

# Health Care Flexible Spending Account (FSA)

## Contributions

You determine each year how much money you want to contribute to a Health Care FSA through salary reduction. Your taxable salary will be reduced by the amount of money you elect to contribute each pay period. If you terminate employment and have an account balance you may be eligible to continue your coverage under the Health Care FSA by making after-tax contributions to the plan.

You may only change your election **DURING** the plan year if you experience a "permitted change in status event" as described in your Summary Plan Description - otherwise you may only change your election during the Open Enrollment period.

## • Expenses and Reimbursements

You will be reimbursed for incurred health care expenses up to the total amount of money you elect to contribute for the entire plan year. For example: if you elect to contribute \$1,200 for the year (\$100 per month) and incur an expense of \$1,200 in the first month of the plan year, you will be reimbursed \$1,200 when you submit your claim.

You will be reimbursed for health care expenses that are *INCURRED during the plan year and during a period when you are contributing to the Health Care FSA*. The date the expense is incurred is the date you (or your family member) received the health care service. The date you are billed for the service or the date you paid for the service is not the date an expense is incurred.

Expenses eligible for reimbursement from a Health Care FSA are generally medical expenses that can be deducted on a federal income tax return. These expenses can be for you, your spouse or your dependents. Dependents generally include any family member eligible to be claimed on your taxes.

## • Eligible Receipts

All receipts must indicate the name of the service provider/merchant, original date of service, the type of service/purchase made, and the amount charged. Simple debit card receipts and cancelled checks are not acceptable receipts in accordance with IRS guidelines.

## • Examples of Expenses Eligible for Reimbursement from a Health Care FSA:

Co-Insurance	Diabetic Supplies	Laser Eye Surgery
Co-Pays	Eye Exams and Eyeglasses	Orthodontia
Deductibles	First Aid Supplies	Wheelchairs
Dental expenses (qualified)	Insulin	Walkers and Canes

## • Forfeitures

The Internal Revenue Service requires that you forfeit any money left in your Health Care FSA at the end of the plan year. Therefore, it is very important to determine prior to your participation in the plan how much money you want to contribute to the Health Care FSA.