

PERSONAL CHOICE ACCOUNT

Flexible Benefits Administration

What is a Health Care Flexible Spending Account?

Contact Us

Personal Choice Account

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Visit our website:

personalchoiceaccount.com

Did you know that your employer offers a valuable money saving benefit to you called a Health Care Flexible Spending Account, or HFSA ?

HFSA's were designed by the IRS to allow you to set aside money in an account that you can draw from for certain expenses related to health care for you and your eligible dependents.

By participating in this account you'll save money in two ways:

- You're not taxed when you make deposits (*we call them contributions*)
- You're not taxed when you make withdrawals (*we call them reimbursements*)

Here is how you save...

Your Pay <i>Without</i> an Account	
Annual Salary	\$48,000
Taxes	-\$9,600
Health Care Expenses	-\$5,000
Net Pay <i>Without</i> an Account	\$33,400

Your Pay <i>With</i> an Account	
Annual Salary	\$48,000
Health Care Expenses	-\$5,000
Adjusted Net Income	\$43,000
Taxes	-\$8,600
Net Pay <i>With</i> an Account	\$34,400
Total Annual Savings	\$1,000

That's **\$1,000** just for participating in a Health Care Flexible Spending Account!

Because you pay less in social security taxes, your social security benefit may be slightly less when you participate in any type of tax savings vehicle. This is an example for illustration purposes only. Savings may vary based on income, tax bracket and other variables. Consult your tax advisor if you have questions regarding your personal savings under this account.

The IRS "Use it or Lose It" Rule

The full amount you choose to set aside for the plan year (*we call that your annual election*) must be used for qualified health care services incurred during the plan year or you "lose" the funds. This is an IRS mandated rule regarding this type of account. To reduce the potential risk, you should carefully review your estimated health care expenses before making your election. In addition, you must determine if the care that you're paying for is considered "qualified" under the plan.

Eligible Expenses

Deductibles
Co-Pays
Coinsurance
Prescription Drugs
Diabetic Supplies
Over the Counter Medicines
Pain Relievers
First Aid
Cough and Cold
Allergy
... and much more !!
Massage Therapy (some limitations apply)
Chiropractic Expenses
Acupuncture
Dental Expenses
Orthodontia
Vision Expenses
Weight Loss Expenses (some limitations apply)
Smoking Cessation
X-ray & Laboratory Expenses
Hearing Aid Expenses
Mental Health Expenses (some limitations apply)
Adaptive Equipment (some limitations apply)
Animal Aide (some limitations apply)
Mileage to Obtain Medical Care
Hospital Expenses
Obstetric Care (some limitations apply)

(see our website for a more complete list)

Changing Your Annual Election

The annual election you choose when you enroll can only be changed if you have a qualified life event. Examples include marriage, birth or changes in the employment status of you or your spouse. Please contact your Human Resources (HR) department for additional information regarding such changes. The change in a medical condition or treatment plan is not considered a life event.

Reimbursement Process

To make withdrawals from the account, simply complete a Health Care Reimbursement Request form and attach a copy of your Explanation of Benefits (EOB) from your insurance company or an itemized provider bill. The bill must show your final out of pocket expense, the name of the person who received the care, the provider's name and the date of service. For over the counter items a store receipt should be used for documentation and it must include the name of the product clearly labeled, the name of the store, the date purchased and your final out of pocket cost.

Reimbursement requests may either be mailed, faxed or emailed (as a PDF attachment) to Personal Choice Account (please see the contact information in the sidebar of this brochure).

You have access to your full annual election amount from the beginning of the plan year, even though you have not yet contributed the full amount.

Reimbursement checks will either be sent to your mailing address or can be direct deposited into your checking or savings account. Please view our website or contact us for a Direct Deposit Enrollment form.

You will have a period of time after the plan year to submit claims to Personal Choice Account (PCA). Please contact your HR department or PCA to verify your deadline.

Online Services

You can review your account online through our secure website, www.myflexmoney.com. Here you'll be able to see reimbursement and contribution status as well as monitor the balance in your account. In addition, you will find forms, lists of eligible expenses and informational presentations at www.personalchoiceaccount.com.

Termination of Employment

If you terminate employment you will have access to your full annual election for services incurred before you terminate. You'll have a period of time after the end of the plan year to submit the expenses to PCA. Contact your HR department or PCA to verify your deadline.

Eligibility

You are eligible to participate in the Health Care Flexible Spending Account even if you do not participate in an employer sponsored health plan (insurance).

Qualified Expenses

You should carefully review the eligible and ineligible expenses under this plan. A partial list of eligible expenses is found on the sidebar of this brochure. Additional tools are available on our website or by contacting our Customer Service team.