



CBIZ Flex Services

BANK ON A TAX BREAK



CBIZ Human Capital
Management

Health Care Flexible Spending Account (FSA)

CONTRIBUTIONS – FSA

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.

CONTRIBUTIONS – LIMITED FLEXIBLE SPENDING ACCOUNT (LFSA)

If you have a High Deductible Health Plan and enroll in a Health Savings Account, you are able to enroll in the Limited Flexible Spending Account (LFSA), if offered by your employer. The LFSA allows employees to pay for qualified dental and vision expenses using pre-tax dollars.

EXPENSES & 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 or dental and vision expenses when you are contributing to the LFSA. 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
- Copays
- Deductibles
- Dental expenses (qualified)
- Diabetic Supplies
- Eye Exams and Eyeglasses
- First Aid Supplies
- Insulin
- Laser Eye Surgery
- Orthodontia
- Wheelchairs
- Walkers and Canes

FORFEITURES

The IRS requires that you forfeit any money left in your Health Care FSA or LFSA 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 or LFSA.

Your plan may include a carryover provision or a grace period. See your Summary Plan Description for details.



Dependent Care Flexible Spending Account (FSA)

CONTRIBUTIONS

You determine each year how much money you want to contribute to a Dependent Care FSA through salary reduction. Your taxable salary will be reduced by the amount of money you elect to contribute each pay period. 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 & REIMBURSEMENTS

You will be reimbursed for incurred dependent care expenses up to the total amount of money credited to your account. For example, if you elect to contribute \$1,200 for the year (\$100 per month) and incur an expense of \$500 in the first month of the plan year, you will be reimbursed \$100 when you submit your claim. The remaining expense will be carried over to the succeeding month(s) of the plan year.

You will be reimbursed for dependent care expenses incurred during the plan year. The date the expense is incurred is the date you (or your family member) received the dependent care service. The date you are billed for a dependent care service or the date you paid for a dependent care service is not the date an expense is incurred.

Dependent care expenses must be for the care of a dependent under the age of 13. If over the age of 13, the dependent must be mentally or physically incapable of self-care. Dependent care expenses must allow you (and if married, your spouse) to work.

Expenses Eligible for Reimbursement:

- Au Pair Expenses
- Babysitter Expenses
- Before and After School Expenses
- Day Care Center Expenses
- Preschool Tuition
- Summer Day Camp Expenses

Expenses NOT Eligible for Reimbursement:

- Educational Expenses
- Non-Work-Related Expenses
- Kindergarten/Higher Grade Tuition
- Overnight Camps
- Expenses Paid to a Dependent Child
- Daycare Meals/Supplies

ELIGIBLE RECEIPTS

All receipts must indicate the name of the service provider, original date of service, type of service and the amount charged, or the dependent care provider can sign the claim form. Simple debit card receipts and cancelled checks are not acceptable in accordance with IRS guidelines.

CHOOSING BETWEEN A DEPENDENT CARE FSA AND THE DEPENDENT CARE TAX CREDIT

You should determine which is better – the Dependent Care Tax Credit, the Dependent Care FSA or a combination of both. Consult your tax advisor for more information.

FORFEITURES

The IRS requires that you forfeit any money left in your Dependent 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 Dependent Care FSA.





The health care app that's made for mobile but *designed* for you.

Want to check your health care account balances and submit receipts anywhere, anytime? There's an app for that!

My Plans by CBIZ enables you to easily and securely access your health care spending accounts. You can view account balances and detail, submit health care account claims, and capture and upload pictures of your receipts anytime, anywhere on any iPhone, Android or tablet device. You can also sign up to receive account alerts via text message.

BUT WAIT, THERE'S MORE TO IT.

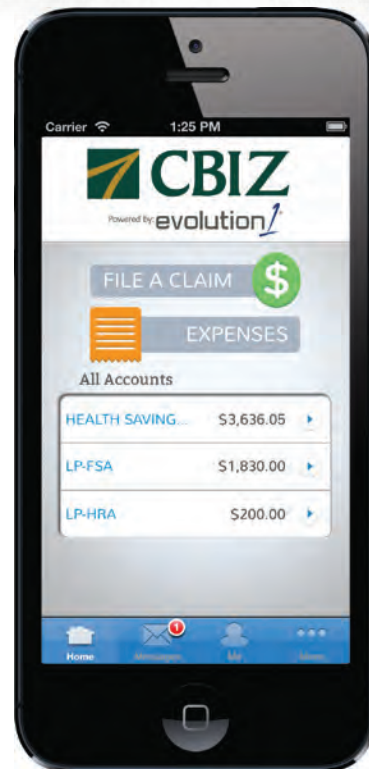
It takes a special understanding of use and purpose to design a mobile app for handheld devices like smartphones and tablets. So we've focused on just that — smart, purposeful design. The result is a simple, intuitive experience for you. This means things like easy-in/easy-out access to common tasks like capturing receipts and viewing balances. Try it and you'll see how we're simplifying the business of health care.

My Plans by CBIZ, the newest mobile app from CBIZ, provides time-saving options* for you to:

- Check current health care account balances: FSA, HRA and HSA
- View account activity and receive alerts via text message
- View FSA, HRA and HSA transaction details
- File new claims with receipt images
- Review expense information
- Enter a new expense
- Submit health care claims and upload receipts using the mobile device's camera
- Manage expense receipts
- Promptly file claims for your reimbursement accounts

As an extension of the **My Plans by CBIZ portal**, the **My Plans by CBIZ app** provides you with seamless account access and doesn't require you to setup any additional credentials. By simply using your smartphone you can assess your HRA, HSA and FSA account balances, and you'll know how much money you have available to spend on qualified medical expenses at the time of purchase.

**If supported or applicable to your account(s)*



CBIZ Human Capital Management

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