



Healthcare Flexible Spending Account (FSA)

SAVE MONEY WHILE KEEPING YOU AND YOUR FAMILY HEALTHY

Why enroll in a Healthcare Flexible Spending Account?

- Save an average of **30%** on a wide variety of eligible healthcare expenses by paying for them on a **pre-tax basis**
- No waiting—access the full amount of your annual election on the first day of your plan year
- Save time—choose from several convenient, hassle-free payment and reimbursement options.



How Does the FSA Work?

You chose to enroll in the FSA through your employer, which is administered by HRCTS. Complete the election form indicating how much you would like to withhold from your payroll on a pre-tax basis. HRCTS sends you a VISA debit card preloaded with your full election amount to pay for qualified medical, dental, and vision expenses during the FSA Plan Year. You save money by putting the funds away pre-tax, and you have the entire election available to you on day one to help cover out-of-pocket healthcare expenses for you, your spouse, and eligible tax dependents.

Examples of Eligible Expenses

- **Medical** – deductibles, co-pays, co-insurance, diagnostic tests, lab work, chiropractic care
- **Dental** – orthodontia, x-rays, fillings, sealants, crowns, root canals, and dentures
- **Vision** - contacts, glasses, Lasik eye surgery, prescription sunglasses and contact lens solution.
- **Prescriptions** - all prescriptions are covered. This includes over-the-counter medications with a prescription.
- **Over-the-Counter** - first aid supplies, hearing aids, orthopedic inserts, thermometers, and sunscreen

** Treatments for cosmetic reasons are not covered.*

** Some services/purchases need to have a letter of medical necessity or prescription to be eligible.*

** You can access an updated list of eligible expenses at: <http://expenses.hrcts.com>*

** Please note this list of eligible expenses is subject to change according to the IRS Regulations.*

How Do I know How Much to Elect?

You may elect up to the IRS maximum which is \$3,400 for year 2026. However, we have provided you with an expense worksheet to help you calculate how much you should put away pre-tax per year. You then take the total amount you wish to elect for the year, and divide it by the number of payrolls your company has in a year, and this determines your payroll deduction.

This money comes out before you pay Federal Tax, FICA Tax, and State Tax.

When you add up your tax savings with your money in this account, you have effectively increased your take home pay.





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How Do I Access My Funds?

There are two ways for you to access the funds in your Flexible Spending Account!

- **VISA Debit Card** – HRCTS will provide you with a smart debit card, which you can use to pay for eligible expenses such as prescriptions, co-pays, Band-Aids, and so much more. When you are at a provider or a merchant with an IIAS (Inventory Information Approval System), you simply swipe your card and it will deduct the eligible expenses from your account. Always keep a receipt of payment to verify the expense.
- **Submit a manual claim** – You can also submit a claim online, via fax, mail, or mobile app, as long as you attach an itemized receipt showing the eligible expense. Receipts are required in order to process claims, and must have service date/purchase date, description of service/item purchased, name of provider/merchant, and the expense amount.



Please refer to your plan documents regarding how funds are handled at the end of the plan year. You have 90 days after the plan year ends to submit for expenses which were incurred in the plan year.

CALCULATE HOW TO SAVE BELOW!

You can use this worksheet to estimate how much you will need to put into your FSA. Please be conservative and don't forget that this account covers you, your spouse, and eligible dependents.

Health Care Expenses	You	Your Spouse	Other Dependent(s)
Deductibles			
Medical	\$ _____	\$ _____	\$ _____
Dental	\$ _____	\$ _____	\$ _____
Vision	\$ _____	\$ _____	\$ _____
Co Pays			
Medical	\$ _____	\$ _____	\$ _____
Dental	\$ _____	\$ _____	\$ _____
Dental Care	\$ _____	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____	\$ _____
Vision Care			
Eye Exams	\$ _____	\$ _____	\$ _____
Glasses	\$ _____	\$ _____	\$ _____
Contacts	\$ _____	\$ _____	\$ _____
Chiropractic and/or Acupuncture	\$ _____	\$ _____	\$ _____
Other Eligible Expenses	\$ _____	\$ _____	\$ _____
Total Estimated Expenses	\$ _____	\$ _____	\$ _____
Total Annual Election	Add above lines together. \$ _____		
Total Annual Election ÷ Total # Pay Periods = Payroll Deduction			
\$ _____ ÷ _____ = \$ _____			

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