

### What is an FSA?

An FSA is a tax-advantaged benefit plan whose funds are exempt from taxes. Your out-of-pocket health care expenses are eligible for reimbursement if the expenses are for medically necessary care or treatment incurred

during the Plan Year. If you have dependents, your out-ofpocket expenses for their health care and treatments are eligible too!

Federal, State and FICA taxes are not taken on the amount you contribute to your Health FSA. This could represent a 25% - 40% savings on your "out-of-pocket" costs for medical expenses!

You may contribute up to \$3,200 in your FSA.

## Your MasterCard© Debit Card

Once enrolled, you will receive a MasterCard® directly linked to your Flexible Spending Account (FSA) account to pay for your out-of-pocket health care expenses.

Your FSA plan includes a ROLLOVER feature. There is no need to worry about losing unspent funds in your FSA at the end of the Plan Year. Any remaining funds up to \$640 left in your FSA will rollover to the new year. The rollover amount will be adjusted each year due to inflation and will be 20% of the statutory FSA maximum. You must re-enroll each year for your funds to rollover.

# **FSA Store Partnership**

We are partnered with FSA Store and use their full-service website to increase FSA awareness for all FSA participants. FSA Store is the only e-commerce site exclusively stocked with FSA eligible products and services, eliminating the guesswork behind what is reimbursable by a Flexible Spending Account. Visit <a href="https://www.medcombenefits.com">www.medcombenefits.com</a> and click on our FSA Store banner to shop and view a full list of eligible medical expenses.

Employee	Without Flex	With Flex
Gross Salary	\$36,500	\$36,500
Health FSA	\$0	\$1,000
Taxable Salary	\$36,500	\$35,500
Fed/State/FICA	(\$7,450)	(\$7,100)
Take Home	\$29,050	\$28,400
Your Out of Pocket	(\$1,000)	(\$0)
Net Take Home	\$28,050	\$28,400
SAVINGS	(\$0)	\$350











Medcom's mobile phone application and text messaging services provide convenient access to your healthcare benefit plans.

- View current balances and transactions in your FSA accounts.
- Submit new claims and view alerts.
- Opt in for customized push alerts showing account activity, date reminders, claim status, balance alerts, and confirmation of changes made to your account.
- Data is sent to your phone via secure, encrypted transmissions to protect your privacy.
- Smartphone users may download the Medcom application from the Apple® app store or Google Play™ by searching "Medcom" in your app store.
- You can upload receipts to substantiate debit card transactions. These
  receipts are available for future viewing on both the mobile app and the
  participant portal.
- You may also submit manual claims for reimbursement of expenses that you have paid out of pocket!

# 9:41 Account Activity I want to... Filter Add Add Add See More May 13, 2019 1 Action Required \$ 300.00 Eligible for Reimbursement Dr. Fine (02/22/19) Health Savings Account May 01, 2019 Denied \$ 50.00 Ineligible Expense Dr. Oulney (02/22/19) Flexible Savings Account Account Account Account Account Account Account Account Fine CARE Purching Account Account Fine CARE CALCULATOR

# Help Reduce Receipt Requirements

As a participant of the Plan, you are required to substantiate certain debit card transactions to verify that the expenses or services being paid for by using the card are eligible under your Plan. Please submit receipts as requested.

**IIAS** - Over the Counter (OTC) items, medications, and prescriptions purchased at most major pharmacy, grocery, and discount stores with your card are automatically approved by their checkout technology. You will not be asked to submit a receipt.

**Recurring Transaction Expense Form** - Please complete and submit this form for recurring transaction amounts that don't match a usual copayment. Visit the "Solutions" section on our website at <a href="www.medcombenefits.com">www.medcombenefits.com</a> to obtain a copy of this form. After you do so, you will not be asked to submit a receipt during the remainder of the Plan Year for that item. You may be required to submit a new form each new Plan Year.









