

Flexible Spending Account (FSA)

An FSA allows you to set aside a pre-determined amount of money to pay for health care expenses on a pre-tax basis. If you are contributing to a Health Savings Account (HSA), you can elect a Limited Purpose FSA to use for dental and vision expenses only. It can help you save your HSA funds for other medical expenses and/or investments.

Health FSA & Dependent Care FSA

Health FSA up to **\$2,750**
Limited Purpose FSA up to **\$2,750 for dental & vision only**
Dependent Care FSA up to **\$5,000 per household**
Debit Card **Automatically Issued**

Use it or Lose it No More **Up to \$550**
 You can roll up to \$550 of your FSA Health funds into the next plan year. Any funds below \$5.00 and beyond that \$550 will be forfeited.

Run-Off Period **90 days**
 You have 90 days after the plan year to submit claims for services rendered or items purchased in the prior plan year. Termed employees have 90 days from date of the qualifying event to submit claims. Only services rendered prior to the last coverage date will be eligible.

Please Note: For your convenience, the out of pocket portion of your HRA expense will pay directly to the medical provider from your FSA.

Request Reimbursement

Submit an FSA claim to access funds

Claim requests can be submitted many ways for your convenience:

1. Log into the Consumer Portal, enter the claim details, and upload scanned supporting documentation to us.
2. Log into the mobile app on your smartphone, enter the claim details and snap photos of supporting documentation to submit them to us.
3. Complete a claim form, attach copies of supporting documentation and send them by mail, fax or email to us.



Flex Benefits Debit Card:

Use your Flexible Benefits Debit Card at point-of-service to

- Purchase prescriptions at your pharmacy after HRA funds are exhausted.
- Pay for eligible dental and vision expenses.
- Purchase eligible over-the-counter items at major pharmacies and supermarkets.
- Pay for over-the-counter items online at HealthShopper (visit the home page at our website).
- Pay for dependent care services at day care providers.



When Requested, submit debit card documentation one of three ways:

1. Log into the Consumer Portal, select the request and upload the scanned supporting documentation to us.
2. Log into the mobile app on your smartphone, snap photo of supporting documentation and submit to us.
3. Print the documentation request, attach copies of supporting documentation and send them by mail, fax or email to us.

Note: Keep your receipts and documentation for transactions. Some purchases will auto-adjudicate at time of purchase, but others will need proof of eligibility. csONE Benefit Solutions will send you a request for documentation if proof of eligibility is necessary. However, the IRS requires that you keep documentation for all transactions paid for with FSA funds.

Need Help Deciding How Much to Put Into Your Health FSA?

Try this worksheet:

1. Estimate your uninsured health care costs per year

- | | |
|--|----------|
| a. Health insurance deductibles | \$ _____ |
| b. Office visit copays/co-insurance | \$ _____ |
| c. Prescription copays/co-insurance | \$ _____ |
| d. Vision care (eye exams, contacts, eyeglasses) | \$ _____ |
| e. Routine exams (School physicals, etc.) | \$ _____ |
| f. Chiropractic Services | \$ _____ |
| g. Other | \$ _____ |
| Subtotal | \$ _____ |

2. Estimate your uninsured dental costs per year

- | | |
|-------------------------------------|----------|
| a. Examinations and cleanings | \$ _____ |
| b. Braces and retainers | \$ _____ |
| c. Fillings, crowns and bridges | \$ _____ |
| d. Dentures, including replacements | \$ _____ |
| e. Implants, inlays, X-rays | \$ _____ |
| f. Other | \$ _____ |
| Subtotal | \$ _____ |

3. Add the subtotals of the uninsured health and dental costs for total expenses \$ _____

This amount is an estimate of the amount of dollars you should put into a Health Flexible Spending Account in order to get the most out of your pre-tax dollars.



Franklin West Supervisory Union

Limited Purpose Flexible Spending Account

What is an LPFSA?

An LPFSA is a Limited Purpose Flexible Spending Account that allows you to set aside pre-tax funds for vision and dental expenses only. It has the same general rules as a Full Purpose Flexible Spending Account, but it can only be used on vision, dental and preventative care expenses for you and your qualified dependents.

- Your full election is available to you on the first day of the plan year
- Eligible dental and vision expenses will be reimbursed up to your annual election

How does it work?

If you're already setting aside pre-tax funds to off-set your high deductible health plan with a Health Savings Account (HSA). A Full Purpose Flexible Spending Account would disqualify you from contributing to your HSA, but an LPFSA will not.

Why add an LPFSA?

Setting money aside in an LPFSA for planned vision and/or dental expenses can help preserve your HSA funds for health expenses. The LPFSA dollars must be used by the end of the plan year or they will be forfeited.



Using an LPFSA gives your HSA funds a chance to grow.

Access FSA Funds with the Benefit Card

The csONE Benefit Solutions benefit card is a convenient way to access your LPFSA funds at the point of sale rather than submitting a claim and waiting for reimbursement.

About the Benefit Card

The benefit card draws funds directly from your LPFSA.

- It should only be used for dental or vision expense incurred within the current plan year.
- You will receive two cards with your name on both. The additional card can be used by your spouse and/or dependent(s).
- Keep the benefit card at the end of the plan year. The card has an expiration date and remains valid as long as you participate in the plan.



Keep Your Documentation

When you use your benefit card at your dental or vision provider, remember to ask for a detailed invoice. The IRS requires you to keep a copy for your records and provide us documentation to show the services or purchase was eligible.

We will notify you when documentation is needed for a benefit card purchase. You can submit a detailed invoice to us through:

- Our Consumer Portal at www.csONE.com with an upload
- Our mobile app with photo
- FAX, mail, or in person

Where can you get the Mobile App?

The mobile application can be downloaded from iTunes or GooglePlay. A link is also provided on the Flex Benefits page of our website.



Claims Reimbursement Submission

If you need to submit a claim, it's easy. Get it to us any of these ways:

- Log into the Consumer Portal, enter the claim details, and upload scanned supporting documentation to us.
- Log into the mobile app on your smartphone, enter the claim details and snap photos of supporting documentation to submit them to us.
- Complete a claim form, attach copies of supporting documentation and send them by FAX or mail to us. You can even drop them off in person!



You can track all your claims through the Consumer Portal from our website or mobile app.

Questions: Contact us at 1 888 227-9745

Office Hours: Monday - Friday 8:00am - 4:30pm

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Email: flexiblebenefits@csONE.com

Fax: 603 224-0230 **Web:** www.csONE.com