

FLEX FACTS for 2018

FSA Reimbursement Requirements

A Flexible Spending Account (FSA) is funded by pre-tax contributions; therefore, the IRS requires compliance with eligibility guidelines.

To substantiate claims and required benefits card transactions, the itemized statements, itemized receipts or Explanation of Benefits (EOB) must contain:

- » Dates of service
- » Description of services
- » Amount billed for services
- » Actual amount paid by insurance provider (if charges are submitted)
- » Provider
- » Patient's name

The following items are not sufficient substantiation without an itemized statement or EOB:

- » Previous Patient Balance
- » Balance Forward
- » Paid on Account (POA)
- » Credit card receipts

Photos Are Sufficient

Photos of your itemized receipt, itemized statement or EOB are acceptable. Please include completed claim reimbursement request form and a clear photo of supporting documentation.

Orthodontia

Orthodontia expenses are reimbursed as monthly payments. Simply submit a copy of your payment stub or receipt each month for amount of payment.

Eyeglasses and Contact Lenses

Reimbursement for eyeglasses and contact lenses are based on date ordered, not date paid for or picked up. Sunglasses and safety glasses require a prescription to be reimbursed.

Prescriptions, OTC Medication, Vitamins/Supplements, Massage

Prescriptions are one of the most commonly submitted Flex expenses. Please note the following tips:

- » Prescriptions are reimbursed from the plan year in which they are FILLED, not from the date they are paid.
- » Over-The-Counter (OTC) medication supporting documentation must contain pharmacist's receipt with:
 - » Patient Name
 - » Date filled
 - » Amount
 - » And an Rx number
- » Vitamins and supplements must be accompanied by a signed physician's prescription stating the specific medical condition they are prescribed to treat.
- » Massage therapy is only reimbursable if prescribed by a medical practitioner to treat a specific injury or trauma.
- » A new prescription must be submitted each plan year.

Your pharmacy can provide a list of prescriptions filled from the beginning of the year!

Dependent Care Claims

Dependent Care Reimbursement Request Forms must contain the following:

- » Name of provider
- » Dates of daycare
- » Total reimbursement amount
- » Signature of daycare provider or signed statement/receipt attached
- » Your signature

Dependent care expenses are eligible for reimbursement after they have been incurred, not when services are billed or when you pay.

Reimbursement is only allowed for the amount contributed to the account up to the time the claim is submitted. Any remaining amount requested will remain on-hold until further payroll deductions are made to the daycare account.

IRS guidelines state you cannot be reimbursed for daycare provided during a Leave of Absence lasting longer than two weeks.

HSAs and FLEX DON'T MIX!

If you or your spouse contribute to a FULL Medical FSA, neither of you can contribute to a Health Savings Account (HSA) during the Flex plan year.

If either you or your spouse contributes to an HSA, a LIMITED Flex Account can be elected.

A Limited FSA reimburses dental, vision and preventative care expenses only. Your HSA can be used to reimburse prescriptions or office visits.

Online Access to FSA

Check account balance, view pending claims and transaction history, request reimbursement, download forms and more!

Simply login to www.cdsatpa.com, and select "Access My Flex Account" located on the home page.

When logging in to Participant Portal for the first time, click on "Register" to create online access. Complete fields indicated and proceed through Secure Authentication Setup. Your Employee ID is your SSN (no spaces or dashes). The Employer ID is specific to your company, please contact us for assistance!

After registration, future logins will require User ID/Username and password only. Please click on Forgotten Password link for password assistance; provide answers to security questions and change password. Again, please contact CDSA for assistance!

Medical Mileage

Mileage for travel primarily for medical care can be reimbursed from your medical FSA or HSA. To substantiate the claim, please provide information showing the actual mileage from your home address to the destination. Please also provide an itemized statement or Explanation of Benefits showing the date of your medical visit. The current reimbursement rate for mileage as of 1/1/18 is \$0.18 per mile.



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