



# West Linn Wilsonville School District

## Flexible Spending Account Summary

### December 1, 2024 – November 30, 2025

A Flexible Spending Account (FSA) is a type of plan that allows you to receive certain benefits on a pretax basis. Think of it as a tax-free and interest-free loan to yourself. The pretax contributions may be used for qualified healthcare and childcare expenses for you and your tax dependents. They also allow you to pay for your group’s sponsored insurance premiums on a pretax basis.

### Contributing to Your FSA

Component	Maximum Pay Period Election	Maximum Annual Election
<b>General Purpose Health FSA</b>	\$ 266.66	\$3,200
<b>Limited Purpose FSA</b>	\$ 266.66	\$3,200
<b>Dependent Daycare Expenses</b>	\$ 416.66	\$5,000 if married & filing a joint return or a single parent \$2,500 if married but filing separately

**The Plans:** The following FSA components are available through your employer.

#### Premium Component

- Your employer will deduct your portion of the group-sponsored insurance plans, including premiums for medical, dental, vision, hospitalization, accident insurance, and/or other qualified benefits from your gross salary on a pre-tax basis. This reduces income taxes and results in an increase in take home pay and lower taxable salary.

#### Health FSA Component – includes the following account(s)

##### Health Related Expense Account (HRE) - the General Purpose FSA

- If you’re eligible for your employer’s health plan, you can set up an HRE account. With an HRE account, you can save pre-tax money for healthcare expenses, including medical, dental, and vision expenses that are either not covered or only partially covered by your insurance plan.
- These expenses are for your tax dependents. Examples include: you, your spouse, or child(ren), whether or not they are covered on your employer’s group insurance plan.
- When you have a qualified change in status—such as if you add or remove dependents from your insurance plan—you can increase or decrease your election

##### Limited-Purpose Flexible Spending Account (LFSA)

- This plan is available for employees, who they themselves or their family contribute to a health savings account (HSA) and are eligible for the group sponsored health plan. You can use this plan for eligible expenses including dental, vision and preventive medical care expenses.
- These expenses can be for your or your spouse or child(ren), regardless if they are covered on your employer’s group insurance plan.
- When you have a qualified change in status – such as if you add or remove dependents from you insurance plan – you can increase or decrease your election.

## Dependent Care Assistance Plan (DCAP) Component

### Dependent Daycare Expense Account (DCE)

- Our Dependent Daycare Expense Account (DCE) allows you to save pre-tax dollars to pay for dependent care. This is specifically for expenses for a child up to age 13 or disabled taxable dependent who is unable to care for themselves, including elder care expenses.
- When you have a qualified change in status—such as if your spouse's employment changes—you can increase or decrease how much you put into your account.
- In many cases, this account will be more beneficial to you than the federal tax credit.

## Claims Reimbursement

### Reimbursement Time Frame

Reimbursements may be requested during the plan year or after it ends. Your claim submission period ends 90 days after the plan year ends. This is known as a run-out period. All eligible reimbursement claims for services you received between **December 1, 2024** and **November 30, 2025** must be submitted by **February 28, 2026** for reimbursement.

### Submitting Claims

There are several ways you can submit expenses for reimbursement. If you're reimbursed for a claim and it is later determined that the expense was not eligible for reimbursement, you will be liable for repaying the money to your FSA. Additional information is listed below.

### Manual Claims

We offer several ways you can submit your claims for reimbursement:

1. Submit your claim online using our PSAConsumer portal: <https://psa.consumer.pacificsource.com>
2. Submit your claim via our Mobile App: myPacificSource Admin (PSA)
3. Mail or fax a Request for Reimbursement Form. You'll find the form at <https://psa.pacificsource.com/forms/>

## Funds Remaining After the Plan Ends

: If the plan year ends before you've used all of your Health FSA funds, you're allowed to have up to \$640 carry over to the next FSA plan year. If you have more than the \$640 remaining, you'll lose those additional funds, along with all other account balances. Carryover funds will be automatically rolled after the prior plan year and claims submission period ends. You may request an early roll by contacting Customer Service.

## What Happens if I Terminate Employment during the Plan Year?

If you terminate employment or lose eligibility, your participation in the plan will end on the date your employment status changes or with your final payroll contribution – whichever offers the greater period of eligibility. You may be eligible to continue the Health FSA under COBRA or by making an additional pre-tax contribution out of your last paycheck.

## Forms, Fliers and instructions – [www.pacificsource.com](http://www.pacificsource.com)

Available online. Examples include:

- FSA Participant Guide (general information)
- Request for Reimbursement Forms
- Direct Deposit Form
- Examples of Eligible Expenses
- Online Claim Submission Instructions
- Prepaid Benefits Card Flier (Benny/Wex)
- Authorization to Disclose PHI