

## Union County

# A Guide To Your Flexible Spending Accounts

Save some money with Health and Dependent Care Accounts



**Introducing a new debit card, daily reimbursement processing, an updated website and the ability to access accounts and submit for reimbursement via new mobile app!**

# FLEXIBLE SPENDING ACCOUNT PLAN INFORMATION

**Plan year:**  
2020-2021

**FSA Reimbursement Frequency:**  
Claims are processed daily; check & direct deposits issued daily

**Healthcare FSA maximum:**  
\$2,750

**Dependent Care FSA maximum:**  
\$5,000 per household or \$2,500 per spouse if filing separate tax returns.

**Claim forms:**  
You may submit claims using a debit card, online via the FSA website, from your smart phone or tablet.

**Healthcare FSA:** Expenses must be incurred between 07/01/2020 and 09/15/2021.

**Dependent Care FSA:** Expenses must be incurred between 07/01/2020 and 09/15/2021.

Healthcare and Dependent Care FSA claims must be submitted by 09/30/2021.

**Terminated employee claim filing deadline:**  
You will have until the end of the plan year to submit claims incurred while employed.

**Election changes:**  
The IRS does not allow changes in your annual election unless you have a qualified change in status. You need to notify your employer within 30 days of any qualified status change.

For online access, please visit [www.mywealthcareonline.com/maestrohealth](http://www.mywealthcareonline.com/maestrohealth)

For additional plan information refer to your summary plan description, contact your Employee Benefits Department, or contact a Maestro Health Customer Advocate at:

**1-888-488-5054**

**Claim submission.**  
You can file claims online or via mobile app. Mailed or faxed forms can be submitted to:

**Maestro Health Benefit  
Accounts Department  
PO Box 2370  
Matthews, NC 28106**

Or fax to:  
**1-844-306-8147**



# HOW DOES IT WORK?

## It's Simple.

You'll fund your FSA by simply setting your election amount each year, based on the annual limits on the plan fact sheet included on page 1. The contribution amount you choose will be deducted evenly out of each paycheck throughout the year.

**Healthcare FSAs are pre-funded.** That means you'll have access to your full election amount at the very beginning of the plan year, regardless of how much you've contributed so far. It's like a tax-free, interest-free loan to help you pay for healthcare expenses. Go ahead and schedule that laser eye surgery!

### What if I don't spend it all?

Not to worry. There's a 2 ½ month grace period which gives you some extra time.

### Can I make changes throughout the year?

Changes to your election amount (between annual enrollments) are only permitted due to a change of status such as getting married or having a baby.

### Who's covered?

An FSA covers eligible expenses for you and your dependents, even if they're not covered by your company provided health plan(s)

### What's covered?

The list is way too long to include everything. To see more check out the FSA website and page 6 of this guide.

### Here are some examples:

Acne Treatments**	Eyeglasses
Allergy Medicine**	Hearing Aids
Antacids**	Laser Eye Surgery
Bandages	Orthodontia
Chiropractic Care	Pain Relievers**
Cold Medicine**	Pregnancy Tests
Condoms	Prescription Drugs
Contact Lenses & Cleaners	Smoking Cessation Programs**
Copays, Co-Insurance & Deductibles	Sunscreen
Dental Care	
Diabetic Supplies	

\*\*Over-the-counter (OTC) drugs and medicines (except insulin) are only eligible for reimbursement when prescribed by a physician.

# SAVINGS ON-THE-GO.



Not only does an FSA save you money, we have made it more convenient than ever. You can access and manage your account(s) anytime, anywhere. You can even file a claim in minutes using our mobile app!



## Your FSA Debit Card.

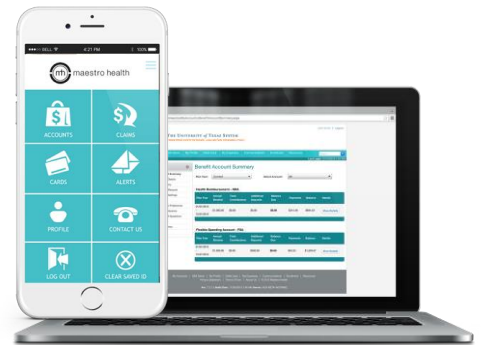
After you enroll in an FSA, you'll receive a debit card that allows you to avoid out-of-pocket expenses, and much of the complicated paperwork and reimbursement delays.

## Online & Mobile Access.

Our easy-to-use online portal and mobile application lets you manage your accounts all in one place.

- View and print account statements.
- File a claim by snapping a photo of the receipt.
- Check your reimbursement status.
- Access education, calculators, and helpful how-to videos.
- Get alerts and notifications.
- Contact support.

**Get the App** – Search for Maestro Health mSAVE in the Apple or Android App Stores



Got Questions? No Problem.

Contact us today.

1-888-488-5054

[www.mywealthcareonline.com/maestrohealth](http://www.mywealthcareonline.com/maestrohealth)

# 2020 Eligible and Ineligible Items

Find more details on the FSA website or the IRS by searching for publications 502 and 503.

## ELIGIBLE HEALTH CARE EXPENSES

- Allergy tests and shots
- Acupuncture
- Alcohol and drug abuse treatment
- Ambulance services
- Artificial limbs
- Automobile modifications required by medical condition
- Birth control pills & devices prescribed by a doctor
- Birth prevention surgery
- Braille materials (books and magazines)
- Childbirth classes for mother-to-be
- Chiropractic services
- Christian Science practitioner's fees
- Co-payments
- Deductibles on your or your spouse's group plan
- Dental treatment
- Guide dog
- Hospital/Health Clinic costs not covered by group health plan
- Infertility and treatment of impotence
- Insulin
- Laboratory fees
- Lead-based paint removal
- Learning Disability
- Lifetime care fees
- Lodging & meals at medical facilities
- Medical aids/equipment
- Massage therapy (medically necessary)
- Mattresses for treatment of arthritis
- Medical information plan fees
- Nurses' fees
- Obstetrical expenses
- Orthodontic services, if medically necessary
- Orthopedic equipment
- Osteopaths' fees
- Oxygen
- Physician's fees not covered by medical plan
- Podiatrists fees, if medically necessary
- Prescription drugs (excluding controlled substances)
- Psychiatric care and fees
- Radial Keratotomy and LASIK
- Ramps required by medical condition
- Routine physical examination
- Smoking programs prescribed by a doctor to treat other medical conditions
- Seeing eye dog and its upkeep
- Spa or resort medical expenses prescribed by a physician
- Telephone costs to purchase and repair special telephone equipment for hearing impaired
- Therapeutic care for substance abuse (drug or alcohol)
- Therapy fees for medical treatment
- Transportation expenses to obtain medical services
- Vision care (exams, glass, contacts)
- Weight loss program prescribed by a physician for specific health problems

- Over-the-Counter **medicines** (will require a Prescription from your doctor effective 01/01/11 and a receipt):
  - Acne treatment
  - Allergy medicine
  - Antacids
  - Anti-diarrhea medicine
  - Ben-Gay, Tiger Balm, and similar products for muscle pain or joint pain
  - Bug bite medication
  - Cold medicine
  - Cough drops, throat lozenges, sinus medications, nasal sinus sprays
  - Eye drops (such as Visine)
  - First aid cream, Bactine, special diaper rash ointments, calamine lotion
  - Laxatives such as Ex-Lax
  - Menstrual cycle products for pain and cramp relief
  - Motion sickness pills
  - Nasal sinus sprays and nasal strips
  - Nicotine gum or patches for stopping Smoking
  - Pain reliever
  - Pedialyte for child's dehydration
  - Pre-natal vitamins
  - Rubbing alcohol
  - Sleeping aids
  - Suppositories/ creams for hemorrhoids
  - Wart remover treatments
- Over-the-Counter items will require a receipt:
  - Band-Aids, bandages, liquid adhesive, Gauze pads, first aid kits
  - Carpal tunnel wrist supports
  - Cold/hot packs
  - Condoms and spermicidal foam
  - Contact lens cleaning solution
  - Glucosamine supplements
  - Incontinence supplies
  - Pregnancy test kits
  - Reading glasses
  - Special ointment or cream for sunburns (not regular skin moisturizers)
  - Sunscreen
  - Take-home screening test kits
  - Thermometers
- OTC Items requiring a medical practitioner's diagnosis and prescription:
  - Dietary supplements or herbal Medicines
  - Fiber supplements
  - Hormone therapy and treatment for Menopause
  - Medicated shampoos and soaps
  - Nasal sprays for snoring
  - Orthopedic shoes and inserts
  - Pills for lactose intolerance
  - St. John's Wort for depression
  - Topical creams to treat gingivitis
  - Weight-loss drugs to treat a specific disease (including obesity)
  - Home exercise equipment

## ELIGIBLE DEPENDENT CARE EXPENSES

- (when expenses are necessary due to employment of parent(s)).
- After school care expenses
  - Baby sitters' fee
  - Day care center fees Federal and state employment taxes you pay for an individual you pay to provide dependent care
  - Pre-school tuition
  - Wages of individuals who provide care inside or outside your home

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## INELIGIBLE HEALTH CARE EXPENSES

- Contact lens replacement insurance premiums
- Cosmetic services/ surgery
- Dancing lessons, swimming lessons, even if recommend by physician
- Diaper service
- Fitness programs for general health
- Health insurance premiums
- Illegal operations or treatments
- Life insurance premiums
- Long-term care insurance premiums
- Medicare tax for Part A
- Medicare premiums for Part B
- Marriage counseling
- Maternity clothes
- Nursing home expenses that are custodial in nature
- Over-the-Counter (i.e. Chapstick, cosmetics, daily vitamins, dandruff shampoos, deodorant, face cream, hair color, hand lotions, moisturizers, razors and other shaving supplies, soaps, toothbrushes & toothpaste)

## INELIGIBLE DEPENDENT CARE EXPENSES

- Claims submitted without the care givers' Federal tax ID and/or social security number
- Nursing home expenses
- "Sleep away" camp expenses, i.e., camp expenses other than day camp in lieu of the child's regular day care
- Specialty camps, e.g., tennis camps and basketball camps
- Wages for a care giver who is your spouse or dependent under the age of 19.

# 2020 Worksheet and Expense Guide

for estimating your health expenses.

The planning worksheet below can help you estimate your eligible healthcare expenses that may not be covered under your company's group insurance plans. Remember, all eligible healthcare expenses for you, your spouse and your eligible dependents are reimbursable from your Healthcare FSA.

Many members or their family members take prescriptions every month and each member will go to the doctor at least once a year. Some members may need glasses. Please look at the list below and enter amounts for services that you know your family members will need in the plan year. Your employer will divide the total above by each paycheck that you will receive during the plan year. The total amount will be loaded on a debit card and available to you at the beginning of the FSA plan year.

<b>Medical Expenses</b>	<b>Estimated Plan Year Expenses</b>	<b>Vision Expenses</b>	<b>Estimated Plan Year Expenses</b>
Copays	\$ _____	Contact lens supplies	\$ _____
Deductibles	\$ _____	Copays	\$ _____
Lab fees	\$ _____	Deductibles	\$ _____
Physical exams	\$ _____	Eye examinations	\$ _____
Physician fees	\$ _____	Prescription contact lenses	\$ _____
Prescription drug expenses	\$ _____	Prescription eyeglasses or sunglasses	\$ _____
<b>Dental Expenses</b>		<b>Other Expenses</b>	
Copays	\$ _____	Acupuncture or chiropractic	\$ _____
Deductibles	\$ _____	Hearing aids	\$ _____
Dentures	\$ _____	Immunization fees	\$ _____
Examinations	\$ _____	Psychiatrist, psychologist, counseling*	\$ _____
Orthodontia	\$ _____	Other eligible expenses	\$ _____
Restorative work (crowns, caps, bridges)	\$ _____		
Teeth cleaning	\$ _____		
Other dental expenses	\$ _____		
<b>TOTAL COLUMN 1</b>	<b>\$ _____</b>	<b>TOTAL COLUMN 2</b>	<b>\$ _____</b>

TOTAL COLUMN 1 \$ \_\_\_\_\_ + TOTAL COLUMN 2 \$ \_\_\_\_\_ = TOTAL ESTIMATED EXPENSES \$ \_\_\_\_\_

# FREQUENTLY ASKED QUESTIONS

## **What is the Section 125 Flexible Spending Account (FSA) Plan?**

The Section 125 Flexible Spending Account (FSA) Plan is an IRS approved tax savings plan. It enables employees to use before tax dollars for reimbursement of items previously purchased with after-tax dollars. This results in an increase in your spendable income.

## **When and How Do I Enroll?**

There is an open enrollment period for the Flexible Spending Account each year. During the enrollment period you can elect to enroll, change your contribution amount, or drop your coverage under the plan. Your employer will communicate when your open enrollment period begins and ends.

## **How do I determine how much to allocate for the Flexible Spending Accounts?**

**Be Conservative!** Only consider known expenses. Do not allow for things that might happen. For dependent care, do not forget to allow for vacations or time you will not be paying the dependent care provider.

## **What expenses are eligible?**

**Unreimbursed Medical Expenses** - Medical costs include medical, dental, vision and hearing expenses that are not paid by insurance and are “out of pocket” expenses. (Examples: deductibles, co-payments, co-insurance, and some items not considered to be eligible charges.).

**Dependent/Child Care Expenses** – Expenses include most costs incurred for the care of a dependent so that you and your spouse can be employed or attend school. The dependent must under 13 years old or physically or mentally incapable of caring for himself or herself. The maximum annual allowed for Dependent/Child Care Expenses is \$5,000 (\$2,500 if married filing separate returns) and may not exceed the lower of either your spouse’s or your earned income.

## **Are there any medical expenses which are not eligible?**

Yes. For example, cosmetic surgery for purely cosmetic reasons is not covered by the FSA plan. Please note that as of January 1, 2011, federal regulations exclude FSA coverage for over the counter (OTC) medication unless you have a prescription from your provider.

## **Are my spouse’s health plan premiums eligible expenses?**

No, another employer’s health plan premiums are not eligible expenses. **Your costs to participate in the health plans (medical and dental) are already being deducted in a pre-tax basis.** Therefore, the premiums for your participation cannot be included in the new Health Care Flexible Spending Account Plan.

## **What if I don’t spend my entire annual election?**

Yes, the IRS has a “use it or lose it rule”. Claims must be incurred during your eligibility dates for the Plan. Your employer offers a **2 ½ month Grace Period** that gives you extra time to spend your money if there is some left in your account at the end of the plan year. If you do not use all of your annual election by the end of this Grace Period, you will have to forfeit any remaining amount to the plan.

# FREQUENTLY ASKED QUESTIONS

## **Can I Make a Change to My FSA?**

Participation in the Flexible Spending Account is a binding election for the plan year unless you experience a qualified Change in Status. Your employer or the FSA Service Center can provide you with information on what constitutes a qualified Change in Status and the allowable plan changes as a result of that event. In order to process the change, notice must be provided, in writing, within 30 days of the event. All contribution adjustments must generally be prospective from the Change in Status event or the reporting date, whichever is later.

A Change in Status is considered a new election, so a change will constitute the end of your prior election and the beginning of a new election. Expenses incurred during the period prior to the change are subject to the initial election amount. Expenses incurred after the election change are subject to the new election amount.

Your plan participation rights may be different if the change is the result of a qualifying leave under the Family and Medical Leave Act (FMLA). Contact your employer or the FSA Service Center with questions regarding Change in Status options for FMLA.

## **What Happens if I Terminate from the Plan?**

Your Flexible Spending Account coverage terminates if you terminate employment or cease to participate in the plan. When termination occurs, you may only submit expenses incurred prior to the date you lose coverage under the plan.

## **Do I Have COBRA Rights?**

Some employers are required by law to provide benefit continuation coverage under COBRA. The Health Care FSA may qualify under this program. Check with your employer to determine your COBRA eligibility. COBRA participation will require that you continue at your current contribution level. The advantage is that you will be able to continue to submit expenses incurred after your termination date. The difference is that you will be paying after-tax dollars plus administration fees.

The Dependent Care FSA does not qualify for COBRA. Therefore, any funds remaining in the account after termination are forfeited.

## **Who is an eligible day care provider?**

The person who provides the day care must not be your spouse or a person whom you claim as a dependent. The provider does not have to be licensed. However, you are responsible for providing the name and identification number of the day care provider to the IRS on your tax return and on the claim form.



# FREQUENTLY ASKED QUESTIONS

## **How do I send in receipts?**

**Unreimbursed Medical Receipts** – Submit receipts along with a signed claim form or upload through the web or mobile app. The receipts must show the date of service, the type of service, and the amount of the service. If the expense is covered by your insurance company(s), please submit the receipt to the insurance company first. You may then forward a copy of the Explanation of Benefits from the insurance company along with the signed claim form. Cancelled checks are not eligible as receipts for unreimbursed medical expenses.

**Dependent Care Receipts** – Submit receipts along with a signed claim form or upload through the web or mobile app. Provide copies of statements or receipts which show the day care providers name, the date of service, tax Id number and the amount of the service to Maestro Health along with a completed claim form. Cancelled checks are not eligible as receipts for unreimbursed medical expenses.

## **How Long Do I Have to Submit my Request for Reimbursement?**

You have until the end of the run-out period to submit your expenses. The run-out period is the timeframe allowed at the end of the plan year or the end of your participation in the plan to submit receipts for services incurred during the plan year. This is not a period when you are able to continue to incur expenses but rather, it allows you time to gather and submit expenses before forfeitures are applied.