

www.taxsaverplan.com

## **FLEXIBLE SPENDING ACCOUNTS**

## What is a Flexible Spending Account (FSA)?

A Flexible Spending Account (FSA) is a pre-tax voluntary benefit offered by Employers to assist employees. FSA's allow employees to elect to contribute pre-tax dollars to a Health FSA and/or Dependent Day Care FSA during the Employer's designated plan year. The pre-tax dollars set aside in the FSA reduce employee's taxable income which results in the employee paying less in taxes.

## Who is eligible to participate in a FSA?

Eligibility for this benefit is determined by your Employer's Plan Document.

## What is the maximum amount I can contribute pre-tax to put towards my FSA?

The pre-tax maximum for a Health FSA is \$3,300.00. Some Employer's choose to offer a limit lower than this amount, so please refer to your Employer's plan specifics always, before electing. The pre-tax maximum for a Dependent Day Care FSA is \$5,000.00.

#### What is a Health FSA?

A Health FSA plan will cover out of pocket medical, dental, vision and prescription drug expenses for you, your spouse and your legal tax dependents (including dependents through Age 26, as allowed by your Employer's Plan). Your spouse and/or dependents do not have to be covered by your Employer's insurance plans to use the Health FSA dollars you set aside into the Plan.

### What are some eligible Health FSA expenses?

- •Health, dental & vision plan deductibles
- Health, dental & vision plan co-insurance
- •Health, dental & vision plan co-payments
- Prescription drug expenses
- Eligible Over-the-Counter expenses
- Hearing expenses
- Orthodontia
- Lasik procedures
- Prescription glasses and contact lenses
- •Smoking cessation programs
- Certain weight loss programs (with a letter of medical determination)

Detailed information about eligible Health FSA expenses is available on TaxSaver Plan's website at www.taxsaverplan.com.

## What are some ineligible Health FSA expenses?

Expenses that are <u>not</u> for the treatment of a specific medical condition or disease or for preventive care are considered ineligible expenses under the Health FSA. Examples of such expenses include, but are not limited to, cosmetic procedures, vitamins, supplies and/or prescriptions that are cosmetic or for general health purposes, debt and marriage counseling and over the counter items like soaps and personal toiletries.

Phone: 800-328-4337

#### What is a Dependent Day Care FSA?

A Dependent Day Care FSA will cover child care expenses for your children under the age of 13 or expenses for the care of a disabled spouse or dependent. The purpose of the Dependent Care FSA is to allow you and your spouse to provide qualified care for your dependent(s) while you are both at work. This same rule applies to single parents. If your spouse is not employed, you are not eligible to participate in the Dependent Care FSA.

## What are some eligible Dependent Day Care FSA expenses?

- •Before and after school care fees
- •Private school tuition for pre-school aged child
- •Nanny and other in-home Dependent Day Care fees
- •Dependent Day Care center fees
- Summer Camp fees
- Amounts paid to certain relatives for care

# What are some ineligible Dependent Day Care FSA expenses?

- •Private school tuition for grades Kindergarten and above
- Overnight camp fees
- Costs paid to in-home staff whose primary purpose is not for the care of your child(ren)
- •Transportation costs charged by the care provider
- Cost of educational programs designed to provide primary or secondary school credits

#### Who is TaxSaver Plan?

TaxSaver Plan is the company hired by your Employer to administer the FSA Plan.



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## How do I receive reimbursement for expenses?

When you are ready to submit a reimbursement request (or substantiate a FSA Debit Card transaction), you will need to complete a claim form and attach your receipts and submit the documents to TaxSaver Plan via mail, fax, email or online. A receipt is defined as an itemized statement from a third party provider, including an EOB from an insurance company. Cancelled checks, credit card slips or any other form of self-substantiated receipt are not acceptable and will be returned to the participant for more information. This applies to Health Care FSA and Dependent Care FSA claims. The receipt requirement is mandated by the IRS and applies to paper claims and FSA debit card substantiation claims (if applicable). Claims from the pharmacy should include the name of the prescription, the date the prescription was filled, the name of the patient and the amount of the prescription.

All claims are scanned and maintained electronically. Please do not highlight documentation submitted. This distorts the image and often requires us to return the receipt for a clearer copy.

Services that have not been incurred cannot be reimbursed under the Plan regulations. Please do not submit expenses for reimbursement that have been prepaid.

You will be reimbursed for claims according to your Employer's reimbursement schedule and reimbursement process.

Claims Submission: claims can be submitted by one of the following methods:

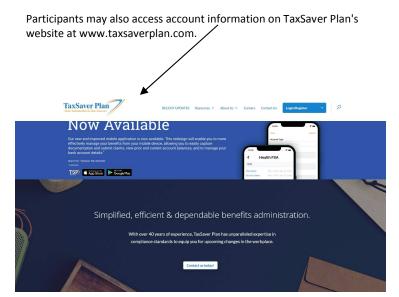
Mailed to:Or faxed to:Or emailed to:TaxSaver Plan214-528-8122claims@taxsaverplan.comPO Box 609002pallas, TX 75360

Or Online or through our Mobile App.

## How do I obtain information about my account?

TaxSaver Plan's Call Center is available to assist plan participants Monday - Friday from 8:30 - 5:45 CST. Participants may reach the Call Center by phone at 800-328-4337 or csr@taxsaverplan.com.

Phone: 800-328-4337



Participant's may also utilize TaxSaver Plan's Mobile App created for Android and iPhone as well as tablets.

