

Flexible Spending Accounts



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A Flexible Spending Account (FSA) lets you pay for eligible expenses with tax-free money. You contribute to an FSA with pretax money from your paycheck. This, in turn, may help lower your taxable income. There are two types of FSAs – Healthcare FSA and Dependent Care FSA.

Healthcare FSA

A Healthcare FSA is used to pay for eligible medical expenses that are not covered by your insurance or other plan. These expenses can be incurred by you, your spouse, or a qualifying child or relative. Your full annual contribution amount is available at the beginning of the plan year, so you don't have to wait for the money to accumulate.

Dependent Care FSA

The Dependent Care FSA is a great way to pay for eligible dependent care expenses, such as: before and after school care, day time baby-sitting fees, elder care services, nursery, and preschool costs. Eligible dependents include your qualifying child up to age 13, spouse, and/or relative.

You can request reimbursement from your Dependent Care FSA after your dependent receives day care services. Unlike the Healthcare FSA, your full annual contribution is not available at the beginning of the plan year. You can only get reimbursed up to the amount that is available in your account at that time.

Annual Contribution Limits

FOR HEALTHCARE FSA:

- Minimum Annual Contribution: \$260
- Maximum Annual Contribution: \$2,750*

FOR DEPENDENT CARE FSA:

- Minimum Annual Contribution: \$260

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Run Out Period and Grace Period

You have a 120-day run-out period (ending April 30, 2022) after your 2021 Plan Year ends to submit reimbursement requests for all eligible FSA expenses incurred DURING your plan year.

You may, however, continue using only your Healthcare FSA during the grace period, which is two months and 15 days after the end of your 2021 Plan Year (March 15th). Be sure to submit your grace period claims before the end of your 120-day run-out period (April 30th).

FSA Appeals and Managing Your FSA Online

Appeals Process

If you have an FSA reimbursement claim denied, in full or in part, you have the right to appeal the decision by sending a written request within 30 days of the denial for review to:

PayFlex Systems USA, Inc.
Flex Department
PO Box 3039
Omaha, Ne 68103-3039

or Fax to: 402-231-4310

Your appeal must include:

- The name of your employer;
- The date of the services for which your request was denied;
- A copy of the denied request;
- The denial letter you received;
- Why you think your request should not have been denied; and
- Any additional documents, information or comments you think may have a bearing on your appeal.

Your appeal and supporting documentation will be reviewed upon receipt. You will be notified of the results within 30 business days from receipt of your appeal. In unusual cases, such as when appeals require additional documentation, the review may take longer than 30 business days. If your appeal is approved, additional processing time is required to modify your benefit elections.

NOTE: Appeals are approved only if the extenuating circumstances and supporting documentation are within your employer's, insurance provider's, and the IRS' regulations governing the plan.

Filing a Claim with PayFlex

If you pay for an eligible expense with cash, check, or personal credit card, you can file a claim online at payflex.com or through the PayFlex Mobile® app to pay yourself back for your out-of-pocket expenses OR you can fill out a paper claim form and fax or mail it to PayFlex. This form can be found in the Resource Center at payflex.com or you may call PayFlex at 844-PAYFLEX to request a form.

After you log in to payflex.com, click on the **Financial Center** tab and select your account from the drop down. Click on **File a Spending Account Claim** to get started.

When you submit a claim, you need to include supporting documentation that shows the following:

- Merchant or service provider name
- Name of patient (if applicable)
- Date of service
- Amount you were required to pay
- Description of item or service

How to Register Online

- Go to payflex.com
- Click on CREATE YOUR PROFILE and follow the online instructions.
- After successfully registering your account, "My Dashboard" will be displayed and you will be able to access your account information.
- To receive electronic account notifications, select "My Settings" at the top of the page and
 - Select the notifications link,
 - Enter your email address and then re-enter to confirm, and
 - Then select the notifications you wish to receive and click "Submit."

Enroll in Direct Deposit

To receive your claim payments quickly, sign up for direct deposit through the PayFlex member website. Log in to payflex.com and click on the **Financial Center** tab. Select your account from the drop down menu and click on **Enroll in Direct Deposit** to get started.



USE YOUR PAYFLEX CARD®, YOUR ACCOUNT DEBIT CARD

The PayFlex debit card is a convenient way to pay for eligible healthcare expenses. The card knows when the expense is eligible and whether you have funds available. When you use the card, save your Explanation of Benefits, itemized statements and detailed receipts. There may be times when PayFlex asks you to provide documentation to verify you used your card for an eligible expense. If you're a new healthcare FSA member, you'll automatically receive one card in the mail before the beginning of the plan year. The card is not available for the dependent care FSA.

The maximum contribution depends on your tax filing status:

- If you are married and filing separately, your maximum annual contribution is \$2,500*.
- If you are single and head of household, your maximum annual contribution is \$5,000*.
- If you are married and filing jointly, your maximum annual contribution is \$5,000*.
- If either you or your spouse earn less than \$5,000* a year, your maximum annual contribution is equal to the lower of the two incomes.
- If your spouse is a full-time student or incapable of self-care, your maximum annual contribution is \$3,000* a year for one dependent and \$5,000 a year for two or more dependents.

*Including administrative fees