Saving money using pretax dollars

Flexible spending accounts

A health care FSA is a way to set aside money from your earnings before taxes are withheld to pay eligible out-of-pocket health care expenses and qualifying dependent daycare expenses. Here's how it works:

- Use your HealthEquity Visa Card to pay for eligible health care expenses, or submit a claim for reimbursement of eligible expenses from your account
- Expenses must be incurred by Dec. 31
- Expenses must be submitted to HealthEquity by April 30 of the following year to avoid loss of funds
- Claims must be submitted within one year of the date of service
- Your active employee FSA ends the date your employment ends

Rollover funds

The IRS allows employees with a health care FLEX account to roll over up to \$640 of their unused funds to the next plan year. Whether you enroll in the general purpose FLEX account or the LP-FLEX account, and regardless if the contribution is from you or your employer, a combined total up to \$640 of unused funds will automatically roll over for use in the next plan year. Automatic rollover will occur after the end of the run-out period. The run-out period ends April 30, 2025, which means 2024 rollover funds will be available in May 2025.

You have until April 30, 2025, to submit claims for expenses incurred during 2024

Expenses are incurred when the medical care is provided or the service is delivered, not when you are billed, charged or pay for the care.

A note for highly compensated employees

The Internal Revenue Code (IRC) provides that health care FSAs and dependent care FSAs cannot discriminate in favor of highly compensated employees (as defined by the IRS). The plan reserves the right to reduce or adjust your contributions, elections and/or benefits to maintain the tax-qualified status of the health care and dependent care FSAs.



Manage your accounts online

Visit **healthequity.com** to manage your FSA. If you have more than one type of 2025 FSA, you will see more than one account listed. The combined total represents your available funds. You can file your claims electronically and either upload or fax your claims substantiation.

General-purpose FSA

If you enroll in the PPO plan or if you opt out of medical coverage and your comparable coverage is through a traditional plan (non-HDP), you can select the general-purpose FSA. The general-purpose FSA can be used to pay your eligible out-of-pocket health care expenses, including dental and vision costs. Expenses paid by insurance or another source are not eligible for reimbursement.

Limited-purpose FSA

If you enroll in the HDP with contributions to an HSA, you cannot elect a general-purpose FSA, but you can elect an LP-FSA. The LP-FSA reimburses you for eligible vision and dental expenses and eligible out-of-pocket medical expenses after your deductible is met.



HealthEquity Visa card

All participating members will receive a HealthEquity Visa card at no cost, which makes it easy to access your health care FSA funds. Your entire health care FSA election amount is available for claims incurred at either January 1, 2025, or your effective date, whichever is later.

IRS requirements apply when you use a HealthEquity Visa card, and every cardholder agrees to follow IRS rules. Read the cardholder agreement that accompanied your Health Care Spending Card.

Claims substantiation and receipts

The IRS requires claims substantiation for debit card transactions. We only request receipts for transactions where the merchant did not receive an authorization from Visa. If you are unable to use your HealthEquity Visa Card, you will need to submit a claim for reimbursement.

Employer contributions

In some cases, employers may contribute to an employee FSA or LP-FSA. If your employer contributes, you will find the maximum contribution amounts on the back of the 2025 Employee Benefit Plan Rates document included in your enrollment packet. Employer contributions are in addition to and do not count toward the employee \$3,200 health care FSA annual election limit.

	General-purpose FSA	Limited-purpose FSA
Medical plan enrollment required	PEBC PPO plan or opt out with a traditional plan as comparable coverage.	HDP or opt out with an HDP as comparable coverage.
What can be reimbursed?	Eligible qualified expenses including out-of-pocket medical, dental and vision expenses.	Eligible qualified dental and vision expenses, and out-of-pocket eligible medical expenses after your deductible is met.
Can I use an account debit card?	Yes — HealthEquity Visa Card	Yes — HealthEquity Visa Card
What is the maximum amount an employee can elect annually?	\$3,200 general purpose or LP-FSA	
Can I be enrolled in both accounts at the same time?	You cannot be actively enrolled in an LP-FSA if you're enrolled in a general-purpose FSA at the same time.	You cannot be actively enrolled in a general-purpose FSA if you are enrolled in the LP-FSA at the same time.
Does "use it or lose it" apply?	The IRS allows employees with a health care FLEX account to roll over up to \$640 of their unused funds to the next plan year. This changed the "use it or lose it" rule which previously required you spend all of your funds before the end of the plan year or you lost the money you saved. Whether you enroll in the general purpose FLEX account or the LP-FLEX account, and regardless if the contribution is from you or your employer, a combined total up to \$640 of unused funds will automatically roll over for use in the next plan year. Automatic rollover will occur after the run-out period, which ends April 30.	



Managing your account

Visit **healthequity.com** and use your HealthEquity credentials to sign in and manage your accounts online.

- Check debit card status
- File a claim
- Upload claim substantiation
- Review your account(s)
- Download forms
- Learn more about the plan

FSAs are ONLY for those eligible claims incurred by you or your dependents for federal income-tax purposes, without regard to income limitations. Claims must be submitted within 1 year of the date of service. Contact your tax or financial advisor for information about your specific situation.

To mail or fax in an FSA claim

Use the claim form available on **healthequity.com** and mail to the address indicated on the form.

Dependent care FSA

This account primarily benefits those with a qualifying child (under age 13) or qualifying dependent by reimbursing eligible daycare expenses to allow a parent to work or attend school. This account is NOT for reimbursement of dependent health care expenses. The annual dependent care FSA maximum annual election is \$5,000 (married and filling a joint tax return) or \$2,500 (single or married and filling a separate tax return).

Customer service

Call HealthEquity customer service 24/7 at **844-396-0226** for help with a variety of topics:

- Activating a new card
- Reporting a lost or stolen card and requesting card deactivation and/or a new card
- Checking account balance information and card transaction history
- Reporting fraud
- Disputing card transactions up to 90 days from date of charge