



Flexible Spending Account Programs. What they are and how you benefit.

Thinking about participating in the Flexible Spending Account Programs?



The Flexible Benefit Programs offered by your employer are a unique and user friendly way to pay for your out of pocket medical, dental, vision and childcare expenses on a pre-tax basis. Take a look on the next page for details.



What's Changed Since Last Year?

- FSA Max contribution increased from \$3200 to \$3300
- Dependent Care contribution increased from \$5000 to \$7500
- The Rollover Provision increased from \$640 to \$660



What is a Flexible Spending Account?

The FSA is an account that allows you to set aside pre-tax funds from your paycheck to be used on IRS approved expenses you and your family incur throughout the year. The full annual election you choose during enrollment is available to you on the 1st day of the plan year. Eligible dependents include your spouse and any children you claim on your taxes up through the end of the tax year of their 26th birthday. Current maximum contribution amount is \$3300.

What is a Limited Flexible Spending Account?

The LFSA is similar to the FSA. Both plans are prefunded and tax-free but the LFSA is for dental and vision expenses, only. This plan is only available to those who enrolled in the High Deductible Health Plan and are enrolled in a Health Savings Account (HSA). Use this account to pay for larger expense items like braces, contacts and glasses. Current maximum contribution amount is \$3300.

What is the Dependent Care Account?

The DCA allows you to set aside up to \$7500 of pre-tax funds to pay for eligible child care expenses throughout the year for married individuals filing a joint tax return and \$3750 for married individuals filing separate returns. Eligible dependents includes children you claim on your federal tax return up to the age of 12.

How Do I Access My Money?

Before the year begins, we'll send you a FlexSave MasterCard in the mail for you and your spouse (if applicable). Manual claims can still be submitted through our App or Website.

Rollover up to \$660 of unused Funds:

The IRS allows for a rollover provision which applies to the FSA/LFSA (only). The current rollover amount allowed is \$660. Unused funds up to the maximum amount allowed rollover January 1st.

WHAT'S ELIGIBLE?

Flexible Spending Account (Medical)

- Prescriptions
- Over-the-counter drugs
- Copayments
- Deductibles
- Co-Insurance
- Glasses
- Contacts
- Exams
- Refractions
- Contact Lens Solutions
- Dental x-rays
- Exams
- Fillings
- Cleanings
- Crowns
- Root Canals
- Braces (including invisalign)
- Mileage to and from appointments
- Chiropractic Care

Dependent Care Account (Child Care)

- Before and after school programs
- Summer Camps (day camps only)
- Pre-school
- Nursery school
- Pre-K

ENROLLING ONLINE

- Go to flexsave.wealthcareportal.com
- Current subscribers: Simply login to your account as you normally do and select the "Open Enrollment" banner. Follow the prompts until enrollment is complete and you receive a confirmation email.
- Enrolling for the first time: Enroll from the homepage.
 1. Employer/Enrollment ID = **HCMGBCS**
 2. Employee/Participant ID = Your 6 digit employee ID number assigned by Grand Blanc Schools.

Grand Blanc Schools
FSA Enrollment Form

Employee ID Number (6 digits): _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Date of Birth: ____/____/____

New to the program? Once you receive confirmation of your enrollment, you can add eligible Dependents (including spouses) to your account. Spouses will receive a FlexCard once you add them. Current subscribers will have family members added automatically. All confirmations will be sent to your email.

Benefit Account	Annual Election
FSA \$3300 MAX	\$
DCA \$7500 MAX	\$
Limited-FSA \$3300 MAX	\$

I hereby apply for the options listed above. I authorize my employer to adjust my pay as required by my election stated above. I understand that the benefit options I have elected will remain in effect throughout the plan year, unless I have a change in family status. If my employer pays out, whether by inadvertence or design, more than I was entitled to receive, my employer may withhold amounts from my wages until the improperly paid portion has been recovered. My submission of this form authorizes my employer to reduce my compensation to recover amounts improperly paid from my Health Care Account.

Date: ____ / ____ / ____ Signature: _____