



Reimbursement Options	Monthly Admin Fee	One Time Setup Fee
PriorityFSA – Health Care & Dependent Care	\$ 4.25 PEPM	\$ 500.00
PriorityFSA – Health Care (Only)	\$ 3.25 PEPM	\$ 500.00
PriorityFSA - Dependent Care (Only)	\$ 3.25 PEPM	\$ 500.00

- Select one of the FSA products: Dependent Care only, Health Care only or both Dependent Care and Health Care.
- **Automatic Reimbursement.** Priority Health will automatically reimburse the subscriber for any member liability – medical and prescription drug copayments, coinsurance, deductibles - from their Health Care FSA without requiring the submission of receipts.
- **Manual Reimbursement.** For all other expenses, including vision, dental, non-covered prescriptions, over-the-counter drugs, etc., the subscriber will need to submit claim forms with proof of the expense for reimbursement.
- Dependent Care expenses will need to be reimbursed manually.
- If a subscriber or covered dependent has other insurance, the automatic reimbursement feature will not be available.
- If the Health Care FSA accompanies an HSA, it will be a Limited FSA. The Limited FSA covers Dental and Vision claims as well as Medical claims incurred on or after the HSA deductible has been satisfied. Automatic reimbursement is not an option for the Limited FSA participants.
- If a dual option is offered including an HSA and non-HSA plan, both the FSA and the Limited FSA will be available.
- The cost of the FSA is PEPM (Per Employee Per Month) determined by the number of enrolled participants.
- The FSA product is non-commissionable for Agents.

INSTRUCTIONS

1. Complete the FSA Application found in the forms section of the online Agent Manual (login required) and fax to the Priority Health Small Business department at 616 957-2529.
2. Download a copy of the Adoption Agreement, Plan Document and Summary Plan Document from the Agent Manual. There are multiple documents - choose the document that reflects the combination of FSA products the group has purchased.
3. Fill out each applicable document's variable fields with the employer group's specific information.
4. The Adoption Agreement and the Plan Document, once completed and signed, should be kept by the employer group. The Summary Plan Document, once completed, should be distributed to plan participants. Priority Health does not need a copy of any of these documents.