		
Summary ● Visited			
Benefits Statements ● Visited			



Step 2:

Click **Select** to enroll in the HealthCare Flexible Spending Account (FSA).

[Cancel](#) **Flex Spending Health - U.S.** [Done](#)

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ **Enroll in Your Plan**

Plan Name	
✓	Waive
Select	FSA - Health



Step 3:

Click in the **Annual Pledge** field.

The **Annual Pledge** is the total amount you wish to contribute into the account for the year.

Cancel Flex Spending Health - U.S. Done

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ **Enroll in Your Plan**

Plan Name	
Select	Waive
✓	FSA - Health

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$2,850.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.



Enroll in Benefits - HealthCare Flexible Spending Accounts

Step 4:

To calculate the amount that will be deducted in each pay period, click the **Flexible Spending Account Worksheet** button.

Cancel Flex Spending Health - U.S. Done

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ **Enroll in Your Plan**

Plan Name	
Select	Waive
✓	FSA - Health

▼ **Contribution Amount**

Annual Pledge x

Minimum \$26.00 Maximum \$2,850.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

Flexible Spending Account Worksheet

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.



Step 5:

Click the **Calculate** button.

The screenshot shows a web application interface for "Flex Spending Health - U.S.". The main window has a "Cancel" button on the top left and a "Done" button on the top right. Below the title bar, there is a descriptive paragraph: "The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans." Below this, there is a section titled "Enroll in Your Plan" with a "Select" button and a "Waive" button. Underneath, there is a checked option for "FSA - Health". A section titled "Contribution Amount" is partially visible, showing "Annual Pled" and "Annual Pled".

A modal window titled "Flexible Spending Account Worksheet" is open in the center. It has a "Cancel" button on the top left and a "Done" button on the top right. The modal contains the following fields and values:

- Estimate Contribution from: Annual Pledge (dropdown menu)
- Your New Annual Pledge: 2,000.00 (input field)
- Minus Your Year To Date Contributions: 0.00
- Divided by Pay Periods Remaining: 27
- Estimated Per Pay Period Contribution: 0.00

A "Calculate" button is highlighted with a red border. Below the button, there is a note: "Select Calculate to recalculate the new annual pledge or estimated per pay period amount".



Enroll in Benefits - HealthCare Flexible Spending Accounts

Step 6:

Click the **Done** button.

The screenshot displays the 'Flex Spending Health - U.S.' enrollment interface. A modal window titled 'Flexible Spending Account Worksheet' is open, showing the following details:

- Estimate Contribution from: Annual Pledge (dropdown menu)
- Your New Annual Pledge: 2,000.00
- Minus Your Year To Date Contributions: 0.00
- Divided by Pay Periods Remaining: 27
- Estimated Per Pay Period Contribution: 74.07

A 'Calculate' button is present below the calculations. A red box highlights the 'Done' button in the top right corner of the modal window.

Select Calculate to recalculate the new annual pledge or estimated per pay period amount



Enroll in Benefits - HealthCare Flexible Spending Accounts

Step 7:

Click the **Done** button. Procedure completed..

Flex Spending Health - U.S.

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ **Enroll in Your Plan**

Plan Name	
<input type="button" value="Select"/>	Waive
<input checked="" type="checkbox"/>	FSA - Health

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$2,850.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Estimated Pay Period Cost \$74.07



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 1:
Click the **Flex Spending Dependent Care** tile.

Welcome
● Visited

Dependent Info
● Complete

Benefits Summary
● Visited

Benefits Enrollment
● Complete

Summary
● Visited

Benefits Statements
● Visited

Benefit Plans

Medical
Current Aetna-Select Advantage HMO
New Aetna-Select Advantage HMO
Status **Changed**
3 Dependents
Pay Period Cost **\$236.00**
Review

Dental
Current Delta Dental PPO Enriched
New Delta Dental PPO Enriched
Status **Pending Review**
0 Dependents
Pay Period Cost **\$5.45**
Review

Vision
Current Humana Vision Enriched
New Humana Vision Enriched
Status **Pending Review**
0 Dependents
Pay Period Cost **\$6.18**
Review

Life
Current Basic Life Salary
New Basic Life \$160,377
Status **Not Available**
Pay Period Cost **\$0.00**

Short-Term Disability
Current No Coverage
New No Coverage
Status **Pending Review**
Pay Period Cost **\$0.00**
Review

Long-Term Disability
Current LTD Premier
New LTD Premier
Status **Pending Review**
Pay Period Cost **\$30.66**
Review

Flex Spending Health - U.S.
Current FSA - Health
New Waive - Decline Coverage
Status **Pending Review**
Pay Period Cost **\$0.00**
Review

Flex Spending Dependent Care
Current Waive - Decline Coverage
New Waive - Decline Coverage
Status **Pending Review**
Pay Period Cost **\$0.00**
Review

Florida Retirement System
Current FRS Regular
New FRS Regular
Status **Not Available**
Pay Period Cost **\$0.00**



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 2:

Click **Select**

Cancel

Flex Spending Dependent Care

Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name	
<input checked="" type="checkbox"/>	Waive - Decline Coverage
<input type="checkbox"/>	FSA Dependent Care



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 3:

Click in the **Annual Pledge** field.

The **Annual Pledge** is the total amount you wish to contribute into the account for the year.

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name	
Select	Waive - Decline Coverage
✓	FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Minimum \$260.00 Maximum \$5,000.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,300.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 4:

To calculate the amount that will be deducted in each pay period, click the **Flexible Spending Account Worksheet** button.

Cancel

Flex Spending Dependent Care

Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

Enroll in Your Plan

Plan Name	
Select	Waive - Decline Coverage
<input checked="" type="checkbox"/>	FSA Dependent Care

Contribution Amount

Annual Pledge

Minimum \$260.00 Maximum \$5,000.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,300.00.

Flexible Spending Account Worksheet

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.



Enroll in Benefits Dependent Care Flexible Spending Accounts

Step 5:

Cancel Flex Spending Dependent Care Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name
Select Waive - Decline Coverage
✓ FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Minimum \$260.00
Annual pledge amount

Flexible Spending Account

Select the Flexible Spending Account

Cancel Flexible Spending Account Worksheet Done

Estimate Contribution from

Your New Annual Pledge

Minus Your Year To Date Contributions

Divided by Pay Periods Remaining

Estimated Per Pay Period Contribution

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 6:

Click the **Done** button.

Cancel Flex Spending Dependent Care Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

Enroll in Your Plan

Plan Name

Select Waive - Decline Coverage

✓ FSA Dependent Care

Contribution Amount

Annual Pledge 3000

Minimum \$260.00
Annual pledge amount

Flexible Spending Account Worksheet

Estimate Contribution from Annual Pledge

Your New Annual Pledge 3,000.00

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 26

Estimated Per Pay Period Contribution 0.00

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

Done



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 7:

Click the **Done** button. Procedure completed.

Cancel

Flex Spending Dependent Care

Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name	
Select	Waive - Decline Coverage
✓	FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Minimum \$260.00 Maximum \$5,000.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,300.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Estimated Pay Period Cost \$0.00



Enroll in Benefits – Dependent Care Flexible Spending Account



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 1:

Click the **Flex Spending Dependent Care** tile.

Welcome
● Visited

Dependent Info
● Complete

Benefits Summary
● Visited

Benefits Enrollment
● Complete

Summary
● Visited

Benefits Statements
● Visited

Benefit Plans

Medical
Current Aetna-Select Advantage HMO
New Aetna-Select Advantage HMO
Status **Changed**
3 Dependents
Pay Period Cost **\$236.00**
Review

Dental
Current Delta Dental PPO Enriched
New Delta Dental PPO Enriched
Status **Pending Review**
0 Dependents
Pay Period Cost **\$5.45**
Review

Vision
Current Humana Vision Enriched
New Humana Vision Enriched
Status **Pending Review**
0 Dependents
Pay Period Cost **\$6.18**
Review

Life
Current Basic Life Salary
New Basic Life \$160,377
Status **Not Available**
Pay Period Cost **\$0.00**

Short-Term Disability
Current No Coverage
New No Coverage
Status **Pending Review**
Pay Period Cost **\$0.00**
Review

Long-Term Disability
Current LTD Premier
New LTD Premier
Status **Pending Review**
Pay Period Cost **\$30.66**
Review

Flex Spending Health - U.S.
Current FSA - Health
New Waive - Decline Coverage
Status **Pending Review**
Pay Period Cost **\$0.00**
Review

Flex Spending Dependent Care
Current Waive - Decline Coverage
New Waive - Decline Coverage
Status **Pending Review**
Pay Period Cost **\$0.00**
Review

Florida Retirement System
Current FRS Regular
New FRS Regular
Status **Not Available**
Pay Period Cost **\$0.00**



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 2:

Click **Select**

Cancel

Flex Spending Dependent Care

Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name	
<input checked="" type="checkbox"/>	Waive - Decline Coverage
<input type="checkbox"/>	FSA Dependent Care



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 3:

Click in the **Annual Pledge** field.

The **Annual Pledge** is the total amount you wish to contribute into the account for the year.

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name	
Select	Waive - Decline Coverage
✓	FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Minimum \$260.00 Maximum \$5,000.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,300.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 4:

To calculate the amount that will be deducted in each pay period, click the **Flexible Spending Account Worksheet** button.

Cancel

Flex Spending Dependent Care

Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name	
Select	Waive - Decline Coverage
✓	FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Minimum \$260.00 Maximum \$5,000.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,300.00.

Flexible Spending Account Worksheet

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.



Enroll in Benefits Dependent Care Flexible Spending Accounts

Step 5:

Cancel Done

Flex Spending Dependent Care

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name
Select Waive - Decline Coverage
✓ FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Minimum \$260.00
Annual pledge amount

Flexible Spending Account

Select the Flexible Spending Account

Cancel Done

Flexible Spending Account Worksheet

Estimate Contribution from

Your New Annual Pledge

Minus Your Year To Date Contributions

Divided by Pay Periods Remaining

Estimated Per Pay Period Contribution

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 6:

Click the **Done** button.

The screenshot shows a web interface for enrolling in a Dependent Care Flexible Spending Account. The main window is titled "Flex Spending Dependent Care" and has a "Cancel" button on the top left and a "Done" button on the top right. Below the title, there is a paragraph explaining that the Dependent Care Spending Care (DCSA) allows for pre-tax payments for eligible dependent daycare, and that the Dependent Care FSA is for medical-related expenses. A section titled "Enroll in Your Plan" contains a "Plan Name" field with a "Select" button, a "Waive - Decline Coverage" option, and a checked "FSA Dependent Care" option. A "Contribution Amount" section is partially visible, showing an "Annual Pledge" of 3000. A modal window titled "Flexible Spending Account Worksheet" is open in the center, with its own "Cancel" and "Done" buttons. The modal contains the following information:

- Estimate Contribution from: Annual Pledge
- Your New Annual Pledge: 3,000.00
- Minus Your Year To Date Contributions: 0.00
- Divided by Pay Periods Remaining: 26
- Estimated Per Pay Period Contribution: 0.00

Below the calculations is a "Calculate" button and a note: "Select Calculate to recalculate the new annual pledge or estimated per pay period amount".



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 7:

Click the **Done** button. Procedure completed.

Cancel

Flex Spending Dependent Care

Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name	
Select	Waive - Decline Coverage
✓	FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Minimum \$260.00 Maximum \$5,000.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,300.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Estimated Pay Period Cost \$0.00