- You are eligible to receive the full amount of your limited purpose FSA annual contribution for payment of qualified expenses even if payroll deductions have not yet reached your total contribution for the plan year.
- You must submit all plan year claims by June 30 of the following plan year.
- Your employer will allow you to use your limited purpose FSA funds remaining at the end of the plan year to pay for claims incurred until March 15 of the following plan year.
- Remember, you lose what you do not use. The IRS requires that you forfeit unused account balances at the end of the claims period.
- If you enroll in the HSA1500 or HSA2500, elect to establish an HSA and enroll in the limited purpose FSA, you must remain enrolled in the limited purpose FSA for the entire year, even if at any point during the plan year you stop making HSA contributions.



Limited purpose health care flexible spending account.

Manage your health care expenses on your terms.

Staying informed is easy

Quarterly statements. Mailed directly to your home, these statements keep you aware of your account balance, disbursements and other important information.

Explanation of benefits (EOB). You receive an explanation of benefits for each claim you submit directly. The EOB shows payments made from your limited purpose FSA, requests for payments that were denied, and the reasons for the denials.

Cigna custom website for Prudential. By logging in to **www.cigna.com/prudential**, you'll have direct access to reimbursement account request forms and a link to **myCigna.com**.

myCigna.com. Once enrolled you will have online access to account information whenever you need it: Up-to-date balance information, claim status, past transactions and answers to general questions.

We're here to help. Member Advocates are available Monday thru Friday 8:00 am-6:00 pm. Just call the toll-free number at **888.502.4462**.





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The limited purpose Health Care Flexible Spending Account

The limited purpose health care flexible spending account (FSA) is a cost-effective and easy way to help you manage your health care expenses. This account is available to you if you are enrolled in the HSA1500 or HSA2500 and contribute to a Cigna health savings account (HSA) administered by HSA Bank. You can contribute up to \$2,500 on a pretax basis to the limited purpose FSA.



A limited purpose health care flexible spending account is an easy, convenient, and smart way to plan – and save. Set aside pretax dollars, then use them to pay for eligible dental and vision care expenses throughout the year.

Tax advantages

You set aside pretax dollars to pay yourself back for eligible out-of-pocket (costs that your program doesn't cover, and that you're responsible for) dental and vision care expenses such as deductibles, coinsurance and expenses that are greater than reasonable and customary fees. Since you're setting aside pretax dollars, you'll save money because less of your income is taxable.

It's easy

You will receive a debit card when you enroll in the limited purpose health care flexible spending account. You may use the card to pay for qualified dental and vision care expenses.

Estimate your dental and vision care expenses

Estimate your out-of-pocket expenses for yourself and your eligible dependents for the year. Your estimate should include the number of times you and your dependents usually see the dentist in a year (annual dental checkups, dental cleanings, etc.). This estimate should also include any prescription eyeglasses and/or

contact lenses your family may need. You must also estimate what your vision or dental program covers and your payment responsibility under each program. This should help you determine your approximate expenses and how much to contribute into your limited purpose FSA.

Following is a partial list of expenses that qualify as federal income tax deductions under Section 213(d) of the tax code. For a complete list, please visit **Cigna.com/expenses**.

- Dental and vision coinsurance amounts
- Contact lenses and solutions
- Dental and vision copays
- Dental and vision deductibles
- Dental and orthodontic services
- Laser eye surgery
- Prescription eye glasses

Please note: You may not use the limited purpose FSA account for medical or prescription drug expenses.

Payroll deduction

When you enroll, your FSA will be funded with the full dollar amount of your annual contribution. Your actual contribution will be deducted from each paycheck throughout the year. Remember, these deductions come from pretax earnings, reducing the amount of your taxable income.

Use your debit card or submit claims directly to your limited purpose FSA

In general, with the debit card you do not have to file any claims to your limited purpose FSA.

You may use the card at any dental and vision provider for qualified dental and vision goods and services. In many cases when you use the card, funds are automatically deducted from your limited purpose FSA



and you pay nothing out of your pocket at the time of service, as long as there is enough money in your limited purpose FSA to pay for the charge.

You may also submit the debit card number to providers to pay for qualified charges.

The card may be used for qualified expenses only. Please keep all itemized receipts and statements. You may be required to submit receipts to Cigna to document your debit card expenditures.

Submitting a claim yourself

If you do not use your debit card, you must submit claims directly to your limited purpose FSA to receive payment. In this instance, you will receive reimbursements from your limited purpose FSA. To submit a reimbursement claim online just log in to myCigna/forms center/ and click Reimbursement Request (fax/mail forms are also available under the link for claim forms, at www.cigna.com/prudential).

Cigna can accept the following types of documentation: Itemized receipts; invoices; claim statements; EOBs; or other proofs of payments.

Cigna cannot accept: Bank card statements; cancelled checks; estimates of charges; balance due statements; or illegible documents.

To avoid delay, please complete all required fields on the limited purpose health care FSA account request form and include all appropriate documentation. Mail the completed form and all documentation to the address on the form. If information or documentation is incomplete or missing, we will request it in writing.

Direct deposit

You may receive reimbursement for the FSA claims you submit yourself via direct deposit to your bank account.

To enroll for this service, after January 1, visit myCigna.com/manage my profile/reimbursement preferences.

You can also call **888.502.4462** for more information or directions. It will take 20 days from the time of enrollment for your account to be set up and for direct deposits to be received.

Important considerations

- We recommend that you make sure all covered dependents meet the IRS definition of "dependent." In simple terms, there are two key factors: The dependent must be living with you, and you must be paying more than half of your dependent's support. If a covered person (including a domestic partner, civil union partner or same sex spouse) doesn't meet this definition, payments issued from the limited purpose FSA through the debit card or from claims directly submitted to the limited purpose FSA for this nonqualified individual will be subject to tax. For more information, please visit **irs.gov**.
- Please save all itemized receipts. Cigna may need supporting information, including receipts, to verify that the expense is eligible and complies with IRS rules. That's why it's important to save all receipts and fax or mail them promptly when you're asked for them. If you use your debit card for certain expenses and do not submit proper receipts if required, the expenses are considered ineligible and you'll have to reimburse your account. You could also lose the tax-exempt status of your account and lose access to your debit card.

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