



Flexible Spending Accounts (FSAs) are a benefit that allow you to pay for certain items **TAX-FREE**.

Save on items not covered by your health insurance by setting aside tax-free deductions from each paycheck to fund your Flexible Spending Accounts.

Two main types of FSAs are for Healthcare and Dependent Care.

You decide on an amount to be set aside each pay period for these expenses. With a little planning, you can save more on things you normally purchase.

**Save 25%
to 40%**

On the Dollars You
Spend for Qualified
Expenses

Healthcare

Dependent Care

Healthcare FSAs are a simple way to save \$25 to \$40 for every \$100 you spend.

Savings

FSA Worksheet

Use this worksheet to figure out what to deposit into your Flexible Spending Account for one year* and what you will save. Then complete an election form. After that, a portion of that amount will be deducted automatically from your paycheck **before taxes**.

After you enroll, the full amount of annual Healthcare FSAs is available at the beginning of the plan year. Dependent care is available only as funds from your paycheck are deposited. If your plan permits a debit card, your Healthcare FSA election will be on your card the first day of your plan year. Dependent Care elections will be on your card as they become available.

Funds left over in your Healthcare FSA may rollover into the next plan year, so check with HR to learn if rollover is available on your plan.

HEALTHCARE EXPENSES

FOR EXPENSES NOT COVERED BY INSURANCE

- Copayments to doctors \$ _____
 - Eligible over-the-counter items \$ _____
 - Prescription drugs \$ _____
 - Office visits & checkups \$ _____
 - Prescribed sunglasses & eyeglasses \$ _____
 - Contact lenses, solutions & supplies \$ _____
 - Eye exams, surgery & LASIK \$ _____
 - Dental cleanings, fillings & x-rays \$ _____
 - Sealants, crowns, bridges & dentures \$ _____
 - Braces, spacers & retainers \$ _____
 - Wisdom teeth, implants & oral surgery \$ _____
 - Psychologist & psychiatrist fees \$ _____
 - Obstetrics & fertility \$ _____
 - Lab tests & body scans \$ _____
 - Chiropractic & podiatrist fees \$ _____
 - Oxygen, insulin, syringes & supplies \$ _____
 - Hearing aids, batteries & exams \$ _____
 - Artificial limbs & braces \$ _____
 - Arches & orthopedic shoes \$ _____
 - Walkers, canes & wheelchairs \$ _____
 - Physical & speech therapy \$ _____
 - Weight-loss program (prescribed by doctor) \$ _____
 - Quit-smoking program & medications \$ _____
 - Alcoholism & drug treatment \$ _____
 - Medical alert bracelet & fees \$ _____
 - Reconstructive surgery (birth defect, disease) \$ _____
 - Wigs for hair loss caused by disease \$ _____
 - Special school for disabled child \$ _____
 - Travel & mileage to doctor or hospital \$ _____
- TOTAL** 1 \$ _____

DEPENDENT CARE EXPENSES

SO YOU CAN WORK

- Nanny & babysitter thru age 12 \$ _____
 - Pre-K or nursery school \$ _____
 - Before & after-school care thru age 12 \$ _____
 - Day camp thru age 12 \$ _____
 - Daycare for a disabled adult or child \$ _____
 - Elder daycare for parent or dependent \$ _____
- TOTAL** 2 \$ _____

Federal Limits:

- Married Filing Jointly or Single: \$5000 Maximum Allowable per year
- Married Filing Separately: \$2500 Maximum Allowable per year

ESTIMATED ANNUAL EXPENSES & TAX SAVINGS

Save between 25% and 40% on FICA, federal & state income tax (in applicable states)	1	\$ _____	+	2	\$ _____	
					=	\$ _____

Enter your tax: x _____ %

YOU SAVE: \$ _____

Based on national averages, you'll save 25% if your annual household earnings are less than \$30,000, 36% if you earn \$30,000 to \$60,000 or 40% if you earn more than \$60,000.

Federal and/or plan limits apply to all options. See your summary plan description for plan limits.

Please check with your HR Department if you or your spouse contributed to a Health Savings Account (HSA).

*Most FSAs cover 12 months, but check with your HR Department to learn if this FSA plan year is more or less than 12 months.

How Your FSA Card Works

All FSA plans must comply with Internal Revenue Service (IRS) guidelines.

Over 80% of Healthcare FSA expenses are automatically approved so, in most cases, you won't need to submit claims or documentation for FSA Card* use.




However, always keep copies of your receipts and other supporting documentation.



Your FSA Card can only be used for services rendered in the current plan year.

Below is a table to help guide you when using your FSA Debit Card for Healthcare or Dependent expenses. If you have multiple benefits, your funds will be available all on one card and transactions will pull from the appropriate account.

** Not all flexible spending plans utilize the debit card. Please disregard this information if your FSA plan does not utilize a debit card.*

FSA CARD ACTION	TYPE OF VENDOR OR TYPE OF SERVICE	HELPFUL HINTS
 <p>No Substantiation Required</p> <p>The FSA Card will work without anything further from you!</p> <p>Please keep a copy of documentation just in case.</p>	<p>Healthcare Providers with Copays:</p> <p>Hospitals Pharmacy Physician's Office Vision Care Providers Urgent Care Outpatient Surgery Centers</p> <p>Prescriptions that can be purchased at participating retailers</p> <p>Over-the-Counter Medications</p>	<p>Coinsurance is not the same as Copay.</p> <p>With Coinsurance, the employee pays a percentage of the cost. Using your debit card to pay for coinsurance may require you to submit supporting documentation.</p> <p>You will receive a letter if IRS guidelines require supporting documentation.</p> <p>It's important that you keep all of your supporting documentation.</p>
 <p>May require supporting documentation</p>	<p>The FSA Debit Card can be used at Healthcare providers like Dentists, Doctors or Vision Care Providers and expenses for Dependent Care. Some expenses may require documentation. You will receive a communication if you use your FSA Card to pay for these common types of expenses:</p> <ul style="list-style-type: none"> Deductibles or Coinsurance Spouse's insurance out-of-pocket expenses Caregivers for Dependents (Dependent Care) 	<p>You will receive a communication if more information is required.</p> <p>Please submit requested documentation* no later than 30 days after the reminder communication is sent to you to avoid having your card suspended.</p> <p>*Documentation must include the following items: Provider name, patient name, date of service, amount and description of services. Insurance Explanation of Benefits (EOB) forms or doctor statements are acceptable.</p>
 <p>Cannot use the FSA Card</p>	<ul style="list-style-type: none"> Any non-qualified expense (such as cosmetic services, teeth bleaching, or pre-payment of services or expenses not incurred in the plan year). Any provider, merchant or retailer that does not accept FSA Debit Cards as a form of payment. 	<p>Use a different form of payment for items that are qualified expenses within the current plan year. Then, submit your claim with the supporting documentation.</p>

IMPORTANT: Although it is a Debit Card, please ask cashiers to run your FSA Card as a Credit Card

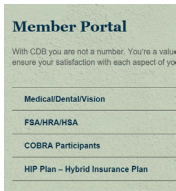
Using Custom Flex

Instructions for Filing a Claim

FSA CARD USERS

Please do not send documentation unless you receive a communication from CDB. Nearly 80% of FSA Card transactions do not require anything further.

ONLINE



- Go to **www.CustomDesignBenefits.com** and click Member Portal.
- Click on Custom Flex: FSA/HRA/HSA.
- Follow prompts to complete your claim electronically.
 - User Name:** First initialLastNameLast4SSN ... example: jsmith9999
 - Password:** Customflex
- You may file a claim, check account balances, and review claims history.
- Upload documentation and submit.
- Retain a copy for your records.

MOBILE



Mobile app available for Android and Apple devices.

FREE download from the App store (Search for "CustomFlex").

Use the app's Eligible Expense Scanner so you know before you buy.



EMAIL

Complete the FSA Claim Form & attach scanned documentation to the email.

CustomFlex@CustomDesignBenefits.com

You may also use this email address for all other questions.

FAX

Complete the FSA Claim Form & Fax with documentation.

513.598.2901

MAIL

Complete the FSA Claim Form & mail with documentation.
(Please keep copies of your documentation)

5589 Cheviot Road
Cincinnati, OH 45247

QUESTIONS?

513.598.2929 Local Cincinnati

800.598.2929 Toll-Free

Getting Online

To learn more about FSAs, visit our website at www.CustomDesignBenefits.com.

- **Qualified Expenses** – Review a summary of expenses that qualify for FSA savings. A more detailed list is available to FSA participants by logging in to Custom Flex.
- **Forms** – Print forms or download electronic forms that can be emailed with claims.
- **Frequently Asked Questions** – Answers to common questions about FSAs.

Once you become an FSA participant, you can review your account online. From our home page, click on Member Portal, then click on Custom Flex: FSA/HRA/HSA to log into Custom Flex.