



HEALTH CARE FLEXIBLE SPENDING ACCOUNT

PAYING FOR UNREIMBURSED HEALTH CARE EXPENSES WITH PRE-TAX PAYROLL DEDUCTIONS

Health FSA Basics

The Health Care Flexible Spending Account (HFSA) allows you to set aside a portion of your salary, before-tax, to reimburse certain amounts expended for medical care.

Participating in the Health Care Flexible Spending Account can help save you money on taxes since the money you set aside is not subject to federal income or Social Security tax. This allows you to benefit from more of the money you earn.

Your annual HFSA contribution may not exceed \$2,500. Your annual contribution may be further limited by your employer's plan.

What are Eligible HFSA Expenses?

You may be reimbursed from your health care FSA for expenses related to medical care, only. An amount spent on general good health is not considered a medical expense. In general, an expense is for medical care if it is incurred to diagnose, cure, mitigate, treat, or prevent disease or affect any structure or function of the body.

If an expense is not clearly for medical care, or if it has both a medical care and non-medical care purpose, your doctor must document, in writing, that it is medically necessary.

Your HFSA may not reimburse insurance premiums or expenses that are paid from other medical, dental or vision plan coverage.

Whose Expenses are Eligible for Reimbursement?

A medical expense must be incurred by an employee, the employee's spouse, or the employee's tax dependent for health coverage purposes in order for the expense to be reimbursed from the HFSA.

Expenses of an employee's child who has not attained age 27 as of the end of the employee's taxable year may also be eligible for reimbursement. Refer to your plan for more details.

How Does the HFSA Work?

The HFSA will allow you to set aside before-tax dollars from your paycheck to pay for your out-of-pocket medical care expenses.

To participate in the HFSA, you must designate the total amount you would like to contribute for the plan year. A portion of your total contribution will be deducted from each paycheck you receive during the plan year. When you incur an eligible medical care expense, simply submit a claim and you will be reimbursed tax-free from the account.

When making your calculation, it is important to conservatively estimate the expenses that you plan to incur within the plan year, and

any grace period, if permitted by the terms of your plan. According to IRS regulations, any money remaining in your account at the end of the plan year (and grace period, if any) will be forfeited. The plan may set a time limit (generally 3 months) for claiming expenses after the end of the plan year. If you do not use the amount in your HFSA during the plan year (and grace period, if any) and timely submit your claims for reimbursement, you will lose it.

Can I Change my Election?

Because of the special tax advantages that the HFSA provides, the IRS places certain restrictions on contributions to and distributions from the HFSA.

Once you authorize deposits to the HFSA for the plan year, federal rules prohibit you from stopping or changing your election until the next plan year, unless you experience a "Change of Status Event" recognized by your plan.

	WITHOUT HFSA PLAN AFTER TAX	WITH HFSA PLAN BEFORE TAX
Annual Gross Pay	\$30,000.00	\$30,000.00
Before-tax Health Expense	0.00	-1,000.00
Taxable Gross Pay	\$30,000.00	\$29,000.00
Federal Income Tax (25%)	-7,500.00	-7,250.00
FICA Tax (7.65%)*	-2,295.00	-2,218.50
After-tax Health Care Expense	-1,000.00	0.00
Net Take-home Pay	\$19,205.00	\$19,531.00
TOTAL ANNUAL TAX SAVINGS: \$326.50		

*Note – The FICA tax rate may differ from 7.65%. Consult your tax advisor.

Examples of Change of Status Events

- » Change in legal marital status
- » Change in number of dependents
- » Change in employment status of employee, spouse or dependent that affects eligibility
- » Reduction or increase in hours of employment of employee, spouse or that affects eligibility
- » Dependent satisfies (or ceases to satisfy) eligibility requirements
- » Change pursuant to a judgment, decree or order
- » Medicare or Medicaid entitlement

If you do not use the money you deposit in the HFSA for expenses you incur during the plan year (and grace period, if any), any remaining amount cannot be returned to you at the end of the plan year.

Examples of Eligible Expenses

- » Deductibles and co-pay amounts under medical plans
- » Dental and orthodontic expenses
- » Vision exams, glasses, contact lenses
- » Prescription medication and supplies
- » Physical and mental therapy for medical care
- » Chiropractic care
- » Laboratory fees

This is a partial list, for illustrative purposes only. All medical expenses must be properly substantiated, consistent with IRS guidelines, in order to be reimbursed from your HFSA.

Rules to Remember

If you do not use the money you deposit in the HFSA for medical care expenses you incur during the plan year (and grace period, if

any), any remaining amount cannot be returned to you at the end of the plan year. If you do not use it, you lose it.

Worksheet

Use the list below as a guide to estimate your out-of-pocket expenses for the following items in the next year. You may want to review your checkbook from past years for an indication of how often some expected and unexpected expenses occur. The items listed below are only a few of the many items eligible for reimbursement from the HFSA. For a more comprehensive list, refer to "IRS Publication 502, Medical and Dental Expenses." Please note that Publication 502 gives an overview of medical expenses, but not all items identified in Publication 502 may be reimbursed from your HFSA (for example, a premium payment is not an eligible HFSA expense).

Medical

Deductibles	\$ _____
Co-pays	\$ _____
Counseling (limited)	\$ _____
Routine checkups	\$ _____
Alcohol/drug treatments	\$ _____
Office visits	\$ _____
School physicals	\$ _____
Well baby/child care	\$ _____
Physical therapy	\$ _____
Immunizations	\$ _____
Chiropractors	\$ _____
Lab fees	\$ _____
Emergency room	\$ _____
Artificial limbs	\$ _____
Crutches, wheelchairs	\$ _____
Acne treatment	\$ _____
Surgery	\$ _____
Private hospital room	\$ _____
Private nursing	\$ _____
OB/GYN exams	\$ _____
Prescription drugs	\$ _____
ADD medications	\$ _____
Psychiatrist	\$ _____
Braces/orthodontics	\$ _____
Home health care	\$ _____
Hospice	\$ _____
Speech therapy	\$ _____
Psychotherapy	\$ _____
Subtotal	\$ _____

Dental

Office visits	\$ _____
Deductibles	\$ _____
Orthodontics	\$ _____
Crowns, bridge	\$ _____
Dental exam/cleanings	\$ _____
Oral surgery	\$ _____
Space maintainers	\$ _____
Extractions	\$ _____
X-rays	\$ _____
Dentures	\$ _____
Fluoride treatments	\$ _____
Fillings	\$ _____
Root canals	\$ _____
Periodontal surgery	\$ _____
Sealants	\$ _____
Subtotal	\$ _____

Vision/Hearing

Eye exams	\$ _____
Contact lens solution	\$ _____
Glasses/contact lenses	\$ _____
Hearing exams	\$ _____
Braille books	\$ _____
Phone for deaf	\$ _____
Guide dog	\$ _____
Special TV for deaf	\$ _____
Subtotal	\$ _____
	\$ _____