



POWER

*through Partnership*

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# FLEXIBLE SPENDING ACCOUNTS

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# Health Care Flexible Spending Accounts

## What are covered expenses?

All expenses approved by the Internal Revenue Service (IRS) and partially or not covered under any insurance plan are considered covered expenses.

## Here are some examples:

- Animals, trained to assist individuals with disabilities
- Birth control pills
- Copayments and coinsurance
- Communication equipment for the deaf and hearing-impaired
- Dental expenses
- Dermatologist
- Educational aids for individuals with disabilities
- Eye exams / eyeglasses / contact lenses / saline solution / lens cleaner
- Immunizations / vaccinations
- Infertility treatment
- Laser / Lasik eye surgery
- Orthopedic shoes
- Prescription drug copays
- Smoking cessation programs
- Special education for individuals with disabilities, including tuition at special schools
- Special equipment or home improvements prescribed for a specific condition
- Substance abuse treatment
- Wheelchair / durable medical equipment

## What's not covered?

You cannot include in medical expenses the amount you pay for unnecessary cosmetic surgery. This applies to any procedure that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease. Insurance premiums are not a covered expense under an FSA.

**Note:** You can include the medical expense of amounts paid for cosmetic surgery necessary to improve a deformity arising from, or directly related to, a congenital abnormality, a personal injury from an accident or trauma, or a disfiguring disease.

## What is a Health Care Flexible Spending Account (FSA)?

A Health Care FSA is an employee-owned account that uses pre-tax dollars to pay for out-of-pocket medical / dental / vision expenses for you and your family members.

**Note:** You don't have to be covered under your employer's medical plan to participate in the Health Care FSA.

## How does it work?

With an FSA, you can voluntarily set aside money for out-of-pocket expenses. The money you elect to deposit into the FSA is automatically deducted from your gross pay before federal, state (except in New Jersey), local and Social Security taxes are withheld. The money is deducted from your pay in equal installments throughout the year or as long as you are a plan participant.

After you've incurred out-of-pocket expenses, you submit a claim with proper expense substantiation and you will be reimbursed for all eligible expenses within the plan year, up to the maximum you elected, with tax-free dollars.

It does not matter when the services were paid, only the date the service was provided, as long as it occurs while you're a participant.

## Should I choose a Health Care FSA?

Since federal income tax laws do not permit you to deduct medical expenses totaling less than the applicable percentage of your adjusted gross income, the Health Care FSA offers an alternative for saving on taxes.

## What is the Health Care FSA maximum?

The annual maximum is set by your employer and it may change from plan year to plan year.

## The Health Care FSA may be right for you if:

- You regularly have copays and/or deductibles for yourself and family members
- You regularly have out-of-pocket expenses for such things as special treatments and prescription drugs for maintenance of medical conditions
- You anticipate expenses in the coming year for uncovered or partially covered medical expenses such as well-baby care, dental work, psychiatric care or counseling, orthodontia, eyeglasses, contact lenses, or laser / lasik eye surgery

Refer to the IRS Publication 502 for what the IRS considers covered expenses. If you still have questions, call **1-800-657-6265**.



## Over-the-Counter Drugs

Recognizing that many prescription drugs are becoming available over-the-counter (OTC) and such availability results in prescription drug plans not covering such drugs, the IRS issued a ruling in 2003 that allowed reimbursement of these OTC purchases through your Health Care Flexible Spending Account. You may submit expenses for items that are for medical care as defined for the “diagnosis, cure, mitigation, treatment or prevention of disease.”

Expenses for items that are merely beneficial to an individual’s general good health, such as vitamins and dietary supplements are not reimbursable under the FSA.

## Changes to Eligible OTC Products

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 included a number of modifications to employee benefit programs. One provision that affected employee participants, was the requirement for over-the-counter (OTC) drugs and medicines to be accompanied by a physician’s prescription in order to be reimbursed under FSAs, HRAs, and HSAs.

There are many OTC items that remain available without a doctor’s prescription or letter of necessity, while others still do. Refer to FSASore.com for more information on OTC eligible expenses that may require a letter of medical necessity.

## Over-the-Counter (OTC) Drugs and Menstrual Care Products

The CARES Act states that consumers can purchase OTC drugs and medicines with funds from their Health Savings Account (HSA), Health Care Flexible Spending Account (HCFSA) or Health Reimbursement Arrangement (HRA). Consumers may also receive reimbursement for OTC purchases through those accounts. In addition, menstrual products are now considered a qualified medical expense, meaning consumers can pay for or be reimbursed for these products through an HSA, HCFSA or HRA. This provision is effective for purchases made after December 31, 2019, and for reimbursements of expenses incurred after December 31, 2019. It does not have an expiration date.

**These changes are optional at the Employer/Plan Sponsor’s discretion.**

Please read more here:

<https://www.assuredpartners.com/blog/detail/bid/14/employee-benefits/cares-act--impact-on-hsas-hcfsas-and-hras>

# Dependent Care Flexible Spending Accounts

## Who is an eligible dependent?

The IRS defines an eligible dependent as:

- A child under age 13
- A dependent over age 13 who is physically or mentally incapable of self-care, and who you claim as a dependent on your income tax return

## What are covered expenses?

The IRS defines covered expenses as:

- Cost of day care either inside or outside your home, but not by an individual you claim as a dependent
- After-school care
- Nursery school
- Day camp (not overnight camp)
- Elder care

## What expenses are not covered?

- School Tuition for Kindergarten or above
- Overnight camps
- Nursing home care for spouse or disabled tax dependent (that might be reimbursable under a Health Care FSA, but not Dependent Care, which is meant for custodial care incurred to permit you/your spouse to work, etc.).
- Meals
- Field trips / Activity Fees

Refer to IRS Publication 503 for what the IRS considers covered expenses. Not sure if it's covered? Call the FSA Customer Service at **1-800-657-6265**.

## Program Benefits

- Give yourself a raise—pay less in taxes and get more from your paycheck
- Using an FSA can save you money on dependent care or health expenses or both
- Each year you decide your participation level based on your needs
- Employer-provided benefit
- No additional cost to you

## What is a Dependent Care Flexible Spending Account (FSA)?

A Dependent Care FSA is an employee-owned account that uses pre-tax dollars to pay for dependent care expenses. Dependent care expenses must be incurred in order to allow an employee to be gainfully employed. Expenses incurred for the primary function of education itself are NOT eligible.

## How does it work?

With an FSA, you can voluntarily set aside money to pay for eligible dependent care expenses. The money you elect to deposit into the FSA is automatically deducted from your gross pay before federal, state, local and Social Security taxes are withheld. In NJ and PA state and local taxes are not exempt. The money is deducted from your pay in equal installments throughout the year or as long as you are a plan participant. After the service has been provided and you've incurred the expense, you submit a claim and you will be reimbursed up to the balance in your account for all covered expenses up to the maximum you elected with tax-free dollars. Pre-paid expenses cannot be reimbursed until the service is provided. In addition, you may not use funds from your FSA account to pre-pay expenses.

The total amount you can deposit into the Dependent Care FSA per calendar year cannot exceed the lesser of \$5,000, or \$2,500 for a married person filing separately, or the spouse's earned income. If your spouse is working, actively seeking work, or is a full-time student, you can participate in the Dependent Care FSA.

### 2021 brought an optional (but not recommended change) allowing a temporary increase to these limits.

Please read more here:

<https://www.assuredpartners.com/blog/detail/bid/520/employee-benefits/arpa-the-american-rescue-plan-is-now-law>

When you use the Dependent Care FSA to pay for child care expenses, you cannot claim these same expenses as a tax credit for federal tax purposes. A comparison between the dependent care tax credit and the Dependent Care FSA is available to help you decide which is better for you.

A taxpayer claiming a day care credit or using the Dependent Care FSA must report the name, address, and taxpayer identification number or Social Security number of the day care provider being used.

Nursery, pre-school, and after school care expenses should be calculated based on the dates of service during your plan year.

## The Dependent Care FSA may be right for you if:

- You pay for day care for a child under age 13
- You pay for before or after-school care or day camp for a child under 13
- You pay for day care for a disabled child, spouse or parent whom you claim as a dependent

# Flexible Spending Accounts

## Direct Deposit

Direct deposit is a convenient way to receive flexible spending account reimbursements promptly. This option allows you to have your reimbursements deposited directly into your savings or checking account. Direct deposit eliminates trips to the bank to cash or deposit checks and the possibility of a check being delayed, destroyed, or lost in the mail.

This option is available at no cost to you. You may enroll online or by returning a direct deposit enrollment form along with a voided check to AssuredPartners. Contact information can be found on the form.

Each time you are issued a reimbursement, an Explanation of Benefits (EOB) will be sent to you confirming the amount of reimbursement and any other pertinent spending account details.



## FSA Online Portal

Visit <https://AssuredPartners.lh1ondemand.com>.

The WEX one-stop online portal will give you 24/7 access to view information and manage your accounts.

- Register as a New User by clicking on **“Get Started.”**
- You will be prompted for identifying information such as First and Last Name, Zip Code, and SSN.
- You will then be prompted to select and answer Security Questions.
- Then you can create your own **Username** and **Password**.
- On subsequent visits login as an Existing User entering your Username and Password.

The information displayed on the Account Summary page will vary depending upon your specific healthcare benefits. [View More](#)

**Flexible Spending Account** ⓘ

**TOTAL AVAILABLE BALANCE** \$5,153.00

AVAILABLE CASH BALANCE  
\$4,050.00

01/01/2021 - 12/31/2021 ESTIMATED PER PAY PERIOD DEDUCTION: \$30.00

ACCOUNT	ELIGIBLE AMOUNT	SUBMITTED CLAIMS	PAID	PENDING	DENIED	AVAILABLE BALANCE
+ Limited Health Care Flexible Spend...	\$2,700.00	\$26.50	\$0.00	\$16.50	\$10.00	\$2,683.50
+ Dependent Care Flexible Spending...	\$5,000.00	\$14.00	\$0.00	\$14.00	\$0.00	(\$14.00)
+ Parking Reimbursement Account	\$3,120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
+ Transit Pass Reimbursement Account	\$3,120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## How to Speed Up Your Claim Reimbursement

The fastest way to get your money is to sign up online for direct deposit to your personal checking account.

1. After logging in to <https://AssuredPartners.lh1ondemand.com>, under the **Tools & Support** tab, click **Change Payment Method** under the **“How Do I”** section
2. Select the **Update** for the appropriate plans. The **Method/Update Payment Method** page displays.
3. Change radio button to **Direct Deposit** and click Submit.
4. Enter your bank account information and click Submit.
5. The Payment Method Changed confirmation displays.

# Flexible Spending Accounts

## FSA's and Status Changes

Federal regulations prohibit you from changing your enrollment or the amount of your election during the plan year. You are only eligible to change your elections during the year if you have a Status Change. Only benefit changes which are consistent with the Status Change are permitted, as determined by the Plan Administrator, in its discretion, under applicable law and the Plan provisions. You generally must notify your Plan Administrator within 30 days of the Status Change in order to make a change in your benefit elections.

### It's your decision...

- You can change your election every year
- It doesn't cost you anything to participate
- You don't have to buy anything to participate
- You decide how much to deposit
- You save taxes

FSAs reduce your taxes because you pay for unreimbursed medical, dental and vision expenses and/or day care expenses with pre-tax dollars. Each year you decide how much to contribute to each account based on your needs. Your employer is providing this program to help you reduce your costs.

## How do I calculate my FSA deposit?

It's important for you to estimate your expenses carefully in advance because the IRS requires that any unused money left in your FSA at the end of the plan year must be forfeited. You have three months after the end of the plan year to submit expenses incurred during the plan year.

Also, once you elect how much to deposit into your FSA for the year, you cannot change or discontinue the amount of your deposit unless you have a status change, e.g. marriage, divorce, addition or loss of dependents, or change in work status for your spouse.

Although the IRS regulations regarding forfeitures are strict, the before-tax advantages of the FSA can be substantial. It's worth your time to estimate what you think your out-of-pocket expenses will be for the upcoming year. A worksheet is supplied in this booklet to help you do this.

Not sure if it's covered? Call the FSA Customer Service at **1-800-657-6265**.

## What are the tax savings under a Health FSA?

John is married, earning \$40,000 per year with two children and has \$1,000 out-of-pocket medical expenses.

	Without an FSA	With an FSA
Annual Salary	\$40,000	\$40,000
Pre-taxed Deferral	-0	-1,000
Taxable Income	40,000	39,000
Taxes*	-14,260	-13,904
Medical Expenses	-1,000	-0
Take-Home Pay	\$24,740	\$25,096
<b>Annual Savings</b>		<b>\$356</b>
<b>Net Cost</b>		<b>\$644</b>

*\*Assumes 28% federal income tax and 7.65% Social Security tax. Certain states charge their income tax on gross pay as opposed to net pay (after FSA contributions).*

# FSA Worksheet

Your FSA allows you to pay for eligible Health Care and Dependent Care expenses on a before-tax basis. This means that the money is deposited before federal, state, local and Social Security taxes are withheld from your pay. Please note: New Jersey residents continue to pay state income tax on gross pay. Pennsylvania residents pay state income tax on only their Dependent Care FSA amount. You will have the option to participate in the Health Care FSA or the Dependent Care FSA, or both, each plan year. This worksheet will assist you in calculating how much to deposit for health and dependent care expenses for you and your family members. It is important to plan how much you deposit into your FSA, because if you have money left in the account at the end of the plan year, you will forfeit your unused balance in accordance with IRS regulations.

## Use It or Lose It

Consider your expenses carefully before you decide how much to contribute to each account. If your eligible expenses turn out to be less than the amount contributed to your account, federal law requires that the unused balance in excess of the allowed \$550 rollover\* be forfeited. You should not contribute more than you are reasonably certain to use.

\*Rollover Provision - HCFSA participants have the option to rollover up to \$550 of unused HCFSA funds to the next plan year. The rollover amount of \$550 does not impact the max election for the following plan year.

## Health Care FSA

List the Amount You Spend for:	Prior Year Actual Expenses*	Projected Expenses*
Deductibles	\$	\$
Coinsurance / Copayments	\$	\$
Prescription Drug Copays and Deductibles	\$	\$
Vision Care (eye exams, glasses, contact lenses and supplies)	\$	\$
Well-Child Care	\$	\$
Maintenance for Chronic Medical Conditions	\$	\$
Orthodontic Services	\$	\$
Other (any approved IRS expenses)	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>
<b>PROJECTED MEDICAL CARE FSA DEPOSIT</b>		<b>\$</b>

\*Not covered or partially covered under any group insurance plan.

## Dependent Care FSA

List the Amount You Spend for:	Prior Year Actual Expenses*	Projected Expenses*
In-Home Day Care	\$	\$
Day Care Center	\$	\$
Nursery School	\$	\$
Summer Day Camp	\$	\$
Well-Child Care	\$	\$
After School Care	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>
<b>PROJECTED MEDICAL CARE FSA DEPOSIT</b>		<b>\$</b>

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10 North Park Drive | Suite 200 | Hunt Valley, MD 21030 | 1-800-451-8519