

# 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, babysitting, in-home care for older dependents and before & after school care expenses. **The FSA plan year will run from January 1, 2016 through December 31, 2016. Please plan accordingly.**

When you enroll in an FSA, you decide how much to contribute to either account for the entire plan year (January 1, 2016 – December 31, 2016). For the Health Care FSA you can set aside up to \$2,550 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. **For the health care FSA only**, any balance **over the amount of \$500** that you don't use by the end of the 2016 Plan Year is forfeited to Pima County, as required by IRS regulations. For the dependent care FSA, any balance remaining whatsoever by the end of the 2016 Plan Year is 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](http://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, January 1, 2016 through December 31, 2016. (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 January 1, 2016 – December 31, 2016

Estimated out-of-pocket costs

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

**Subtotal** \$ \_\_\_\_\_  
(Maximum \$2,550)

**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 is structured so that you can receive reimbursements for vision or dental expenses only. If you are an HSA participant, enrolling in the LP FSA 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 and 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.

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, babysitting, & 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 online through ADP/HR Benefits Solutions website at [www.pima.gov/hr/EmployeeBenefits/OnlineBenefits.html](http://www.pima.gov/hr/EmployeeBenefits/OnlineBenefits.html). **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 January 1, 2016. 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](http://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 March 31, 2017**. After March 31, 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](mailto:asi@asiflex.com)

ASIFlex's Web site [www.asiflex.com](http://www.asiflex.com)