



Flexible Spending Account (FSA) / Dependent Care Account (DCA)

MHMRA of Harris County

PLAN YEAR: 1/1/12 – 3/15/13

- You have 60 days at the end of the Plan Year (3/15/13) to file claims for services provided during the Plan Year.
- Checks and direct deposits are issued to the participant every Wednesday.
- Claims must be filed within 60 days of employment termination in order to be considered for reimbursement.

HERE'S HOW IT WORKS:

- First, estimate how much money you will spend in the coming year for eligible healthcare and childcare expenses.
- Once calculated, the flexible spending account allows you to set aside a portion from your salary each payday.
- The maximum that you can elect for the Health Care Flexible Spending Account is **\$2,500 Per Year**.
- The maximum you can elect (per household) for Dependent Care Account is **\$5,000 Per Year**.
- The amount you allocate to your account is taken out of your pay before taxes are calculated and withheld. That means that part of your pay that goes towards flexible spending account is tax-free.
- When you pay for eligible healthcare and childcare expenses during the year, you get reimbursed for them with the money you have set aside in your flexible spending account. Since the money was set aside on a tax-free basis, you've saved the tax dollars you would have paid on earnings spent for healthcare and child care expenses.

Please Note: Effective 1/1/2011 your FSA monies cannot be used for over the counter medicine, only prescription medicine will be eligible.

ELIGIBLE HEALTHCARE EXPENSES

- Co-Payments
- Prescription Drugs
- Dental (Orthodontics, Dentures, Crowns, Bridges)
- Vision (Exam, Eyeglasses/Contacts, Contact Lenses Solution)

INELIGIBLE HEALTHCARE EXPENSES

- Vitamins
- Cosmetic Surgery
- Weight Loss Program (unless it is to treat a specific disease)

ONLINE ACCOUNT ACCESS

Active participants may track their FSA account status online. Simply log onto www.BenefitsPaymentSystem.com, and click on "Participant Login" to create your account. Participants may create an account using their Employer Login (JSLMHMRA) and Employee ID (social security number, no dashes).

Note: Your Card Number is not needed, just your Employer ID.

HOW ARE EXPENSES PAID?

There are several options to receive payment:

- A completed Reimbursement Form and Itemized Receipts or EOB can be mailed to:
HealthSmart Benefit Solutions, PO Box 71489, Newnan, GA 30271 or faxed to 877-587-4434.
- A claim can be e-mailed to nngg_cs@healthsmart.com. A completed Reimbursement Form and Itemized Receipts or EOB needs to be attached.

HealthSmart Benefit Solutions
P. O. Box 71489 · Newnan, Georgia 30271
Phone 800-503-9098
Fax 877-587-4434