

Flexible Spending Accounts

Eligibility: Certified and Classified staff working at least 30 hours per week or more are eligible for the Flexible Spending Account the first of the month following 30 days of employment.

The Flexible Spending Account Plan allows you to convert a portion of your taxable income into a non-taxable employee benefit. Since you pay for these items before taxes, your take-home pay increases because federal and state income tax, FICA and Medicare tax are not deducted from your paycheck.

A Premiums Savings Plan allows you to pay your share of eligible insurance premiums on a pre-tax basis from your payroll. Since these are pre-tax from your payroll they are not eligible to be reimbursed under the Flex Spending Account. You may not stop the deductions or change how you enroll in these plans unless you have one of the below status changes.

- Termination of employment
- Spouse changes jobs
- Birth or adoption of a child
- Child no longer eligible
- Change of marital status
- Death of a dependent

FLEXIBLE SPENDING ACCOUNT

Each year you must elect to participate in the Flexible Spending Account. You estimate the amount of eligible expenses you and your dependents will likely incur, and from this amount, determine how much you would like to set aside in the Flexible Spending Account.

Maximum: \$3,050 per year pre-tax

CARRY OVER:

Up to \$610 of unused amounts in a current plan year's health flexible spending account (FSA) can be "carried over" to be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year.

Any balance over \$610 will be forfeited.

RUN-OUT PERIOD:

A run-out period is a pre-determined time frame *after* the plan year ends. During the run-out period, you may file both health FSA and dependent care FSA claims for expenses incurred during the plan year.

Your plan year is October 1st through September 30th; the run-out period is 60 days. Beginning October 1st through November 30th you can submit claims for reimbursement, that were incurred during the previous plan year. You can not pay the expenses yourself with your FSA debit card out of the carry over money. IRS rules state that when the run-out period is over, you forfeit any unused funds.



QUICK FACTS:

- You **do not** have to be enrolled in a medical plan to participate in a FSA!
- In most cases, you can use your FSA money to pay for expenses incurred by your spouse and dependents (up to age 26).
- The amount you contribute from your paycheck cannot be changed up or down during the year unless you have a qualified election change event.

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Surency Flex Benefits Card is a special-purpose Visa® Card that gives you an easy, automatic way to pay for eligible expenses. The Benefits Card lets you electronically access the pre-tax amounts set aside in your **Surency FSA accounts**. Use it when paying for eligible expenses at a provider or merchant that accepts Visa Cards and uses an inventory control system. These transactions may be automatically substantiated, meaning you don't have to file a claim and may not have to submit a receipt. However, always keep all documentation for tax purposes or in case Surency requests further documentation.



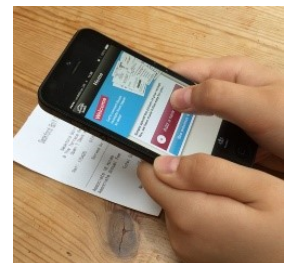
Keep your receipts in the event that further validation is needed. Make sure receipts include the following information:

- **Patient's Name.** The name of the person who received the service or for whom the item was purchased. For retail store purchases, this information may be excluded.
- **Provider's Name.** The provider that delivered the service or the merchant where the item was purchased.
- **Date of Service.** The date when services were provided or the item was purchased.
- **Type of Service.** A detailed description of the service provided or item purchased. A bag tag is sufficient for prescriptions.
- **Cost.** The amount paid for the service or product and/or the portion that is not reimbursed through your insurance carrier.

DID YOU PAY OUT-OF-POCKET FOR AN ELIGIBLE EXPENSE?

Submit a claim to get paid back using money from your account. There are three ways to submit a claim:

1. SURENCY FLEX APP	2. MEMBER ACCOUNT	3. PAPER CLAIM FORM
Download the Surency Flex mobile app and submit the claim by taking a photo of your receipt.	Log into your Member Account at Surency.com to upload your receipt.	Visit Surency.com to download a paper claim form. Complete and return to Surency.



ONLINE ACCOUNT ACCESS

Create a Member Account at Surency.com or download the mobile app!

- Check balances on your Health Care Flexible Spending Account (FSA) & Dependent Care Flexible Spending Account (DC FSA)
- View account activity, payment history and tax statements
- Submit claims for expenses.
- Add or update a bank account to receive direct deposit reimbursements - this is the quickest way to receive reimbursement
- Access account funds to pay yourself back or to pay your doctor
- Report a Surency Flex Benefits Card as lost or stolen



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Most expenses applied to the deductible, coinsurance or copay of your health benefit plan can be submitted for reimbursement. Consider depositing money in the Flexible Spending Account so you can pay those expenses with tax-free dollars. Questions? Call 866-818-8805 or visit Surency.com to view a complete list of eligible expenses.

COMMON FSA ELIGIBLE EXPENSES

Abortion	Contraceptives	Lead-Based Paint Removal	Prosthesis
Acupuncture	Crutches	Learning Disability	Psychiatric Care
Adult Diapers	Dental Treatment	Lifetime Care Payments	Psychoanalysis
Alcohol/Drug Treatment	Denture Adhesives/Repair	Long-Term Care	Smoking Deterrents
Ambulance	Denture Pain Relief/Cleansers	Medical Conferences	Splints & Casts
Artificial Limb/Teeth	Diabetes Testing/Supplies	Medical Information Plan	Sterilization
Athletic Care	Diagnostic Devices	Mileage for medical trips	Sunscreen (SPF 15 or over)
Bandages	Eyeglasses (Prescription & Reading)	Nursing Home	Surgery
Birth Control Pills	Fertility Enhancement	Nursing Services	Telephone (Hearing Impaired)
Blood Pressure Monitors	Guide Dog	Optometrist	Therapy
Body Scan	Hearing Aids (& Batteries)	Organ Donors	Thermometers
Braille Books & Magazines	Home Care	Orthodontic Fees (braces)	Transplants
Breast Pumps & Supplies	Home Improvements	Orthopedic Supports	Transportation (Medical)
Breast Reconstruction	Hospital Services	Osteopath	Vasectomy
Capital Expenses	Hot/Cold Therapy Packs	Ovulation Kits	Vision Exams
Car (Special Hand Controls)	Infertility Treatments	Oxygen	Weight Loss (Program Fees)
Catheters	Laboratory Fees	Physical Therapy	Wheelchair
Chiropractor	Lactation Expenses	Pregnancy Test Kit	Wig (Hair Lost Due to Disease)
Contact Lenses/Solutions	Lasik Eye Surgery	Prescription Medicines	X-rays/Diagnostic Testing
Over the Counter Rx: Written prescriptions will are <u>not required</u> for Over the Counter (OTC) drugs, including items like Tylenol, Claritin, Tamiflu, etc. when purchased with an FSA or HSA.			
Menstrual Care Products Included: Menstrual care products, including items like tampons, pads, cup, etc. are eligible expenses under an FSA or HSA.			

INELIGIBLE FSA EXPENSES

Burial/Funeral Expenses	Fitness Programs	Maternity Clothes	Tanning
Cosmetic Procedures	Future Medical Services	Medicine (from Outside U.S.)	Teeth Whitening
Dance Lessons	Health Club Dues	Nutritional Supplements/ Vitamins (Over-the-Counter)	Toiletries (Toothbrush, Toothpaste, etc.)
Diapers/Diaper Service	Household Help	Piercings	Veterinary Fees
Electrolysis/Hair Removal	Illegal Treatments	Sunglasses (non-prescription)	Warranties (for Eyeglasses or Hearing Aids)
Exercise Equipment (unless prescribed)	Insurance Premiums	Swimming Lessons	Weight-Loss Programs (unless prescribed)

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DEPENDENT CARE ACCOUNT

A Dependent Care Account reimburses you for eligible dependent care expenses with tax-free dollars. This is a valuable plan for employees with children or dependent parents. **The maximum amount you may set aside is \$5,000 per plan year; deductions are pre-tax.**



Expenses you may claim and be reimbursed with tax-free dollars include:

- Wages paid to a babysitter, whether the care is provided in or outside of your home. However, the babysitter may not be someone you claim as a dependent on your tax return and must be over 18 years of age. Expenses for a babysitter can only be used for services provided during regular working hours. Babysitting costs for social events are not eligible.
- Services of a day care center, nursery school or Pre-K providing the center complies with state and local laws.
- Cost for care at facilities away from home, such as family day care or adult day care centers, as long as the dependent returns home for at least 8 hours of a 24-hour day.
- Wages paid to a caregiver or home aide for providing eligible care.
- Any other qualified dependent care expenses as defined by the IRS.

Eligible dependents must be under the age of 13, and/or physically or mentally unable to care for themselves and claimed as an exemption on your tax return.

If you participate in a Dependent Care Account, you can elect to have your reimbursements **Direct Deposited**. This is the fastest and easy way to be reimbursed!



If you participate in a Dependent Care Account, you may contact Surency to complete a **Reoccurring Reimbursement Form**. The completed form will serve as an ongoing receipt for the entire plan year and you won't have to submit a receipt each time you pay the care provider!

The Visa card can only be used with a Dependent Care provider with a properly registered credit card processing system including the four digit Merchant Category Code of 8351 "Child Care Services" or 8299 "Schools and Educational Services". If the merchant's credit card terminal is not setup in this way, the card will not be accepted.

Flexible Spending Account Worksheet

Estimate your out-of-pocket medical costs per year

Health insurance deductibles (not paid by insurance) \$ _____

Co-pays (Office Visits and Rx not paid by insurance) \$ _____

Wheelchair, crutches, medical appliances \$ _____

Medical supplies \$ _____

Mileage related to medical care \$ _____

Other items \$ _____

Total out-of-pocket medical expenses per year: \$ _____

Estimate your out-of-pocket dental costs per year:

Examinations and cleanings, x-rays, etc. \$ _____

Braces and retainers, fillings, etc. \$ _____

Orthodontic, implants, inlays, other \$ _____

Total out-of-pocket dental expenses per year: \$ _____

Estimate your out-of-pocket vision costs per year:

Lenses, frames \$ _____

Contact lenses \$ _____

Eye Exams \$ _____

Total out-of-pocket vision costs per year: \$ _____

Total Health Care Expenses (maximum of \$3,050 per plan year) \$ _____

Total Daycare Expenses (\$5,000 maximum per plan year) \$ _____