# **PAYFLEX**®

## Flexible Spending Account (FSA)

# The simple way to save for health and dependent care expenses

#### **Health care FSA**

You can contribute pretax dollars from your paycheck, up to the Internal Revenue Service (IRS) limit of \$2,700.\* Your full contribution is available at the start of the plan year to pay for eligible health care expenses. It covers you, your spouse and/or your tax dependents for:

- · Copays, coinsurance and deductibles
- Dental expenses like orthodontia, crowns and bridges
- Vision expenses like LASIK eye surgery, glasses and contacts
- Prescription drugs and over-the-counter (OTC) items\*\*

#### Dependent care FSA

You can contribute pretax dollars from your paycheck, up to the Internal Revenue Service (IRS) limit of \$5,000.\* Funds are for your dependent(s) age 12 or younger or a spouse or dependent incapable of self-care. This FSA pays for eligible child and adult care expenses, such as day care, preschool and nursery school, in-home aid, and more.

#### Pay with ease

Here's how easy it is to pay for your eligible expenses:

• Use the PayFlex Card®, your account debit card: When you use the PayFlex Card, your expense is automatically paid from your FSA. Check your plan details to confirm what expense types are available on your card.

**Pay yourself back:** Pay for eligible expenses with cash, a check or your personal credit card. Then, submit a claim to pay yourself back. To save time, have your claims payment deposited directly into your checking or savings account.

**Pay your provider:** Use the PayFlex® online feature to pay your provider directly from your account.



## Keep it simple with the PayFlex Mobile app

- Manage your account and view alerts.
- Snap a photo of your receipts to submit claims.
- View common eligible expense items, and more.



**Note:** Standard text messaging rates and other rates from your wireless carrier may apply when using the PayFlex Mobile app.

payflex.com

<sup>\*</sup>These limits are subject to change, and some employers may set a lower limit. Please check your plan details for how much you can contribute.

<sup>\*\*</sup>You'll need a written prescription for OTC drugs and medicine.

#### Don't forget these helpful FSA tips:

- Save your itemized statements and detailed receipts.
- View the IRS contribution limits and a list of common eligible expense items on the PayFlex® member website.
- FSAs have a use-it-or-lose-it rule. This means you'll lose any unused funds at the end of the plan year. Check your plan details to confirm how it works.
  - The run-out period gives you extra time to submit claims to pay yourself back.
  - -If your plan has a grace period,\* you'll have additional days to use your funds.
  - -If offered, you may be able to carry over up to \$500 to the next plan year. Check your plan details to confirm.

- You can change your contribution if you have a change in status,\*\* such as your marital or employment status, your number of tax dependents, etc.
- Specific to a dependent care FSA: You must be working to use your dependent care funds. If you're married, your spouse must either be working, looking for work, a full-time student or incapable of self-care. You can change your contribution if there's a change in your provider or a change in the cost for a provider.

### Want more information about these accounts?

Just visit payflex.com or call us directly at 1 – 844 – 729 – 3539 (TTY: 711). We're here to help Monday - Friday 7a.m. - 7p.m. CT, and Saturday 9a.m. - 2p.m. CT.

PayFlex Systems USA, Inc.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions. For more information about PayFlex, go to payflex.com.

PayFlex Mobile® is a registered trademark of PayFlex Systems USA, Inc.

PayFlex Card® is a registered trademark of PayFlex Systems USA, Inc.

<sup>\*</sup>If your plan allows you to carry over unused health care FSA funds, the grace period doesn't apply.

<sup>\*\*</sup>You must apply for a change in your election through your employer. See your employer's Summary Plan Description for specific details about your plan.