

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA
BOARD AGENDA ITEM – July 28, 2022

PROCUREMENT SOLICITATION

**RFP 21-446-P-KR - Flexible Spending Account (FSA),
 COBRA, and Retiree Billing Administration Services – Amendment**

| | | |
|---|--|---|
| <input type="checkbox"/> (ITB) Invitation To Bid | <input type="checkbox"/> (ITN) Invitation To Negotiate | <input type="checkbox"/> (PB) Piggyback |
| <input checked="" type="checkbox"/> (RFP) Request For Proposal | <input type="checkbox"/> (RFQ) Request For Qualifications | <input type="checkbox"/> (SC) State Contract |
| <input type="checkbox"/> (SS) Sole Source | | |

REQUESTOR: Employee Benefits & Risk Management **Legal Review Required:** **Yes** **No**
Standard Template Used with No Changes: **Yes** **No**
Standard Template: N/A

| VENDOR NAME | AMOUNT AWARDED | REQUIRED PRODUCTS/SERVICES |
|--|----------------|---|
| Total Administrative Services Corporation (TASC) | Variable | Flexible Spending Account (FSA), COBRA, and Retiree Billing Administration Services |

| | | |
|--|---------------------------------|----------|
| <input type="checkbox"/> Contract Renewal | New Contract Amount | Variable |
| <input type="checkbox"/> Recurring Contract | Previous Contract Amount | Variable |
| <input checked="" type="checkbox"/> Amendment | Variance | N/A |

PRICE INCREASE / DECREASE EXPLANATION: N/A

DISCUSSION:

The Board approved the award of the above-mentioned solicitation and associated agreement to Total Administrative Services Corporation (TASC) on August 24, 2021.

In commemoration of the district’s recruitment and retention plan: The attached amendment revised the benefit waiting period to after 15 days of continuous employment.

A vendor provided amendment/addendum has been used and was approved by Legal on July 11, 2022.

CONTRACT TERM:

The contract term commenced January 1, 2022 and continue through December 31, 2024 with one additional two year renewal.

RECOMMENDATION:

It is the recommendation of Beth Thedy, Ed.D., Deputy Superintendent/Chief Human Resources Officer and Antonia Scipio, Director of Employee Benefits and Risk Management to approve the attached amendment with Total Administrative Services Corporation.

AUTHORITY FOR ACTION:

Florida Administrative Code 6A-1.012

TASC SUMMARY PLAN DESCRIPTION (SPD) ADDENDUM

COVERED BENEFITS

| BENEFITS OFFERED TO EMPLOYEES | Maximum Participant Salary Reduction | Minimum Participant Salary Reduction | Healthcare FSA Carryover Maximum Amount or - Grace Period End Date |
|-------------------------------|--------------------------------------|--------------------------------------|--|
| Healthcare FSA | \$2750 | \$200 | 550 |
| Dependent Care FSA | \$2500 single, \$5000 family | \$200 | N/A |
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ELIGIBILITY REQUIREMENTS

The benefits offered above are available to the following Employees as stipulated below:

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|--|---|
| Full or part-time Employees regularly scheduled to work at least 25 hours per week: | Eligible |
| Members of bargaining unit: | Eligible |
| Seasonal Employees regularly working less than __ months within a year: | Not Applicable |
| Employees under __ years of age: | Not Applicable |
| Classes of Employees: | Eligible Classes: |
| Waiting Period: | After 15 days of continuous employment an Employee will become plan eligible. Coverage begins on the Effective Date of Coverage. |
| Effective Date of Coverage: | Plan coverage begins on the same day the Waiting Period ends. |
| Employee Entry: | Annually at open enrollment and upon satisfying the plan eligibility requirements. |

BENEFIT ACCOUNT COVERAGE

When participation has terminated, you are eligible to incur Qualified Expenses against your positive account balance* through the date your eligibility ends for your benefit account, as indicated in the chart below.

*Positive account balance: Your annual election less prior reimbursements for a Healthcare FSA (or LPFSA). If Carryover is offered by your Employer, funds that carried forward into your current Healthcare FSA (or LPFSA) will be included. The positive account balance for any other benefit in the chart below is your total contributions less prior reimbursements.

| Benefit Account | Paid Coverage Period Ends | Eligibility Ends |
|--------------------|---------------------------|---------------------|
| Healthcare FSA | Date of Termination | Date of Termination |
| Dependent Care FSA | Date of Termination | Date of Termination |
| > | > | > |
| > | > | > |

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- Amendment

PROCEDURE FOR REQUESTING A REIMBURSEMENT

If you have elected reimbursement coverage, you may submit eligible requests for reimbursement through the Plan Runout End Date as indicated on page one of this Plan's SPD. A terminated Participant may submit eligible reimbursement requests through the runout period for terminated Participants as indicated below.

| Runout Period for Terminated Participants <i>(Only one option, as selected below, is applicable to your plan.)</i> | | |
|---|---------------------------|--|
| <input checked="" type="checkbox"/> | <u>Plan Runout Period</u> | As a terminated Participant, you may submit eligible reimbursement requests through the Plan Runout as indicated on page one of this Plan's SPD. |
| <input type="checkbox"/> | <u>Not Applicable</u> | As a terminated Participant, you may submit eligible reimbursement requests through your individual runout period of ____ days after your eligibility ends. |