

FSA GUIDE



Self Administered Flexible Spending Account



WHAT IS A

FLEXIBLE SPENDING



Flexible Spending Accounts (FSA) are part of Section 125, established by the IRS. Section 125 allows employees to set aside money for future medical and child care costs on a pre-tax basis.

A Medical FSA can be used to cover:

- Insurance deductibles
- Co-payments and coinsurance
- Prescriptions
- Dental or vision expenses
- Over-the-counter medicine
- Menstrual products
- PPE (e.g., masks, hand sanitizer)

SAVINGS

You save between 15%-40% by not having to pay federal, most state and local taxes, as well as Social Security and Medicare taxes for every dollar elected for an FSA.

The savings really add up.



Without an FSA		With an FSA	
Gross taxable wage	\$500.00	Gross taxable wage	\$500.00
Federal, FICA & State Tax	-113.25	Group Insurance premium contribution	-40.00
Group Insurance premium contribution	-40.00	Average weekly out-of-pocket medical expenses	-50.00
Take home pay	\$346.75	Taxable wage	\$410.00
Average weekly out-of-pocket medical expenses	-50.00	Federal, FICA & State Tax	-92.86
Amount left to spend	\$296.75	Amount left to spend	\$317.14
FSA Tax Savings per week			\$20.39

• Assuming 15% Federal tax, 7.65% FICA Tax (Social Security and Medicare)

ACCOUNT?



MEDICAL FSA



Below is an example of how a current participant calculated the amount they elected for medical FSA. Be sure to base YOUR estimate on known expenses.

The full amount of your medical election is available for reimbursement upon the first day of your plan year.

When you incur an eligible out-of-pocket expense, submit your itemized documentation to BASIC and receive a tax free reimbursement.

	Charges	Savings
Deductible	\$500	\$113
Co-pays	\$450	\$101
Prescriptions	\$480	\$108
Contacts/Vision services	\$220	\$49
Dental	\$100	\$22
Over-the-counter items	\$75	\$16
Total	\$1825	\$409

• Assuming 15% Federal tax, 7.65% FICA Tax (Social Security and Medicare)

IRS regulations govern the eligibility of claims which include those that are not fully covered by a health care plan and are prescribed by a physician or other licensed professional, primarily for preventing, treating or mitigating a physical defect or illness. The IRS does not allow reimbursement for the following: cosmetic surgery, insurance premiums, teeth bleaching / whitening, nutritional supplements/vitamins, marriage counseling, debt counseling, eyeglass sun clips and prepayment of services. For more details, refer to IRS Publication No. 502.

CAN YOU HAVE AN FSA AND HSA AT THE SAME TIME?

If you participate in a standard Medical FSA, neither you nor your spouse (if applicable) are permitted to make or receive contributions to an HSA.

LIMITED PURPOSE FSA

IRS regulations do, however, allow a Limited Purpose FSA to be utilized in conjunction with an HSA.* The difference between Medical FSAs and Limited Purpose FSAs are the eligible expenses. A Limited Purpose FSA can only be used for dental and/or vision expenses.

During the FSA plan year, if you or your spouse enroll in a HDHP with an HSA option, you are not permitted to change your FSA plan type or make HSA contributions.

You cannot 'double-dip' and use funds from your Limited Purpose FSA and your HSA to cover the same expense(s).

An HSA does not impact your eligibility for a Dependent Care FSA.

* Not all employers choose to participate in a Limited Purpose FSA. Please refer to your enrollment materials or talk to your HR department.

QUALIFIED EXPENSES

IRS regulations govern the eligibility of items and claims. As a FSA Administrator, BASIC helps ensure that you and your employer stay within these regulations.

MEDICAL, DENTAL & VISION

- Co-pays
- Co-insurance
- Deductibles

MEDICAL*

- Acupuncture
- Chiropractor
- Podiatrist
- Doctor fees
- Office visit
- Prescriptions
- Hospital bills
- Laboratory fees
- Medic alert bracelet
- Dermatologist
- Immunizations
- Obstetrical expenses
- Routine physicals
- X-rays
- Well baby checkups

DIABETIC SUPPLIES*

- Insulin
- Glucometer
- Syringes/Needles
- Test Strips

HEARING*

- Hearing exam
- Hearing aids
- Special batteries

THERAPY*

- Physical therapy
- Learning disability
- Psychologist fees for medical care
- Psychiatric care

VISION*

- Glasses
- Eye exam
- Contact lenses
- Contact solution
- Prescription sunglasses
- LASIK surgery
- Visine and eye drops
- Reading glasses
- Eyeglass repair kits
- Orthokeratology
- Seeing eye dog (buying, training, and maintaining)

DENTAL*

- Orthodontic
- Dentures/bridge/crowns
- Fluoride treatments & seals
- Cleanings and fillings
- Root canals
- Extractions
- Dental x-rays
- Occlusal guards
- Reconstruction/implants

BIRTH CONTROL DEVICES*

- Condoms
- Prescriptions
- Sterilization

PHYSICAL IMPAIRMENTS*

- Wheelchair
- Crutches
- Walker
- Custom made orthopedic shoes and inserts

SPECIAL NEEDS*

- Transportation to and from doctor/hospital (call for current mileage rates and guidelines)

OVER-THE-COUNTER ITEMS*

- Acid controllers
- Acne medication
- Antibiotic products
- Anti-diarrheas/gas
- Anti-itch/insect bite
- Antiparasitic treatments
- Baby rash creams
- Band-aids
- Carpal tunnel wrist supports
- Cold sore remedies
- Cold/hot packs for injuries
- Cough, cold & flu
- Digestive aids
- Feminine anti-fungal/anti-itch
- Hemorrhoidal preps
- Home pregnancy tests
- Incontinence supplies
- Laxatives
- Liquid adhesive for small cuts
- Nasal strips
- Pain relief
- Sleep aids & sedatives
- Stomach remedies
- Stop smoking programs/items
- Sunscreen

MENSTRUAL PRODUCTS*

- Tampons
- Pads and liners
- Menstrual cups



Visit <https://www.basiconline.com/wp-content/uploads/2011/08/CD-Ops-13-Medical-FSA-Election-Worksheet.pdf> for a qualified expenses worksheet to help you estimate your out of pocket costs.

PERSONAL PROTECTIVE EQUIPMENT (PPE)*

Personal protective equipment (PPE) for the primary purpose of preventing the spread of the Coronavirus Disease 2019 is now an eligible expense.

Masks
Hand sanitizer
Sanitizing wipes

* PLEASE NOTE:

This list is a broad overview of eligible expenses; not all services provided by a provider or practitioner are eligible under the IRS regulations.

Please call BASIC regarding your specific item or treatment, prior to election, to confirm eligibility.



EXPENSES THAT REQUIRE A LETTER OF MEDICAL NECESSITY

The IRS allows reimbursement of the following, with a copy of the physician's statement of medical necessity, that includes the specific product/service and a diagnosis. Treatment cannot be for general health or well being. A copy needs to be submitted with every reimbursement request and a new letter needs to be reinstated every 12 months.

Health club fees/gym memberships
Nutritional supplements/vitamins
Massage therapy

Weight loss programs (i.e. Weight Watchers and Jenny Craig) - Program fees are eligible but food portions are not.



EXAMPLES OF INELIGIBLE EXPENSES

The IRS does not allow reimbursement for the following:

Cosmetic surgery
Insurance premiums
Marriage/debt counseling
Eyeglass sun clips
Eyeglass or contact warranty
Prepayment of services
Special (dietary) foods
Personal care items
Diapers
Deodorant
Chapstick
Face cream or moisturizers
Eye serums or wrinkle creams
Teeth bleaching/whitening
Toothbrushes/toothpaste
Floss/flossing devices
Mouthwash
Protein shakes/meal replacement



CALCULATE SAVINGS

Use our calculator to estimate the size of your tax saving, annually or per pay check, when you choose to participate in BASIC FSA!

<https://www.basiconline.com/fsasavingscalculator>



DEPENDENT CARE FSA

A single parent or a married couple filing jointly can elect up to \$5,000 per family, while a married person filing separately can elect up to \$2,500 per person, but equal \$5,000 for the family. Just as with Medical FSA, you save between 15%-40% by not having to pay federal, most state and local taxes, as well as Social Security and Medicare taxes for every dollar elected for Dependent Care FSA.

Unlike a Medical FSA, Dependent Care FSA is a pay-as-you-go account. Funds are not advanced by your employer.

Without an FSA		With an FSA	
Gross taxable wage	\$500.00	Gross taxable wage	\$500.00
Federal, FICA & State Tax	-113.25	Dependent care election (<i>\$5,000 divided by 52 weeks</i>)	-96.15
Take home pay	\$386.75	Taxable wage	\$403.85
Average weekly out-of-pocket medical expenses	-96.15	Federal, FICA & State Tax	-91.47
Amount left to spend	\$290.60	Amount left to spend	\$312.36
FSA Tax Savings per week			\$21.78
Annual Savings			\$1,132.56

• Assuming 15% Federal tax, 7.65% FICA Tax (Social Security and Medicare)

DEPENDENT ELIGIBILITY

- You and your spouse must be employed or actively seeking employment or attending school full time.
- Child must be a dependent under 13 years of age and be in your custodial care more than 50% of the calendar year. Once your child turns 13 during the plan year, expenses are no longer eligible for reimbursement.
- A spouse or dependent who is incapable of self-care and regularly spends at least eight hours per day in your home (i.e. an invalid parent).

SERVICE REQUIREMENTS

- Provider may not be a minor child or dependent for income tax purposes (i.e. an older child).
- Service provider must claim payments as income and comply with state regulations.
- Services must be for the physical care of the child, not for education, meals, etc.
- Overnight camps are not eligible for reimbursement.
- Expenses paid for Pre-K are eligible but kindergarten and higher is not.

If you qualify for the Child Care Credit, the same IRS rules apply. If you have 2 or more children and spend more than \$5,000 for child care, you may have additional tax credits available to you. For more details, refer to IRS Publication No. 503

ADDITIONAL DETAILS

PLAN RULES ARE COMPANY SPECIFIC

While this booklet provides general information about a plan, a Summary Plan Description (SPD) containing further details is available. If you have specific questions regarding your particular situation, you may want to consult your company Benefits Coordinator, an attorney or accountant.

Refer to the Summary Plan Description (SPD) to find out how long you have to submit remaining claims after your plan year or coverage has ended.

CHANGES TO YOUR CONTRIBUTIONS

You may change your annual election if you have a qualified change in status (marriage, birth, adoption, death or divorce). The change in status must correlate with the event and be made within 30 days of the event. For example, if the event is a birth, you may increase your election, not decrease it.

END OF YEAR BALANCE

According to the IRS, money left in your account may become the property of your employer and cannot be returned to you. Please see the Summary Plan Description (SPD) for further details. Most people use all their funds by good planning . . . such as getting a physical, dental checkup or new glasses. Rarely is there ever more than 5% left in the account, and the tax savings more than outweigh this amount.

ELIGIBILITY

FSA Benefits end upon termination of employment and/or participation.

Services must be rendered during your current period of coverage. For new employees entering the plan during the plan year, services must be rendered after your eligibility or election date, whichever is later.



FSA Enrollment Form

PLEASE PRINT CLEARLY TO ENSURE ACCURATE ENROLLMENT AND FUTURE COMMUNICATION.

Employer Name: _____

Participant Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Birthdate: _____

E-mail Address: _____

Pay Period: Weekly Semi-Monthly (twice a month) Bi-Weekly (every other week) Monthly

PREMIUM CONTRIBUTIONS

- I elect to participate (check all that apply)
- Health Insurance Group Life Insurance Disability Insurance Dental Insurance
- HSA Contributions Vision Insurance Other(s) _____
The amount of salary reduction needed to pay premiums under the insured portions of the Plan will be determined by my employer.

MEDICAL REIMBURSEMENT ACCOUNT

- I elect to participate \$ _____ annually (may not exceed employer limit of \$ _____)
Annual election will be divided by the number of pay periods in the plan year or the remaining number of pays for mid-year enrollments
- This Medical Reimbursement Account is a Limited Purpose Account for HSA eligibility (see page 2)

DEPENDENT CARE ACCOUNT

- I elect to participate \$ _____ annually (may not exceed \$5000 or \$2500 if married filing separately)
Annual election will be divided by the number of pay periods in the plan year or the remaining number of pays for mid-year enrollments
- I elect NOT to participate

I request that my periodic paychecks for the plan year be reduced on a pro rata pre-tax basis by the sum of my medical reimbursement, dependent care and premium contributions to the plan, with such amount to be allocated among the benefits I selected above. I understand this election form cannot be revoked or changed during the plan year unless there is a qualified change in status as defined in the Summary Plan Description (SPD). I certify that I will only claim reimbursement for eligible expenses for myself and/or qualified dependents as defined in the SPD. I further certify that these expenses will not be reimbursed under any other benefit plan. I understand any unused dollars remaining in my account(s) at the end of the plan year may be forfeited. I have examined this agreement and to the best of my knowledge, it is true, correct and complete.

Employee Signature _____ Date _____