## 2018-2019 FLEX\$ Overview

#### State of Utah

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





**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.
- » Open enrollment: Enroll online at www.pehp.org (see next page).
- » New hires: Enroll within 60 days of eligibility date.

#### PLAN YEAR CONTRIBUTION LIMITS

- » Up to \$2,650 for healthcare expenses (May adjust annually for inflation).
- » 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\$ and/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.)

### Reminder

Now you can carry over up to \$500 in your healthcare FLEX\$ from one plan year to the next. However, because of this change, you no longer have a grace period for eligible expenses.

### **FLEX\$** Timeline

PLAN YEAR: July 1, 2018 – June 30, 2019

Eligible FLEX\$ expenses must be incurred between July 1, 2018, and June 30, 2019.

You must submit claims by Sept. 30, 2019.

#### July 1, 2018

2018 FLEX\$ plan year begins

#### June 30, 2019

2018 FLEX\$ plan year ends

#### Sept. 30, 2019

Deadline to submit claims

#### After Sept. 30, 2019

You can carry over up to \$500 in your healthcare FLEX\$ into the next plan year

## **Managing FLEX\$ Online**

Log into PEHP for Members at www.pehp.org.



Click the Online Enrollment button at the top of the page to enroll in FLEX\$ during open enrollment.



Select FLEX\$
Balance under the myMoney tab to view your balance and trasaction history.

## **Using Your FLEX\$ Card**

Access your FLEX\$ account with the FLEX\$ Benefits Card you will automatically receive at no extra cost. It can work just like a credit card or a debit card.

The FLEX\$ card doesn't always distinguish which purchases are eligible. You're responsible to keep all receipts for tax and verification purposes. PEHP may ask for verification of charges.

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

Limitations apply. Go to www.pehp.org for eligibility and more details.

## Eligible Expenses

As required by federal law, over-the-counter medicines are no 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, download the FLEX\$ Handbook from the Benefit Information Library in PEHP for Members at www.pehp.org or visit www.irs.gov.

### 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
- » Orthodontia (copy of contract required)
- » Orthotics
- » Over-the-counter medications with a prescription
- » Prescription drugs
- » Routine physical exams
- » Nasal strips
- » Sunburn ointment or cream
- » Thermometers

#### PEHP FLEX\$ CONTACT INFO

**Phone:** 801-366-7503 or 800-753-7703

Fax: 801-366-7772

Email: flex@pehp.org

# What's not covered?

## Examples of non-eligible expenses

- » Aromatherapy
- » Botox
- » 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
- » Cold, flu medicine, cough drops & throat lozenges
- » Massage therapy
- » Nasal sinus sprays
- » Sunglasses
- » Sunscreen
- » Topical creams
- » Vitamins to treat a medical condition
- » Weight loss drugs & programs