

PIMA COUNTY FLEX SUMMARY & WORKSHEET



What is a Flexible Spending Account?

A Flexible Spending Account (FSA) is a tax-free account that allows you to save money to pay for your out-of-pocket health care expenses, including prescription drug costs, medical, dental, vision and hearing expenses and/or your child or dependent care expenses, including day care, baby sitting, in-home care for older dependents and before & after school care expenses.

When you enroll in an FSA, you decide how much to contribute to either account for the entire plan year (July 1, 2011 - June 30, 2012). For the Health Care FSA you can set aside up to \$5,000 per plan year. For the Dependent Care FSA the annual maximum is \$5,000 (\$2,500 in the case of a married individual filing a separate tax return for the plan year) per household. The money is deducted from your paycheck pre-tax (before Federal & State income taxes and FICA taxes are deducted) in equal amounts, over the course of the plan year. After you incur expenses that qualify for reimbursement, you request tax-free withdrawals from your FSA to reimburse yourself. Any contribution amounts that you don't use by the end of the 2012 Plan Year are forfeited to Pima County, as required by IRS regulations.

What health expenses can I use my FSA for?

Partial list of qualified medical expenses:

- Deductibles
- Copays
- Doctor's fees
- Dental expenses
- Vision care, including prescription glasses
- Corrective eye surgery, such as LASIK
- Prescription drugs and insulin
- Chiropractor's fees
- Orthodontia (See specific requirements)
- **Check out www.asiflex.com for more expenses.**

Your FSA cannot be used for:

- Insurance premiums
- Cosmetic procedures (such as face lifts, teeth whitening, veneers, hair replacement, etc.)
- Clip-on or nonprescription sunglasses
- Toiletries
- Long-term care expenses
- Drugs, herbs, or vitamins for general health and not used to treat a medical condition
- Health club dues
- Warranties

Caution: Those employees enrolled in the Pima County High Deductible Health Plan with HSA only qualify to enroll in a limited purpose health care FSA! The only expenses qualifying for this limited purpose health care FSA are dental and vision care expenses for you and your qualified family members.

How do I determine how much to contribute?

Estimate your qualified health expenses that are not reimbursed by your medical or dental plans during the plan year, July 1, 2011 through June 30, 2012. (If you are a new hire enrolling in during the plan year, estimate your expenses starting the month after you submit this form through the remainder of the plan year.) Remember that expenses for your tax dependents qualify for reimbursement through the FSA program, even if they are not on Pima County's health insurance.

Tax-free Medical Expense Worksheet

Your out-of-pocket medical and dental expenses for
July 1, 2011 - June 30, 2012

Estimated out-of-pocket costs

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Subtotal \$ _____
(maximum \$5,000)

Total \$ _____

Divide by the number of paychecks you expect to receive in Plan Year

Your per-paycheck contribution \$ _____

What if I'm enrolled in the Health Savings Account?

If you are enrolled in Pima County's Health Savings Account (HSA), you can enroll in the Limited Purpose (or Limited Scope) FSA. The Limited Purpose FSA structured so that you can receive reimbursements for vision or dental expenses only. If you are an HSA participant, enrolling in the L-UFSA allows you to keep your HSA funds in your interest-bearing savings account in the event that you have a large expense. You can then utilize get a tax break on vision or dental expenses by using the Limited Purpose FSA. Please note that if you request reimbursement for any expenses that are not for vision or dental expenses, they will be denied.

Dependent Care Spending Account

Dependent Care Flexible Spending Accounts are designed to create a tax break for participants while you, or you and your spouse (if you are married), are working or looking for work or are a full-time student. The IRS mandates that no more than \$5,000 per household (\$2,500 if you do not file a joint tax return) be set aside in the Dependent Care FSA for a given calendar year. The Pima County Dependent Care Spending Account is limited to \$5,000 for couples filing a joint tax return for the shortened plan year, or \$2,500 for single individuals.

Dependent Care FSAs are setup a little differently than the Health Care FSA. ASIFlex can only reimburse you the amount you have contributed to the Dependent Care account. Any amounts requested above the amount contributed will be automatically reimbursed as subsequent contributions are deducted from your paycheck.

Please note that IRS regulations disallow reimbursement for services that have not yet been provided, so if you pay in advance for your expenses, you can only claim service periods that have already occurred.

Eligible expenses include day care, baby sitting, & general purpose day camps. Ineligible Expenses include overnight camps, care provided by a dependent & care provided while you are not at work.

How do I enroll?

You enroll by submitting the paper enrollment form received with your benefit packet to HR by the end of open enrollment. **Remember you must re-enroll in the FSA program each year (even if you don't want the deduction amount to change).**

When can I start requesting reimbursement?

You can start submitting requests as soon as services are provided after July 1, 2011. For the Health Care FSA, the full annual contribution amount is available on the date your enrollment begins. For dependent care you are allowed to be reimbursed only up to what you have had deducted from your paycheck at that point. You are allowed to request more than you have contributed year-to-date, and ASIFlex will reimburse you the additional amounts as subsequent deductions are taken through payroll. You may submit reimbursement requests for either account as frequently, or infrequently, as you prefer.

To request reimbursement from your FSA, you must fax or mail a completed Flex Claim Form (found online at **www.asiflex.com**) and supporting documentation to ASIFlex at:

Toll-free fax: 1-877-879-9038 **OR** Mail to: ASIFlex
P.O. Box 6044
Columbia, MO 65205-6044

How will I receive reimbursement?

When you complete the enrollment application, you choose how ASIFlex will reimburse you via direct deposit into your checking or savings account. ASIFlex will issue your reimbursement one business day after they receive your claim. You may change your bank account for reimbursement or request to receive reimbursement by check at any time by completing the [Direct Deposit/E-mail Form](#). If you were signed up for direct deposit during the previous plan year, you do not need to resubmit the direct deposit form. It will stay the same until you tell ASIFlex you would prefer deposits to a different bank.

When is the last day I can file a claim?

ASIFlex must receive your claims **no later than September 30, 2012**. After September 30, your account will be closed and any balance remaining will be forfeited to Pima County.

Who do I contact if I have questions?

ASIFlex Customer Service 1-800-659-3035
Monday – Friday, 7 a.m. – 7 p.m. Central Time
Saturday, 9 a.m. – 1 p.m. Central Time

E-mail asi@asiflex.com

ASIFlex's Web site www.asiflex.com