



Flexible Spending Account Plans

Q. What is a Flexible Spending Account?

A. A flexible Spending Account (FSA) is an employee benefit offered by an employer who has a qualified health plan. It enables you to set aside a portion of your income before taxes to be used for reimbursement of qualified health expenses. The tax savings apply to Federal, State and Social Security taxes. There are two types of accounts: 1) FSA-Health and 2) FSA-Dependent Care.

Q. How do I enroll?

A. If your employer offers FSA, during annual enrollment, you can elect an annual amount up to the maximum allowed. The election must be completed before the start of the plan year and can only be modified during the year under specific qualifying event reasons. The plan year is January 1 – December 31. Your annual election is divided over the # of pay periods in the calendar year and is taken on a pre-tax basis.

Q. How much can I elect each year?

A. FSA-Health: Up to \$2,500 each year.
FSA-Dependent Care: Up to \$5,000 each year.
Each account has a minimum election of \$100.

Q. What is a qualifying event that would permit me to make changes during the year?

A. Below are examples of qualifying life events. The request for change must be completed within 31 days of the event and changes must be consistent with the event reason. You should notify your benefits representative immediately if you have a qualifying event and wish to make a change:

- a. Marriage or divorce
- b. Death of a spouse or dependent
- c. Birth or adoption of child
- d. Termination of spouse's employment
- e. Commencement of spouse's employment
- f. Change from part-time to full-time employment status
- g. Unpaid leave of absence by employee or spouse

Q. What if I do not use all of my funds before the end of the year?

A. It is important that you calculate your annual elections conservatively. Federal tax law requires that used money left in your FSA at the end of the plan year is forfeited.

Q. How long do I have to submit expenses incurred in the year?

A. You have 90 days from the end of the year to submit any eligible expenses incurred during the plan year for reimbursement. Claims will not be accepted beyond March 31 of the following calendar year.

Q. How do I get reimbursed?

A. You may fax your Explanation of Benefits statement (the statement you receive after your medical plan processes a claim) or receipt for services with a claim form to PrimePay. A claim reimbursement form is available on the Employers Resource website or you may submit one online at the PrimePay website. If you've enrolled in direct deposit; your reimbursement will be sent directly to your bank account.



Additional information by FSA type:

	FSA – Health	FSA – Dependent Care
What types of expenses are eligible?	Generally, they are out of pocket medical, dental and vision expenses. Cosmetic expenses are excluded. Not all expenses are eligible. Refer to IRS Pub. 969 for qualifying expenses. Effective January 1, 2011, over-the-counter medications, drugs, and biologicals will no longer be eligible for reimbursement from your health care FSA without a Statement of Medical Necessity from your licensed health care provider or prescription.	Generally, day care expenses for the care of a child under age 13 (or 13+ and incapable of selfcare); or a parent/grandparent needing day care while you and your spouse (if married) work or go to school full-time. Expenses that are eligible for reimbursement from the dependent day care FSA include: <ul style="list-style-type: none"> • Payment to someone who provides care for a dependent in your home or the providers home. • Payment to an eligible day care facility.
Is there a debit card I can use?	Yes, when you elect FSA-Health, you will be issued a debit card which can be used to purchase eligible expenses.	No, under this FSA, the IRS does not permit the use of a FSA card.
Will I need to provide proof of my expenses?	Under certain circumstances, you may be required to submit proof to substantiate the expense as being qualified. The FSA administrator will notify you in writing when this is required. There are merchants who participate in an IRS reporting system (IIAS) that may auto substantiate your purchase. An example might be a participating pharmacy that processes an Rx prescription. In these cases, substantiation will not be required or requested.	Day care eligible expenses must be submitted on a reimbursement form which requires you to provide a receipt from the provider showing the date of service, the tax ID# of the provider and the amount incurred.
Can I used my entire annual election up front or do I need to wait until my payroll deduction is applied to my account?	Yes, the entire annual election amount is available up front. While deductions are collected during the year, you are able to expense the entire amount at any time during the plan year.	Reimbursement under this FSA can only be reimbursed after the service is incurred and the funds up to the balance available from payroll contributions received.

Q. I still have questions. Who do I contact?

PrimePay is the third party administrator and PrimeFlex is the division that processes our claims.

Customer support #: 1.877.769.3539, from 8:00 a.m. until 8 p.m. ET.

Email: Primeflex@primepay.com Fax: 1.877.632.9372 Mobile App: PrimePay (itunes or Android Market)

Website: support.primepay.com



Participants may register an account online to view balance and claims information.

Go to <https://www.mybenefitfunds.com/PrimeFlex/>

1. Select "**Click Here**" next to "**New User**".
2. Enter your desired user name.
3. Enter a password with at least 8 characters including at least 1 non-alpha character and 1 capital letter. Please do not use your name within your password.
4. Enter your first name and last name as they were provided to your employer at enrollment.
5. Provide an email address.
6. Enter your Employee ID (SSN without dashes).
7. Select the ID type you wish to use and then enter your Employer's Registration ID
My Employer ID is: **PRINP2164**
8. Check the Accept the Terms of Service box.
9. Click Register.