



## Health Care Flexible Spending Account (HCA)

A Health Care Account (HCA) is a flexible spending account that provides a tax-advantaged way to pay for eligible out-of-pocket medical, prescription, dental, and vision care expenses for you and your qualified dependents. The HCA allows you to set aside money on a pre-tax basis to pay for eligible out-of-pocket expenses that are not covered as eligible expenses under any other insurance plan.

### The Health Care Flexible Spending Account Advantage

A HCA provides a simple way to save money on eligible medical, prescription, dental, or vision expenses. Because the money you elect to contribute is deducted pre-tax you pay fewer taxes, increase your take home pay, and pay for eligible expenses with tax free money. Access to your annual election is available to you on the first day of the plan year, which means no waiting for funds to accumulate in your account before you can begin using.

Before deciding whether a Health Care Account is right for you, review your medical, dental and vision expenses from last year, and conservatively estimate what you expect to spend this coming year. To help determine your expenses, try the online Election Worksheet located at [www.benstrat.com](http://www.benstrat.com).

### Determining Your Annual Election

You may contribute between \$100 up to \$2,700 annually. Your annual election will be deducted from your pay check on a pre-tax basis each pay period throughout the year.

**Remember**, once you've made your election it cannot be changed during the plan year unless you experience an approved IRS Qualified Change in Status. Please refer to your Summary Plan Document (SPD) for additional details.

### The Carryover Advantage

Your employer offers the Carryover Feature, which allows up to \$500 of unused HCA funds to carryover into the new plan year. Unused funds greater than \$500 will be forfeited per IRS regulations. Carryover funds will automatically roll over on the 1<sup>st</sup> day of the new plan year.

### Using Your HCA Funds

Use your HCA to reimburse eligible expenses incurred by you and your qualified dependents, regardless of whether or not they're covered under your medical, dental or vision plans. Typical eligible expenses include (but not limited to)-

- Medical: prescriptions, office visits, deductibles and coinsurance, copayments, chiropractic
- Dental: office visit, cleanings, x-rays, fillings, crowns, artificial teeth, orthodontia, occlusal guards
- Vision: office visit, eye exams, eyeglasses, contact lenses, vision correction procedures, refractions

An extended list of FSA eligible expenses can be found at [www.benstrat.com](http://www.benstrat.com).



### **The FlexExpress Debit Card - Easy Access to your HCA Account**

It may look like a typical debit or credit card, but it's a special benefits card limited to medical, dental, and vision, and pre-loaded with your full annual HCA election amount. Use the card to pay for IRS qualified expenses directly at the point of sale or when paying a bill.

Two identical cards are mailed to your home address upon your initial enrollment. FlexExpress debit cards are good for three (3) years and are reloaded with subsequent plan year elections. Similar to a credit card you'll automatically receive an updated FlexExpress debit card one (1) month prior to the cards expiration.

**Don't forget** the IRS requires you to keep all original documentation for purchases associated with FSA Debit Card purchases. You may be required to verify eligibility of claims by submitting documentation to Benefit Strategies.

### **Submitting for Reimbursement**

If you pay for eligible reimbursable services using a method different than the above FlexExpress Debit Card, you can submit for reimbursement through one of our quick and convenient reimbursement methods -

- Submit online through your secure account at [www.benstrat.com](http://www.benstrat.com)
- Submit through your mobile device through the BenStrat Mobile App
- Submit a completed paper claim request form via fax, secure email, or mail

All reimbursement methods require you submit the appropriate documentation. Receive claim payments faster with direct deposit (you can enroll in direct deposit using the applicable form found on [www.benstrat.com](http://www.benstrat.com)).

### **Deadline for Submitting HCA Claims**

Your plan includes a Run Out period, which is the deadline for submitting claims incurred during the plan year.

- Run Out: September 30<sup>th</sup> is the last day to submit claims for reimbursement of eligible expense incurred on or before June 30<sup>th</sup>.
- Debit cards cannot be used for eligible expenses after June 30<sup>th</sup>. To request reimbursement after June 30<sup>th</sup> for eligible expenses you will need to submit a claim form or use the online claim feature.

Unspent or unclaimed monies in your account, over the allowed \$500 carryover, are forfeited after the run out period. Please refer to your Summary Plan Document (SPD) for additional details.

### **FSA Account Resources**

Stay up to date on your HCA account through the Benefit Strategies' Consumer Portal at [www.benstrat.com](http://www.benstrat.com) or BenStrat Mobile App. Here you can view account balance, claims history, filing deadlines, set up text message alerts, file for reimbursement, upload document, and much more!

### **Customer Service Team**

- 888.401.3539 or [info@benstrat.com](mailto:info@benstrat.com)
- Monday - Thursday 8:00 am - 6:00 pm ET; Friday 8:00 am - 5:00 pm ET
- Automated response system available 24 x 7 through our toll free number



## FSA Election Worksheets and Eligible Expenses List

### Health FSA Eligible Expenses

Visit [benstrat.com](http://benstrat.com) for an expanded list of eligible expenses. If you have questions on what constitutes an FSA eligible expense, please contact our Customer Relations Team: 1-888-401-FLEX (3539) or [info@benstrat.com](mailto:info@benstrat.com).

Ace bandages	Dentures	Medical equipment
Acne treatments*	Diabetic monitors and supplies	Medical monitoring and testing
Acupuncture	Diaper rash ointments*	Mileage to receive medical care
Allergy and sinus medicine*	Eye exams	Motion and nausea medicine*
Antacids and digestive aids*	Eye glasses	Nutritional supplements**
Antibiotic ointments*	Eye related equipment	Orthodontia
Antifungal and anti-itch*	Family planning products	Orthopedic and surgical supports
Aspirin and other pain relievers*	Fertility monitors	Orthotics
Asthma medicine*	First aid kits	Physical exams
Athletic treatments*	Gastrointestinal medication*	Physical therapy
Band-aids	Genetic testing**	Physician services
Blood pressure monitors	Glucosamine*	Pregnancy tests
Canker and cold sore remedies*	Group therapy	Prescription drugs
Chest rubs*	Hearing aids and batteries	Psychoanalysis and mental health therapy
Chiropractic care	Hearing care	Reading glasses
Cholesterol meter test kit and supplies	Herbal medicine**	Sleep aids*
Cold and flu medicines*	Hospitalization costs	Smoking deterrents*
Contact lenses	Hypnosis – treatment of illness	Sunscreen (SPF 30 and higher)
Contact lens cleaning solution	Immunizations	Thermometers
Coinurance	Imaging scans	Toothache gels*
Copays	Incontinence supplies	Urological products
Corn and callus removers*	Individual therapy	Vision care
Cough medicine*	Laboratory fees	Vitamins**
CPAP machine	Lasik eye surgery	Wart removal treatment*
Crutches, canes and walkers	Laxatives*	Weight loss drugs and programs**
Deductibles	Lice treatments*	Wheelchairs and repairs
Dental care (routine and corrective)	Massage therapy**	

**Examples of ineligible expenses include:** Cosmetic surgery and procedures (including teeth whitening); Custodial nursing care; Dental hygiene products; Health club dues; Insurance premiums.

\* Although Over-The-Counter (OTC) medicines and drugs do not need a prescription to be purchased, one is needed for an OTC medicine/drug to be FSA eligible. See note below.

\*\*Dual Use items and services are those that can be used for general health as well as to treat an illness or physical defect. If the item/service is prescribed to treat an illness or physical defect, a Physician Statement form needs to be submitted to Benefit Strategies for it to be FSA eligible. This form can be found on [benstrat.com](http://benstrat.com), or by contacting our Consumer Relations team. See note below.

**NOTE:** OTC Medicines/drugs and Dual Use items/services will not work with the FSA card. You will need to pay with another means and submit for reimbursement through one of our reimbursement methods. Remember to submit the prescription or Physician Statement, along with the purchase documentation.



## Election Worksheet

The Health FSA and Dependent Care FSA Election Worksheets can help you determine how much to set aside in your FSA. You can also use the Tax Savings Calculator at [benstrat.com](http://benstrat.com).

**Important: Funds Do Not Rollover!** Make a conservative election, only considering expenses that are expected to be incurred by you and your FSA eligible dependents while you are enrolled during the FSA plan year.

### Health FSA Election Worksheet

Health Care Expenses Per Plan Year	For You	For Your Spouse	For Your Children
Dental Deductibles	\$	\$	\$
Dental Work	\$	\$	\$
Orthodontia	\$	\$	\$
Eye Exams, LASIK Surgery	\$	\$	\$
Prescription Eyeglasses, Reading Glasses, Contact Lenses	\$	\$	\$
Vision Solutions and Supplies	\$	\$	\$
Medical Deductible	\$	\$	\$
Medical Copays	\$	\$	\$
Prescription Drugs	\$	\$	\$
Medical Supplies	\$	\$	\$
Chiropractic Care and Acupuncture	\$	\$	\$
Total each family member column	(A)\$	(B)\$	(C)\$
Total cost of health care expenses for the plan year (A)+(B)+(C)	(D)\$		
Enter the maximum permitted Health FSA election <i>This can be found on your FSA Enrollment Form</i>	(E)\$		
<b>Election amount. Enter (D) or (E), whichever is less</b> Also enter this amount on your FSA Enrollment Form	(F)\$		
Number of pay periods in a plan year	(G)		
Payroll deduction amount per pay period (F) ÷ (G)	\$		

### Dependent Care FSA Election Worksheet

Eligible weekly dependent care cost	(A) \$
Weeks of dependent care you will have in the plan year	(B)
Total cost of dependent care for the plan year (A) x (B)	(C) \$
Enter the maximum permitted Dependent Care FSA election <i>This can be found on your FSA Enrollment Form</i>	(D)\$
<b>Election amount. Enter (C) or (D), whichever is less</b> Also enter this amount on your FSA Enrollment Form	(E) \$
Number of pay periods in a plan year	(F)
Payroll deduction amount per pay period (E) ÷ (F)	(G)