A flexible spending account (FSA) lets you set aside money from your paycheck (on a pretax basis) to use for eligible out-of-pocket expenses. This helps reduce your taxes and increase your take home pay. The two most common types of FSAs are health care and dependent care.

Health care FSA
This account reimburses you for various eligible health care expenses. These include medical, dental, vision, hearing and prescription drug expenses. You can also use the FSA funds to pay for copays, coinsurance and over-the-counter (OTC) items.*

Dependent care FSA
This account reimburses you for eligible child and adult care expenses. Such expenses include day care, before and after school care, nursery school, preschool and summer day camp.

FSA contribution limits
Reviewing your expenses from last year and this year can help you determine how much to contribute to a health care or dependent care FSA. Your employer will deduct your pretax contributions from your paycheck (in equal amounts) during the plan year.

The current annual health care FSA pretax contribution limit is $2,550. If you and your spouse each have a health care FSA, you can each contribute $2,550.

The dependent care FSA limit is $5,000 per household/family. If you and your spouse each have a dependent care FSA, you are limited to $5,000 between the two of you. If you’re married and filing taxes separately, your contribution limit is $2,500.

How to use your FSA funds
If you pay for eligible expenses with cash, check or a personal credit card, you can submit an online request for reimbursement. You can also use the PayFlex Mobile® app, or fill out a paper claim form and fax or mail it to PayFlex®.

You may also use the PayFlex Card®, your account debit card, to pay for your eligible expenses. When you use the card, the funds automatically come out of your FSA.

Note: Save all of your detailed receipts and itemized statements. If you have an Explanation of Benefits (EOB) from your insurance plan, save that too. When you submit a claim, you’ll need to submit the EOB, receipt or statement.

NEW carryover feature for health care FSAs
• The U.S. Department of the Treasury modified the use-it-or-lose-it rule to permit your plan to allow a carryover feature for health care FSAs.
• In 2016, health care FSA members can carry over up to $500 in unused funds to the next plan year.
• The carryover amount won’t count toward your annual maximum contribution amount.

*You will need a written prescription for OTC drugs and medicine.
Health care FSA carryover
• Any unused funds greater than the carryover limit will be forfeited to the plan, after the last day of the plan year.
• The run-out period provides you with additional days (after the end of your plan year) to submit claims for reimbursement. Your run out period ends on April 30 of the following year.

Using your dependent care FSA:
• The dependent care FSA has the use-it-or-lose-it rule. Any unused funds at the end of the plan year are forfeited. Note: The FSA carryover rule does not apply to this account.
• Your dependent care FSA also includes the grace period. This means you will have an additional 75 days to spend your dependent care FSA dollars.
• The run-out period provides you with additional days to submit claims for reimbursement. Your run out period ends on April 30 of the following year.

Learn more about FSAs
Visit cornell.payflexdirect.com to use the following tools:
• My Resources: View educational materials, forms and Internal Revenue Service publications.
• Savings calculator: Estimate your health care and dependent care expenses.
• FAQs: Review frequently asked questions about the health care and dependent care FSA.

PayFlex Mobile® app
The PayFlex Mobile application gives you virtually 24/7 access to your account. It's free* and available for most smartphones. The app lets you:
• Manage your account and submit claims
• View your account balance, payments and deposits
• Receive account alerts and submit documentation (if applicable)
• View a list of common eligible expense items

General health care expense information
• You can only receive reimbursement for expenses incurred during the current plan year.
• Reimbursement is for eligible expenses incurred by you, your spouse and your dependents.
• You cannot receive reimbursement for an eligible expense more than once.
• You can’t change your contribution election unless you have a change in status.**

General dependent care expense information
• Dependent care expenses must be for a qualifying person. This includes your dependent who is younger than age 13, or a spouse or dependent incapable of self-care.
• To receive reimbursement, you must be working. If you are married, your spouse must either be working, looking for work, be a full-time student or incapable of self-care.
• Expenses are reimbursed based on the amount available in your account.
• Expense reimbursement is for services already received.
• You can change your contribution election if there is a change in your provider. Or if there is a change in the cost for your provider (the provider can’t be a relative).

Questions?
Visit cornell.payflexdirect.com. If you are an Aetna member, you can also access via Aetna Navigator. Or you can contact Customer Service at 1-888-678-7821, Monday – Friday, 8 a.m. – 8 p.m. and Saturday from 10 a.m. – 3 p.m. ET.

*Standard text messaging and other rates from your wireless carrier still apply.
**You must apply for a change in your election through your employer. You must submit your request generally within 60 days of your status change date. See your employer’s Summary Plan Description for specific details applicable to your plan.

PayFlex Systems USA, Inc. is an affiliate of Aetna Life Insurance Company.
This material is for informational purposes only. The information describes the Flexible Spending Account (“FSA”) in general terms. FSA plans are governed by the rules of Section 125 of the Internal Revenue Code and will be administered in accordance with those rules. Estimate fund amounts carefully. Unused funds for your dependent care FSA will be forfeited either after the last day of the plan year or at the end of the grace period if your plan offers one. Unused funds for your health care FSA exceeding the carryover amount will be forfeited after the last day of the plan year. Eligible expenses may vary from employer to employer. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Please refer to your employer’s Summary Plan Description (“SPD”) for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about PayFlex, go to cornell.payflexdirect.com.