



Planned  
Benefit  
Systems

# FREQUENTLY ASKED QUESTIONS

## HEALTH CARE FLEXIBLE SPENDING ACCOUNT

### GENERAL INFORMATION:

#### Planned Benefit Systems

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#### Q: What is a Health Care Flexible Spending Account (FSA)?

**A:** A Health Care FSA is an employer-sponsored benefit that allows you to set aside money from your paycheck on a PRE-TAX basis to pay for certain out-of-pocket health care expenses for you and your eligible dependents.

#### Q: How do I benefit from using pre-tax dollars to pay for out-of-pocket expenses?

**A:** FSA contributions and reimbursements are exempt from federal income taxes, Social Security (FICA) taxes, and in most cases, state income taxes. Depending on your tax bracket, you can expect savings between 22% and 38% on your elected amount.

#### Q: How does a Health Care Flexible Spending Account work?

**A:** Your annual election is divided among the number of paychecks you have in the plan year and that amount is deducted from each check

PRIOR to being taxed. If you do not use your PBS Benefits Card to pay for an eligible expense, you can request reimbursement from your account (up to your annual election amount regardless of your contributions) either online or using a hard copy form. Visit [www.cci-pbs.com](http://www.cci-pbs.com) for specific details. To be eligible for reimbursement, all expenses must be incurred during the plan year and while you are an active participant.\* You "incur" an expense when you receive the service, not when you pay the bill.

\*Employers have been given the opportunity to offer a "Grace Period" which extends their plan year by 2 ½ months per IRS Notice 2005-42. Please check with your employer to see if they have elected to take advantage of this flexibility.

#### Q: Are there limits to what I can contribute to the Health Care Flexible Spending Account?

**A:** The maximum amount that you may contribute to your Health Care FSA is limited by your company's plan and may change from plan year to plan year. Please refer to your employer's Summary Plan Description for your plan's details.

#### Q: How much should I contribute to my FSA?

**A:** Look at last year's out-of-pocket health care expenses to get the best idea. Your employer may provide you with a worksheet that will help you determine your annual medical expenses. For our Expense Worksheet visit [www.cci-pbs.com](http://www.cci-pbs.com). Click on

Planned Benefit Systems, Inc. and then Forms under the Participants section. For additional help estimating your expenses use the FSA Calculator at [www.fsaandyou.com](http://www.fsaandyou.com).

#### Q: Can I change the amount of my election during the plan year?

**A:** You may only change your Health Care FSA election during the plan year if the requested change is due to and consistent with a qualifying event\* such as:

- Change in marital status
- Change in dependent status
- Change in employment status

\*Subject to your employer's plan document.

#### Q: Can I use my Health Care FSA funds for expenses incurred by my spouse or dependents?

**A:** Yes, you may use your Health Care FSA funds for eligible expenses related to all of your tax dependents. Their deductibles, co-payments and coinsurance can be reimbursed even if they are not covered by your medical and/or dental plans.

**Q: What expenses are eligible under a Health Care FSA?**

**A:** Some of the eligible expenses include deductibles, co-payments, coinsurance, prescriptions, eyeglasses and orthodontia expenses. Over-the-counter drugs are also eligible if the medicine is used to alleviate an illness or injury, but not for general well-being purposes\*. See our lists of Eligible Expenses and Eligible OTC Products at [www.cci-pbs.com](http://www.cci-pbs.com). Click on Planned Benefit Systems, Inc. and then Forms under the Participants section.

\*Under IRS guidelines, some health care services and products are only eligible for reimbursement from your Health Care Flexible Spending Account when your doctor or other licensed health care provider certifies that they are medically necessary. In such case, a Certification of Medical Necessity (also available on our Forms page) must be provided.

**Q: What expenses are not eligible under a Health Care FSA?**

**A:** Cosmetic expenses, including teeth whitening are not eligible for reimbursement. Other typical ineligible expenses include (but are not limited to) vitamins, herbs, nutritional supplements, health club dues, hair growth medications, insurance premiums and expenses paid by your health and/or dental plans or other plans. Refer to your employer's Summary Plan Description (SPD) for any further restrictions.

**Q: How do I request reimbursement from my Health Care FSA?**

**A:** You can submit your request for reimbursement either online or using a hard copy form. Visit [www.cci-pbs.com](http://www.cci-pbs.com) for specific details. All medical claims must be accompanied by receipts

(or an Explanation of Benefits) that include the following information:

- Name of the person receiving the service
- Date of service
- Description of service
- Provider's name and address
- The portion of the expense you are required to pay after insurance benefits

**Q: Can I choose to have my FSA reimbursements automatically deposited into my bank account?**

**A:** You can have your claim reimbursement(s) automatically deposited to your checking or savings account, if your employer offers this option, by completing a Direct Deposit Authorization form and submitting it to Planned Benefit Systems, Inc. Download a copy from the Forms page at [www.cci-pbs.com](http://www.cci-pbs.com). Direct deposit is a quicker and safer means of reimbursement.

**Q: What happens if there is money left in my account at the end of the plan year?**

**A:** The claims filing deadline to submit an expense incurred during the plan year is typically 90 days after the plan year ends.\* Pursuant IRS regulations, you will forfeit any money remaining in your account after the 90-day plan run out period.

\*Employers have been given the opportunity to offer a "Grace Period" which extends their plan year by 2 ½ months per IRS Notice 2005-42. Please check with your employer to see if they have elected to take advantage of this flexibility.

**Q: What happens if I terminate employment during the plan year?**

**A:** You will have until the claims filing deadline to submit your eligible expenses incurred during the time you were an **ACTIVE** participant. You may be eligible to continue in the plan after termination, **ONLY** if you had a positive account balance at termination and elect COBRA.

**Q: How can I find out my account balance?**

**A:** You may log into your account at [www.cci-pbs.com](http://www.cci-pbs.com). Click on Planned Benefit Systems, Inc. and then Account Information under the Participants section. You can also reach a Customer Service Representative from 7:30am to 5:00pm MST/MDT, Monday through Friday, at 303.221.2783 or toll-free at 800.800.0133. Or email us at [help@cci-pbs.com](mailto:help@cci-pbs.com).

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\* This brochure is for informational purposes only. It is not intended to provide full details about your plan. Your employer's Plan Document prevails over any information contained in this brochure.