

## 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
<b>Amount of Deposit</b>	
Health Care Account	\$300 per year minimum to \$2,700.00 per year maximum
Dependent Care Account	\$300 per year minimum to \$5,000.00 per year maximum (\$2,500 if you are married and file taxes separately)
<b>Plan Year</b>	
12-month Plan Year	September 1 thru August 31
<b>Examples of Eligible Expenses</b>	
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 Wednesday will be processed on that week's payment schedule.

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## 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 Monthly, a \$1,000 annual election effective September 1 will result in a per pay deduction of \$83.33.
- **Example 2:** For an employee making the same election effective January 1, will result in a per pay deduction of \$125.00.

Run Out and Grace Periods for Health Care and Dependent Care Spending Accounts:

- You have a Grace Period until **November 15<sup>th</sup>** to incur expenses against the previous plan year.
- You have a Run Out Period until **November 30<sup>th</sup>** to submit claims for reimbursement against 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 within the plan year.
- **Any funds for the previous calendar year remaining in your Health Care or Dependent Care spending accounts after November 30<sup>th</sup> 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. Employees have the option of setting up direct deposit as well.**

### Submit Claims To:

benefitexpress  
FSA Department  
1700 East Golf Road, Suite 1000  
Schaumburg, IL 60173  
OR  
Fax: 253-793-3766  
OR  
Online via the MyFSAExpress  
employee portal.

### 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 844-770-0440  
or email [help@mybenefitexpress.com](mailto:help@mybenefitexpress.com) .