

HEALTH CARE FSA



A Health Care Flexible Spending Account (FSA) allows you to set aside tax-free dollars each year for health care expenses not covered by insurance. You may use these funds to pay for eligible health care expenses incurred by you, your spouse, and your qualified dependents.*

What are the benefits?

- Pre-tax contributions reduce your taxable income.
- Easiest way to pay for everyday out-of-pocket eligible health care expenses with tax-free money.
- Your total annual Health Care FSA contribution amount is available immediately at the start of the plan year.
- You can carry over up to \$500 remaining in your account from one plan year to the next, so there is minimal “use-it or lose-it” risk.
- Multiple self-service tools available to easily manage your TASC Account and TASC Card transactions.

How does it work?

- Use the tax-savings calculator or annual expense estimate worksheet to help determine how much you should contribute per year.
- Your annual contribution is deducted pre-tax from your paycheck in equal amounts throughout the plan year and deposited into your TASC Account.
- As eligible health care expenses are incurred, you can either use your TASC Card to pay at the point of purchase or submit a request for reimbursement.
- Manage your account 24/7 via the TASC Benefits mobile app or TASC Online account at <https://partners.tasconline.com/ETFEmployee>.

Enrollment Eligibility

- Most full-time or part-time state and university employees are eligible to participate in a Health Care FSA.
- **Note:** Employees who are classified as fellows, scholars, and research assistants in the University of Wisconsin System, as well as limited term employees, student hourlies, per diems, and other temporary employees are **not** eligible.
- **Note:** Employees who are enrolled in a High Deductible Health Plan (HDHP) are **not** eligible. If you are enrolled in an HDHP, see the Health Savings Account Enrollment Brochure and Limited Purpose Flexible Spending Account flyer for information about benefit options.

Important Considerations

- The It's Your Choice Health Plan imposes an annual deductible of \$250 individual/ \$500 family, office visit copays and an annual out-of-pocket limit of \$1,250 individual/ \$2,500 family on most illness or injury related services. These expenses can be reimbursed through this account.
- Remaining LPFSA funds **over** \$500 do **not** carry over. It is important to be conservative in making elections because any unused funds over \$500 left in your LPFSA at the close of the plan year are not refundable to you.
- It is a participant's responsibility to read and adhere to the TASC Card terms and conditions. By accepting and using your TASC Card, you agree to the Cardholder Agreement. You are obligated to satisfy any documentation requirements and to retain those documents and records for tax purposes or in the event of an IRS audit. Refer to the TASC Card Section of the Employee Reimbursement Account (ERA) Participant Guide for more information.
- You may change your Health Care FSA elections during the plan year only if you experience a qualified life change event, such as, a marriage or divorce, birth or adoption of a child, or a change in employment status. Refer to the Change in Status During the Year Section in the ERA Participant Guide for more information.

Annual Health Care FSA Limits	2017	2016
Individual Health Care FSA Limit	\$2,550	\$2,550
Annual Health Care FSA Carryover Max	\$500	\$500

This is the amount the Internal Revenue Service (IRS) allows to be contributed to a Health Care FSA.

*Refer to the Health Care FSA – Qualified Dependents Section of the ERA Participant Guide for more information.



Annual Health Care FSA Contribution Limits

Note: The \$2,550 contribution limit applies on an employee-by-employee basis. Thus, \$2,550 is the limit each employee may make per plan year, regardless of the number of other individuals (spouse, dependent, etc.) whose medical expenses are reimbursable under the employee's Health Care FSA. If two spouses are eligible for a Health Care FSA, each spouse may elect to make contributions of up to \$2,550 to his or her Health Care FSA, even if both participate in the same Health Care FSA sponsored by the same employer.

Eligible Health Care FSA Medical Expenses

Below is a partial list of eligible expenses that are reimbursable through a Health Care FSA. Eligible expenses can be incurred by you, your spouse, or qualified dependents. For more information, see your ERA Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publication 502.

Medical Expenses

- Acupuncture
- Ambulance services
- Birth control/contraceptive devices
- Birth classes/Lamaze¹
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Co-payments
- Crutches¹
- Flu shots
- Hearing aids and batteries¹
- Incontinence supplies
- Insulin and diabetic supplies
- Infertility treatments
- Laboratory fees
- Lactation expenses
- Legal sterilization
- Physical exams
- Physical therapy¹
- Sleep apnea services/products¹
- Smoking cessation programs
- Treatment for alcohol or drug dependency
- Vaccinations
- Wrist supports/elastic straps
- X-ray fees

¹: Restrictions may apply. See IRS Publication 502 for more details.

Dental Expenses

- Cleanings and exams
- Crowns and bridges
- Dental plan co-pays
- Dental surgery
- Dental x-rays
- Dentures
- Diagnostic services
- Fillings
- Orthodontia
- Root canals

Vision Expenses

- Contact lenses and lens solution
- Diagnostic services
- Eye exams
- Eye surgery
- Laser eye surgery/LASIK
- Optometrist/ophthalmologist fees
- Prescription eyeglasses and sunglasses
- Seeing eye dog (*buying, training, and maintaining*)
- Vision plan co-insurance
- Vision plan deductible

OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable with your Health Care FSA. The prescription must be included with each request for reimbursement.

- Calamine lotion
- Cold medicines
- Diaper rash ointments
- First Aid supplies
- Hemorrhoid treatments
- Indigestion medications
- Nicotine patches
- Pain relievers
- Pain relieving creams
- Sinus medications

How to Enroll

- Annual It's Your Choice Open Enrollment period: **October 17 – November 11, 2016**
- Benefit Period: January 1 – December 31, 2017
- Deadline for New Hire Enrollment is within 30 days from hire date. Contact your human resources/benefit office for details.
- Deadline for Qualified Life Change Event Enrollment or Changes is within 30 days from the date of the qualified life event. Contact your human resources/benefit office for details.
- Visit www.etf.wi.gov/IYC2017 for enrollment information, or contact your human resources/benefit office for enrollment instructions.
- **Note:** Must re-enroll in a Health Care FSA each year. Elections do not carry forward from year to year.

Following Enrollment

Once you have enrolled, you will receive:

- **Welcome Brochure**
The ERA Welcome Brochure will provide you with information on how to manage your Health Care FSA, set-up your TASC Online account, your responsibilities, and key dates. It will also provide you more information about the multiple self-service tools available to easily manage your TASC Account and TASC Card transactions.
- **TASC Card**
Your TASC Card allows you to conveniently pay for eligible medical expenses. Be sure to review the Cardholder Agreement included with your TASC Card.
 - **Note:** If you are a current TASC participant, you will not be issued a new TASC Card. You will continue to use your current TASC Card.



TASC Customer Care | Phone 844-786-3947 or 608-316-2408 | Email 1customercare@tasconline.com

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