

Flexible Spending Accounts

How do I benefit by participating?

Your biggest advantage is the tax savings. Every dollar you set aside in your account reduces your taxes, and you can be reimbursed for qualified expenses that you are already paying for!

What if I don't use all the money I set aside in my accounts?

Carefully review your estimated expenses before making the decision to participate. ANY CONTRIBUTIONS THAT ARE NOT USED DURING THE PLAN YEAR MAY NOT BE PAID TO YOU IN CASH OR USED IN A LATER PLAN YEAR.

UNREIMBURSED MEDICAL FLEXIBLE SPENDING ACCOUNT

This account reimburses you for healthcare expenses not covered by insurance. You set aside money, tax-free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for those qualified healthcare services provided they are not covered by your insurance. *(The annual maximum contribution is \$5,000)*

NGS CoreSource is the claims administrator for the unreimbursed medical flex spending account.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

This account reimburses you for daycare expenses for eligible children and adults. Through regular payroll deductions, you set aside part of your income to pay for these expenses on a tax-free basis. To qualify, your dependents must be:

- a child under the age of 13
- a child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least 8 hours a day in your household.

Qualified expenses for reimbursement include – adult and child daycare centers, preschool and before/after school care.

(The annual maximum contribution is \$5,000)

Regional Health accounting department is the claims administrator for the dependent care flexible spending account.

DETERMINING YOUR REIMBURSABLE EXPENSES

By completing the following information, you can calculate* your annual reimbursable expenses. Take into consideration the services to be provided during the upcoming plan year for you and your dependents. For a more extensive list of reimbursable medical and dependent care expenses, go to the IRS website, www.irs.gov/pub/irs-pdf/p502.pdf.

HEALTHCARE EXPENSES					
Medical		Dental		Vision	
Deductibles	\$ _____	Routine Check-ups	\$ _____	Exams	\$ _____
Co-payments	\$ _____	Fillings/Crowns	\$ _____	Eye Surgery	\$ _____
Doctor Visits	\$ _____	Orthodontics	\$ _____	Lenses/Frames	\$ _____
Prescriptions	\$ _____	Other	\$ _____	Contacts	\$ _____
Other	\$ _____			Solutions	\$ _____
				Other	\$ _____

* You can also utilize the FSA calculator located at www.conexis.org/solutions/health_calc_ee.asp. The FSA calculator will show your actual tax savings.

TOTAL REIMBURSABLE HEALTHCARE EXPENSE: \$ _____
(The annual maximum contribution is \$5,000)