

FLEX FACTS FOR 2019

FSA Reimbursement Requirements

A Flexible Spending Account (FSA) is funded by pre-tax contributions, saving you payroll taxes of approximately 30% of your FSA election; 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:

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

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

- » Previous Patient Balance
- » Balance Forward
- » Paid on Account (POA)
- » Credit Card Receipts

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 (itemized statement or EOB).

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.

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

HSAs and FLEX DON'T MIX!

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

Alternatively, if either you or your spouse have contributions to an HSA, you can contribute to a LIMITED Flex Account per IRS rules. A Limited FSA reimburses dental, vision and preventative care expenses only. Your HSA will be used to reimburse prescriptions or office visits.

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.

Orthodontia

Orthodontia expenses are reimbursed as monthly payments are made. Submit a copy of your payment stub/receipt each month for the amount of payment.

Online Access to FSA

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

Go to www.cdsatpa.com, and click "Access My Flex Account" located on the home page.

The first time you log in to the Participant Portal, click on "Register", and complete the required information and security questions.

- » Your Employee ID is your SSN (no spaces or dashes)
- » The Employer ID is specific to your company

After registration, future logins will require User ID/Username and password only.

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.
- » Supporting documentation for medication must contain pharmacist's receipt with:
 - o Patient name
 - o Date filled
 - o Amount
 - o And an Rx number
- » Over-The-Counter (OTC) medication, 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 during the plan year.

Medical Mileage

Mileage for travel, primarily for medical care, can be reimbursed from a medical FSA or HSA. Please provide information showing actual mileage from home address to destination and itemized statement or EOB showing date of medical visit. The current reimbursement rate for mileage as of 1/1/19 is \$0.20/mile.