

Highlights of the Flexible Spending Account

Feature	How It Works
Who is Eligible	Regular, full-time employees and other employees eligible for health care benefits
Who is Not Eligible	The IRS prohibits sole proprietors, partners in a partnership and 2% or greater shareholders in an S-corporation from participating
Advantage of Accounts	Pay eligible expenses with before-tax money; Save money in taxes and increase your take home pay
Amount of Deposit	
Health Care Account	\$0 per year minimum to \$2,600.00 per year maximum
Dependent Care Account	\$0 per year minimum to \$5,000.00 per year maximum (\$2,500 if you are married and file taxes separately)
Examples of Eligible Expenses	
Health Care Spending Account	Deductibles, co-payments, co-insurance and many expenses not covered by a health care plan
Dependent Care Spending Account	Dependent (day) care services in or outside your home and summer day camp
Reimbursement:	Reimbursements are processed weekly. FSA Reimbursement Request Forms with proof of expense received by 4:00 PM CT Tuesday will be processed on that week's payment schedule.

Limited Changes During the Plan Year

It is important that you make your enrollment decisions carefully since you can generally change your elections **only** once a year during the annual open enrollment period. You can make changes at other times during the year only if you have a qualified change in status as defined by the Internal Revenue Code. A change in status is:

- Marriage
- Divorce
- Gain or loss of a dependent
- Change in your employment from full-time to part-time
- Change in spouse's employment or
- Gain or involuntary loss of your spouse's medical coverage

If you qualify for a contribution change as a result of one of the above reasons, you must notify the Human Resources Department **within 30 days** of the event. Failure to notify HR within 30 days of the life event means that you cannot make any changes until the next open enrollment period.

Important Information

The annual amount you select will be equally divided over the pay periods remaining for the year.

- **Example 1:** For an employee paid semimonthly, a \$1,000 annual election effective January 1 will result in a per pay deduction of \$41.67.
- **Example 2:** For an employee making the same election effective October 1, will result in a per pay deduction of \$166.67.

Health Care and Dependent Care Spending Accounts

- You have until 1/31/2019 to incur expenses against the previous plan year.
- You have until 3/31/2019 to submit claims for the previous plan year.
- If your employment ends, you must submit claims within 90 days of your termination date for expenses incurred prior to your termination date.
- **Any funds for the previous calendar year remaining in your health care or dependent care spending accounts after 3/31/2019 will be forfeited.**

All Flexible Spending Account Reimbursement Requests

- You cannot move money between the reimbursement accounts. You must estimate your expenses carefully.
- You must submit a Reimbursement Request Form with proof that the expense(s) has already been incurred in order to be reimbursed. **A bill from your provider just showing a balance due is not enough. Reimbursements are mailed directly to your home.**

Submit Claims To:

benefitexpress
1700 East Golf Road, Suite 1000
Schaumburg, IL 60173
OR
Fax: 253-793-3766

Be Sure Your Proof of Payment Includes:

Date of Service
Provider's Name
Receipt for Payment or
Explanation of Benefits (EOB) from carrier
For Dependent Care – claim must also
include the Provider's Social Security Number
or Taxpayer's Identification Number

If you have questions about your claim, call benefitexpress at 877-837-5017
or email help@mybenefitexpress.com.