



Highlights of Your Flexible Spending Account



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Paying for health care is now easier and less expensive with a Flexible Spending Account from BenefitWallet®.

What is a Flexible Spending Account?

A Flexible Spending Account (FSA) is a tax-advantaged account that allows you to use pre-tax dollars to pay for out-of-pocket qualified medical or dependent care expenses.

There are three types of FSA plans:

1. The Health Care FSA (HCFSA) allows you to pay for health care expenses not paid by your health plan.
2. The Limited Purpose FSA (LPFSA) covers only dental and vision expenses when paired with a health savings account.
3. The Dependent Care FSA (DCFSA) allows you to pay for day care expenses for a qualified dependent.

You choose how much money you want to contribute to each account at the beginning of every plan year.

Account Advantages

Multiple uses. There are hundreds of eligible expenses for FSA funds. The HCFSA can reimburse expenses like prescriptions, doctor visits and dental costs for you, your spouse and tax dependents. The LPFSA can only reimburse dental and vision expenses for you, your spouse and tax dependents. The DCFSA reimburses expenses like day care, after-school and summer camp. See IRS Publication 502 and 503 (www.irs.gov) for a complete list of IRS eligible medical and dependent care expenses.

Easy to access. Funds are easily accessible in the HCFSA, LPFSA and DCFSA:

- If you are enrolled in the HCFSA or LPFSA, you can access your funds using your health care payment card. Please note that the IRS requires receipt documentation, therefore, you may be asked to provide this information. If you do not use your health care payment card, you can create your claim and upload receipts online or by using the mobile app.
- If you are enrolled in the DCFSA, you can create a claim and upload receipts online or by using the mobile app.

Once your claim is processed, we will reimburse you via a check or direct deposit. You can access your account any time, either online, through the mobile app, via 2-way texting or over the phone.

Tax advantages. Since FSA contributions are not taxed, you can reduce your taxable income by the amount you contribute to your FSA. You can use those pre-tax dollars to pay for eligible expenses that would otherwise have been paid with post-tax dollars.

Member Portal Features

- Get account balance
- View contributions to your account
- Set up direct deposit
- View payment card charges
- Schedule payments or reimbursements
- Enter a new claim
- View claim status
- Access communication center messages
- Use consumer tools
- Find answers to frequently asked questions

Using Your Health Care Account

We make it easy to access and use your account funds. There are two ways to pay for qualified expenses:

1. **Use your health care payment card.** This is the simplest way to pay your out-of-pocket costs for qualified medical, dental and vision expenses. Pay using your health care payment card and keep your Explanation of Benefits (EOB) or itemized receipt as documentation, since you may be required to prove the expense was qualified. Then, log on to your account to see if documentation is required. If so, upload your itemized documentation online or print and submit the claim submission form.
2. **Pay out of pocket and request reimbursement.** Pay using your personal funds and keep your EOB or itemized receipt as documentation. Then, log on to your account to request reimbursement. Upload electronic copies of your receipts or print the claim submission form and submit documentation. You can receive reimbursement funds via check or direct deposit.

Tip: Set up direct deposit online to receive quicker reimbursements.



How to Pay

At the Doctor, Dentist, Eye Doctor or Hospital

When you pay for health care at these providers, be sure to always present your insurance ID card first to ensure proper processing of your charges.

- **Copays.** If you are asked to pay a copay, you may pay with your health care payment card, or you may pay out of pocket and request reimbursement from your account. Save your EOB or itemized receipt to submit as documentation.
- **Additional charges.** If you're asked to pay additional charges, if possible, do not pay your provider until the claim is processed by your health plan and you receive your Explanation of Benefits (EOB). This helps avoid overpayment. Compare your EOB with the provider bill to verify the amount being charged by your provider is the same as the patient balance on the EOB. Then, pay with your health care payment card, or pay out of pocket and request reimbursement from your account. Your EOB provides all the required information to substantiate your claim and can be used as documentation of your expense.



At the Pharmacy

- **Prescriptions.** When purchasing prescriptions, be sure to always present your health insurance ID card first to ensure proper processing of your charges. You may pay with your health care payment card, or you may pay out of pocket and request reimbursement from your account. Save your EOB or itemized receipts to submit as documentation.
- **Certain over-the-counter items.** You may pay for eligible medical supplies with your health care payment card. Over-the-counter medication must be paid out-of-pocket and then reimbursed from your account. To be reimbursable, an over-the-counter medication must be accompanied by a valid written prescription even if the medication is available without a written prescription (except insulin). Therefore, you will be required to manually submit any over-the-counter medication expenses along with a copy of the valid written prescription.

At a Day Care Provider

- Pay your provider based on their payment schedule. Keep your itemized receipt, which should include the provider name and tax ID, child's name, age, cost of care and service period.
- After the service period has begun, submit an online claim for reimbursement, and upload or send in your itemized receipt. You will be reimbursed up to the amount that you have had deducted from your payroll.

Note: Expenses cannot be fully reimbursed until completion of the service period.

IRS Documentation

The IRS requires all Health Care Flexible Spending Accounts (HCFA) and Health Reimbursement Arrangement (HRA) transactions— even those made using a health care payment card — to be substantiated (verified by documentation that proves the purchase is a qualified medical expense).

The IRS also requires all Dependent Care Flexible Spending Account (DCFA) transactions to be substantiated (verified by documentation from the provider that proves the dependent care services were provided before the reimbursement request is submitted).

As a result, unless a claim can be automatically substantiated, you are required to submit documentation (e.g., itemized receipts) to BenefitWallet to substantiate your health care payment card transactions.

You should always save your itemized receipts from every health care payment card transaction and all of the explanation of benefits (EOBs) you receive from health, pharmacy and/or dental plans. For your convenience, you may save electronic copies of this documentation online at www.mybenefitwallet.com.

FSA Rules and Regulations

The IRS requires that all FSA purchases be verified as eligible expenses. Always save your itemized receipts.

HCFSA and LPFSA Contributions

- Contributions are limited by the IRS with possible annual inflation increases. For 2016, the limit is \$2,550. A husband and wife may each contribute to their individual employer's FSA plan up to the limit.
- According to IRS regulations, unless your employer offers a rollover or grace period*, you must use all of your FSA funds by the end of your plan year or remaining funds will be forfeited.
- The IRS also requires that employers make the full annual HCFSA and LPFSA election available to employees when an eligible expense occurs, regardless of whether you have payroll deducted enough to cover the full amount at that time.

DCFSA Contributions

- Contributions are limited by the IRS and the maximum is \$5,000 per family, or \$2,500 if filing separate tax returns.
- You must use all of your DCFSA funds by the end of your plan year or remaining funds will be forfeited.
- Expenses are only eligible up to the contributions you have made at the time of your reimbursement request.

**Not all plans offer a grace period or rollover option after the plan year ends. Review your employer's plan documents for more information.*

For More Information

Visit www.mybenefitwallet.com for more information on BenefitWallet and the tools we have available, or call the BenefitWallet Service Center at 1 855.236.2400.

