

TRADITIONAL HEALTH CARE FSA

Who:

Team Members NOT enrolled in the PPO with HSA Plan

Annual Limit:

\$2,700

Eligible Expenses:

Medical, dental and vision expenses such as deductibles, copays and prescriptions

Payment or Reimbursement Options:

Debit card, direct deposit or check

LIMITED PURPOSE FSA

Who:

Team Members enrolled in the PPO with HSA plan

Annual Limit:

\$2,700

Eligible Expenses:

Dental and vision expenses only

Payment or Reimbursement Options:

Debit card, direct deposit or check

DEPENDENT CARE FSA

Who:

All Team Members

Annual Limit:

\$5,000

Eligible Expenses:

Dependent care expenses such as day care and after-school programs for children up to age 13

Payment or Reimbursement Options:

Direct deposit or check

COMMUTER FSA

Who:

All Team Members

Annual Limit:

\$3,120

Eligible Expenses:

Public transportation like buses, subways, trains for transportation to and from work.

Payment or Reimbursement Options:

Direct deposit or check

2020 FSA REIMBURSEMENT CALENDAR

Plan Year

January 1 - December 31, 2020

Time to incur health care expenses

January 1 - March 15, 2021

Deadline to submit health care and dependent care claims

January 1 - December 31, 2020

Time to incur dependent care expenses

January 1 - December 31, 2020