

## FLEXIBLE SPENDING ACCOUNT Program Overview



## USE YOUR FSA TO SAVE 25% OR MORE on the things you buy every day...

We all pay taxes. We all buy things like prescriptions, bandages, and glasses or contacts - not to mention co-pays, deductibles, dental bills, braces, and child care. And we all like to save money.

A Flexible Spending Account (FSA) uses pre-tax dollars to help you save on health care and dependent care expenses. Once the plan year begins, the money in your Health Care FSA is yours to spend immediately. The funds in your Dependent Care FSA are available when your payroll deductions are posted to your account. And because this FSA from **Flex Made Easy** is so easy to use, there's no hassle, less waiting - **and no reason to miss out on enrollment.**

## It's Easy...

### *It's your money.*

The program just helps you save it from taxes, and spend it on your health and your family. **Flex Made Easy** provides convenient payment and reimbursement options. Just swipe your FSA Debit Card to pay for eligible medical and/or dependent care expenses.

If you need to submit a claim, you can complete your transaction through our secure mobile application, our online portal, by email, fax or regular postal mail. *Sign up for direct deposit, and get your funds back fast!!*

Once you enroll, you will receive detailed instructions for accessing your account online through the **Flex Made Easy** secure online portal.



# Everyday savings...

## Saving is simple.

When you enroll in the program, you set aside some of your pay before taxes to use on eligible expenses. The more you put in, the more you save on your tax bill.

## Maximum Annual Election for 2020

- Healthcare FSA - \$2,750
- Dependent Care FSA - \$5,000 or \$2,500 if married and filing separate income tax returns



**Our family saves hundreds of dollars every year by signing up for our Flexible Spending Account.**

## FLEXIBLE SPENDING ACCOUNT Program Overview

C03281903

## It's Covered

You probably know you can cover your co-pays, deductibles, dental and vision care, and prescriptions with your health care FSA.

But did you know it's good for hundreds of over-the-counter items such as bandages and contact lenses solution, not to mention many services, too? You can also use it for Over-the-Counter drugs and medicines.

### QUALIFIED MEDICAL EXPENSES INCLUDE:

- Co-pays, deductibles, co-insurance
- Dental expenses
- Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter medicine and supplies
- Chiropractic care

### QUALIFIED DEPENDENT CARE EXPENSES INCLUDE:

- Daycare
- Babysitting
- Before & after school care
- Pre-k
- Summer day camps
- Care for older dependents in need of assistance

For a more complete list of eligible expenses, a calculator to help you determine your annual election and other information on FSA Plans, please visit [www.FlexMadeEasy.com](http://www.FlexMadeEasy.com).



4551 W. 107th Street  
Overland Park, KS 66207

(855) 615-3679

[info@FlexMadeEasy.com](mailto:info@FlexMadeEasy.com)



**This worksheet will help you determine the dollar amount you will spend for medical expenses during the plan year. In order to maximize your savings, please include expenses for you, your spouse and any of your dependents in your calculation.**

**Medical Expenses not covered by Insurance**

- Deductibles, Co-pays, Coinsurance
- Physician Visits/Routine Exams
- Prescription Drugs
- Insulin/Syringes
- Chiropractic Treatments
- Over-the-Counter Drugs and Medicine
- Other: \_\_\_\_\_

**Annual Estimate**

- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_

**Subtotal Medical Expenses**

\$ \_\_\_\_\_

**Dental Expenses Not Covered by Insurance**

- Checkups/Cleanings
- Fillings
- Root Canals
- Crowns/Bridges/Dentures
- Oral Surgery
- Orthodontia
- Other: \_\_\_\_\_

**Annual Estimate**

- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_

**Subtotal Dental Expenses**

\$ \_\_\_\_\_

**Vision/Hearing Expenses Not Covered by Insurance**

- Exams
- Eyeglasses
- Prescription Sunglasses
- Contact Lenses & Cleaning Solutions
- Corrective Eye Surgery (LASIK, cataract etc.)
- Hearing Exams/Hearing Aids & Batteries

**Annual Estimate**

- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_

**Subtotal Vision Expenses**

\$ \_\_\_\_\_

**TOTAL MEDICAL EXPENSES \$ \_\_\_\_\_**

## Qualified Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance
- Birth control pills and other birth control devices
- Braille books and magazines
- Chiropractors
- Coinsurance amounts and deductibles
- Contact lenses, solutions and cleaners
- Copays
- Crutches, canes and wheelchairs
- Dental treatment
- Dermatologist visits
- Diabetic monitors, test kits, strips and supplies
- Eyeglasses (prescription); vision exams
- Hearing devices and batteries
- Hospital services
- Immunizations (including flu shots)
- Infertility treatments
- Insulin
- Laboratory/diagnostic fees
- Language training for child with disability
- Laser eye surgery
- Learning disability
- Massage therapy (letter of medical necessity)\*
- Menstrual Care Products
- Nursing services
- Nutritionist's expenses (letter of medical necessity)\*
- Occlusal guards to prevent teeth grinding
- Orthodontia
- Over-the-counter drugs
- Pap smears
- Physical therapy
- Prescription drugs
- Prosthetics
- Psychologist/Psychiatrist
- Reading glasses
- Smoking cessation programs/counseling
- Sterilization
- TMJ related treatments
- Transplants
- Travel expenses related to medical care only
- Wigs (medical reasons only)
- X-ray fees

## Ineligible Expenses

- Burial expenses
- COBRA premiums
- Concierge medical fees (billed for future availability of services, with no services actually received)
- Cosmetic procedures (unless necessary to improve a deformity arising from congenital abnormality, personal injury from an accident or trauma, or a disfiguring disease)
- Dental products for general health
- Drugs or medical supplies purchased outside the United States.
- Exercise equipment, unless prescribed for a specific medical condition
- Face lifts (see cosmetic procedures)
- Fitness programs for general health
- Hair regrowth products, hair removal or hair transplants
- Health club dues
- Holistic or natural remedies
- Illegal operations and treatments
- Items paid or payable by insurance
- Items you intend to claim as a credit for income tax purposes
- Late payment or missed appointment fees
- Marriage counseling
- Maternity clothes
- Non-prescription sunglasses (sunclips)
- Nursing care for a healthy baby
- Nutritional supplements (general good health)
- Overnight camp (Dependent Care)
- Premiums for group health coverage maintained through spouse's employer or individual insurance premiums, including long term care insurance
- Safety glasses (unless prescription)
- Swimming lessons
- Tanning salons and equipment
- Teeth whitening or bleaching (even if as a result of a congenital defect)
- Vision discount programs or warranty charges
- Vitamins (general good health)
- Warranties for eyeglasses and/or hearing aids
- Weight loss programs and drugs (unless a medical necessity exists for a specific medical condition)

\* Items are eligible for reimbursement through a Health Care FSA or an HRA if they are treating a current or imminent medical condition. Some items may require additional documentation such as a letter of medical necessity or a prescription (for over-the-counter medications) from your medical provider. Please visit [www.FlexMadeEasy.com](http://www.FlexMadeEasy.com) for more detailed information and a more comprehensive list of eligible expenses.