

## **Loudoun County School Board**

FLEXIBLE SPENDING ACCOUNT  
SUMMARY PLAN DESCRIPTION

Limited Purpose Health Care

**EFFECTIVE DATE: January 1, 2023**

FSA018  
3320020

This document printed in November, 2023 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.

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<b>Your Flexible Spending Account (FSA) At-A-Glance</b>	
<b>Date my FSA begins:</b>	<b>01/01/2023</b>
<b>Date my FSA ends:</b>	<b>12/31/2023</b>
<b>Plan Year:</b>	<b>Calendar</b>
<b>Date of my first contribution :</b>	<b>01/13/2023</b>
<b>What is the maximum that I can contribute to my FSA?</b>	<b>\$2,850</b>
<b>What is the maximum amount that I can carry over to the new Plan Year?</b>	<b>\$570</b>
<b>What is the last date I can send in claims to Cigna for reimbursement?</b>	<b>Claims for expenses incurred between the dates of January 1, 2023 – December 31, 2023 must be submitted to Cigna no later than 11:59 pm on March 31, 2024.</b>
<b>How often will payments be made?</b>	<b>Daily</b>
<b>What can my FSA pay?</b>	<b>Your FSA pays only Dental and Vision expenses as defined in IRS Code Section 213d. (See section titled “Covered Expenses, What Expenses Are Covered” for more detail.)</b>
<b>What can I do to get paid more quickly?</b>	<b>If you sign up for Direct Deposit, you will receive your payments more quickly. You can sign up for this feature by visiting <a href="http://www.myCigna.com">www.myCigna.com</a>.</b>

## About This Summary Plan Description

This is the Summary Plan Description (SPD) for the Loudoun County School Board, (hereinafter referred to as your Employer), Limited Purpose Health Care Flexible Spending Account Plan, referred to as the Plan or the Limited Purpose Health Care FSA plan. This SPD is also the Limited Purpose Health Care FSA plan document.

A Flexible Spending Account (FSA), also known as a flexible spending arrangement, is a tax-advantaged financial account set up by your employer. An FSA allows you to set aside a portion of your earnings to pay for qualified expenses as established in the Plan, most commonly for medical expenses. Money deducted from your pay into an FSA is not subject to payroll taxes resulting in tax savings.

You will be notified of any changes to the Limited Purpose Health Care FSA through SPD updates or announcements. If you have any questions about the Plan, see information in the “Who To Contact” section.

### Explanation of Terms

You will find terms starting with capital letters throughout your SPD. To help you understand your benefits, most of these terms are defined in the “Definitions” section of your SPD.

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## Who To Contact

For more information about the topics listed below, contact your Plan Administrator:

- Eligibility
- Enrollment
- Payroll Contributions
- Life Status Changes
- COBRA Continuation
- Covered Expenses
- Claims (call 1-800-Cigna24 or 800-244-6224)

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## Eligibility

Enrolling in the Flexible Spending Account (FSA) is optional. You are not automatically covered by the Plan. You are eligible to enroll in the FSA if you are a full-time, non-temporary employee of your Employer, its divisions or

its subsidiaries in the United States. Please contact your Plan Administrator for additional details.

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## Enrolling

### When and How You Can Enroll

There are limited periods (described below) when you can choose whether or not to participate in the Plan. You cannot change your enrollment decision or your coverage amount until the next annual enrollment period, unless you have a Life Status Change, as described below.

### If You Are Newly Eligible

You have 30 days from the date you become eligible (by hire, rehire, or job status change) to enroll in the FSA. If you enroll:

- Your Plan coverage starts on the first of the month following the date you enroll and remains effective for the rest of the Plan Year.
- The amount you elect to contribute will be divided by the number of pay periods remaining in the year. Your Employer will begin deducting Pre-tax Contributions from your pay in the next paycheck processed after your coverage begins.
- Only Covered Expenses that you incur on or after the date your coverage starts will be eligible for reimbursement from your FSA.

### During the Annual Enrollment Period

If you are eligible, you can enroll in the FSA during the annual enrollment period. You will be told how to enroll before the enrollment period starts. If you enroll:

- Your Plan coverage starts at the beginning of the following Plan Year and remains in effect for the entire Plan Year.
- The amount you elect to contribute will be divided by the number of pay periods in the year. Your Employer will begin deducting your Pre-tax Contributions from your pay in the first paycheck of the Plan Year.
- Only Covered Expenses that you incur during the Plan Year will be eligible for reimbursement from your FSA.

### When You Have a Life Status Change

You are allowed to change your enrollment elections during a Plan Year if you have a Life Status Change. You have 30 days after a Life Status Change to enroll in the FSA if enrolling is consistent with the Life Status Change event and you are Actively-at-Work when you elect to enroll. In other words,

you may only change your election if the Life Status Change causes you, your Spouse or your child to gain or lose eligibility for coverage under this or another plan. The election change must correspond with the nature of the status change.

To add or delete coverage, notify your Employer. Complete the enrollment requirements, including providing proof, and paying any required contributions within 30 days of the Life Status Change event. The plan administrator will use its discretion to determine if changes are consistent, and will also determine what information will be required to provide proof of any change in status. If you don't meet the 30-day deadline, you will not be allowed to enroll in the FSA until the next annual enrollment period.

If you enroll:

- Your Plan coverage starts on the first of the month following the Life Status Change and receipt of the completed enrollment. For birth of a child or adoption, your plan coverage starts on the date of the Life Status Change.
- The amount that you elect to contribute will be divided by the number of pay periods remaining in the year. Your Employer will begin deducting Pre-tax Contributions from your pay with the next available pay cycle after your coverage begins.
- Only Covered Expenses that you incur on or after the date your coverage starts will be eligible for reimbursement from your FSA.

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## Cost and Contributions

### Cost

Typically you pay the entire cost of the Limited Purpose Health Care FSA. These contributions are free from federal income and Social Security taxes, as well as most state and local income taxes. The contributions are deducted from your pay and deposited into a trust fund that holds Limited Purpose Health Care FSA contributions. Your Employer may contribute to your FSA but in most cases the FSA is funded solely by making Pre-tax Contributions each pay period through payroll deductions. Generally, your Employer makes no contributions to your Limited Purpose Health Care FSA.

Limited Purpose Health Care FSA administrative expenses are paid for by Loudoun County School Board and by contributions that participants forfeit under the Use-It-or-Lose-It Rule. See the "Definitions" section for more information.

### How Much You Can Contribute

The amount you can contribute into your Limited Purpose Health Care FSA is limited for each Plan Year. Refer to the "Your Flexible Spending Account (FSA) At-A-Glance" section of this document to view your maximum contribution amount.

### Health Care FSA Reimbursement Account Limitations

Reimbursements for outlined expenses will only be made if reimbursement is not made from any other health plan, insurance policy or benefit plan covering you, your lawful Spouse or your dependents.

Reimbursement for outlined expenses will only be made for eligible health expenses incurred during the Plan Year (and in the case of new employees, only during the portion of the year after participation began).

### Excess Contributions: Carryover and the Use-It-or-Lose-It-Rule

If a balance remains in your account after the Plan Year's reimbursements have been processed, this amount will be forfeited, except for the inflation-adjusted amount that the IRS allows to be carried over to the next Plan Year. This is an IRS imposed Use-It-or-Lose-It-Rule. It requires that you forfeit any money that remains in your Limited Purpose Health Care FSA after you have received reimbursement for all timely claimed Covered Expenses that you incurred during the Plan Year. To avoid forfeiting any remaining FSA Balance, all claims must be received by Cigna no later than the date identified in the section entitled "Your Flexible Spending Account (FSA) At-A-Glance" as the last date to submit claims to Cigna.

### When You Make Contributions

Your Employer deducts your Plan contribution from your pay each pay period. These are Pre-tax Contributions. Your Employer credits the deducted amounts to your Limited Purpose Health Care FSA over the course of the Plan Year. Here is how the deduction amounts are calculated:

If you enroll during the annual enrollment period, the amount that you elect to contribute for a Plan Year is divided by the number of pay periods in the Plan Year. Your first contribution will be on the date identified in the section entitled "Your Flexible Spending Account (FSA) At-A-Glance" and will continue on each pay period for the remainder of the Plan Year.

If you enroll after the beginning of a Plan Year, the amount that you elect to contribute for a Plan Year is divided by the number of pay periods remaining in the Plan Year.

Even though you contribute to your FSA over the course of the Plan Year, the full amount that you elect to contribute for the Plan Year is available for reimbursement of Covered Expenses at the beginning of the Plan Year (or the effective

date of your participation, if later).

### **When Your Contributions Stop**

Your right to contribute to your FSA will stop when:

- You cancel your coverage, if permitted because of a life status change;
- You transfer to an ineligible employee status;
- Your employment with Loudoun County School Board terminates (including retirement) and you decline continuation of coverage under federal law (i.e., COBRA);
- You fail to make the necessary monthly contributions under COBRA to your FSA;
- You die; or
- Your Employer terminates the Plan.

You or your Covered Dependents may continue to submit claims for reimbursement of Covered Expenses you incur before the date your contributions stop. Those claims must be received by Cigna no later than the timeframe identified on the page titled “Your Flexible Spending Account (FSA) At-A-Glance”.

You may be reimbursed for FSA claims up to your entire remaining FSA Balance, even if your claims exceed the amount of your actual contributions to your FSA.

### **Effect of Limited Purpose Health Care FSA Contributions on Other Plans**

Your Limited Purpose Health Care FSA contributions will not affect other pay-related benefits, such as 401(k), life insurance and disability income because your “eligible earnings” for those benefit plans is calculated BEFORE your salary is reduced.

### **Effect of Limited Purpose Health Care FSA Contributions on Social Security**

Your Limited Purpose Health Care FSA contributions will reduce the amount you pay in Social Security taxes so your future Social Security benefits may be slightly reduced.

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## **Covered Expenses**

You can use your FSA to pay for many of the types of expenses that qualify for a federal income tax deduction.

You cannot request reimbursement for an expense through your FSA and then deduct the same expense on your federal income tax return (or your Spouse’s federal income tax return).

### **Whose Expenses Can Be Covered**

You can use your FSA to pay Covered Expenses for yourself and your Covered Dependents.

Your Covered Dependents include:

- Your lawful Spouse;
- Your child, who includes your natural or legally-adopted child; a child placed with you for adoption; and your stepchild (that is, the natural or legally-adopted child of your current legal Spouse) but only if the child is under age 26; and
- Any other qualifying child or relative you may claim as a dependent for federal income tax purposes.

Because the Limited Purpose Health Care FSA is subject to federal tax rules, federal law determines who can be your Covered Dependents – and have their expenses covered – under the Plan.

### **What Expenses Are Covered**

Covered Expenses under the Limited Purpose Health Care FSA consist of any expense for medical care as defined in IRS Code Section 213 subject to Limited Purpose terms and conditions. The following list includes some of the most common eligible expenses. For additional information, refer to IRS Publication 502, visit the IRS website at <http://www.irs.gov> or visit [www.cigna.com/expenses](http://www.cigna.com/expenses).

- All Deductibles, Coinsurance and Copayments charged to an individual (not premiums or payroll contributions) under any vision or dental plan
- Vision related supplies (i.e. eyeglasses, contact lenses and supplies)

## **Coordination With Your Medical Plan Option**

Your employer offers a Cigna Medical Health Savings Account (HSA). You may enroll in both the Cigna Medical Plan HSA and the Limited Purpose Health Care FSA.

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## **Claims For Reimbursement**

### **How to File a Claim for Reimbursement**

You can visit [www.myCigna.com](http://www.myCigna.com) to use the Online Reimbursement Request form or download a FSA claim form. The following general steps should be followed in order to file a reimbursement claim:

Complete the employee portion of the reimbursement claim form in full. Answer all questions, even if the answer is “none” or “N/A” (not applicable).

Attach all necessary documentation of expenses including your Explanation of Benefits, to the reimbursement claim form. When you have health care expenses for which an Explanation of Benefits is not provided, such as the cost of eyeglasses, submit an itemized receipt for the expense along with your claim for reimbursement.

When you submit claims for health care expenses, you must provide a written statement (Explanation of Benefits) from an independent third party stating that the expense has been incurred and the amount of the expense, a written statement (Explanation of Benefits) that the expense has been reimbursed or is not reimbursable under any other plan coverage, and a written statement (Explanation of Benefits) that the amount will not be claimed as a tax deduction.

If you file paper claims, you should submit them for each individual. Please do not attach or staple claims together. If additional information is needed to process your claim or the claim of your dependent, you will be notified. If you receive a letter regarding your claim, prompt completion and return of the letter with any requested attachments will expedite processing of the claim. The claim will be denied for lack of necessary information if the information requested in the letter is not supplied within forty-five (45) days. If you submit the requested information after the 45-day period, this will be treated as a new submission of the claim.

Send complete information to:

Cigna HealthCare  
Post Office Box 182223  
Chattanooga, TN 37422-7223

Or send by facsimile to: 877-823-8953 or 859-410-2432

The Online Reimbursement Request form can be used to submit expenses for multiple patients.

If you have questions regarding your claim, please call 1-800-Cigna24 or 800-244-6224.

Reimbursements from your flexible health care reimbursement account in an amount up to your annual election amount will be made at the time the reimbursement claim is processed.

All claims will be processed and paid as identified in the section entitled "Your Flexible Spending Account (FSA) At-A-Glance". Please note Cigna can only receive claims during

regular business hours. Claims filed outside of business hours are recorded as received the next business day.

All requests for benefits may be filed at any time during the year and within the 3-month period immediately following the end of the year.

#### **Claims Determination Procedures**

The Claims Administrator will provide you with notice of the claim determination within a reasonable period of time,

but no later than 30 days after receipt of the claim. This time period will be delayed, if the plan requests additional information, until the requested information is received by the plan. The plan may also request a 15 day extension if matters beyond its control require the extension and notice is provided to you within the 30 day period.

If your claim is denied in whole or in part, the notice will include:

- The specific reason or reasons for the denial.
- References to Plan provisions on which the denial is based.
- A description of any additional information or material needed to approve your claim and an explanation of why such material or information is necessary.
- A description of the Plan's procedures for appealing the decision.
- A statement that you may request a copy, free of charge, of any internal rule, guideline, protocol or other similar criterion that was relied upon in denying your claim.

#### **When Claims Are Paid**

Once a Limited Purpose Health Care FSA claim is approved, a payment check will be issued.

Limited Purpose Health Care FSA payments are always made to you and cannot be made directly to the provider of services.

Approved healthcare claims will be paid in full up to the amount of your Health Care FSA balance even if your claims exceed the amount of your actual contributions to FSA.

#### **Deadline for Filing Claims**

You must submit FSA claims for Covered Expenses incurred during a Plan Year by the date identified in the section entitled "Your Flexible Spending Account (FSA) At-A-Glance" as the last date to submit claims to Cigna of the following year. Any claim received after that date will NOT be processed.

Under the IRS's Use-It-or-Lose-It Rule, you will forfeit any funds left in your FSA beyond the maximum amount allowed under Carryover after payment of all timely submitted claims for expenses you incur during the Plan Year.

#### **FSA Statements**

You will receive a written explanation for every Limited Purpose Health Care FSA payment made from your account. The explanation will show the amount paid and your current account balance. You will receive paper copies unless you indicate a preference at [www.myCigna.com](http://www.myCigna.com) to receive these explanations by online delivery only.

#### **Online FSA Statements: Claims and Balances Statement**

You have the ability to customize and access your online



health statements based on your preferences. Simply follow these easy steps:

- Go to [www.myCigna.com](http://www.myCigna.com).
- Choose the Manage Claims & Balances tab.
- From the dropdown, choose Claims & Balances Statement.
- Customize as you wish.
- Create the report.

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## **How To Appeal A Denial Of Reimbursement**

If we deny your request to be paid back for a service, you can appeal it. You or your authorized representative may start the appeals procedure.

### **Appeals Procedure**

To initiate an appeal, you must submit a request for an appeal in writing to Cigna within 180 days of receipt of a denial notice. You should state the reason why you feel your appeal should be approved and include any information supporting your appeal. If you are unable to or choose not to write, you may ask Cigna to register your appeal by telephone by calling the 800 number on your explanation of benefits, claim form or by calling 800-Cigna24 (800-244-6224). Your appeal will be reviewed and the decision made by someone not involved in the initial decision. We will respond in writing with a decision within 60 calendar days after we receive an appeal for a reimbursement determination. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

### **Additional Information on Covered and Excluded Benefits**

If you would like to receive information regarding a specific drug, medical test, device or procedure which is either a covered or excluded benefit under this plan, you may either call the toll-free number on your Explanation of Benefits or claim form or log onto [www.myCigna.com](http://www.myCigna.com).

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## **Administrative Information**

### **Qualified Medical Child Support Order (QMCSO)**

Your Employer's Limited Purpose Health Care FSA Plan will comply with the terms of a QMCSO. A QMCSO is a judgment, decree, or order that is issued by a court or through an administrative process established under state law that assigns to a child the right of a participant to receive benefits under an employer-provided health plan, and that the Plan Administrator has determined is qualified under the terms of applicable federal or state law.

### **Optional Continuation Coverage**

To the extent mandated by federal law, you will be allowed to continue coverage under the Limited Purpose Health Care FSA even after your termination of employment. Such coverage, however, will require you to continue making the deposits you have elected on an after tax basis.

### **If You Have Questions**

If you have questions about continuation coverage, you should contact your Plan Administrator.

In administering the Plan, the Plan and Claims Administrators may come into contact with what is considered "protected health information" (PHI) under the Health Insurance Portability and Accountability Act (HIPAA). Cigna and the Plan Administrator have taken specific steps to protect and limit access to this information. For example, Cigna has:

- Designated a Privacy Officer;
- Developed privacy policies and procedures, including a sanctions policy that applies to employees and business partners who violate privacy policies;
- Implemented safeguards to protect against improper disclosure of PHI;
- Provided a complaint resolution process; and
- Entered into agreements requiring its business associates to safeguard PHI.

As part of the compliance efforts, a HIPAA Notice of Privacy Practices is provided to employees. If you would like to review the privacy policies, receive another copy of the privacy notice or just need more information, please contact the Plan Administrator.



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## Plan Administration Information

**The name of the Plan is:** Loudoun County School Board

**The name, address, zip code and business telephone number of the sponsor of the Plan (your Employer) is:**

Loudoun County School Board  
21000 Education Court  
Ashburn, VA 20148  
571-252-1810

**Employer Identification Number (EIN):** 546001395

**Plan Number:** See Plan Administrator

**Plan Type:** Limited Purpose Health Care Flexible Spending Account.

**The name, address, zip code and business telephone number of the Plan Administrator is the Employer named above.**

**Type of Administration:** Third-party administration

Claims Administration: **Cigna**

**The Plan's year ends on:** 12/31.

The Limited Purpose Health Care FSA is funded by your Pre-tax Contributions to the Plan through reductions of your salary. Contributions to the Plan are deposited into a trust fund and used to pay Covered Expenses. Any forfeited funds are used to pay the administrative costs of the Plan. The Flexible Spending Account is not an insurance contract.

### **Discretion of Plan Administrator and Claims Administrator**

The Plan Administrator has the sole discretion to determine any eligibility/election issues, any issues that are not clearly either eligibility/election issues or coverage/benefit issues and any issues that arise in connection with a request for a voluntary review of a coverage/benefit decision. The Plan Administrator has the authority to interpret any of the Plan's provisions relevant to such issues, including ambiguous and disputed terms, and to make any related factual determinations. The Plan Administrator's determinations and interpretations on these issues are final and binding on all parties.

The Plan Administrator delegates to the Claims Administrator the discretionary authority to interpret and apply Plan terms and to make factual determinations in connection with its review of coverage/benefit issues under the Plan. The Claims Administrator has the authority to interpret any of the Plan's provisions relevant to coverage/benefit issues, including ambiguous and disputed terms, and to make any related factual determinations. The Claim Administrator's determinations and interpretations on these issues are final and binding on all parties, except in cases involving a

request to the Plan Administrator for voluntary review of a coverage/benefit decision.

### **Plan Modification, Suspension and Termination**

Loudoun County School Board reserves the right to modify, suspend, or terminate the Plan at any time. Your coverage or benefits during your employment or after retirement may be modified or terminated as a result of such change. Any modification or termination of the Plan will not affect your rights or those of your Covered Dependents as to Covered Expenses you incur while the Plan is still in effect.

### **Plan Amendments**

The Plan may be amended at any time by a written document signed by any duly authorized officer of Loudoun County School Board.

## Definitions

Following are some important terms. They appear with capitalized letters through this document.

### Actively-at-Work

You are considered Actively-at-Work:

- If you are performing the regular duties of your work, on a regularly scheduled basis, on any of your Employer's scheduled work days, either at your Employer's place of business, in your home, or at some location to which you are required to travel for your Employer's business;
- On a day which is not one of your Employer's scheduled work days if you were at work on the preceding scheduled work day;
- If you are receiving Short Term Disability Plan benefits from your Employer; or
- If you are on an approved paid or unpaid leave of absence except for a Long Term Disability, Education or Long Term Leave Without Pay leave of absence.

### Carryover

An IRS rule which permits allows for carryover of unused Pre-Tax Contributions from one year to the next, up to a maximum (not to exceed the IRS maximum), or a minimum amount, as defined by your Employer. Carryover funds will result in automatic enrollment in FSA for the next Plan Year.

### Coinsurance

The part of the cost of any medical services that you must pay after you have met any plan deductibles. For example, if your medical plan pays 80 percent of the cost of medical expenses after you have met your deductible, your coinsurance payment would be 20 percent.

### Copayment

The amount, usually a flat dollar amount, of the cost you must pay to a network healthcare professional at the time you receive health care services or supplies.

### Contribution Frequency

The timing of your Employer's collection of your contributions to your FSA account.

### Covered Dependents

Those persons described as Covered Dependents in the section entitled "Whose Expenses Can Be Covered".

### Covered Expenses

Expenses that are eligible for reimbursement under the FSA, as described in the section entitled "What Expenses Are Covered".

### Deductible

The dollar amount you must pay out-of-pocket before your

medical plan option begins to reimburse you for expenses covered by that plan.

### Employer

Any corporation or other business entity that is owned by Loudoun County School Board and that participates in the Loudoun County School Board benefits program.

### FMLA Leave

A leave of absence under the Family and Medical Leave Act.

### FSA Balance

The maximum coverage amount elected for your FSA for the Plan Year, minus the total amount of claims paid.

### Life Status Change

A term defined in accordance with IRS rules that describes when you may be permitted to change your FSA elections, other than during an annual enrollment period. You may make election changes if you have a life status change event and the benefit election change you want to make is consistent with the life status change event. The life status change events are:

- You marry, divorce or have an annulment or a legal separation.
- You have a child, adopt a child or assume legal guardianship of a child.
- Your Spouse or child dies.
- You or your Covered Dependent's employment starts or terminates.
- You or your Covered Dependent changes your work location or residence to a place outside your medical plan's service area, have a reduction or increase in hours of employment (including a switch between full-time and part-time status), begins or ends an unpaid leave of absence, strike or lockout.
- Your Covered Dependent satisfies or ceases to satisfy the requirements for Covered Dependent status due to attainment of age, financial dependency, or any similar circumstances.

If your change is on account of and corresponds with the Life Status Change, you may elect or cancel coverage or change your contributions to an FSA.

If you are not Actively-at-Work (for example, you are on a disability leave), you may change your Health Care FSA elections only if the following occurs:

- Birth or adoption of a child.
- Marriage.
- Divorce.
- Death of your Spouse or child.
- Plan Year

- The 12-month period identified in the section entitled “Your Flexible Spending Account (FSA) At-A-Glance”.
- Pre-tax Contributions
- Deposits to the FSA that are deducted from your wages before federal, Social Security, and in most cases, state and local income taxes have been withheld.
- Spouse
- Your lawful Spouse, as recognized under both state and federal law.
- Termination of Employment Date
- The date your employment with Loudoun County School Board officially ends (usually, your last day of work at Loudoun County School Board).
- Use-It-or-Lose-It Rule
- An IRS rule requiring that Pre-tax Contributions to plans be used for Covered Expenses incurred during the Plan Year under an FSA or else be lost. Unused Pre-tax Contributions in excess of the inflation-adjusted carryover amount permitted by the IRS cannot be carried over from one year to the next, nor can they be returned to you.
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