

# PEHP FLEX\$

It's time to get serious  
about reducing your  
out-of-pocket costs.



**peHP** Serving the Employees Who Serve Utah



# PEHP FLEX\$

**FLEX\$ saves you money** by reducing your taxable income. You set aside a portion of your pre-tax salary to pay eligible expenses. PEHP offers two types of FLEX\$: healthcare and dependent day care. Enroll in one or both.

## ENROLLMENT

- » You must re-enroll for FLEX\$ every plan year. Check with your employer to when your plan year begins.
- » **Open enrollment:** Enroll online at [www.pehp.org](http://www.pehp.org). Or fill out a paper form and return it to PEHP (fax: 801-366-7772).
- » **New hires:** Enroll within 60 days of eligibility date.

## PLAN YEAR CONTRIBUTION LIMITS

- » Up to **\$2,500** for healthcare expenses (check with your employer).
- » Up to **\$5,000** for dependent day care expenses (you and your spouse combined).

## HOW YOU CONTRIBUTE

- » Your contributions are withheld from your paycheck pre-tax. The total amount you contribute is evenly divided among pay periods.
- » The total amount you choose to withhold for healthcare expenses is immediately available as soon as you begin FLEX\$.

## YOU CAN'T HAVE AN HSA WITH FLEX\$

You can't contribute to a health savings account (HSA) while you're enrolled in healthcare FLEX\$. However, you may have a dependent day care FLEX\$ or a limited FSA and contribute to an HSA.

## OLDER CHILDREN

- » Children up to age 26\* can remain covered regardless of marital or dependent status.

*(\*Up to Dec. 31 of the calendar year they turn age 26.)*

## CARRYOVER/GRACE PERIOD

You may be able to carry over \$500 of your healthcare FLEX\$ into the next plan year or you may have a 75-day grace period in which to use FLEX\$ money for eligible expenses. Check with your employer.

**For enrollment dates and claim submission deadlines contact PEHP FLEX\$**

**Phone:** 801-366-7503 or 800-753-7703 | **Fax:** 801-366-7772 | **Email:** [flex@pehp.org](mailto:flex@pehp.org)



# PEHP FLEX\$

## Use Your FLEX\$ Card as a Debit Card

Now you can use your FLEX\$ Benefits Card as either a credit card or a debit card.

Log in to myPEHP at [www.pehp.org](http://www.pehp.org) to get your debit PIN. Click “Check Your FLEX\$ Balance” from the menu at left, then click “Card Status.”

This means you can now use your card at places that accept only debit cards. Choose either credit card or debit card at the point of sale.

## Using Your FLEX\$ Card

The easiest way to access your FLEX\$ account is with the FLEX\$ Benefits Card you will automatically receive at no extra cost. It works just like a credit card and is accepted at most places that take MasterCard.

The FLEX\$ card doesn't always distinguish which purchases are eligible. You may be asked to verify expenses.

For places that don't accept the FLEX\$ card, simply pay for the charges and submit a copy of the receipt and a claim form to PEHP for reimbursement.

You're responsible to keep all receipts for tax and verification purposes. PEHP may ask for verification of charges.

Limitations apply. Go to [www.pehp.org](http://www.pehp.org) for eligibility and more details.

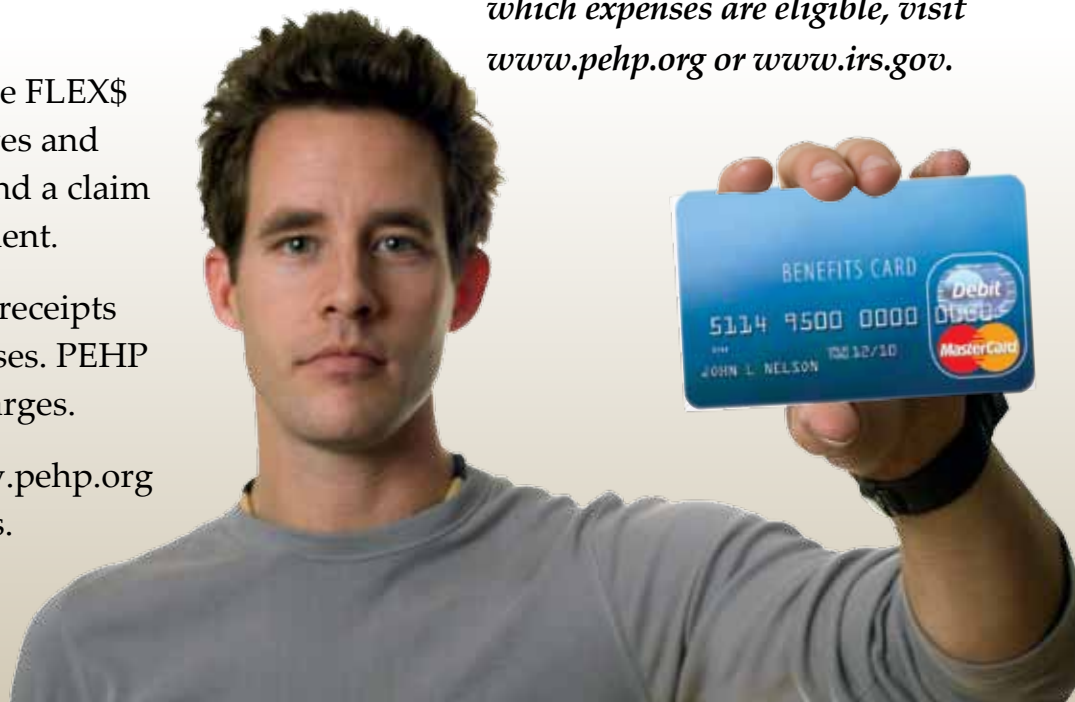
## Eligible Expenses

**As required by federal law, over-the-counter medicines aren't longer eligible for reimbursement from a flex plan or HRA without a prescription.**

**FLEX\$ HEALTHCARE ACCOUNT** for eligible health expenses for you and your eligible dependents. A partial list of eligible expenses is on the back of this brochure.

**FLEX\$ DEPENDENT DAY CARE ACCOUNT** for eligible day care expenses for your eligible dependents to allow you and/or your spouse to work, look for work, or go to school.

*For more information about which expenses are eligible, visit [www.pehp.org](http://www.pehp.org) or [www.irs.gov](http://www.irs.gov).*





# PEHP FLEX\$

## What's covered?

### Examples of eligible expenses

- » Alcohol & drug treatment programs
- » Band-Aids, bandages & gauze pads
- » Body scan – diagnostic or screening tests
- » Cold/hot packs for injuries
- » Condoms & spermicidal foam
- » Contact lenses, including lens care supplies
- » Eyeglasses
- » First aid cream & antibacterial ointment
- » Hearing aids & batteries
- » Infertility treatment
- » Laser eye surgery
- » Nicotine gum or patches for smoking cessation
- » Orthodontia (copy of contract required)
- » Orthotics
- » Over-the-counter medications with a prescription
- » Prescription drugs
- » Routine physical exams
- » Nasal strips
- » Smoking cessation programs
- » Sunburn ointment or cream
- » Thermometer

## PEHP FLEX\$ CONTACT INFO

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## What's not covered?

### Examples of non-eligible expenses

- » Aromatherapy
- » Botox
- » Cold, flu medicine, cough drops & throat lozenges without a prescription
- » Contact lens service agreement or insurance
- » Cosmetic procedures & surgery
- » Face cream, suntan lotion & moisturizers
- » Health club dues
- » Insurance premiums
- » Electrolysis or hair removal
- » Payments for services performed outside the current plan year

### Examples of expenses requiring a doctor's note

- » Arthritis treatment
- » Chinese herbs, naturopathic & dietary supplements
- » Massage therapy
- » Nasal sinus sprays
- » Sunglasses
- » Sunscreen
- » Topical creams
- » Vitamins to treat a medical condition
- » Weight loss drugs & programs