



Flexible Spending Accounts

Your Flexible Spending Accounts Can Save You Hundreds of Dollars Each Year!

Flexible Spending Accounts are a great way for you to save money on your out-of-pocket health and dependent care expenses. When you sign up for the Flexible Spending Accounts, your contributions are taken from your paycheck before taxes are calculated. This saves you money and makes budgeting easier.



Here's how you could save:

The Flexible Spending Accounts let you save by paying for expenses with tax-free dollars. Here's what that means to your take-home pay:

Annual Income and Expenses	Without FSA	With FSA
Your Total Pay	\$36,000	\$36,000
Annual FSA Contribution	N/A	\$2,000
Taxable Income	\$36,000	\$34,000
Social Sec. and Medicare Tax	\$2,754	\$2,601
Federal and State Income Tax	\$5,200	\$4,912
Total Taxes	\$7,954	\$7,513
After-tax Expenses	\$2,000	N/A
Net Spendable Income	\$26,046	\$26,487
Estimated Tax Savings with FSAs		\$437

Two ways to save:

You can tailor your Flexible Spending Accounts to fit your personal needs. There are two ways to save:

The Health Care Spending Account

lets you use tax-free money for out-of-pocket medical, dental, vision, prescription drug, and other expenses related to you and your dependents' health care.



The Dependent Care Spending Account

lets you use tax-free money to pay for dependent child or elder day care. If you take an income tax exemption for the dependent and have expenses related to their day care that enables you and your spouse to work, you can use this account to save money. If you are single or married and filing jointly, you can set aside up to \$5,000 per year, for one or more dependents (if you are married filing separately, the limit is \$2,500).



Eligible Items*	Ineligible Items*
HEALTH CARE:	
<ul style="list-style-type: none"> ✓ Acupuncture, acupressure, chiropractic care ✓ Copays ✓ Dental care and orthodontia ✓ Feminine care products ✓ Eye care: glasses, LASIK, contacts/solution ✓ Family planning (contraceptives, fertility treatments) ✓ Hearing aids ✓ Over-the-counter drugs and medicines ✓ Medical supplies (crutches, braces, walkers, bandages, diabetes care items) ✓ Prescription drugs and medicines ✓ Physical therapy ✓ Smoking cessation programs ✓ Surgery (to treat injury or medical condition) 	<ul style="list-style-type: none"> ✗ COBRA premiums or premiums for other health plans ✗ Cosmetic surgery, Botox, Liposuction ✗ Cosmetic dentistry (whitening, veneers) ✗ Fitness programs for general health ✗ Personal care items such as shampoo, toothpaste, etc. ✗ Herbs, minerals, vitamins or other supplements used for general health
DEPENDENT CARE:	
<ul style="list-style-type: none"> ✓ Before/after school programs ✓ Day care centers ✓ In-home day care or elder care ✓ Nanny fees ✓ Preschool ✓ Senior center day programs ✓ Summer day camp 	<ul style="list-style-type: none"> ✗ Babysitter for non-work events ✗ Day care during volunteer work ✗ Long-term care facility fees ✗ Overnight camp ✗ Private grade school tuition ✗ Retirement home facility fees ✗ Summer School

* This is a partial list. See <https://fsastore.com/FSA-Eligibility-List.aspx> for an extensive list, or log into your FSA at <https://portsk12.benefitspot.com>.



Things to Consider Before Enrolling

Because Flexible Spending Accounts (FSAs) are governed by Section 125 of the Internal Revenue Service (IRS) code, there are specific rules and regulations that affect the way they operate.

- **Elections must be made in advance.** You must decide before the beginning of the plan year how much you want to contribute to your health and dependent care flexible spending accounts.
- **You can only change your election under limited circumstances.** Once you have made your election for the year, you can only change it if you have a qualified status change event. These include marriage, divorce, birth or death of a dependent, a spouse losing a job or starting a new one, or a qualified leave under the Plan. The change in your election must coincide with the event.
- **You need to budget carefully.** Some plans allow for an amount to be carried over into the next plan year. Not all plans have this feature and some limitations apply. See your Summary Plan Description for the rules specific to your plan. If your plan does not allow for a carryover of funds, you will forfeit any money left in your account when the plan year ends. A run-out period in the new plan year allows you to submit expenses you incurred during the last plan year.
- **Money from one account can't be used for the other account's expenses.** Health care account money can only be used for health care expenses, and dependent care account money can only be used for dependent day care expenses.



How the Plan Works

The FSA plan has five easy steps:

1. Make your health and/or dependent care account elections during your company's open enrollment period.
2. Incur your health and/or dependent care expenses during the plan year.
3. Retain receipts and the necessary documentation to support your claims.
4. Submit your claims and backup documentation to TRI-AD.
5. TRI-AD reimburses you.

Need More Information?

Via phone at (844) 624-1267

Our Participant Services representatives are available Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern Time to answer your questions.

Online at portsk12.benefitspot.com.

TRI-AD's FSA website provides much more information including a complete, up-to-date listing of eligible expenses, educational materials and other features.

Filing a Claim is as Easy as 1-2-3

- 1. Log into your account and enter your claim:** Register at www.tri-ad.com and log into your FSA to provide your claim information, or use our mobile app (separate registration required).
- 2. Provide the supporting documentation:** IRS rules say that your documentation must show:
 - The date the service was incurred (not the date you paid the bill)
 - The service provider's name
 - To whom the service was provided
 - The charges or out-of-pocket expense amount
 - A clear and detailed description of service or item

Acceptable documentation:

Examples of acceptable documentation are: insurance company Explanation of Benefit forms (EOBs), receipts showing the above information, and "bag tags" for prescriptions.

Unacceptable documentation:

Bank card statements, insurance company claim forms, canceled checks, estimates of expenses and balance forward statements are not valid documentation.

- 3. Upload your documentation:** After you provide your basic claim information, you can upload your documentation on TRI-AD's website, and attach it to your claim as part of filing the claim. Mobile app users may take a photo of their receipts to submit through the phone.

Contact Information

TRI-AD Participant Services representatives are available Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern Time.

Phone: 844-624-1267
FSA Fax: (866) 233-4741 or (760) 233-4741
Web: <https://portsk12.benefitspot.com>
Email: portsk12benefits@tri-ad.com



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The information contained herein is considered to be general in nature. In the event that anything on this flyer differs from the information contained in your company's plan provisions as set forth in the Summary Plan Description and/or Plan document, those documents shall prevail.