



State of Rhode Island

Flexible Spending Account (FSA)

Plan Overview

Introduction

- TASC, Total Administrative Services Corporation
 - TASC is the administrator of your **Flexible Spending Account (FSA)** through FlexSystem
- FSA is a FREE benefit to you, paid for by your employer
- You will save significant tax dollars by participating in the plan!

Overview Objectives

- **Understand** the benefits of FSA
- Know **why** you should participate
- How do you get **\$\$\$\$ into** the plan?
- How do you **enroll**?
- How do you get **reimbursed** for eligible expenses:

Flexible Spending Accounts (FSA)

Designed to save you money

- Money in an FSA is never taxed
 - No federal income tax
 - No state income tax
 - No social security tax
- Every dollar you contribute is **pre-tax**, *reducing your taxable income and increasing your take-home pay!*

How Much Should You Contribute?

- Estimate out-of-pocket expenses for the plan year



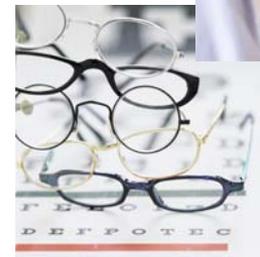
NOTE: If your spouse is enrolled or will be enrolling in a Health Savings Account Plan (HSA), you are not eligible to participate in this Healthcare FSA.

FSA Types

- Healthcare FSA
- Dependent Care FSA

Healthcare FSA *(Section 125 Cafeteria Plan)*

- Elect **pre-tax dollars** to pay for eligible healthcare expenses:
 - Medical
 - Dental
 - Vision
- With rising healthcare costs, ***every penny counts!***



Eligible Expenses for Healthcare FSA

- Co-pays and deductibles
- Prescription drugs/medications
- Dental/orthodontia care
- Vision care
- Disability expenses
- Vaccinations
- Smoking Cessation Programs
- Mileage to-and-from doctor appointments
- *See complete eligible list*

Ineligible Expenses:

- Insurance premiums
- Cosmetic procedures
- Personal hygiene products
- Vitamins/supplements
- Diet products/food
- Exercise equipment
- Health club fees
- Non-prescription glasses
- *See complete ineligible list*



Dependent Care FSA

- Elect pre-tax dollars to pay for eligible dependent day care services while you (and your spouse) are working or attending school full-time.
 - Daycare centers
 - Nannies
 - Nursing Homes
- Qualifications:
 - Individual that regularly spends at least 8 hours a day in your home
 - Dependent care for children under age 13
 - Dependent who is physically or mentally incapable of self-care
 - Your daycare provider must claim your payments as income and pay tax

Eligible Expenses for Dependent Care FSA

- Daycare expenses
- Before and after school care
- Nanny expenses
- Nursery school
- Registration fees
- Elder care
- *See complete eligible list*

Ineligible Expenses:

- Tuition
- Transportation
- Activity fees/supplies
- Field trips
- Overnight camp
- *See complete ineligible list*



FSA Savings Example

Annual Salary:	\$35,000
Out-of-Pocket Medical/Dental Expenses:	\$ 1,000
Out-of-Pocket Dependent Care Expenses:	\$ 2,500

	<i>Without FSA</i>	<i>With FSA</i>
Gross Pay	\$ 35,000	\$ 35,000
FSA Contribution	- \$ 0	- \$ 3,500
Taxable Income	\$ 35,000	\$ 31,500
Taxes (Fed, State, FICA)	- \$ 10,500	- \$ 9,450
Out-of-Pocket Expenses	- \$ 3,500	- \$ 3,500
Reimbursement from FSA	+ \$ 0	+ \$ 3,500
Take-Home Pay	\$ 21,000	\$ 22,050

Annual savings = \$1,050

Participation is Easy!

- Complete the enrollment form each year to participate.
- Select the FSA types you want to participate in and elect your annual contribution for each.
- Your contribution dollars are deducted from your paycheck **pre-tax** each pay period in small, equal amounts to fund your FlexSystem account at TASC.
- Use the dollars in your account to pay for qualified expenses for you and your family throughout the plan year.

Immediate Access to Healthcare Funds

- The **total amount** of your Healthcare FSA annual contribution is available to you at the **beginning** of the plan year, even though you are funding it at each paycheck.

EXAMPLE: if your annual contribution is \$1500 and you have a medical expense of \$500 during the first month of the plan, you would have access to the total amount of your annual contribution (\$1500) to cover the \$500.

- NOTE: Dependent Care FSA funds are available only as they are deducted from your paychecks (money-in, money-out).
- Funds cannot crossover between each FSA type (i.e., Healthcare FSA funds cannot be used for Dependent Care expenses.)

Forfeiture

- ***FSA balances do NOT rollover!***
- You must spend all the money in your account by the end of the Plan year, or your remaining balance will be forfeited.
- TIPS:
 - ❑ Be conservative. Set aside only dollars you will actually use.
 - ❑ Access your account to check balance frequently
 - ❑ *Grace Period*- runs for 2 ½ months after the plan year ends.
 - ❑ *Run Out Period*- runs for 90 days

Requesting a Reimbursement

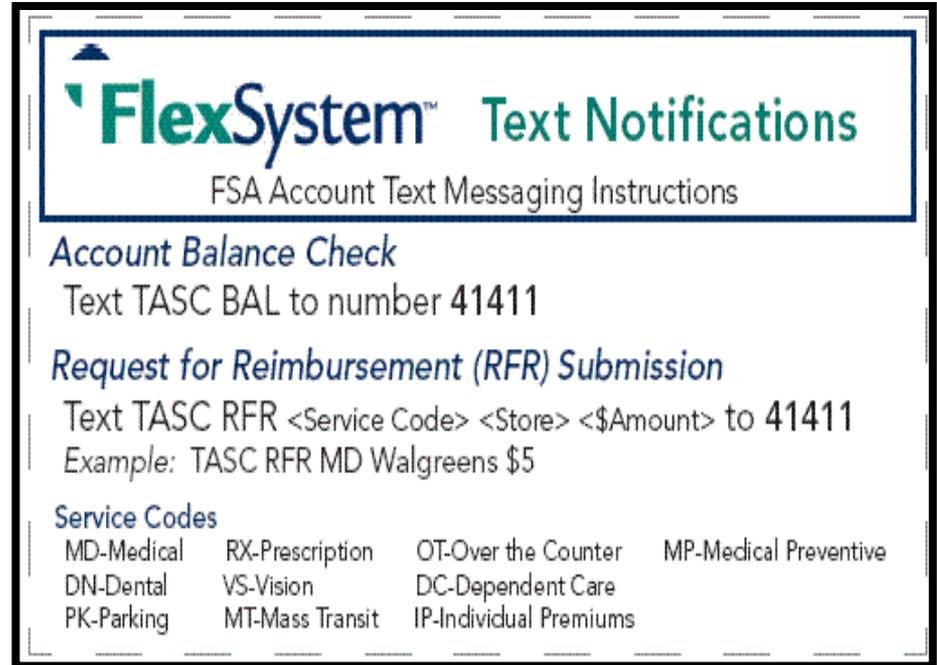
- Multiple options to submit your request:
 - Log in to MyTASC online at www.tasconline.com
 - Text message your request using your cell phone
 - Customized Request for Reimbursement (RFR) form provided from TASC (sent to your email address is on file)
- Sign up for Direct Deposit to get faster reimbursement for your eligible expenses, or you can be paid by check
 - Check or Direct Deposit require a Personalized Claim Form (mailed to your home address) and a receipt.

Reimbursement Features

- 24-hour processing
- Direct Deposit, OR check mailed to your home
- Check status online, or by calling customer service
- Receive e-mail or text message verification (sign-up online)

Text Notifications

- Log in to MyTASC at www.tasconline.com
- Under profile you enter or update the mobile phone number.
(this information is never shared)
- Select the text notifications you would like to receive



FlexSystem™ Text Notifications
FSA Account Text Messaging Instructions

Account Balance Check
Text TASC BAL to number 41411

Request for Reimbursement (RFR) Submission
Text TASC RFR <Service Code> <Store> <\$Amount> to 41411
Example: TASC RFR MD Walgreens \$5

Service Codes

MD-Medical	RX-Prescription	OT-Over the Counter	MP-Medical Preventive
DN-Dental	VS-Vision	DC-Dependent Care	
PK-Parking	MT-Mass Transit	IP-Individual Premiums	

The FlexSystem TASC Card

How it Works



- You will receive the FlexSystem TASC Card as a FSA participant.
- It acts as a debit card and will come pre-loaded with the amount your annual contribution for Healthcare FSA.
- The TASC Card will also work for your Dependent Care FSA, but only with the available account balance.
- It is a “Smart Card” -- it will only be accepted for eligible expenses (see list).

TASC Card Features



- Direct payment to provider or merchant from your FSA
- No Request For Reimbursement forms to complete
- No waiting for a reimbursement check
- You may request one additional TASC card for a dependent/spouse at no cost

Points to Remember

- Each card expires 3 years from issue.
- Each plan year, the card dollar limit is replenished according to the new elected amount on the first day of the new plan.
- The TASC Card cannot be used for expenses incurred in the prior plan year.
- The TASC Card cannot be used at an ATM or to obtain “cash back” when making a purchase.
- ***Keep your receipts!***

Ineligible TASC Card Transactions

- The TASC Card should only be used for eligible expenses as defined by the IRS guidelines, available at the MyTASC website.
- If the TASC Card is used for an ineligible expense, that amount will need to be paid back to your FSA balance:
 - ❑ by submitting a check, or
 - ❑ by submitting a paper RFR form for additional qualifying expenses

Your Plan Details – State of Rhode Island

Plan Year	July 1, 2012 to June 30, 2013
Healthcare Maximum	\$2,500
Dependent Care Maximum	\$5,000
Enrollment Period	May 14 th to June 8 th 2012
Final Enrollment Deadline Date	June 10, 2012
Grace Period	2 ½ months
Run Out Period	90 days

- Eligibility – new employees can join immediately, DO NOT need to be on the health insurance to participate!
- \$130- minimum amount required to participate in plan
- No cost to participate

How to Enroll

Complete a Paper Enrollment Form available at your Agency Human Resources office or on the State of Rhode Island Office of Employee Benefits website at www.employeebenefits.ri.gov

How to Request a Reimbursement

FlexSystem

Online Request for Reimbursement Wizard

www.tasconline.com

▼ FlexSystem Request for Reimbursement Wizard

Step One: Reimbursement Information Gathering

Please enter your Reimbursement Request information below. Notice that you can only enter one request at a time. When you have entered your request, click the Next button to see a list of all the request(s) you have entered. During the Review step, you will be able to go back and add, edit, or delete specific reimbursement requests.

Date Of Service
(mm/dd/yyyy)

2007-06-14 

Benefit

Select Benefit ... ▼

Service Type

Select Service Type ... ▼

Amount

Provider Name

Describe Service

Cancel

Next

How to Request a Reimbursement

FlexSystem Paper Request for Reimbursement Form



FlexSystem™

REQUEST FOR REIMBURSEMENT



18951

Client ID# 0000-0000-0000
Participant ID# 0000-0000-0000

PLEASE DUPLICATE THIS FORM FOR FUTURE REQUESTS
Receipts must be submitted with request
Network Request for Reimbursement
Website: www.jacoonline.com
BY FAX: 608663-2782
BY MAIL: TASC
PO Box 7308
Madison, WI 53707-2308

New Address, check here and update - please print

John Doe
123 Main Street
Apt #1
Anytown, WI 12345

USE BLACK INK ONLY
ALL BOXES AND FIELDS MUST BE COMPLETED
RETAIN ORIGINAL RECEIPTS FOR YOUR RECORDS
ONLY FOUR LINES PER FORM WILL BE PROCESSED

Receipt Attached	Date of Service (not billing or paid date)	Benefit Code	Service Code	Request Amount	Service Provider(s)
<input type="checkbox"/>	__/__/__	__	____	____	_____
<input type="checkbox"/>	__/__/__	__	____	____	_____
<input type="checkbox"/>	__/__/__	__	____	____	_____
<input type="checkbox"/>	__/__/__	__	____	____	_____

BENEFIT CODES
M - Medical
P - Individual Premiums
SERVICES CODES
MD - Medical
VS - Vision
DC - Dependent Care
D - Dependent Care
RX - Prescription Drugs
DN - Dental
TR - Transportation
T - Transportation
OT - Over the Counter
MP - Medical Preventative
IP - Individual Premiums

To the best of my knowledge and belief, my statements on this Request for Reimbursement are complete and true. I am requesting reimbursement only for eligible expenses incurred during the applicable Plan Year and for eligible Plan Participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I understand that this request regulates my FlexSystem account and that these guidelines are implemented as a means of ensuring compliance and approval for reimbursement. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests, as doing so may delay payment. I authorize my FlexSystem Accountant to request reimbursement for reimbursing the amount requested.

Employee Signature (required) _____ Date: __/__/__

0000-0000-0001





Contact Information



www.tasconline.com



1.800.422.4661

MyTASC Online

- Login to MyTASC
- Click “Contact Us”
- Fill out service request
- 24-48-hour response time

Interactive Voice Response

- Have 12 digit participant ID number ready
- Monday-Friday
8:00am – 5:00pm CT