



P.O. Box 6392 • Grand Rapids, MI 49516-6392 • Phone: (800) 968-2449 • Fax: (616) 464-4459

FLEXIBLE SPENDING ACCOUNTS

HIGH-Deductible Health Plan

Your employer is giving you the opportunity to enroll in an employee benefit plan called a flexible spending account (FSA) through Section 125 of the Internal Revenue Code. An FSA is an employer-established benefit plan that is generally funded with pretax contributions by employees. Employers may also contribute to an FSA, and these contributions can be excluded from your gross income for tax purposes. The Internal Revenue Service (IRS) sets a maximum amount of money that you can contribute to an FSA, and your employer may set a minimum contribution. The main disadvantage of an FSA is the use-or-lose rule, which states that any unspent funds remaining at the plan year's end will revert back to the plan, not to you. You may minimize this potential risk by allocating only enough pretax dollars to cover expenses that you expect to incur in the coming plan year.

MEDICAL FSA

A medical FSA covers eligible health-care expenses not reimbursed by any medical, dental, or vision care plan you or your dependents may have (but not health insurance premiums). An employer may set the annual maximum contribution no higher than \$2,850, per federal law. You may submit claims for yourself and your eligible dependents, including your spouse, children, and any other person who is a qualified IRS dependent.

The medical FSA operates much like a bank account. Deposits are made into the account in the form of pretax payroll deductions. You can withdraw funds from the account to pay for qualified medical expenses even if you have not yet placed the funds in the account. Withdrawals from the account are made using a flex reimbursement form. You should submit the reimbursement form and a copy of your receipt or bill to ASR Health Benefits, who will then issue you a check. You can manage your account at www.asrhealthbenefits.com.

Review your past medical expenses and plan your future needs carefully to decide if the medical FSA is right for you. Also, note the deductible, coinsurance, and co-payment amounts required in the health plan option that you have selected, as they can also be reimbursed from your medical FSA. For a complete list of eligible and ineligible medical expenses, refer to Internal Revenue Publication 502 at www.irs.gov.

Here is an illustration of the savings under a medical FSA, which assumes a 28% federal tax rate and a 7.65% social security tax rate*:

	Without Medical FSA (After Tax)	With Medical FSA (Before Tax)	Amount of Savings
Dental Expenses	\$500.00	\$322.00	\$178.00
Co-payments and Deductibles	\$400.00	\$257.00	\$143.00
Contacts and Glasses	\$300.00	\$193.00	\$107.00

You can see by these examples that you pay less than the actual expense because you are not taxed on the reimbursed amount. If you participate in the medical FSA, the money you designate for health-care expenses will purchase more. For example*, if you estimate that you will spend

\$1,200.00 for health care expenses in the 2022-23 plan year, the table below illustrates the amount you will have available to you to spend on health-care expenses both with and without a medical FSA (assuming the same tax rates as above):

	Without Medical FSA	With Medical FSA
Annual Salary	\$30,000.00	\$30,000.00
Medical FSA Annual Contribution	\$0.00	\$1,200.00
Taxable Income	\$30,000.00	\$28,800.00
Amount Available for Health Care Expenses	\$772.00	\$1,200.00

*These examples are not intended to offer legal or tax advice. Consult your tax advisor before enrolling in the FSA.

If you terminate participation in the medical FSA before the end of the plan year, you must submit all claims within 90 days of the date of termination. (However, see the Outbreak Period section below.) If the contributions made to your medical FSA as of the date of termination exceed the claims submitted, you may continue participation through COBRA.

Note on Limited-Purpose Medical FSA: If you participate in a health savings account (HSA), you may be reimbursed under the medical FSA only for uninsured dental and vision care expenses, preventive care (such as annual physicals and routine tests), and other expenses incurred after the minimum annual deductible under your high-deductible health plan is satisfied. **If you are currently participating in the general-purpose medical FSA, and you plan to participate in an HSA for the 2022-23 plan year, you may not contribute to an HSA until the first of the month following the end of the grace period (October 1, 2022) if you have a balance in your medical FSA at the end of the 2021-22 plan year.** Further, you cannot submit claims to both your medical FSA and your HSA for the same expense.

MEDICAL FSA ELECTION WORKSHEET AND ELIGIBLE EXPENSES

Estimate Your <i>Uninsured</i> Medical Expenses			Estimate Your <i>Uninsured</i> Dental Expenses		
Medical deductibles:	\$	per year	Dental deductibles:	\$	per year
Medical coinsurance:	\$	per year	Dental coinsurance:	\$	per year
Vision care:	\$	per year	Exams/Cleanings:	\$	per year
Routine examinations:	\$	per year	Orthodontia:	\$	per year
Prescription drugs:	\$	per year	Fillings/Crowns/Bridges:	\$	per year
Co-payments:	\$	per year	Dentures:	\$	per year
Other:	\$	per year	Other:	\$	per year
Subtotal:	\$	per year	Subtotal:	\$	per year
Total Annual Medical FSA Contribution (combine both Subtotal amounts):			\$	per year	

Eligible Expenses	
Acupuncture	Lifetime care
Alcoholism or drug treatment	Massage therapy (physician prescribed to treat a medical condition)
Ambulances	Menstrual care products
Birth control	Nursing services (medically necessary, including midwife fees)
Body scans	Optometrist's fees
Car controls (handicapped equipment)	Over-the-counter drugs to alleviate or treat illness or injury
Chiropractors	Pap smears
Cord blood storage (for future use for child born with medical condition)	Personal protective equipment to prevent COVID-19 (masks, sanitizers)
Cosmetic surgery (medically necessary)	Physical therapy
COVID-19 testing (including home testing)	Prescription drugs
Crutches	Smoking cessation aids/programs
Deductibles and co-payments	Sterilization
Dental expenses	Surgery (general)
Diagnostic tests (pregnancy, ovulation, cholesterol & blood pressure)	Syringes
Doctor's fees	Teeth whitening (for discoloration from disease, birth defect, or injury)
Equipment (medical)	Television (closed captioned)
Guide dogs	Travel or transportation for medical care

Eligible Expenses, continued	
Hearing aids Hypnosis (for treatment of disease) Immunizations Lab fees Lasik (Laser) eye surgery Learning disabilities (instructional fees)	Vision expenses (including exams, eyeglasses, & contact lenses) Vitamins and supplements to treat a medical condition Weight-loss program fees/expenses (treatment for underlying disease) Well-baby care Wheelchairs X-rays
Ineligible Expenses	
Bottled water Cosmetics, toiletries, toothpaste, etc. Custodial care in an institution Electrolysis Food for weight-loss programs Funeral and burial expenses Health or social club dues Household and domestic help	Insurance premiums Long-term care Marriage or family counseling Maternity clothes, diaper services, etc. Meals and general lodging Travel (vacation or general) Uniforms Vitamins and supplements taken for general health purposes

HEALTH SAVINGS ACCOUNT

A health savings account (HSA) is a savings product that offers a different way for you to pay for your health care. HSAs enable you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis. You must be covered by a high-deductible health plan (HDHP) to be able to take advantage of an HSA.

The U.S. Department of the Treasury and the IRS set HSA maximum contribution amounts each year for individuals and families (plus an additional catch-up contribution for participants aged 55 or older). You own and control the money in your HSA. You decide how to spend the money on qualified medical expenses and how to invest the money in your account to make it grow. The unused balance in an HSA automatically rolls over year after year.

HSA funds can pay for any qualified medical expense, even if the expense is not covered by your HDHP. A partial list of qualified medical expenses is provided in IRS Publication 502 (available at www.irs.gov). You may also withdraw funds without tax penalty to pay for the qualified medical expenses of your spouse or dependents. If the money from the HSA is used for qualified medical expenses, then the money spent is tax-free. If HSA funds are used for other than qualified medical expenses, the expenditures will be taxed and, for individuals who are not disabled or over age 65, subject to a 20 percent tax penalty.

DEPENDENT CARE FSA

With the dependent care FSA, you can reduce your tax burden by using pretax dollars to pay expenses for eligible child care or adult care for senior-citizen dependents that live with you. Federal law also allows you to claim a direct credit against federal income taxes for eligible child or dependent care expenses. However, any amount you claim under the dependent care tax credit will be reduced by the amount you are reimbursed under the dependent care FSA. The amount reimbursed under the dependent care FSA reduces, dollar-for-dollar, the amount of dependent care expenses that are eligible for the dependent care tax credit; therefore, you should either participate in the dependent care FSA to the fullest extent possible or claim the tax credit.

The dependent care FSA operates much like a bank account. Deposits are made into the account in the form of pretax payroll deductions. Withdrawals from the account are made using a flex reimbursement form. You should submit the reimbursement form and a copy of your receipt or bill to ASR Health Benefits, who will then issue you a check. You can manage your account at www.asrhealthbenefits.com. Note that if you terminate participation in the dependent care FSA before the end of the plan year, you must submit all claims within 90 days of the date of termination.

Dependent care expenses are expenses you incur to enable you to work. If you are married, the expenses must be incurred to enable you and your spouse to work, or to enable your spouse to attend school on a full-time basis. The expenses must be for the care of your dependent who is under age 13 and for whom a personal-exemption deduction is allowed for federal income tax purposes, for the care of your dependent or spouse who is physically or mentally incapable of self-care, or for household services in connection with the care of a qualifying dependent.

The maximum amount that can be reimbursed (i.e., deposited) is the lowest of your earned income, your spouse's earned income, or \$5,000.00 (\$2,500.00 if you are married and you file a separate tax return). If your spouse is a full-time student or is incapable of self-care, your spouse's earned income is assumed to be not less than \$250.00 if you provide care for one dependent, or \$500.00 for two or more dependents, for each month that your spouse is a student or incapable of self-care. Please refer to Internal Revenue Publication 503 for more information on eligible and ineligible expenses at www.irs.gov.

GRACE PERIOD

Your medical FSA has a two and one-half month grace period at the end of the plan year. This grace period is a period of time when you may incur qualified medical expenses and pay them from any amounts left in your FSA at the end of the previous year. The grace period ends on the 15th day of the third month of the next plan year, but you will have a time period after that in which to submit (but not incur) the claims. You must forfeit any funds remaining in your FSA at the end of the grace period. Here is an example of how the grace period works:

Your plan year runs on a July 1 to June 30 basis and has a two and one-half month grace period. You have three months after the grace period to submit claims incurred during the plan year and the grace period. At the end of June 2023, you have \$250 left in your medical FSA. You incur \$250 of qualified medical expenses during July 1 through September 15 of 2023, the grace period for the 2022-23 plan year. You may submit these expenses by December 15, 2023 in order to receive reimbursement. (However, see the Outbreak Period section below.)

OUTBREAK PERIOD

Your FSA plan must disregard what the federal government defines as the COVID-19 Outbreak Period when calculating certain deadlines under your plan (for example, the deadline for filing a claim for benefits or an appeal of a claim denial). This Outbreak Period will be calculated on an individual basis, ending the earlier of (a) one year from the date you were first eligible for relief, or (b) 60 days after the announced end of the National Emergency Period. The plan deadlines do not apply during the Outbreak Period; that is, the time clock is paused during the Outbreak Period and restarts when it is over.



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STANDARD & PREMIER PLANS

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Review your past medical expenses and plan your future needs carefully to decide if the medical FSA is right for you. Also, note the deductible, coinsurance, and co-payment amounts required in the health plan option that you have selected, as they can also be reimbursed from your medical FSA. For a complete list of eligible and ineligible medical expenses, refer to Internal Revenue Publication 502 at www.irs.gov.

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for health-care expenses will purchase more. For example*, if you estimate that you will spend \$1,200.00 for health care expenses in the 2022-23 plan year, the table below illustrates the amount you will have available to you to spend on health-care expenses both with and without a medical FSA (assuming the same tax rates as above):

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If you terminate participation in the medical FSA before the end of the plan year, you must submit all claims within 90 days of the date of termination. (However, see the Outbreak Period section below.) If the contributions made to your medical FSA as of the date of termination exceed the claims submitted, you may continue participation through COBRA.

Note on HSA Participation: If your spouse or other dependent is enrolled in a high-deductible health plan/HSA through his or her employer or another source, you should not elect to participate in the employer's medical FSA for the plan year, or else your spouse or other dependent will be ineligible for the HSA.

MEDICAL FSA ELECTION WORKSHEET AND ELIGIBLE EXPENSES

Estimate Your <i>Uninsured</i> Medical Expenses			Estimate Your <i>Uninsured</i> Dental Expenses		
Medical deductibles:	\$	per year	Dental deductibles:	\$	per year
Medical coinsurance:	\$	per year	Dental coinsurance:	\$	per year
Vision care:	\$	per year	Exams/Cleanings:	\$	per year
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Co-payments:	\$	per year	Dentures:	\$	per year
Other:	\$	per year	Other:	\$	per year
Subtotal:	\$	per year	Subtotal:	\$	per year
Total Annual Medical FSA Contribution (combine both Subtotal amounts):			\$	per year	

Eligible Expenses	
Acupuncture	Lifetime care
Alcoholism or drug treatment	Massage therapy (physician prescribed to treat a medical condition)
Ambulances	Menstrual care products
Birth control	Nursing services (medically necessary, including midwife fees)
Body scans	Optometrist's fees
Car controls (handicapped equipment)	Over-the-counter drugs to alleviate or treat illness or injury
Chiropractors	Pap smears
Cord blood storage (for future use for child born with medical condition)	Personal protective equipment to prevent COVID-19 (masks, sanitizers)
Cosmetic surgery (medically necessary)	Physical therapy
COVID-19 testing (including home testing)	Prescription drugs
Crutches	Smoking cessation aids/programs
Deductibles and co-payments	Sterilization
Dental expenses	Surgery (general)
Diagnostic tests (pregnancy, ovulation, cholesterol & blood pressure)	Syringes
Doctor's fees	Teeth whitening (for discoloration from disease, birth defect, or injury)
Equipment (medical)	Television (closed captioned)
Guide dogs	Travel or transportation for medical care
Hearing aids	Vision expenses (including exams, eyeglasses, & contact lenses)
Hypnosis (for treatment of disease)	Vitamins and supplements to treat a medical condition
Immunizations	Weight-loss program fees/expenses (treatment for underlying disease)
Lab fees	Well-baby care
Lasik (Laser) eye surgery	Wheelchairs
Learning disabilities (instructional fees)	X-rays

Ineligible Expenses

Bottled water	Insurance premiums
Cosmetics, toiletries, toothpaste, etc.	Long-term care
Custodial care in an institution	Marriage or family counseling
Electrolysis	Maternity clothes, diaper services, etc.
Food for weight-loss programs	Meals and general lodging
Funeral and burial expenses	Travel (vacation or general)
Health or social club dues	Uniforms
Household and domestic help	Vitamins and supplements taken for general health purposes

DEPENDENT CARE FSA

With the dependent care FSA, you can reduce your tax burden by using pretax dollars to pay expenses for eligible child care or adult care for senior-citizen dependents that live with you. Federal law also allows you to claim a direct credit against federal income taxes for eligible child or dependent care expenses. However, any amount you claim under the dependent care tax credit will be reduced by the amount you are reimbursed under the dependent care FSA. The amount reimbursed under the dependent care FSA reduces, dollar-for-dollar, the amount of dependent care expenses that are eligible for the dependent care tax credit; therefore, you should either participate in the dependent care FSA to the fullest extent possible or claim the tax credit.

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The maximum amount that can be reimbursed (i.e., deposited) is the lowest of your earned income, your spouse's earned income, or \$5,000.00 (\$2,500.00 if you are married and you file a separate tax return). If your spouse is a full-time student or is incapable of self-care, your spouse's earned income is assumed to be not less than \$250.00 if you provide care for one dependent, or \$500.00 for two or more dependents, for each month that your spouse is a student or incapable of self-care. Please refer to Internal Revenue Publication 503 for more information on eligible and ineligible expenses at www.irs.gov.

DEBIT CARD

You may use the ASR Health Benefits Card to pay for eligible expenses with funds from your own medical or dependent care FSA at the time and place the expense is incurred. The ASR Health Benefits Card operates within the Visa® credit card network. Your card will be accepted at most service providers and merchants where FSA-eligible expenses can be purchased, including hospitals, doctors' offices, dental offices, optical stores, pharmacies, and even some day-care centers.

By law, merchants may choose to require either a signature debit or a personal identification number (PIN) debit. If you do not have a PIN or forget your PIN, the merchant can run the transaction as a signature debit or require another form of payment. You may obtain your PIN or reset your PIN by calling (866) 898-9795. Your PIN is system generated and cannot be

customized. You are unable to make cash withdrawals at ATMs or at stores that allow for cash back on PIN debit purchases. Note: Report a lost or stolen card by calling ASR's Plan Administration Department at (800) 968-2449.

When you use your ASR Health Benefits Card, you will not have to pay for the expense, file substantiating documentation with a request for reimbursement, and then wait for the refund check to come. Most merchants have what is called an inventory information approval system (IIAS) in place to ensure FSA debit cards are used only for medical expenses that are FSA eligible. Examples of these merchants are drug stores, pharmacies, and grocery stores. Because most items in these stores will be identified as FSA eligible through IIAS, you will not have to substantiate the FSA-eligible items that you purchase with your ASR Health Benefits Card.

Make sure that you use your ASR Health Benefits Card only for FSA-eligible expenses! If you purchase an ineligible item using your ASR Health Benefits Card, you will have to write a personal check to reimburse your FSA account, or the amount will be deducted from a future claim request.

You may purchase over-the-counter (OTC) medicines – as well as non-medicine OTC items, such as bandages, blood-sugar test kits, and test strips – with your ASR Health Benefits Card **without a prescription**.

GRACE PERIOD

Your medical FSA has a two and one-half month grace period at the end of the plan year. This grace period is a period of time when you may incur qualified medical expenses and pay them from any amounts left in your FSA at the end of the previous year. The grace period ends on the 15th day of the third month of the next plan year, but you will have a time period after that in which to submit (but not incur) the claims. You must forfeit any funds remaining in your FSA at the end of the grace period. Here is an example of how the grace period works:

Your plan year runs on a July 1 to June 30 basis and has a two and one-half month grace period. You have three months after the grace period to submit claims incurred during the plan year and the grace period. At the end of June 2023, you have \$250 left in your medical FSA. You incur \$250 of qualified medical expenses during July 1 through September 15 of 2023, the grace period for the 2022-23 plan year. You may submit these expenses by December 15, 2023 in order to receive reimbursement. (However, see the Outbreak Period section below.)

OUTBREAK PERIOD

Your FSA plan must disregard what the federal government defines as the COVID-19 Outbreak Period when calculating certain deadlines under your plan (for example, the deadline for filing a claim for benefits or an appeal of a claim denial). This Outbreak Period will be calculated on an individual basis, ending the earlier of (a) one year from the date you were first eligible for relief, or (b) 60 days after the announced end of the National Emergency Period. The plan deadlines do not apply during the Outbreak Period; that is, the time clock is paused during the Outbreak Period and restarts when it is over.

FAQs on LIMITED-PURPOSE MEDICAL FSA

1. What is a limited-purpose medical flexible spending account (FSA)?

A limited-purpose medical FSA is identical to a general-purpose medical FSA, except that the qualifying medical expenses are limited to dental, vision, and preventive care expenses (see eligible expenses on next page).

2. Why is my employer offering a limited-purpose medical FSA?

Your employer is offering an HSA-qualifying high-deductible health plan (HDHP) for employees who want to open and contribute to an HSA. While contributing to an HSA, you must be enrolled in an HDHP, and you may not have any coverage that is not an HDHP. A general-purpose medical FSA is considered non-HDHP coverage, but a limited-purpose medical FSA is not. Therefore, a limited-purpose option is offered so you may contribute to an HSA. Benefits are limited to dental, vision, and preventive care as of the first day of the plan year you are covered by the medical FSA.

3. If I meet my deductible under the HDHP, may I use my medical FSA for any IRS-qualifying expense?

Yes. Once you have satisfied the HDHP deductible for a plan year, you may submit expenses to your medical FSA for any IRS-qualifying expenses for the remainder of the plan year. Please see your flex plan document for a list of those expenses.

4. What if my medical FSA has a grace period?

If you have a \$0 balance in your medical FSA as of the last day of the plan year, you are still HSA eligible, notwithstanding the grace period. Your balance at year-end is determined on a cash basis, taking into account only those expenses that have been incurred and paid as of year-end. Pending claims, claims submitted, claims received, or claims under review that have not been paid as of year-end are not taken into account when determining your year-end FSA balance. If you have a balance in your medical FSA, you may open and contribute to an HSA on the first calendar month after the end of the grace period.

5. What if my medical FSA has a \$500 carryover provision?

If you switch from a non-HDHP to an HDHP for the coming plan year because you plan to begin HSA contributions, any amounts eligible to be carried over to than next plan year must be applied to the limited-purpose medical FSA.

6. Will I still be able to contribute the maximum allowed amount to my HSA if I have to wait until the first calendar month after the end of the grace period?

Yes. If you are HSA eligible for only a portion of the year, you may make a full year's worth of HSA contributions. For example, if you open your HSA on April 1, you may still contribute up to the statutory amount to your HSA.

7. What if my employer offers an HDHP option midyear, and I am enrolled in a general-purpose medical FSA?

You will not be eligible to open and contribute to an HSA until the next plan year begins, and you enroll in the limited-purpose medical FSA.

8. May I change my election to a limited-purpose medical FSA so I may enroll in the HDHP midyear and open an HSA?

No, this change is not permissible under the IRS regulations unless you have a change in status (e.g., marriage, divorce, birth of a child). The HDHP election alone does not permit a change or revocation of the FSA coverage.

Eligible Limited-Purpose Medical FSA Expenses	
Dental Expenses	
Anesthesia	Orthodontia (braces, retainers)
Bridges	OTC products
Cleanings	Pain medicine
Coinsurance	Reconstruction/Implants
Co-payments	Root canals
Crowns	Sealants
Deductibles	Surgery
Dentures	Taxes on services/products
Diagnostic services	Telephone consultation
Exams	Toothpaste (medicated; cost difference)
Fillings	Veneers*
Medical records charges	X-rays
Occlusal guards	
Vision Expenses	
Anesthesia	Lasik
Coinsurance	Medical records charges
Contact lenses and solutions	Optometrist/Ophthalmologist fees
Co-payments	Orthokeratology/Ortho keratotomy
Deductibles	Radial keratotomy
Diagnostic services	Reading glasses (OTC)
Equipment/Materials	Special schools
Exams	Sunglasses*
Eye drops/treatments	Surgery
Eye patch	Surgery/Treatment to correct vision
Glasses and care/repair supplies	Taxes on services/products
Guide dog (dog, training, care)	Telephone consultation
Laser surgery	TV modifications
Preventive-Care Expenses	
Acupuncture*	Insulin and supplies
Annual physicals, including OB/GYN	Iron tablets for anemia
Aspirin	Medical alert bracelet/necklace
Braille books and magazines (cost difference)	Medical records charges
Christian Science practitioner*	Personal protective equipment (e.g., masks)
Diabetic equipment/supplies	Prenatal vitamins
Diagnostic tests (MRI, X-ray, ultrasound, lab)	Preventive drugs
Educational classes*	Screening services
Exercise equipment/programs*	Smoking-cessation products
Fluoride device/treatment	Sunscreen SPF 30 or higher
Holistic/Homeopathic practitioners*	Taxes on services/products
Home diagnostic tests/kits (BP, cholesterol, diabetes, colorectal cancer, HIV, warranty)	Telephone consultation
Hot/Cold pack	Transportation to receive eligible care
Hypnosis*	Weight-loss products*
Immunizations	

*Medically necessary/doctor prescribed