FSA with Flex Card
Enrollment Kit



What's inside:

- ✓ Getting to Know: FSA with Flex Card
- ✓ Eligible Expenses
- ✓ Flex Card Overview
- ✓ FSA Carry Over Overview
- ✓ Participant Web Site & Mobile App Overview
- ✓ Election Form

Contact Us:

www.myflexaccount.com
p: 888-345-7990 // f: 844-859-7306
service@myflexaccount.com
claims@myflexaccount.com

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FSA with Flex Card



Save up to 30% on everyday health care expenses!

A Flexible Spending Account (FSA) is an employer-sponsored benefit that allows you to pay for certain eligible expenses using money that is not taxed. FSAs are a great way to save money while keeping you and your family healthy and protected.

There are three types of FSAs. A Health Care FSA lets you pay for eligible medical, dental and vision care expenses that are not covered by your insurance plan. A Limited Purpose FSA is generally used by individuals enrolled in a qualified high-deductible health plan with a Health Savings Account (HSA) and reimburses eligible dental and vision expenses only. A Dependent Care FSA allows you to use tax-free dollars for qualified child or elder care expenses.

Why You Need It

- ✓ A **smart** way to plan for expected health care and dependent care expenses
- ✓ **Save up to 30%** on a variety of eligible expenses
- ✓ **Increase** your take home pay by reducing your taxable income
- ✓ **Easy and convenient** access to FSA funds and account information

You could save up to **$600** each year with an FSA!

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FSA with Flex Card

How it Works

You decide how much to contribute to the FSA. The amount you elect is divided up over your pay periods for the year and deducted from your paycheck before any payroll taxes are applied. You can use your FSA to pay for eligible expenses for you and all of your dependents, even if they are not covered under your primary health plan.





How You Use It

Flex makes it easy to access your FSA with the convenience of the Flex Card. The card allows you to pay for eligible expenses directly from your FSA, avoiding out-of-pocket expenses, cumbersome paperwork and reimbursement delays.

How You Manage It

Get account information anytime with our easy-to-use web site and mobile app. See your account balance in real time, file a claim for reimbursement and check on claim status. You can receive real time information and important updates via email or text message, and with our proactive texting feature, simply text "BAL" to receive a real time account balance.

How You Plan

You should look at your expected out-of-pocket expenses for the upcoming year to properly plan ahead. Be conservative with your election, because IRS rules state that you must forfeit any unused funds at the end of the plan year. For the most part, FSA elections are final and cannot be changed during the plan year.

How Much Can You Save?

The example below illustrates how much you can save by participating in the FSA

Without FSA	
Your gross annual pay	$35,000
Estimated tax rate (30%)	-$10,500
Your net annual pay	$24,500
Your annual healthcare expenses	-$2,000
Your final take-home pay	$22,500

With FSA	
Your gross annual pay	$35,000
Your annual FSA Election	-$2,000
Your adjusted gross pay	$33,000
Estimated tax rate (30%)	-$9,900
Your final take-home pay	$23,100

In this example, you'd take home $600 more with an FSA!

Learn more

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Common FSA Eligible Expenses

FSAs can save you up to 30% on everyday expenses

Health Care FSA

Health Plan Related Expenses

- ✓ Prescription Drugs
- ✓ Co-payments
- ✓ Doctor Visits
- ✓ Hospital Charges

Medical Supplies

- ✓ Bandages
- ✓ Digital Thermometers
- ✓ First Aid Kits
- ✓ Over-the-Counter Medications

Dental Care

- ✓ Dental Exams and Cleanings
- ✓ Fillings, Root Canals and Crowns
- ✓ Dentures and Bridges
- ✓ Orthodontia

Vision Care

- ✓ Eyeglasses
- ✓ Contact Lenses
- ✓ Contact Lens Solution
- ✓ Laser Vision Correction



Save and Spend Healthy!

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Common FSA Eligible Expenses

Limited Purpose FSA

Dental Care

- ✓ Dental Exams and Cleanings
- ✓ Fillings, Root Canals and Crowns
- ✓ Dentures and Bridges
- ✓ Orthodontia

Vision Care

- ✓ Eyeglasses
- ✓ Contact Lenses
- ✓ Contact Lens Solution
- ✓ Laser Vision Correction



Save on daycare costs!

Dependent Care FSA

- ✓ Day Care Centers
- ✓ Preschool Charges
- ✓ Before- and After-School Care
- ✓ Summer Day Camp
- ✓ In- and Out-of-Home Care for Children or the Elderly

Ready to Save?

Enroll in the FSA and start saving on these expenses and more.



The Flex Card

Your Convenient Way to Pay

The Flex Card is a simple way to pay for qualified expenses without having to pay anything out-of-pocket. Best of all, one debit card can provide access to all Flex Accounts – FSA, HSA, HRA and Commuter.*

How it Works

Your Flex Card gives you easy access to the funds in your Flex Account by swiping the card at the point of sale. The card can be used at any qualified service provider that accepts MasterCard, and funds are automatically transferred from the benefit account directly to qualified providers. There are no out-of-pocket costs to you and no need to file a claim for reimbursement.

In the event that you have multiple benefit accounts, you only need one Flex Card. Our technology understands which purchases should be applied to any one of your accounts. It's one smart card!

Easy as 1 – 2 – 3

1. Check your account balance
You can view your transaction history, current balance, claim status and more by logging in to **myflexaccount.com** or via our convenient mobile app

2. Swipe your Flex Card
Swipe the card at the point-of-sale for eligible products and services

3. Keep all your receipts
In some instances, Flex will notify you that we need additional documentation to confirm that your purchase was eligible. It's very important that you save your documentation and submit the information right away when necessary.

The **Flex Card** eliminates the hassles of claims submission and waiting for a reimbursement check.

****Check with your employer for the Flex account available to you.***

Visit myflexaccount.com for more information about using your Flex card.

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FSA Carryover



FSAs now have more flexibility and less risk

In October 2013, the US Department of Treasury made arguably the most significant change to Flexible Spending Accounts (FSAs) since their inception in the 1970s. This change modified the "use it or lose it" rule that has governed FSAs for decades, giving you the ability to carryover unused FSA funds into the following plan year.

How it Works

- ✓ Carryover unused FSA funds into the following plan year up to the applicable plan year maximum
- ✓ You can spend your carried over funds at any time during the next plan year, and even carry it over to the following year, if needed
- ✓ The carry over amount does not impact your following year maximum election—you can still contribute up to the maximum allowed by your employer

FSAs just got a whole lot better with carryover!

How it Helps

- ✓ Eliminates much of the worry about "use it or lose it"
- ✓ No more rushing to spend FSA funds on unnecessary items at the end of your plan year

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myflexaccount.com
For Participants



Manage Your Benefits Online

The myflexaccount.com participant web site offers you a helping hand with your FSA, HRA, HSA, or Commuter Plan before and after logging in.

Resources Available *Before You Log in*

Get general account questions answered with these useful resources:

- ✓ Educational videos
- ✓ Eligible expense lists
- ✓ Plan calculators
- ✓ FAQs and more

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Resources Available *After You Log in*

Get the details for yourself and any dependents:

- ✓ View your benefit information, including account balance, transaction history and claim status
- ✓ Submit new claims online and add receipts to pending claims
- ✓ Edit personal demographic information
- ✓ Update reimbursement method
- ✓ Track medical, dental, vision and prescription expenses
- ✓ Get important announcements from your employer
- ✓ Set communication preferences
- ✓ Register your mobile phone for SMS text alerts
- ✓ Enroll online (if applicable)
- ✓ Manage your Flex Card (if applicable)

Pay Providers or Pay Yourself



Pay your provider directly or reimburse yourself for services you've paid for out-of-pocket from myflexaccount.com.

Get started on your way to ***Save & Spend Healthy***

Visit myflexaccount.com today

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My Flex Account Mobile App



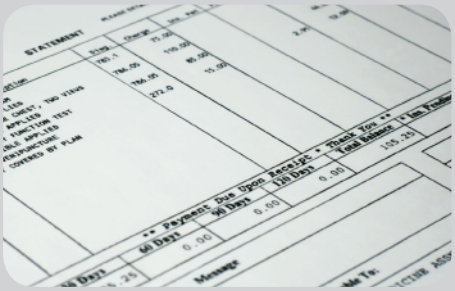
Save and Spend Healthy On-the-Go

The secure My Flex Account Mobile App helps you make smart money moves by providing convenient access to your FSA, HRA or HSA.

Easily:

- ✓ Check account balance
- ✓ Get transaction details and claim status
- ✓ Submit new claims and add receipts to pending claims
- ✓ Update reimbursement method
- ✓ Manage your Flex Card (if applicable)

Submit New Claims in a Snap



Simply take a photo of your receipt or Explanation of Benefits from your phone or tablet.

Download the free My Flex Account Mobile App today!

Download on the App Store

ANDROID APP ON Google play

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FSA Election Form

Date: _____

Fax- # of Pages: _____

Personal Information (*Required)

*Company Name: _____ *Effective Date of Election: _____

*Employee Name: _____ *Gender: _____

Date of Hire: _____ *SSN: _____ *Date of Birth: _____

*Address: _____ *City: _____ *State: _____ *Zip Code: _____

Phone Number: _____ Fax Number: _____ *Email Address: _____

Enter Annual Election

FSA Elections	Annual Election Amount	Pay Period Frequency (W, B, S or M*)	First Payroll Date Affected
Health Care FSA**	$ _____	_____	_____
Limited Purpose FSA**	$ _____	_____	_____
Dependent Care FSA	$ _____	_____	_____

Remember, when your needs change, FlexFSA does too! You can change your premium elections any time you have a qualifying event that would change the status and/or premium amount of your employee insurance (i.e. marriage, divorce, birth or death of a child, death of a spouse, adoption or change of employment by spouse).

***Pay Period Frequency: W = Weekly; B = Biweekly; S = Semi-monthly; M = Monthly**

****If you have an HSA, you are only eligible to participate in a Limited Purpose FSA if offered by your employer**

Acknowledgement and Signature

☐ I acknowledge that I am authorizing the company to deduct equal amounts from my paychecks to collect the designated pre-tax column above. I recognize that these selections constitute a deliberate binding decision on my part that may not be changed until the enrollment period for the next plan year or if I experience a change in status

Employee Signature: _____ Date: _____

OR

☐ I elect **NOT** to participate in any portion of the FlexFSA plan. (i.e FSA, Dependent Care, Limited Purpose).

Employee Signature: _____ Date: _____

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Download the free
My Flex Account
mobile app today!

Download on the App Store

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f: 844-859-7306 // service@myflexaccount.com
8770 W. Bryn Mawr Avenue, Suite 1290W Chicago, IL 60631

myflexaccount.com

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