



Health FSA Fact Sheet

Diocese of Yakima: Jan 1, 2022 – Dec 31, 2022 Plan Year

WHAT ARE THE MAXIMUM BENEFITS THAT I MAY ELECT?

For your share of health insurance premiums, if any	These premiums are automatically deducted from your paycheck pre-tax
For your Health FSA	Up to \$2,850
For your Dependent Care FSA	Up to \$5,000 if you are married and filing a joint return or are a single parent, up to \$2,500 if you are married and filing separately

IS THERE A RISK OF LOSING OR FORFEITING THE AMOUNTS I CHOOSE TO PUT INTO MY FSA?

For your Health FSA, your plan allows up to \$570 to be carried over from the current plan year to be used in the next plan year. If the healthcare expenses you incur during the plan year are less than the annual amount you elected for Health FSA benefits and are greater than \$570, you will forfeit the amount above the \$570 carryover limit. Per IRS rules, there is no carryover feature for a Dependent Care FSA.

EASY TO USE!

For both your Health FSA and your Dependent Care FSA, claims for services received during the 2022 Plan Year must be submitted by March 31, 2023 to be considered for reimbursement.

Use your WEX Debit Card at the doctor's office, pharmacy, dentist and more. Select CREDIT for all transactions. Be sure to keep all itemized receipts and documentation, as required by the IRS, as you may be requested to provide substantiation of the charge.

Direct Deposit is available! Login to the FSA member portal and complete these actions:

- Change your Payment Method to Direct Deposit: **Accounts tab -> Profile -> Payment Method...**, and click Update...
- Add your Bank Account information: **Accounts tab -> Profile -> Banking/Cards...**, and click Add Bank Account...

For reimbursement:

- 1) File a claim using **TPSC EzPay** Mobile App; download free from iTunes and the Google Play store
- 2) Login at <https://www.tpscbenefits.com/> to access our **SelfServePLUS Secure Member Portal**. Please register your chosen email address.
- 3) Fax reimbursement form, Explanation of Benefits (EOBs) and receipts to (253) 564-5881
- 4) Mail reimbursement form, Explanation of Benefits (EOBs) and copies of receipts to: TPSC – Attn: FSA/HRA Department, PO Box 1894, Tacoma WA 98401, or
- 5) Deliver reimbursement form, Explanation of Benefits (EOBs) and copies of receipts to: TPSC, 1101 Pacific Avenue, Suite 300, Tacoma WA 98402

* If your medical, dental and/or vision carrier is TPSC Benefits, your Explanation of Benefits (EOBs) is on file, but a completed reimbursement form and receipts are required *





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TPSC Contact Information:

Member Services Phone Number:

(253) 564-5611 or (800) 426-9786

Claim Submission Fax Number:

(253) 564-5881

Member Services E-mail:

BenefitSupport@tpscbenefits.com

On-line Information:

www.tpscbenefits.com/hsa-hra

FSA Wex Cloud Direct Member Portal:

<https://www.tpscbenefits.com/EZPay>

TPSC EzPay App Now Available

A free and secure app that can be downloaded to any smart device—TPSC EzPay is here to simplify the management of FSA health benefit accounts.

With just a couple of quick clicks, members can access real-time account information from anywhere—24 hours a day, seven days a week!