

Frederick County Public Schools



Flexible Spending Account Program

July 1, 2007 through June 30, 2008

May is open enrollment time for the Flexible Spending Account (FSA) Program. A Flexible Spending Account (FSA) is a tax-advantaged way for you to pay for medical and/or day care expenses. This added benefit allows you to pay for these expenses using pre-tax dollars, lowering your taxable income resulting in a higher take home pay.

How much can you save?

Your contributions to an FSA are exempt from Federal taxes (income, FICA and Medicare) and in most cases state and local taxes. (Note: Medical and Dependent Care FSA contributions by New Jersey residents are subject to state tax, as are Dependent Care FSA contributions made by Pennsylvania residents.) **Most participants save at least 28%** (savings vary by employee's tax bracket).

Medical Care FSA

The Medical Care FSA helps pay for eligible medical expenses including:

- Health/Dental/Vision deductibles, coinsurance and co-payments
- Prescriptions
- Vision care including glasses, contact lenses, saline solution & **Laser Eye Surgery**
- Dental expenses including orthodontia
- **Over-the-Counter medications**

Day Care FSA

The Day Care FSA provides tax relief for day care costs for children through age 12 and adult day care. Eligible expenses include day care provided by a licensed facility or in-home dependent care, before/after school care programs, pre-school and summer day camp.

How much can you direct into your FSA?

- Medical Care FSA maximum is **\$3000.00**
- Day Care FSA maximum is **\$5000.00**

There is no minimum contribution requirement!

Flex Debit Card!

All new participants will receive a Debit Card to pay for eligible expenses. Please refer to the HFS Flex Debit Card flyer for more details.

Where do you submit claims?

HFS Benefits
Claims Department
164 Lakefront Dr.
Hunt Valley, MD 21030
claims@hfsbenefits.com

Phone: 410-771-1331
Toll Free Phone: 888-460-8005
Fax: 410-771-5533
Toll Free Fax: 888-510-4218

Don't forget services must be incurred during your plan year, **7/01/07– 6/30/08**

Online Account Access at www.hfsbenefits.com

You will be able to access your account balance after your plan year begins July 1, 2007. You will be required to enter your Employee ID number followed by Password **1576**. Once logged in, you will be prompted to change your User name and Password. Follow the instructions online to change the information.

How can you learn more?

Please visit www.hfsbenefits.com for more information including a tax savings calculator and a complete list of eligible expenses. You may also call the toll free customer service line, 888-460-8005, Ext. 2.



Flex Debit Card

All employees that participate in the Flexible Spending Account (FSA) benefit will receive a debit card to pay for qualified expenses. The mbi Flex Convenience debit card looks like a regular credit card, and is issued under the MasterCard system, but is only accepted at specific types of merchants or provider locations.

- **Debit cards will be mailed** to your home in a plain white envelope. Existing participants will not receive a new card as it does not expire for three years.
- **If you lose your card**, please contact HFS Benefits at 888.460.8005 to deactivate your card and order a new card. In addition, you can order cards for your family members. Please visit www.hfsbenefits.com to download an order form.
- **To activate your card**, purchase an item where the card is swiped. If you plan on using your card for mail order medications, please purchase an item where the card can be physically swiped first. An initial order either by mail or online will not activate the card.
- **It is called a debit card, but you use it just like a credit card.** At the merchant point of service keypad choose “credit” as there is no PIN assigned to the card. The card is called a debit card because you may use it for expenses up to your annual Health Care FSA election (or available balance). Any transaction over your account balance will be declined. There are transaction limits at certain merchants such as Grocery Stores (\$200.00 transaction limit), Mail order (\$250.00 transaction limit), and Discount Stores (\$250.00 transaction limit).

HOW DO YOU USE YOUR FLEX DEBIT CARD?

Easiest – use your card at any of the following vendors and you will not be asked for documentation. The card will only work for qualified expenses at these vendors:

Walmart	Walgreens	AdvancedRx.com	Caremark.com
Sam’s Club	Happy Harry’s	VisionDirect.com	Pharmicare
Drugstore.com	Express Scripts	39DollarGlasses.com	Medco
1800contacts.com			

HFS Benefits will notify you as additional vendors agree to participate in this automatic substantiation system.

Easier – use your card for copayments which HFS Benefits has loaded in our system and you will not be asked for documentation. If other non-copay transactions are included on the same card transaction you will be required to submit for all of the charges including the copay. Also, recurring transactions that have been reported to HFS Benefits will not require documentation after the initial submission.

Easy – when you use your card for any other expense or vendor, use the personalized form for substantiating your claim. Complete a Copy of your Debit Card Substantiation form and send to HFS Benefits with a copy of the receipt. To avoid delay in clearing the transaction, send the form within 30 days of your purchase. To avoid debit card deactivation, the form along with required documentation must be submitted within 30 days of the date of the letter.

HOW DO YOU GET REIMBURSED WHEN YOU DO NOT USE THE DEBIT CARD?

Simply complete a copy of the personalized claim form and send along with your receipts as instructed. Please do not use the Debit Card Substantiation Form for these expenses. They will not be reimbursed if the incorrect form is used.

Reminders:

- Make copies of the personalized claim forms.
- Credit Card receipts cannot be accepted as receipts.
- Receipts from the provider must show description of the purchase and a date of service.
- Do not use a highlighter on the submission. (appears black on a fax)
- Do not send original receipts. Copies of all receipts should be on 8.5” x 11” paper.

