

FLEXIBLE SPENDING ACCOUNTS (FSA) iSolved

Plan Overview

Pre-Tax Premium Benefits

This plan allows you to fund several of your premium contributions with pre-tax dollars and to fund either a Health Care Reimbursement Account and/or Dependent Care Reimbursement Account. Your contributions are deducted from your gross wages before FICA, Federal and State taxes are deducted. You save money because you are taxed at a reduced income level. Your taxes are calculated after your premiums and reimbursement account monies are deducted from your gross wages.

Health Care Reimbursement Accounts

This plan allows you to defer pre-tax dollars into a Health Care Reimbursement Account to pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. Some examples include:

- Deductible, coinsurance and copayments
- Over the counter medications – with prescription
- Dental services and orthodontia
- Vision services, including contact lenses, contact lens solution, eye exams and eyeglasses
- Hearing services, including hearing aids and batteries

Health Care Maximum: \$2,850

Limited Purpose Account

If you are enrolled, or planning to enroll in a Health Savings Account (HSA) and wish to enroll in a Flexible Spending Account (FSA), you must enroll in a Limited Purpose FSA to be used for Vision and Dental expenses only.

Limited Purpose Maximum: \$2,850

Dependent Care Reimbursement Accounts

This plan allows you to defer pre-tax dollars into a Dependent Care Reimbursement Account. You may request reimbursement as you incur expenses to provide day care for qualified dependents: children under age 13, or an older disabled dependent child, or a disabled adult.

Dependent Care Maximums: \$5,000 if married filing jointly or head of household;
\$2,500 if married filing single.

Plan Provisions

Please Note: Your election in the Lewis Central CSD Section 125 Flexible Benefit Plan is irrevocable for the entire plan year (July 1st through June 30th) without a qualifying change in status (i.e. birth, adoption, divorce, job status change, etc.) Please be advised that any unused FSA monies over your allowed rollover amount will be forfeited back to the Plan at the end of the plan year.

Rollover Feature

Participants in a Health Care Reimbursement Account are allowed to rollover up to \$570 per year. The maximum election will continue to be \$2,850; rollover funds will be added to the maximum. If you are going to enroll in the high deductible health plan for the first time and you have funds to rollover, you must designate and use the rollover amount for limited purpose only (dental and vision) to be eligible to open a health savings account.

- These funds will rollover into the new plan year once the current plan year's runout period has ended.

Claim Submission

Claims may be filed by mailing, faxing, or online. Please be aware that your plan has a run out period, after the end of the plan, where you may still file claims. Remember that the expense, however, must have been incurred during the plan year.

FSA Debit Card

All enrollees receive an FSA debit card to pay for eligible expenses at the time of claim. You automatically receive 1 card and may request 1 additional card for a dependent. Any additional cards or replacement cards are subject to a fee. Your FSA debit card comes fully loaded with your annual election amount on the effective date. Your debit card will be reloaded each year IF you re-enroll in the FSA. Funds expire annually but your debit card is valid until the expiration date on the card.

Claim Processing

Claims are processed on a daily basis. Reimbursements may be automatically deposited into your checking account.