

**What is a Health FSA?**

A Health Flexible Spending Account (Health FSA) allows you to set aside funds from your paycheck so that you can pay for health related expenses.

**Why should I participate?**

The funds you set aside through a Health FSA generally are not subject to federal, state, local, or payroll taxes. This can equal a savings of 25-30%! Note: Sole proprietors, partners, members, and shareholders > 2% ownership of S corporations (and their family) cannot participate.

**How do I access the funds that I have set aside from my paycheck?**

Once you have incurred the expenses for health care you should submit a Claim form either by e-mail, mail, or fax. BenefitsAssist, inc. will then mail you a reimbursement check for eligible claims. Direct deposit is also available. Claims are normally processed every other Monday. Claims received by the previous Thursday's close of business are included in the bi-weekly Monday process. You may also access funds through the FIS debit card.

**How does the FIS debit card work?**

The FIS debit card can be used at valid health related merchants such as doctor's offices, pharmacies, etc. Please **always keep all receipts and other documentation** to prove the expense was eligible. **If the card swipe matches the co-pay amount you may not have to submit documentation. Otherwise, you will receive an e-mail requesting that you submit documentation validating that your purchase is eligible for the FSA.** You must immediately report any loss or fraudulent use of the card. Otherwise you may lose those funds. If you use all of the funds on the card, please keep the card for future plan years. Although FIS refers to the card as a debit card, there is no PIN associated with the card and it must always be used as a "Credit" type transaction.

You must use the card only to pay for expenses with a date of service after enrollment but during the plan year. Even if you are billed or pay for a service after enrollment, the service itself must have taken place after enrollment. You may only use the card to pay for expenses incurred, i.e. you cannot pre-pay for future services.

**Who does the care have to be for?**

The care can be for yourself as well as for your spouse and dependents.

**What kinds of expenses are eligible for this plan?**

You can be reimbursed, subject to the maximums and other conditions of the Health FSA plan, only for health expenses incurred after enrollment. You cannot be reimbursed for pre-payment of future services. Expenses cannot be for cosmetic purposes, general health, or toiletries. Reimbursable expenses include those for treatment of an illness, injury, or medical condition:

- Doctor's office and prescription drug co-pays
- Medical deductibles and co-insurance
- Approved over-the-counter items (i.e. Bandages are allowed while vitamins are not allowed) **Note – Purchases of Over-the-Counter medicines on or after January 1, 2011 will require a prescription to qualify for reimbursement**
- Approved vision and dental costs (i.e. LASIK is allowed but tooth whitening is not permitted)
- Chiropractic services

**How much can I set aside per year?**

You may elect up to the maximum yearly amount listed below prorated based on the time you are enrolled.

- \$1,500

**What happens to the funds if I have not submitted claims for my entire election amount?**

The funds you withhold from payroll must be claimed for expenses incurred during that same plan year. Unused funds do not rollover and are forfeited. The claim date of service must be between your plan year enrollment date and the plan year end date. For **terminated participants**, the claim date of service must be between your plan year enrollment date and your termination date. **The claims filing deadline is the earlier of 90 days after termination or 90 days after plan year end**

**How can I check my account?**

You can access your account at: <https://www.mywealthcareonline.com/benefitsassist/>. E-mail [Flex@BenefitsAssist.net](mailto:Flex@BenefitsAssist.net) for login instructions.

**What are some other considerations?**

Health FSA claims must not have previously been reimbursed under the FSA or any other plan, and you must not seek reimbursement for them under the medical insurance plan or any other health plan. Coverage under a Health FSA may make you and your family ineligible to contribute to an HSA. Once you have made your annual elections, they may not be changed except under limited circumstances. Read the Plan Document and SPD for complete information regarding the Health FSA.