



# *City Flex*

Flexible Spending Accounts

Medical

Dependent Care



for employees of the  
City and County of Honolulu

## **City Flex**

### **Flexible Spending Accounts for Medical and Dependent Care**

<b>What is the City Flex Plan - Flexible Spending Accounts?</b>	<b>City Flex</b> flexible spending accounts ("FSA") is an employee benefit program that provides you with a way to pay for your eligible health care expenses (HFSA) and dependent care expenses (DCFSA) with TAX FREE dollars. You direct money from your paycheck before payroll tax deductions into one or both of these FSA accounts and you can save up to 41% of the money you are spending on eligible expenses.
<b>Do I qualify for City Flex?</b>	You must be an eligible employee for the City & County of Honolulu or Board of Water Supply and be eligible to participate in the Employees' Retirement System.
<b>When will my coverage begin?</b>	<b><u>New Employees:</u></b> New hires may enroll within 30 days of their hire/eligibility date. Your coverage begins on the 1 <sup>st</sup> day of the following month after receipt of your enrollment forms. <b><u>Current Employees:</u></b> Must enroll before a new Plan Year begins. If you do not enroll during the open enrollment period, then you must wait until the following Plan Year to enroll.
<b>What is a "Plan Year"?</b>	The City Flex Plan Year runs from July 1 to June 30 <sup>th</sup> .
<b>Once I enroll, am I always a City Flex plan member?</b>	<b>No.</b> You must re-enroll in the <b>City Flex</b> plan each year during open enrollment to remain a plan participant. If you complete and mail the Compensation Reduction Agreement and Direct Deposit forms to National Benefit Services, LLC ("NBS") during the open enrollment period, your coverage will continue for the new Plan Year beginning July 1 <sup>st</sup> .
<b>What is the best way to understand and get information about City Flex?</b>	If you are considering becoming a City Flex participant immediately or in the future, you should <b><u>attend the open enrollment sessions</u></b> to obtain more detailed information about the plan, how to enroll and what expenses may qualify under either the HFSA or DCFSA plans. This is the best way to understand how City Flex works to your advantage as well as understand the plan's limitations or restrictions for reimbursement of expenses from your plan account.

If you are unable to attend an open enrollment session or you are a new employee where no open enrollment sessions are scheduled before you must decide to enroll or not, then you are advised to **call NBS TOLL FREE at (855)**

**399-3035** and they will explain in detail how the plan will work to your advantage and provide you with enrollment forms.

**Can I participate in the *City Flex* plan if I do not enroll during open enrollment or within the 30 days after I am hired or become eligible?**

If you did not enroll during open enrollment or within 30 days from the date of your hire or becoming eligible, you can enroll during the next annual open enrollment sessions.

**How can my *City Flex* account money be used?**

#### **Health Care FSA ("HFSA")**

The money you put into your HFSA may be used to reimburse yourself for eligible medical, dental, orthodontic care, prescribed drugs and vision (including contacts & Lasik) expenses incurred by you or your family members which weren't covered by your medical insurance plans. See p. 13 for a more detailed list and **call NBS at (855) 399-3035** to verify what qualifies as a medical expense in your unique situation.

#### **Dependent Care FSA ("DCFSA")**

The money you put into your DCFSA is used to reimburse yourself for eligible dependent care expenses incurred. You must be working in order for these expenses to qualify for reimbursement. If you are married, both you and your spouse must be working, or your spouse must be a full-time student or disabled.

An eligible "dependent" is a person who you claim as your dependent on your federal income tax return and be either:

- Under age 13; or
- Your spouse or other dependent who is physically or mentally incapable of taking care of themselves, and who spends at least 8 hours/day in your home or care facility.

Examples of eligible dependent care expenses may include:

- Preschool
- Babysitter
- Before/after school care
- Intercession
- Summer Fun
- Childcare inside your home or at someone's home
- Adult day care in your home, someone else's home or at a care facility

But not, summer school, swimming, tennis, dance, or other extra-curricular activities. And again, **call NBS at (855) 399-3035** option 2 or (801) 532-4000 to verify what qualifies as a dependent care expense in your unique situation.

**Is there a cost to use this program?**

Yes. There is a nominal administration fee of up to \$5.50 per month to participate in City Flex. The fee is deducted from your paycheck on a BEFORE-TAX basis. Whether you enroll in one or both the HFSA and DCFSA plans, the maximum fee is \$5.50. Generally, if you exceed \$240 annually in out-of-pocket medical and/or dependent care expenses, you will probably save taxes even after paying the administration fee.

**How does City Flex work?**

- 1) First, if you are a qualified employee, you can establish an HFSA and/or DCFSA account depending on the type and amount of expenses you currently incur annually.
- 2) You must determine at the beginning of the Plan Year how much money you want to redirect into your HFSA and/or DCFSA through monthly payroll deductions account over the entire Plan Year.
- 3) Your total estimated payroll deductions for either the HFSA or DCFSA should not exceed the amount of your estimated unreimbursed expenses for the upcoming Plan Year. (Refer to the question "**What happens if I have money left in my HFSA and/or DCFSA plan accounts as of June 30th?**" on page 7 for funds not used by the end of the plan year.)

Note: If you have less than \$220 per year of unreimbursed medical or dependent care expenses it may not make sense for you to open a City Flex plan account.

**How do I sign up for City Flex?**

Enrollment forms will be made available to you during open enrollment sessions. During other times of the year, download the enrollment packet from the City Flex website at [www.nbsbenefit.com/cityofHonolulu](http://www.nbsbenefit.com/cityofHonolulu) or you may contact NBS direct **TOLL FREE (855) 399-3035** and they will provide you with all enrollment forms for City Flex.

**How can City Flex save me money?**

The below illustration shows how City Flex can work to your advantage:

**Hypothetical Example for City Employee**

<b>\$1,200 Per check</b>	<b>Without City Flex</b>	<b>With City Flex</b>
Gross Pay	\$ 1,200.00	\$ 1,200.00
City Flex deductions:		
Dependent Care FSA	\$ 0.00	\$ 200.00
Plan Administration Fee	\$ 0.00	\$ 3.00
Taxable Income	\$ 1,200.00	\$ 997.00
Federal Withholding	\$ 105.28	\$ 75.05
State Withholding	\$ 64.33	\$ 49.43
FICA (Social Security & Medicare tax (1.65%))	\$ 91.80	\$ 76.27
Net Pay	\$ 938.59	\$ 796.25
Dependent Care Expenses	\$ 200.00	\$ 0.00
<b>Spendable Income</b>	<b>\$ 738.59</b>	<b>\$ 796.25</b>
<b>Savings per Paycheck</b>		<b>\$ 57.66</b>
<b>Savings Per Month</b>		<b>\$ 115.32</b>
<b>Savings Per Year</b>		<b>\$1,383.84</b>

**Is there a maximum amount I may contribute into my City Flex accounts each plan year?**

Yes. Maximum amounts for each the HFSA & DCFSA are set forth below:

## **Medical FSA**

July 1 to June 30<sup>th</sup>

- The maximum amount allowed is \$2,750.  
(This does not include the plan administration fee.)
- If you are married to a City employee, and both spouses are eligible to participate in City Flex, then each employee may contribute a maximum of \$2,750.

## **Dependent Care FSA**

July 1 to June 30<sup>th</sup>

- The maximum contribution amount is \$5,000.  
(This does not include the plan administration fee.)  
If you are married filing separately, your maximum contribution is \$2,500 (even if your spouse does not work for the State).
- If your spouse makes less than \$5,000 or is a full-time student or incapable of self care, the maximum amount you may contribute is less than \$5,000.

**Do I still have to file IRS Form 2441 "Child and Dependent Care Expenses" form if I am enrolled in City Flex DCFSA plan?**

Yes. You should consult with your tax advisor on filing Form 2441 in addition for how to calculate your annual Child and Dependent Care Expenses tax credit when also enrolled in the City Flex DCFSA plan.

**Can I get reimbursed for babysitting services under the DCFSA plan?**

Yes, as long as your child is under 13 years old and the babysitter:

1. is not your dependent, spouse, or child under age 19; and
2. provides you with a receipt that includes their name and social security number.

Note:

- Reimbursements are limited to the amount of funds available in your DCFSA account at the time your claim is received and are required to be for services rendered.

**How do I get reimbursed for expenses from my HFSA or DCFSA plan accounts?**

It's simple. Once you incurred \$25 or more in eligible expenses, (the service must be "completed" prior to reimbursement) you do the following:

- Complete a reimbursement claim form;
- At the end of a plan year, you may file a claim for dependent care expenses even if your receipts total less than \$25 and does not exceed the amount in your DCFSA account.

- Attach a copy of your paid itemized receipt for health care expenses from the doctor, hospital, pharmacy, etc., or receipt for dependent care expenses from you dependent care provider, and
- mail, fax or email to:  
National Benefit Services, LLC  
P.O. 219393  
Kansas City, MO 64121-9393  
Fax: (800) 478-1528  
Email: [Service@NBSbenefits.com](mailto:Service@NBSbenefits.com)

Reimbursement payments are processed with 24 to 48 hours after receipt by NBS.

**What happens if I have money left in my HFSA and/or DCFSA plan accounts as of June 30<sup>th</sup>?**

Any money left in your DCFSA after August 31st, (after all claims have been processed for that plan year), will not be reimbursed and will be ***forfeited*** to the City & County pursuant to the Internal Revenue Code (IRC). After August 31st, any amount left in your HFSA, up to \$250 will carry over to the new plan year to be used towards expenses incurred in the new plan year. Any money which exceeds \$250 after August 31st, (after you have claimed all eligible expenses for that plan year), will not be reimbursed to you and will be ***forfeited*** to the City & County pursuant to the IRC. The IRS considers the date of a claim as the ***date the service is rendered, not when the bill is actually paid.***

**Once I enroll in City Flex, can I stop participating?**

No. Once you enroll in City Flex, the IRS requires you to remain a participant throughout the entire plan year.

However, you may modify your contributions if you have a valid "status change".

**Examples of valid status changes are:**

- marriage,
- divorce,
- death of a spouse or dependent,
- birth or adoption of a child, or
- spouse's change in employment.

If you have a valid "status change," you must complete a "status change form" and send to NBS within 90 days of the event. Approved changes are effective on the 1st day of the month following NBS' receipt and approval of the required status change forms. Cancellations are effective on the first

day of the month following NBS' receipt and approval of the required status change forms. Any increase, decrease or cancellation of your City Flex payroll deduction must be consistent with your status change. If NBS does not receive the required status change form within the 90 days of the status change event, no changes will be made to your City Flex account(s).

**What happens if I go on vacation, sick leave or take a leave without pay?**

#### **Health FSA - Paid Leave**

If you are on paid leave, your payroll deductions will continue along with your City Flex plan participation. Thus, any medical services performed during your paid leave time will be reimbursed if it is an eligible expense.

#### **Health FSA - Leave without Pay (LWOP)**

When there is a LWOP situation, you can be cancelled from the City Flex plan because contributions for your HFSA plan account and administrative fee can no longer be deducted from your payroll check. This means that you will forfeit any remaining balance in your HFSA account. Also, any medical expenses incurred during your LWOP time will not be reimbursed from your HFSA account. Only eligible expenses incurred before your LWOP can be reimbursed to you from your HFSA account.

To avoid being cancelled from City Flex due to LWOP you should take action by contacting NBS to arrange to make up your City Flex plan HFSA account & administrative fee contributions.

Employees will have a couple of options when it comes to LWOP:

1. You can prepay your HFSA contributions & administrative fee by increasing your payroll deductions prior to a planned LWOP time,
2. You can pay NBS direct for the months you missed plan contributions and administrative fee payments,



OR

3. You can increase your payroll deductions upon your return from LWOP over the remaining Plan Year to cover your missed plan contributions and administrative fee payments.

8YdYbXYbh 7UfY: G5

As long as you are on paid leave, your payroll deductions will continue and you will continue to be an eligible City Flex participant. However, *services performed during any paid leave period, such as vacation, sick, funeral, sabbatical, industrial injury, accidental injury, family leave or compensatory time off will NOT be considered eligible expenses and, therefore, you may NOT be reimbursed for those expenses during those periods.*

If you are on LWOP, you must make arrangements with NBS to pay your contributions and administrative fees on an out-of-pocket basis. If you do not pay your contributions and administrative fees, you will be cancelled from the plan. 5bm fYa Ujb]b[ 'VUUbW' ]b' nci f' 87: G5 'd'Ub' UWti bh' k]' 'VY' ZcfZY]hYX. *Services performed while you are on LWOP will NOT be considered eligible expenses and, therefore, you may NOT be reimbursed for those expenses during those periods.*

7Ub' = 'hfUbgZYf'  
a cbYmVYhkYYb' a m  
<: G5 / ' 87: G5 'd'Ub'  
UWti bhg3'

No. The IRS code prohibits the transfer of money from one plan account to the other.

<ck' k]' ' = '\_bck' \ck'  
a i W' a cbYm]g' ]b' a m  
d'Ub' UWti bhg3'

NBS will provide you with a quarterly written plan account statement. You may also check your balance on-line through an NBS secured website using a login name and unique password.

<ck' Xc' = '\_bck' ]Z' =  
k]' ' VYbYZ]h' Vm  
dUfh]VdUh]b[ ' ]b' h\Y'  
7]hm: 'YI' <: G5 '  
d'Ub3'

If you and your family members have predictable out-of-pocket medical, dental, orthodontia, drug, and/or vision expenses and spend more than \$220 out-of-pocket per year, then the City Flex HFSA plan will likely benefit you. How much you save depends on your income tax bracket but refer

7]hm/ ' 7ci bhmcZ' <cbc'i' i'

7]hm: 'YI'

to the hypothetical example of savings on page 4. Also, this brochure provides you with a "*Personal Expenses Worksheet*" on page 14 so you can estimate what your current out-of-pocket medical expenses are for purposes of estimating how much you are currently spending by using after tax dollars.

**Should I enroll in the Dependent Care FSA or continue to file for my IRS child care tax credit?**

Whether you enroll in the City Flex DCFSA or you file for an IRS child care tax credit, you still must file IRS Form 2441 for either benefit.

Generally, if your combined family income is \$28,000 or more, you may save more money by participating in the City Flex DCFSA plan versus filing for an IRS child care tax credit. Through City Flex DCFSA, you can benefit up to \$5,000 per year regardless of the number of children in child care or your income. Plus, your savings occurs with each paycheck rather than having to wait to file for your IRS child care tax credit at the end of the year and wait for your refund.

The IRS child care tax credit only allows a maximum tax credit of \$3,000 for one child and \$6,000 for two or more children. Plus, depending on your total household income, only a certain percentage may be allowed on your tax return. You still must wait for your income tax refund to realize any savings versus a monthly tax savings through participation in the City Flex DCFSA.

**Will participation in City Flex affect my retirement benefits, social security, deferred compensation, or premium conversion plan?**

Your Employees Retirement System benefits are not affected.

- Social Security is a federal tax assessed against your gross income up to an annual cap. If your salary for one year reaches the cap, you have paid the maximum amount of social security (Old Age, Survivors, and Disability Insurance ("OASDI")) tax the law requires for that year. In this case, your City Flex participation will not reduce the amount of your social security benefit available to you at retirement. However, if your salary is below the cap for the year, you are reducing the amount of social security (OASDI) tax you pay and your social security benefit may be reduced.
- Participating in City Flex will not affect your participation

in the section 457 deferred compensation plan or the Premium Conversion Plan.

<ck`Wb`=`hY`Vm  
`cc\_]b[`Uh`a m  
dUnWYW`ghi V`JZ`a m  
7]hm: `YI`  
Vzbhf]Vi h]cbg`UfY`  
VY]b[`XYXi VmX3`

Your paycheck stub will show 2-3 codes under "DEDUCTIONS/REDUCTIONS" column:

CODE "FLEX ADMIN FEE" (Administrative fee)  
CODE "FLEX ACT MED" (Health FSA)  
CODE "FLEX ACT DEP CR" (Dependent care FSA)

K`Uh`UddYbg`JZ`=  
hYfa`]bUhY`a m  
Ya d`cna`Ybh`k]h`h`Y`  
7]hm8`

Your City Flex participation ends on your termination date. Eligible expenses for services performed will be reimbursed from your City Flex plan accounts up to your termination date. You will have 60 days after your termination date to submit all claims for reimbursement from your plan accounts. Failure to submit timely claims will cause any remaining balance in your plan accounts to be forfeited.

If you are eligible for COBRA, you may be eligible to continue in the HFSA plan under COBRA. Please contact NBS for more information on continued participation in the HFSA in those circumstances.

8c`U`cZ`a mfYW]dhg`  
bYYX`hc`VY`hi fbYX`]b`  
Vm h`Y`YbX`cZ`h`Y`  
DUb`MYUf`i`>i bY`  
'`\$h`3`

No. You have w months after the end of a Plan Year (June 30<sup>th</sup>) to submit all claims for reimbursement.

=g`dUfh]V]dUh]cb`]b`  
7]hm: `YI``Ui`hca`Uh]W  
cf`Xc`=`\Uj`Y`hc`fY!  
Ybfc`YUW`DUb`  
MYUf3`

YES! You must complete NEW payroll deduction forms every year if you want to continue to participate in City Flex.

K`Uh`Wb`=`Xc`JZ`  
B 6G`XcYg`bch`dUm  
a mWU]a 3`

If your claim is denied, NBS is required to provide you with a written notice k]h]b`) `Vi`q]bYgg`XUng of the denial detailing reasons for denial or your claim.

If you are unsatisfied with reasons denying your claim, you

7]hm/`7ci bhmCZ`<cbc`i`i`

may file an appeal by writing hc B 6G k]h]b \* \$ XUnq after receipt of your denial notice. Your appeal must state all your reasons for appealing the denial.

NBS must act within 60 days after receipt of your appeal, unless special circumstances require an extension of time for processing (such as the need to hold a hearing), in which event a decision should be rendered as soon as possible, but in no event later than 120 days after such receipt.

K \c'UfY'<][\`m  
7ca dYbgUhYX'/?Ymi  
9a d`cmYYg'

Under the Internal Revenue Code, "highly compensated employees" (HCE) and "key employees" generally are Participants who are officers, shareholders or highly paid.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Please refer to your Summary Plan Description for more information. You will be notified of these limitations if you are affected.

K \c'Xc'='W`][Z'=  
\Uj Y'ei Ygh]cbg3'

National Benefit Services, LLC ("NBS")

P.O. Box 219393

Kansas City, MO 64121-9393

TOLL FREE: f)) E' --!' \$' )

FAX: (800) 478-1528

Email NBS at: [Service@NBSbenefits.com](mailto:Service@NBSbenefits.com)

You may also visit the NBS City Flex website:

[www.NBSbenefits.com/cityofHonolulu](http://www.NBSbenefits.com/cityofHonolulu).

K Y'YbVdi fU[Y'nci' hc'WYW' h\Y'7]hm: `YI' kYVg]hY'  
fY[i'Uf`miZcf'WUb[Yg'UbX'h\Y'`UhYgh'i dXUhYg''

9l Ua d'Yg'cZ'a YX]W`YI dYbgYg'h\Uh'a Umbch'VY'fY]a Vi fgYX.'

fH\]g' ]g' bch' U' Vta d'YhY'`]gh'

Health insurance premiums

Cosmetic procedures

Hair growth drugs

Diet Foods

Lamaze class fees

Ear piercing

Amounts paid by your medical plan

Weight-loss programs

Health club dues

Funeral expenses

7]hm/`7ci bhmZ'<cbc'i`i`

7]hm: `YI`

## Examples of eligible medical expenses:

Acupuncture  
Alcoholism treatment  
Ambulance service  
Artificial limbs  
Birth control pills  
Braille books & magazines for use by a person with visual impairment  
Car controls for use by a person with a disability  
Chiropractic care  
Contact lenses, solutions, and enzyme cleaners\*  
Co-payments  
Crutches, amount paid to buy or rent  
Dental fees, includes x-rays, fillings, braces, extractions, dentures, etc.  
Deductibles for health insurance  
Dental implants  
Diagnostic tests  
Doctors' fees  
Drug addiction treatment at a therapeutic center for drug addiction  
Experimental medical treatment  
Eyeglasses and eye examinations  
Flu shots  
Guide dogs/trained animals used to assist persons with a physical disability  
Hearing aids, batteries to operate them, and hearing exams  
Hospital services  
Injections  
Inpatient therapy for mental or nervous disorders

Lab fees that are part of your medical care  
Laser eye surgery  
(RK, PRK, LASIK, etc.)  
Learning disability tuition for a child who has severe learning disabilities  
Nursing services  
Operations  
Optometrist fees  
Orthodontic treatment\*  
Orthopedic shoes  
Oxygen  
Parking fees while visiting a doctor  
Periodontal fees  
Prescription drugs  
Psychoanalysis  
Psychologist fees  
Special schools for individuals with disabilities  
Sterilization  
Surgery  
TDD phones for individuals who are deaf or hard of hearing  
Therapy  
Transplants  
Transportation for medical care  
Vaccinations  
Wheelchairs  
X-rays

\*Must be medically necessary to alleviate, treat, mitigate, or prevent a medical condition. This is a partial listing of expenses that are payable tax free with your Medical FSA IRS Publication 502 contains a more complete list

7=HM: @9L  
Personal Expenses Worksheet

You can use this worksheet to estimate your expenses. The items listed are not the only ones you can reimburse through your **City Flex** flexible spending account(s), but they are the most popular.

FOR THE PERIOD \_\_\_\_\_ TO \_\_\_\_\_

A 98=75@ 9L D9B G9G

Include ci H cZ! dcWYh costs for yourself, your spouse (if married), and all of your dependents.

Chiropractic, acupuncture, etc.	\$
Co-payments for doctor/dental visits	\$
Co-payments for hospital services	\$
Dental, including dentures	\$
Drugs (prescribed medicines, contraceptives)	\$
Lab & x-ray tests	\$
Orthodontics	\$
Parking fees while you visit the doctor	\$
Routine physicals and well-baby visits	\$
Vision (optometry visits, prescription glasses, contacts, contact solutions)	\$
Other eligible medical expenses	\$
HCH5@ A 98=75@ 9L D9B G9G	\$

89D9B 89BH 75F 9 9L D9B G9G

Expenses incurred for the care of a dependent in order for you (and your spouse) to be gainfully employed. Your care provider must provide a Federal I.D. number or Social Security number.

Baby-sitting	\$
Preschool/childcare	\$
Before/after school care	\$
Programs during non-school Periods	\$
Certain types of care for an incapacitated dependent over 12 years	\$
Other eligible dependent care expenses	\$
HCH5@ 89D9B 89BH 75F 9 9L D9B G9G	\$

=A DCFH5BH BCH=79  
: cf 7]hmi: YI DufhWdUbg  
7Uja : ]]b[ DfcWxi fYg

TO MINIMIZE OR ELIMINATE DELAYS IN PROCESSING YOUR CLAIMS FOR REIMBURSEMENT,  
PLEASE CAREFULLY READ THE FOLLOWING PROCEDURES.

1. Please type or print your full name as it appears on your paycheck, including any middle initials, your complete, current mailing address (please indicate if this is a new address), the last four digits of your Social Security number, and your work, home or cell phone number (in case we need to reach you.)
2. Submit receipts for reimbursement for (Medical/Dental/Vision/Drugs or Dependent Care) that total A CF9 H< 5B ~ &) "\$\$ dYf UWWi bh DO NOT combine Medical/Dental/Vision/Drugs reimbursement with your Dependent Care reimbursements to obtain that total for reimbursement.
3. H< 9 A CGH 5779DH56@9 8C7I A 9BH5H=CB : CF 7@5=A G'=G MCI F < A G5 5B8#CF < 8G GH5H9A 9BHGz : CF DF9G7F=DH=CB 8FI ; Gz G99 G5A D@9 =B 657?"' '=H9A =N98 75G< F9; =GH9F F979=DHG 5F9 5779DH56@9 : CF CJ 9FI H< 9I 7CI BH9F (OTC) MEDICINE AND DRUGS. VSP REPORTS FOR VISION IS ALSO RECOMMENDED.
4. Hospital, doctor, dentist, eye care, chiropractic, and acupuncture billing statements will only be processed if, the Patient's name, Doctor's name, service provided, date of service, insurance payment and your I 7C! D5MA 9BH! are clearly indicated on the billing. Each claim for reimbursement A I GH either meet the requirements of the Internal Revenue service for reimbursement (see publication 502) or A I GH be accompanied by a letter from a Licensed Medical Doctor prescribing or providing a "Medical Necessity."
5. ALL Dependent Care claims for reimbursement MUST be accompanied by a receipt from the provider that clearly shows the provider's name, address, Federal I.D. number or Social Security number, the period of service and the amount paid for that period of service. Federal Regulations prohibit advancing of Dependent Care reimbursement funds; therefore, you may only receive reimbursement of funds that are available in your account.
6. When the number of items exceeds the number of lines provided on the claim form, a separate form IS NOT REQUIRED. Please attach a separate list of your additional expenses. Please add up all of your submitted claims and write it on a black marked "Total."
7. Claims can be sent by mail, email, or fax. Please check the claim form for the address, email or fax number.
8. If your medical provider's statement reflects a prior balance that is not within the current plan year, does not provide a date of service or fails to show insurance participation and for whom the balance pertains to, that claim will be denied.
9. Teeth whitening and other Vtga YhJWgYfj JWg, whether medical or dental, CANNOT be reimbursed under Federal Regulations.
10. Any claims for mileage and parking (receipt required) MUST be accompanied by your medical/dental claim. Please DO NOT submit mileage and parking separate from your medical claim. Rates for mileage are subject to change at any time by the IRS; therefore, please refer to IRS Publication 502 for current rates.
11. Services must be incurred during your coverage period. Claims can be submitted during your coverage period plus an additional 2 months after your coverage period ends.

**CVS Longs Drugs 200 Ala Moana CTR**  
Honolulu, HI 96814  
Phone  
CALL 24 HR AHEAD (808) 949-4010

Sample of Prescription Medication Receipt  
COPAY: \$5.00  
DOE, JOHN MD

CASH PRICE: \$5.00

**NAME OF MEDICINE**

**RX 743578 07/07/2012**

**PATIENT'S NAME**  
(Your address)

Doctor, Dentist, Optometrist, Hospital, chiropractor, Acupuncturist or any other medical/dental/vision provider's receipt or billing must show the following information in order for your claim to be processed in a timely manner. Any claims missing relevant information will be denied.

Dr. John Doe  
Any Place  
Honolulu, Hawaii 96800

Patient's Name:  
Address:  
City, State, Zip:

Date of Service:  
Type of Service:  
Insurance Copay:  
Patient Copay:



This booklet represents summarized highlights of the City Flex flexible spending accounts program and does not constitute a legal document or contract. It is recommended that you review the City Flex Plan Document ("Plan Document"). You may call the third-party administrator for a copy of the Plan Document. If any provisions of the above conflict, the order of preference shall be as follows: Internal Revenue Code (including associated regulations), Hawaii Revised Statutes, the Plan Document, this booklet.

If this booklet conflicts with the City Flex Plan Document, the City Flex Plan Document governs.

Information, benefits, provisions, and/or qualifications provided may be subject to change.

If you need any auxiliary aids or services (large print, Braille, etc.), contact National Benefit Services, LLC toll free at (855) 399-3035 or (801) 532-4000 for assistance.

The City Flex comprehensive Plan Document can be made available to individuals who have special needs or who need auxiliary aids for effective communication (i.e., large print or audiotape), as required by the Americans with Disabilities Act of 1990, by contacting DHR Administration at: (808) 768-8536.

Produced by the Department of Human Resources. May 2025.