

Calvert County Public Schools

FSA and DCA Plans Online Enrollment Instructions

Welcome to the Calvert County Public Schools (CCPS) 7/1/2024 FSA and DCA Online Enrollment through the [CareFlex Participant Portal](#).

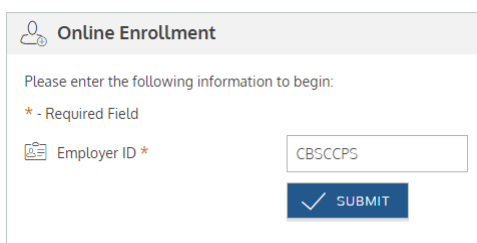
If you are enrolling in the FSA and/or DCA plan for the first time, following is a checklist of the information you should have on-hand before you begin the online enrollment process:

- Home Address
- Date of Birth for you and your eligible dependents
- Social Security Number for you and your eligible dependents
- Home Phone and/or Cell Phone Number(s)
- Email Address

To begin online enrollment, go to the [CareFlex Participant Portal](#) and follow these instructions:

Open Enrollment:

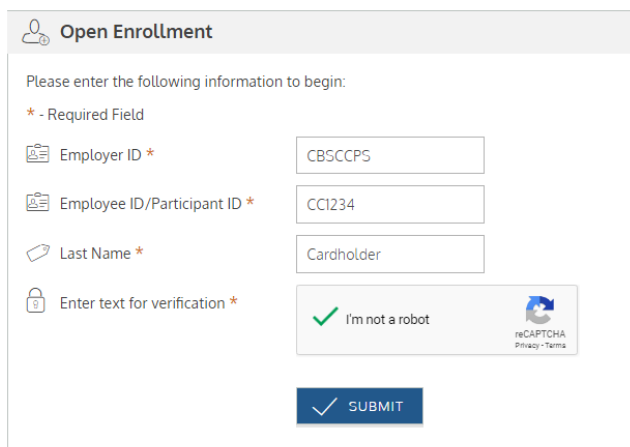
To begin, scroll all the way to the bottom of the portal home page (past the white/blank space) and in the **Online Enrollment** box enter Employer ID: **CBSCCPS** and click **[✓ SUBMIT]**.



The screenshot shows the 'Online Enrollment' form. It has a title bar with a person icon and the text 'Online Enrollment'. Below the title bar, it says 'Please enter the following information to begin:'. There is a legend indicating that an asterisk (*) denotes a required field. The form contains one input field labeled 'Employer ID *' with the text 'CBSCCPS' entered. Below the input field is a blue button with a white checkmark and the text 'SUBMIT'.

On the next **Online Enrollment** screen, enter the following information:

- Employer ID: **CBSCCPS**
- Employee ID/Participant ID (You must enter your CareFlex Employee ID, which is the first initial of your first and last name (capital letters) and the last 4-digits of your social security number; example: Chris Cardholder's SSN is xxx-xx-1234, his Employee ID is: CC1234.)
- Last Name
- Click the **I'm not a robot** box (if applicable, select the appropriate images)
- Click **[✓ SUBMIT]**



The screenshot shows the 'Open Enrollment' form. It has a title bar with a person icon and the text 'Open Enrollment'. Below the title bar, it says 'Please enter the following information to begin:'. There is a legend indicating that an asterisk (*) denotes a required field. The form contains four input fields: 'Employer ID *' with 'CBSCCPS', 'Employee ID/Participant ID *' with 'CC1234', 'Last Name *' with 'Cardholder', and 'Enter text for verification *' with a green checkmark and the text 'I'm not a robot'. To the right of the verification field is a reCAPTCHA logo with links for 'Privacy' and 'Terms'. Below the input fields is a blue button with a white checkmark and the text 'SUBMIT'.

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FSA0724 Online Enrollment – Step 1:

The [Online Enrollment](#) section contains the available benefit plans. You must complete your online enrollment within the Enrollment Dates listed. Click on the blue [\[ENROLL\]](#) link to enroll in a plan; or click on the [\[WAIVE\]](#) link to waive enrollment in a plan.



888-577-2762
support@careflex.com

Online Enrollment

[LOG OUT ENROLLMENT](#)

CCPS: FSA and DCA 7/1/2024 Plan Year Online Enrollment

Welcome to online enrollment for the **Calvert County Public Schools 7/1/2024 FSA and DCA Plans**. Listed below is the online enrollment schedule for the FSA Health Care and DCA Day Care plans. Your online enrollment must be completed during the enrollment dates listed below. If you have any questions or need help, please contact CareFlex by phone at 888-577-2762 or by email at support@careflex.com.

Dependent Care Account 2024

Dependent Care Account (DCA)

New

[ENROLL](#)

[WAIVE](#)

Enrollment Dates

April 2, 2024 – April 30, 2024

Annual Election Amount

\$0.00

Flexible Spending Account 2024

Health Care Flexible Spending Account (FSA)

New

[ENROLL](#)

[WAIVE](#)

Enrollment Dates

April 2, 2024 – April 30, 2024

Annual Election Amount

\$0.00

General Info

If you have never enrolled in a benefit plan, the General Info and Address fields will be empty and you will need to fill in the required information. If you are currently enrolled in a plan, your information will be pre-filled for you. Please complete all required fields or review all pre-filled information for accuracy and make any necessary corrections.

FSA0724 Online Enrollment

[STEP 1](#) [STEP 2](#) [STEP 3](#)

You are on step 1 of 3

Please verify, update, or enter your demographic information. Important communications about your account will be mailed to this address so it is important to review information for accuracy.

After completing the General Info and Address sections, review the Dependent section. To add an eligible Dependent, click [\[Add Dependent\]](#) and enter the appropriate information. If you are unsure about the eligibility of a dependent, contact your employer or CareFlex for information on dependent eligibility.

After all information is added/updated, select [\[Next\]](#) at the bottom of the page.

Important Notes:

Fields with an * are required.

Punctuation and special characters should **NOT** be used in any fields.

General Info

First Name *

Chris



Gender *

Male

Initial



Phone *

8885772762

Last Name *

Cardholder



Email *

support@careflex.com

Date of Birth *

Dec 11, 1989



Re-Enter Email *

support@careflex.com

SSN *

111111234

Marital *

Married

Calvert County Public Schools

FSA and DCA Plans Online Enrollment Instructions

Address


Enter the information requested or review the pre-filled information and make any necessary corrections. Important communications about your account will be mailed to this address so it is important to review information for accuracy. Please include an apartment or unit number, if applicable.

Important Notes:


- Fields with an * are required.
- Punctuation and special characters should not be used in any fields.


Address

Home Address*


 Address 1 *

205 W. Dares Beach Road


 Address 2

 City *


Prince Frederick

 State *

Maryland

 ZIP *

20678


 Country *

US

Dependent Demographics

Dependents currently attached to your account are listed. Please review and update as necessary. If you would like to add a dependent to your account, in the Dependent Demographics section select [\[Add Dependent\]](#). Complete the fields with the dependent information and select [\[✓ SAVE\]](#).

Add Family Member

 Please contact your administrator to assign dependent to account(s).

First Name *


Christine

Last Name *


Cardholder

Initial


General Info

 Relationship *


Spouse Or Common La...

 Date of Birth *


Apr 25, 1963


 SSN *

*****541


 Gender *


Female

 Phone


 Address 1 *

205 W. Dares Beach Road


 Address 2

 City *


Prince Frederick

 State *

Maryland


 ZIP *


20678

 Country *

US

[Click here to use your primary address](#)

 CANCEL

 SAVE

Once all applicable dependents have been entered and/or verified, select [\[✓ NEXT\]](#) to continue.

Calvert County Public Schools

FSA and DCA Plans Online Enrollment Instructions

FSA0724 Online Enrollment – Step 2:

The [Account Details](#) section is where you will enter your election for the plan year. You can enter either a per pay contribution amount or an annual election amount; you do not have to enter both.

Read the information about the plan that is provided. Once you have read and understood the plan information, select the ☒ check box to verify you agree and understand the terms of the plan.

Select ☒ **NEXT** at the bottom of the page to continue.

FSA0724 Online Enrollment

STEP 1 STEP 2 STEP 3

You are on step 2 of 3

Please enter your election for the plan year. You can enter *either* your per pay contribution amount *OR* your annual election amount; you do not have to enter both. Once you click out of a field, the other field will automatically calculate.

Account Details

Plan ID FSA0724

Plan Description Health Care Flexible Spending Account (FSA)

Plan Start Date 07/01/2024

Plan End Date 06/30/2025

	Per Period Contribution	x Remaining Contributions	= Annual Election *
Election	<input type="text" value="133.33"/>	x 24	<input type="text" value="3200.00"/>

* Annual election can be from \$0.00 - \$3,200.00

Health Care Flexible Spending Account (FSA): Reimbursable expenses include health care expenses for you and your dependents not paid by any other insurance. Dependent children are covered to age 26 regardless of their tax or full-time student status. [Note: dependents of your dependent (including their spouse) are not covered unless they are being claimed as your tax dependent.] Eligible expenses include all qualified medical expenses not reimbursed by other insurance, including vision expenses, non-cosmetic dental expenses, over-the-counter (OTC) medicines, menstrual care products (tampons and pads), PPE personal protective equipment (face masks, hand sanitizer, and sanitizing wipes), and medical supplies. OTC medicines and products are reimbursable when the product is used for medical purposes. OTC medicines or products that merely benefit your general health are not reimbursable without a prescription or letter of medical necessity (examples include: vitamins, minerals, and calcium). Note: Insurance premiums are not eligible for reimbursement/payment from the FSA.

By enrolling in the Health Care FSA, I hereby agree and understand that:

FSA contributions will be deducted from my paycheck on a pre-tax basis, remaining in effect until the end of the plan year. Changes are only permitted if a Qualifying Event is experienced (e.g., change in marital status, change in dependent(s), or if you or your spouse experience a change in employment). FSA salary reductions must be reimbursed for qualified expenses incurred during the plan year. Expenses incurred must be within the plan year and must not be covered by any other source, such as insurance. Proper documentation must be provided to receive payment. Funds remaining at the end of the plan year run out period revert to the plan sponsor. If employment is terminated, the Health Care FSA benefit ceases and benefit cards are deactivated.

By checking this box, I hereby agree and understand that:

My employer reserves the right to audit payroll and make necessary adjustments to withholdings, assuring contributions equal plan year annual elections.

☒ My benefit card is valid for three (3) years, allowing new plan year funds to be re-loaded each year. Once funds are exhausted for the plan year, my benefit card should be stored for future plan year use.

As long as I am actively enrolled in a plan, a replacement benefit card will be automatically sent to me prior to my existing benefit card end date.

I verify that I have read and agree to all online enrollment information.

*

CANCEL

SAVE FOR LATER

NEXT

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FSA and DCA Plans Online Enrollment Instructions

FSA0724 Online Enrollment – Step 3:

Review the information entered. If changes are required, click the EDIT PARTICIPANT DEMOGRAPHICS or ADD DEPENDENT links.

FSA0724 Online Enrollment

STEP 1 > STEP 2 > **STEP 3**
You are on step 3 of 3

Account Details

Plan ID	FSA0724
Plan Description	Health Care Flexible Spending...
Plan Start Date	07/01/2024
Plan End Date	06/30/2025

Participant Demographics

Chris Cardholder , *Male*

Date of Birth
Dec 11, 1989

SSN
*****1234

Phone
8885772762

Email
support@careflex.com

Home Address
205 W Dares Beach Road
Prince Frederick, 20678
US

Mailing Address
205 W Dares Beach Road
Prince Frederick, 20678
US

 EDIT PARTICIPANT
DEMOGRAPHICS

Dependent Demographics

Dependents currently attached to your account are listed below. Please review and update as necessary. If you are not a current FSA or DCA plan participant, you can add eligible dependents after the start of the plan year. If you are unsure about the eligibility of a dependent, contact your employer or CareFlex.

[ADD DEPENDENT](#)

Spouse Cardholder , *Female*


Authorized signer ID
CC1234d1

Date of Birth
May 5, 1990

SSN

Relationship
Spouse Or Common Law Spouse

Home Address
205 W Dares Beach Road
Prince Frederick, 20678
US

 EDIT DEPENDENT
DEMOGRAPHICS

 DELETE DEPENDENT
DEMOGRAPHICS

Child Cardholder , *Male*


Authorized signer ID
CC1234d2


Date of Birth
Oct 15, 2015

SSN

Relationship
Child

Home Address
205 W Dares Beach Road
Prince Frederick, 20678
US

 EDIT DEPENDENT
DEMOGRAPHICS

 DELETE DEPENDENT
DEMOGRAPHICS

Calvert County Public Schools

FSA and DCA Plans Online Enrollment Instructions

Disclosures Section:

Disclosures

Please review the below plan provisions and disclosures, which outline any limits, rules, and important details you should know before completing enrollment.

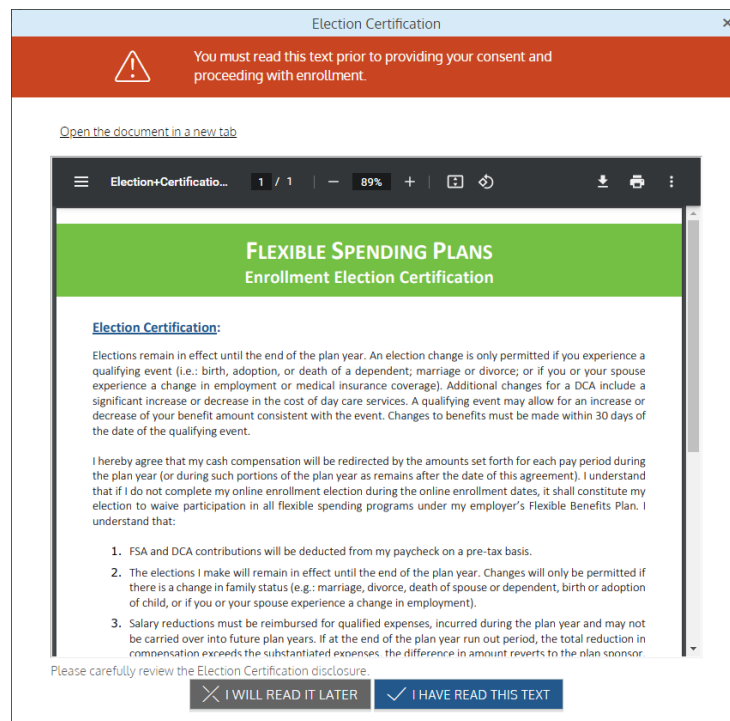
CareFlex Notice of Privacy Practices
[click here to read and then agree](#)

Election Certification
[click here to read and then agree](#)

Carefully review the documents included above. When complete, please click to acknowledge your acceptance of these documents before moving on to the next step.

I acknowledge and accept these disclosures.* ☐

Click on each disclosure to review the information and select the [I HAVE READ THIS TEXT] option.



Once all Disclosures have been reviewed, select the “I acknowledge and accept these disclosures” box to acknowledge your acceptance of the documents before moving on to the next step.

Disclosures

Please review the below plan provisions and disclosures, which outline any limits, rules, and important details you should know before completing enrollment.

CareFlex Notice of Privacy Practices
[click here to read again](#)

Election Certification
[click here to read again](#)

Carefully review the documents included above. When complete, please click to acknowledge your acceptance of these documents before moving on to the next step.

I acknowledge and accept these disclosures.* ☒




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Agreements Section:


Read agreements and select each box to continue enrollment.



Agreements	
I understand that I will receive pre-tax benefits in lieu of salary for the coverages I have elected.	
Accept this agreement.*	<input checked="" type="checkbox"/>
I have reviewed and understand the amount that will be deducted from each paycheck.	
Accept this agreement.*	<input checked="" type="checkbox"/>
I understand that I cannot make any changes to my coverage mid-year unless I experience a qualified life event.	
Accept this agreement.*	<input checked="" type="checkbox"/>
I understand once the online enrollment period ends, my elections and/or waivers are final and cannot be changed.	
Accept this agreement.*	<input checked="" type="checkbox"/>


 CANCEL  SAVE FOR LATER  SUBMIT

Once completed, click [ **SUBMIT**].

Thank you! Your application has been submitted.

Select [ **DONE**] and you will be returned to the **Online Enrollment** home page.

 888-577-2762
support@careflex.com FSA0724 Online Enrollment 

 **Thank you!**
Your application has been submitted.

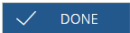
Thank you. You have completed online enrollment and your account will be effective on July 1st. You will receive a plan communication after the online open enrollment period ends. Select [Done] to return to the Open Enrollment home page. Please remember to [ENROLL] or [WAIVE] for each available plan.

You may review your elections and make changes up to the end of the online enrollment period.

After selecting the blue [DONE] button below, we recommend printing the election screen for your records.

For additional information or assistance with your online enrollment, please contact CareFlex:


Toll Free Phone: 888-577-2762
Email: support@careflex.com

 DONE

Calvert County Public Schools

FSA and DCA Plans Online Enrollment Instructions

You will be returned to the [Online Enrollment](#) home page. For plans elected, the Election amount will show with *Completed* noted under the Plan name and an [\[EDIT\]](#) button will be included. The [\[EDIT\]](#) option allows you to change or waive your election before the end of the online enrollment period.

 888-577-2762
support@careflex.com

Online Enrollment

[LOG OUT ENROLLMENT](#)

CCPS: FSA and DCA 7/1/2024 Plan Year Online Enrollment

Welcome to online enrollment for the **Calvert County Public Schools 7/1/2024 FSA and DCA Plans**. Listed below is the online enrollment schedule for the FSA Health Care and DCA Day Care plans. Your online enrollment must be completed during the enrollment dates listed below. If you have any questions or need help, please contact CareFlex by phone at 888-577-2762 or by email at support@careflex.com.

Dependent Care Account 2024 Dependent Care Account (DCA) <i>New</i>	ENROLL WAIVE	Flexible Spending Account 2024 Health Care Flexible Spending Account (FSA) <i>Completed</i>	WAIVE EDIT
Enrollment Dates April 2, 2024 – April 30, 2024	Annual Election Amount \$0.00	Enrollment Dates April 2, 2024 – April 30, 2024	Annual Election Amount \$3,200.00

We recommend printing the election screen for your records.

Follow the same instructions to [Enroll](#) or [Waive](#) for each plan. If you would like to cancel your enrollment prior to the end of the open enrollment dates, select [\[EDIT\]](#) to make the change.

Please note: If you waive enrollment in the FSA or DCA plan and do not change the waiver before the end of the online enrollment period, you will be ineligible to enroll during the plan year without a qualifying event. A qualifying event is generally defined as a birth or death of a dependent, marriage or divorce, or if you (or your spouse) experience a change in employment.

You can return to the online enrollment process at any time during the online enrollment period (4/2/2024 thru 4/30/2024) to make changes to your selections. After the last day of the online enrollment period, enrollment will be closed and no changes will be allowed.