

## Portland Public Schools OEBB

### Flexible Spending Account Summary

October 1, 2025 – September 30, 2026

A Flexible Spending Account (FSA) is a type of plan that allows you to receive certain benefits on a pretax basis. This means you will not have to pay Social Security/Medicare taxes or federal/state income taxes on the money. Think of it as a tax-free, interest-free loan to yourself.

**The Plans** The following FSA components are available through your employer. These expenses are for your tax dependents. Examples include you, your spouse, or child(ren), even if they are not covered on your employer's group insurance plan.

#### Insurance Premium Component

- If your employer charges you to have yourself and/or any dependents enrolled on the employer-sponsored benefits, your cost will automatically be deducted from your paycheck on a pre-tax basis.

#### Health FSA Component – includes the following account(s)

**Maximum Election \$275 per pay period, \$3,300 annual / Minimum Election \$275 annual**

- You can use this account for healthcare expenses for you and your taxable dependents, including medical, dental, and vision expenses that are either not covered or only partially covered by your insurance plan.
- Your full election amount is available at the start of the plan year.
- When you have a qualified change in status—such as if you add or remove dependents from your insurance plan—you can increase or decrease your election.

#### Health Related Expense Account (HRE) - the General Purpose FSA

- Eligible expenses include medical, dental, and vision expenses not paid for by insurance: copays, coinsurance, deductibles, etc.
- Over the counter medicines and supplies are eligible, examples include pain relief and allergy medications, bandages, thermometers, etc. Some vitamins and supplements may be eligible with a Letter of Medical Necessity or doctor's prescription.

#### Limited-Purpose Flexible Spending Account (LFSA)

- This plan is available for employees, who they themselves or their family contribute to a health savings account (HSA).
- You can use this plan for eligible expenses including dental, vision and preventive medical care expenses.

#### Dependent Care Assistance Plan (DCAP) Component

- **Maximum Election \$416.66 per pay period, \$5,000 annual / Minimum Election \$275 annual**
- **Maximum Election if married and filing taxes separately \$2,500**
  - You can use this account for childcare expenses for your tax dependents under 13 or disabled taxable dependent who is unable to care for themselves, including elder care expenses.
  - This account is accrual-based, and reimbursements will be issued as funds are posted and claims received.
  - When you have a qualified change in status—such as if your spouse's employment changes—you can increase or decrease how much you put into your account.

## Claims Reimbursement

- Dates of service must be between **October 1, 2025** and **September 30, 2026**
- Reimbursements may be requested during the plan year or after it ends.
- The last date to submit claims is **December 31, 2026**

## Submitting Claims

Claims can be submitted through manual submission, or using your Prepaid Benefit Card. If you're reimbursed for a claim and it is later determined that the expense was not eligible for reimbursement, you will be liable for repaying the money to your FSA. Additional information is listed below.

## Manual Claims

We offer several ways you can submit your claims for reimbursement:

1. Submit your claim online using our PSAConsumer portal: <https://psa.consumer.pacificsource.com>
2. Submit your claim via our Mobile App: myPacificSource Admin (PSA)
3. Mail or fax a Request for Reimbursement Form. You'll find the form at <https://pacificsource.com/media/32811>

## Prepaid Benefit Card

A Prepaid Benefits Debit Card gives you an easy, automatic way to pay for qualified healthcare expenses. Simply swipe your benefits card as you would a credit/debit card (and select "credit" rather than "debit"). When you use the card to make a purchase or payment, it deducts funds directly from your FSA.

Date of service is important! It's assumed the date of service is the day the card is swiped. If you are paying for a prior service, only use your card if the service date is within your current plan year. Prior year services need to be submitted as manual claims for reimbursement. Replacements or additional cards can be purchased for \$10 per set of two cards.

When you use your debit card, you should request an itemized receipt for reimbursement in case we need you to substantiate a charge. (*You must save all expense documentation, such as itemized receipts, per IRS regulations.*) You may occasionally receive a notice if your transaction is ineligible or needs additional documentation. You will be required to submit the documentation, refund the account, or "offset" the expense as indicated in the notice. If the transaction issue hasn't been resolved within the allotted time, the card will be suspended. Amounts for transactions that aren't properly documented or that have been deemed ineligible may be included as wages on your W-2.

## Funds Remaining After the Plan Ends

Any unused balances are forfeited at the end of the year.

## What Happens if I Terminate Employment during the Plan Year?

If you terminate employment or lose eligibility, your participation in the plan will end on the date your employment status changes. You may be eligible to continue the Health FSA under COBRA or by making an additional pre-tax contribution out of your last paycheck.

## Forms, Fliers and instructions

Available online. Examples include:

- [Request for Reimbursement Form](#)
- [Health FSA Eligible Expenses](#)
- [FSA Prepaid Benefits Card Flier](#)
- [Online Account Access for Participants](#)
- [FSA Participant Guide](#)
- [Direct Deposit Form](#)
- [PSA Mobile App](#)
- [Authorization to Disclose PHI](#)

### **Questions?**

Our Customer Service Team is happy to help.

### **Phone**

Direct: (541) 485-7488  
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