

Medical and Dependent Care Expenses



WHAT IS A

FLEXIBLE SPENDING ACCOUNT



Flexible Spending Accounts (FSA) are part of Section 125, established by the IRS. Section 125 allows employees to set aside money for future medical and child care costs on a pre-tax basis.

A Medical FSA can be used to cover:

- Insurance deductibles
- Co-payments and coinsurance
- Prescriptions
- Dental or vision expenses
- Over-the-counter medicine
- Menstrual products

SAVINGS

You save between 15%-40% by not having to pay federal, most state and local taxes, as well as Social Security and Medicare taxes for every dollar elected for an FSA.

The savings really add up.



Without an FSA		With an FSA	
Gross taxable wage	\$500.00	Gross taxable wage	\$500.00
Federal, FICA & State Tax	-113.25	Group Insurance premium contribution	-40.00
Group Insurance premium contribution	-40.00	Average weekly out-of-pocket medical expenses	-50.00
Take home pay	\$346.75	Taxable wage	\$410.00
Average weekly out-of-pocket medical expenses	-50.00	Federal, FICA & State Tax	-92.86
Amount left to spend	\$296.75	Amount left to spend	\$317.14
FSA Tax Savings per week			\$20.39

• Assuming 15% Federal tax, 7.65% FICA Tax (Social Security and Medicare)

MEDICAL FSA

Below is an example of a how a current participant calculated the amount they elected for medical FSA. Be sure to base YOUR estimate on known expenses.

The full amount of your medical election is available

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When you incur an eligible out-of-pocket expense, submit your itemized documentation to BASIC and

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IRS regulations govern the eligibility of claims which include those that are not fully covered by a health care plan and are prescribed by a physician or other licensed professional, primarily for preventing, treating or mitigating a physical defect or illness. The IRS does not allow reimbursement for the following: cosmetic surgery, insurance premiums, teeth bleaching / whitening, nutritional supplements/vitamins, marriage counseling, debt counseling, eyeglass sun clips and prepayment of services. For more details, refer to IRS Publication No. 502.

QUALIFIED EXPENSE

IRS regulations govern the eligibility of items and claims. As a FSA Administrator, BASIC helps ensure that you and your employer stay within these regulations.

MEDICAL, DENTAL & VISION

Co-pays
Co-insurance
Deductibles

MEDICAL*

Acupuncture
Chiropractor
Podiatrist
Doctor fees
O G Å D F W J T J U
Prescriptions
Hospital bills
Laboratory fees
Medic alert bracelet
Dermatologist
Immunizations
Obstetrical expenses
Routine physicals
X-rays
Well baby checkups

DIABETIC SUPPLIES*

Insulin
Glucometer
Syringes/Needles
Test Strips

HEARING*

Hearing exam
Hearing aids
Special batteries

THERAPY*

Physical therapy
Learning disability
Psychologist fees for medical care
Psychiatric care

VISION*

Glasses
Eye exam
Contact lenses
Contact solution
Prescription sunglasses
LASIK surgery
Visine and eye drops
Reading glasses
Eyeglass repair kits
Orthokeratology
Seeing eye dog (buying, training, and maintaining)

DENTAL*

Orthodontic
Dentures/bridge/crowns
Fluoride treatments & seals
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Root canals
Extractions
Dental x-rays
Occlusal guards
Reconstruction/implants

BIRTH CONTROL DEVICES*

Condoms
Prescriptions
Sterilization

PHYSICAL IMPAIRMENTS*

Wheelchair
Crutches
Walker
Custom made orthopedic shoes and inserts

SPECIAL NEEDS*

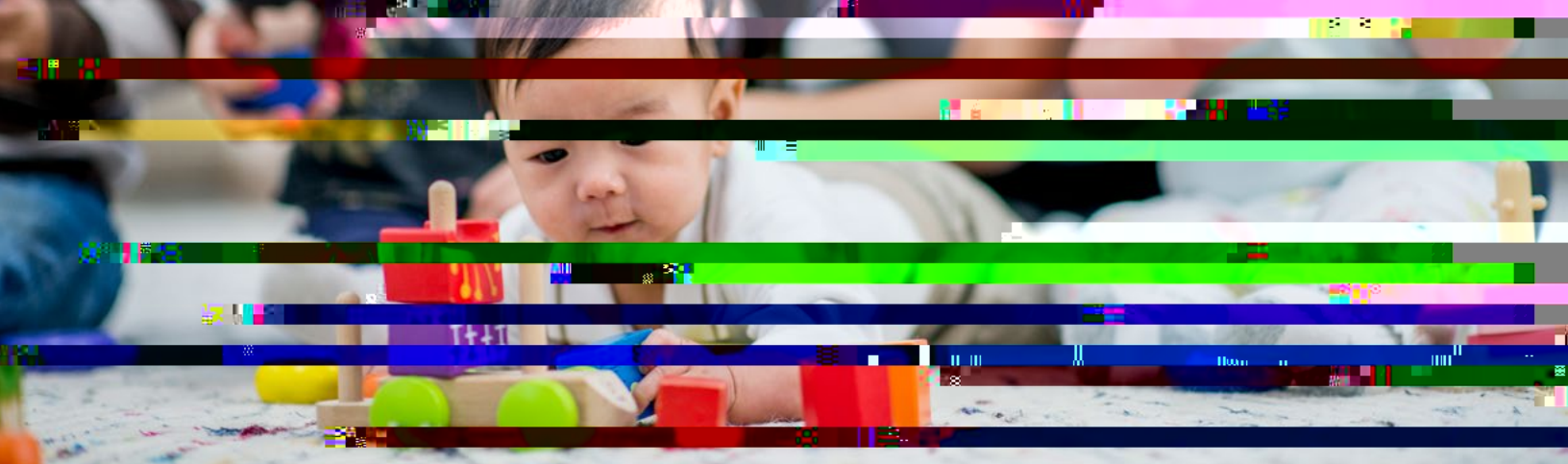
Transportation to and from doctor/hospital (call for current mileage rates and guidelines)

OVER-THE-COUNTER ITEMS

Acid controllers
Acne medication
Antibiotic products
Anti-diarrheas/gas
Anti-itch/insect bite
Antiparasitic treatments
Baby rash creams
Band-aids
Carpal tunnel wrist supports
Cold sore remedies
Cold/hot packs for injuries
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Digestive Aids
Feminine anti-fungal/anti-itch
Hemorrhoidal preps
Home pregnancy tests
Incontinence supplies
Laxatives
Liquid adhesive for small cuts
Nasal strips
Pain relief
Sleep aids & sedatives
Stomach remedies
Stop smoking programs/items
Sunscreen

MENSTRUAL PRODUCTS*

Tampons
Pads and liners
Menstrual cups



DEPENDENT CARE FSA

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NBSSJFE QFSTPO åMJOH TFQBSBUFMZ DBO FMFDU VQ UP QF

family. Just as with Medical FSA, you save between 15%-40% by not having to pay federal, most state and local taxes, as well as Social Security and Medicare taxes for every dollar elected for Dependent Care FSA.

Unlike a Medical FSA, Dependent Care FSA is a pay-as-you-go account. Funds are not advanced by your employer.

Without an FSA		With an FSA	
Gross taxable wage	\$500.00	Gross taxable wage	\$500.00
Federal, FICA & State Tax	-113.25	Dependent care election (\$5,000 divided by 52 weeks)	
Take home pay	\$386.75	Taxable wage	
Average weekly out-of-pocket medical expenses	-96.15	Federal, FICA & State Tax	
Amount left to spend	\$290.60	Amount left to spend	\$312.36
FSA Tax Savings per week			\$21.78
Annual Savings			\$1132.56

• Assuming 15% Federal tax, 7.65% FICA Tax (Social Security and Medicare)

DEPENDENT ELIGIBILITY

- You and your spouse must be employed or actively seeking employment or attending school full time.
- Child must be a dependent under 13 years of age and be in your custodial care more than 50% of the calendar year. Once your child turns 13 during the plan year, expenses are no longer eligible for reimbursement.
- A spouse or dependent who is incapable of self-care and regularly spends at least eight hours per day in your home (i.e. an invalid parent).

SERVICE REQUIREMENTS

- Provider may not be a minor child or dependent for income tax purposes (i.e. an older child).
- Service provider must claim payments as income and comply with state regulations.
- Services must be for the physical care of the child, not for education, meals, etc.
- Overnight camps are not eligible for reimbursement.
- Expenses paid for Pre-K are eligible but kindergarten and higher is not.

If you qualify for the Child Care Credit, the same IRS rules apply. If you have 2 or more children and spend more than \$5,000 for child care, you may have additional tax credits available to you. For more information, refer to IRS Publication No. 503

ADDITIONAL DETAILS

PLAN RULES ARE COMPANY SPECIFIC

While this booklet provides general information about a plan, a Summary Plan Description (SPD) containing further details is

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Coordinator, an attorney or accountant.

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long you have to submit remaining claims after your plan year or
coverage has ended.

CHANGES TO YOUR CONTRIBUTIONS

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change in status (marriage, birth, adoption, death or divorce).
The change in status must correlate with the event and be made
within 30 days of the event. For example, if the event is a birth,
you may increase your election, not decrease it.

END OF YEAR BALANCE

According to the IRS, money left in your account may become the
property of your employer and cannot be returned to you. Please
see the Summary Plan Description (SPD) for further details. Most
people use all their funds by good planning . . . such as getting
a physical, dental checkup or new glasses. Rarely is there ever
more than 5% left in the account, and the tax savings more than
outweigh this amount.

ELIGIBILITY

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participation.

Services must be rendered during your current period of
coverage. For new employees entering the plan during the plan
year, services must be rendered after your eligibility or election
date, whichever is later.

BASIC CARD

ELIMINATE PAYING OUT-OF-POCKET
AND WAIT FOR REIMBURSEMENT.

#"4*\$ \$BSET DBO CF VTFE BU R
41% UP ÅOE PVU IPX
locations including hospitals, physician,
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The IRS regulates the rules regarding
eligible expenses, therefore there will be
some transactions that need to be
substantiated for eligibility. At BASIC,
we have an 87% auto substantiate rate for
debit card purchases. There are, however,
some instances when participants will be
required to submit itemized documentation
for their BASIC Card purchases.

In all cases, itemized documentation
for transactions should be kept.

Debit Cards will be suspended if
documentation is not provided.

Debit Card availability is determined by
your employer. Please check with your
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card is available.



If you have questions at anytime
call 800-372-3539 and speak to
a BASIC FSA Account Manager.