



**JACKSON STATE UNIVERSITY**  
**Cafeteria/Insurance Enrollment Information**  
**PLAN YEAR: January 1, 2026 – December 31, 2026**

The online enrollment is open and will close on October 31<sup>st</sup> (See Page 3 for online enrollment instructions). You will be able to make your Cafeteria plan, dental and vision elections online (see page 3 for instructions). If you would like to make changes to other products or meet with any of the insurance representatives, please attend the Benefits *Fair* on the 3<sup>rd</sup> floor of the Student Center on:

**September 26<sup>th</sup> – 9:00am to 4:00pm**

**CAFETERIA PLAN INFORMATION**

A Section 125 Cafeteria Plan is simply a tax savings plan which allows participating employees to deduct certain expenses from gross earnings before the computation of federal, state, and social security taxes. Under our Plan there are three (3) options in which you may participate.

**CURRENT DEDUCTIONS ELIGIBLE TO PRE-TAX**

**Insurance: Option 1. State Health, State Life, Delta Dental, Superior Vision, Colonial Accident, Cancer and ICU Aflac Cancer, Accident and Hospital Advantage.**

**Post Tax Insurance: Colonial STD, Aflac STD, Cigna LTD and STD, NY Life and Transamerica**

**Flexible Spending: Option 2. Dependent Care Expenses  
Option 3. Unreimbursed Medical Expenses**

**OPTION 1. INSURANCE**

When making your on-line election, simply indicate that you wish to have your premiums pre-taxed under our plan. Payroll will make the necessary adjustments, and your eligible premiums will be deducted tax-free.

**OPTION 2. DEPENDENT CARE EXPENSE**

**NOTE: Maximum allowed has increased from \$5,000 per calendar year, (\$2,500 if married filing a separate return) to \$7,500 per calendar year, (\$3,750 if married filing a separate return).**

If you have qualified dependents that require care while you and your spouse work, participation in this part of the plan can save taxes by pre-taxing the expense. Simply estimate your dependent care expenses for the **plan year**, up to a maximum of **\$7,500 per calendar year, (\$3,750 if married filing a separate return)**. Your annual election will be divided by the number of pay periods in the plan year and deducted tax free. When you pay your dependent care provider, you will obtain a receipt and forward it to SABC along with a Request for Reimbursement form to be reimbursed.

For more information click here: [www.sabcflex.com/content/dependent-care](http://www.sabcflex.com/content/dependent-care)

**OPTION 3. UNREIMBURSED MEDICAL EXPENSES**

If you have medical expenses which you have to pay out of your own pocket, such as your medical deductibles, co-insurance, dental expenses, eye care expenses, etc., you may save valuable tax dollars by pre-taxing these expenses. To participate, you must estimate the out-of-pocket medical expenses you will incur during the plan year up to a maximum of **\$3,300**. Your plan year election will be divided by the number of deductions in the plan year and deducted tax free. After eligible expenses have been incurred, simply submit proof of the expense with a reimbursement form and you will be reimbursed up to the amount you have requested, not to exceed your annual election. Please go to ([www.sabcflex.com/content/eligible-medical-expenses](http://www.sabcflex.com/content/eligible-medical-expenses)) for more information on eligible expenses. Expenses may be for you, your spouse or children under age 27. Your plan offers a 2 ½ month grace period for participants to incur expenses. Therefore, with the extension you will actually have until March 15, 2026, to incur your expenses. This extension applies to URM only.

All services rendered for unreimbursed medical should be on the list of eligible deductible medical expenses. Should you have a medical expense not listed, please feel free to contact SABC or see a representative during enrollment.

**IMPORTANT NOTE:** You must participate in the Unreimbursed Medical portion of the plan for the whole plan year. Your total election is available to you anytime during the plan year when you incur an expense(s). **Should you terminate** anytime during the plan year, in lieu of Cobra; your remaining election will come from your last paycheck. With this voluntary deduction from final pay, you are waiving COBRA for the Unreimbursed Medical Spending Account. You will have until the end of the plan year to incur your expense(s) and a sixty (60) day run out period after the plan closes to request reimbursement for qualified expenses.



All elections made under your flexible benefit cafeteria plan are irrevocable unless a Status Change occurs. Examples of Status Changes are - marriage, divorce, birth, death, adoption or, a change of your spouses' employment. Election under Dependent Care and/or Unreimbursed Medical should be conservative. Any monies not claimed by the end of the plan year or at least sixty (60) days after the close of the plan year, will be forfeited. **All expenses must be incurred within the benefit period listed above.**

**FLEXCard** - If you are a participant in Unreimbursed Medical, you have the option to sign up for the SABC FLEXCard. The card allows you to pay for your eligible medical, dental and vision expenses anywhere that MasterCard is accepted. The funds will automatically be deducted from your unreimbursed medical balance. You will receive (2) cards and cost of the card is \$1.10 per month and will be payroll deducted.

### HOW TO USE THE CARD

When you use the card for prescription drug purchases at participating merchants (most major pharmacies), or for certain co-pays you usually will not have to follow up with receipts. However, it is important to understand that when you use the card at other medical, dental or vision facilities, you will have to validate the expense with an Explanation of Benefits statement from your insurance provider, or a detailed printout from your provider. Always keep your receipts. You will receive an email, stating the need for you to submit your receipts to SABC. Simply print the email and send it to SABC along with your receipt(s). You may send it via fax; utilize the secure on-line portal at [www.sabcflex.com](http://www.sabcflex.com) or SABC's smart phone app. When completing the information online, make sure to click on *File Receipts of Validation* under online forms.

After notification, if you fail to submit your receipts within 20 days from receiving the first email, a second reminder email will be sent, with a deadline date. If you still fail to follow-up with necessary documentation after the deadline date, your card will be suspended, and no further claims will be processed, until the request has been satisfied.

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### CLAIMS PROCEDURES

To receive reimbursement for expenses incurred during the plan year you must submit a Claim Form (Request for Reimbursement) to Southern Administrators and Benefit Consultants, Inc. (SABC) Attached or along with the claim form, you must provide a receipt from the third-party provider for each expense. An Explanation of Benefits from your insurance provider is your best receipt and may be required. For more information log on to: <https://www.sabcflex.com/content/claim-procedures>.

## ON-LINE ENROLLMENT INSTRUCTIONS

Will close on October 31, 2025

Login at: [www.sabcflex.com/content/sabcelect-on-line](http://www.sabcflex.com/content/sabcelect-on-line) on or before the above date, or just go to [www.sabcflex.com](http://www.sabcflex.com) and click on enroll online.

Enter your social security number (no dashes) as your employee ID, and your six digit date of birth as your password (mmddyy).

Step 1. Review and revise any personal information that is incorrect. Follow the instructions to the next page.

Step 2. Review your current information. If correct and you have no changes, continue to the next page.

If you wish to **enroll** in the **dental or vision**, click the **enroll** button next to the product and follow the instructions. Complete the online application. Once complete, you will return to the Cafeteria Plan enrollment. *Keep in mind when enrolling your signature will always be your social security number.* To **cancel** any supplemental **insurance** product, click the **cancel coverage** button and complete the online form. To review benefits under the plan, click on the name of the products that are highlighted in blue.

Step 3. Make your Flexible Spending election. If you are electing to participate in Flexible Spending for the first time, please have your direct deposit information available to enter online. If you would like to receive a FLEXCard, click on the SABC FLEXCard button and complete the form.

Step 4. Review the summary of your election, if correct, proceed to the next step. If incorrect, click the back button.

Step 5. Read the plan provisions, acknowledge that you understand, and sign using your SS#. Your enrollment is complete. Please print or email a copy for your records and click done.

If you have questions or trouble with online enrollment, contact Southern Administrators and Benefit Consultants Inc. at 601-856-9933.