



HEALTH CARE FUNDING GUIDE

Your Limited Purpose FSA

A flexible spending account to use with your Health Savings Account





The easy way to save on your health care costs

Enjoy the tax-saving benefits of a Limited Purpose Flexible Spending Account (LPFSA) from BlueCross. The LPFSA is specifically designed to work with your high-deductible health plan and Health Savings Account (HSA) to help you plan and save for health expenses.



What's a Limited Purpose FSA?

An LPFSA lets you set aside money specifically to pay out-of-pocket dental or vision expenses for you or your family.

This type of FSA helps you save money because you fund it with pre-tax dollars, and it allows you to hold on to your HSA funds for other medical expenses.

What you should know about an LPFSA



What can you use it for?

You'll want to be careful to only use your LPFSA money on certain dental or vision expenses. For example, your LPFSA could pay for:

- › Dental exams
- › Dental copays, deductibles and coinsurance
- › Braces
- › Vision exams
- › Vision copays, deductibles and coinsurance
- › Eyeglasses or contact lenses



Making changes

You can change your election amount only if you have a big life event or family status change, such as a:

- › Marriage
- › Divorce
- › Birth
- › Adoption
- › Job change



How much to set aside

To help you guess what you'll use, a good starting point is to consider how much you will fund your HSA, then review your dental and vision expenses for the past two years.

Use your Personal Health Statements from your account at **bcbst.com**. They give you full details of all your health care claims and expenses, including dental and vision, for the past two years.



Be sure to use your funds each year.

Only set aside as much money as you'll need for one year. While the IRS allows you to contribute up to \$3,050 in 2023 and \$3,200 in 2024, LPFSA funds do not carry over to the next year unless your employer has told you differently.

How an LPFSA works

Funding Your FSA

- 1 Decide how much money you want to put in the FSA (up to \$3,050 in 2023 and \$3,200 in 2024).
- 2 Ask your employer to withhold a portion of that amount each pay period, which will go into your FSA before taxes.
- 3 Use your FSA funds throughout the year to pay for qualified dental and vision expenses.
- 4 Remember, your FSA funds don't carry over from year to year, so make sure you spend all of your money by the end of the year.



Using your FSA

- 1 Visit a provider in your network.
- 2 Pay the provider for your care.
- 3 The provider will submit a claim to us.
- 4 We'll automatically reimburse you from your FSA. If you want more control over your FSA, you can manually file claims for only the expenses you want the FSA to cover.

You can easily check your claims and FSA balance anytime by logging in to **[bcbst.com](https://www.bcbst.com)**.

Here's an example of how you save with an FSA

Tom estimates that his family will spend at least \$3,200 for dental and vision exams, his contacts, eyeglasses and braces for his daughter.

Tom has an HSA and he knows he can save that money for the future. If he funds an FSA, he will have another way to pay for care with pre-tax dollars.

How Tom Saves

	With an FSA (pre-tax dollars)	Without an FSA (after-tax dollars)
Annual Earnings	\$ 30,000	\$ 30,000
Pre-Tax Contribution	\$ 3,200	
Taxable Income	\$ 26,800	\$ 30,000
Taxes*	\$ 6,700	\$ 7,500
Take-Home Pay	\$ 20,100	\$ 22,500
Health Care Costs		\$ 3,200
Spendable Income	\$ 20,100	\$ 19,300
Tom's Savings	\$ 800	

*Based on a 25% tax rate (includes federal, state and Social Security/FICA)



Tom's expenses are the same with or without an FSA, but by funding a health care FSA with pre-tax dollars, he saves **\$800**.

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Si usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالامجان. إذا كنت عضواً، فتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم 1-800-565-9140 (الهاتف النصي: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。若您是會員，請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140 (聽障專線 (TTY) : 1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viên ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298) 번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ງານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ຖ້າທ່ານເປັນສະມາຊິກ, ໃຫ້ໂທທາງເບີຂອງຝ່າຍບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገኙት ተዘጋጅተዋል። አባል ከሆኑ፣ በአባልነት መታወቁያዎ ጀርባ ላይ በሚገኘው የአባልነት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (መስማት ለተሳናቸው፡ TTY: 1-800-848-0298) ይያውቁ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. જો તમે સભ્ય છો, તો તમારા સભ્ય આઈડી કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કોલ કરો.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。会員のお客様は、会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। अगर आप सदस्य हैं तो अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर सदस्य सेवा नंबर पर फोन करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Если Вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. در صورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت شناسایی عضو خود یا 1-800-565-9140 (TTY: 1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Si ou se youn nanm, rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Członkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Se è un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínizín: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'anída'áwo'déé', t'áá jiiik'eh, éí ná hólo. Naaltsoos bee ná ha'dít'éego, Naaltsoos Bá Hada'dít'éhígíí ninaaltsoos nit'ízi bee neéhozinígíí bine'déé' Naaltsoos Bá Hada'dít'éhígíí Bee Áka'anída'áwo'í bibéesh bee hane'í biká'ígíí bee hodílnih doodago 1-800-565-9140 (Doo Adinits'agóogo q TTY: 1-800-848-0298) bee hodílnih.

For a complete list of qualifying expenses for your LPFSA, talk to your tax advisor or visit **bcbst.com**. You can also find additional details and FSA claim forms at **bcbst.com**. If you have specific questions about your BlueCross FSA, your Consumer Coach is ready to help.



Just call **1-800-527-9206**



Email **ConsumerCoach@bcbst.com**



Click to Chat

Log in to your online BlueCross account to chat with us.