

Elizabethtown College

Flexible Spending Account (FSA) Dependent Care Account (DCA)



Effective: January 1, 2021

Plan Year: 1/1/2021 – 12/31/2021

- Elizabethtown College allows you to elect up to **\$2,750** to be contributed on a pre-tax basis via payroll deductions throughout the plan year into a Flexible Spending Account (FSA).
- FSA funds are best used to pay for predictable out-of-pocket expenses. If you do not use all of the funds in your FSA by the end of the plan year, up to \$550 may be carried over into the next plan year. Any unused funds exceeding \$550 will be forfeited due to IRS rules.
- These funds can be used for all IRS-eligible expenses, including health plan deductible expenses, dental, vision and much more. An extensive list of eligible expenses is included on the next page, or visit: <https://www.irs.gov/publications/p502>.

Dependent Care Account

- Elizabethtown College allows you the option to contribute money on a pre-tax basis via payroll deductions throughout the plan year into a Dependent Care Account (DCA)
- The maximum contribution per household is **\$5,000** if you are single or if you are married and filing a joint tax return, or **\$2,500** if you are married, filing separate tax returns (per IRS guidelines).
- Eligible expenses include custodial care of dependents while employee is at work. For more information see: <https://www.irs.gov/pub/irs-pdf/p503.pdf>.

Benecon FSA and/or DCA Instructions

1. Elect funds to be withheld on a pre-tax basis via payroll deduction for your FSA and/or DCA at Open Enrollment or when you become eligible for the benefit.
 - a. FSA and DCA election amounts can only be changed once a year, during Open Enrollment, or in the case of limited qualifying events. To ensure that your election will be the best fit for your needs for the entire year, you can use the FSA tax calculator tool at <https://www.wexinc.com/wh/calculator/Payroll125.html> as a guide when deciding how much to elect.

2. Pay for eligible expenses with your Benecon Health Payment Card and the amount will be deducted from your Benecon CDH account. For eligible expenses for which you cannot use your debit card, you can submit a claim for reimbursement (see below).

Keep the detailed receipt, as you will be asked to validate the purchase by Benecon if the expense is something other than an office copayment. FSA receipt documentation must include date of service or purchase, and itemized description of service or product.

Credit card receipts, cancelled checks, bank statements or statements showing only a balance forward are not considered sufficient documentation.

DCA documentation can be a bill including the dates of the dependent care service, the dependent's name and provider name.

3. Your FSA is pre-funded by your employer, so although your FSA election will be deducted from your payroll evenly throughout the entire year, the full amount you elect for the entire year will be available for use on the first day of the plan year.
4. DCAs are not pre-funded accounts, so funds for those accounts will become available as they are deducted from your paycheck each pay period - the entire annual amount is not available at once.

Because DCA funds accumulate over time, it is possible that you may incur expenses before funding is available to pay your entire claim. In this case, we will reimburse you for the current available balance in your DCA, and will place the remaining claim amount "on-hold". The remaining on-hold claim amount will be automatically reimbursed to you as payroll contributions are transferred to your DCA.

Things to Remember with your Benecon CDH Account

1. Benecon Customer Support help is available:
 - Phone: 833-738-6729 Mon-Fri 8am-4:30pm EST
 - Email: CDHServices@benecon.com
2. Know all your benefits – it is important for you to understand the benefits you have with Capital BlueCross. If you have questions about your medical benefits, you may contact Capital BlueCross's Customer Service at the number listed on the back of your Capital BlueCross ID card.
3. Keep all your statements and Capital BlueCross *Explanations of Benefits* (EOBs) related to any Benecon reimbursement. You may be asked to provide documentation for some charges made with your Benecon Health Payment debit card.

4. For any expense for which you cannot use or you choose not to use your debit card, you can submit the claim with documentation via your online portal or mobile app. Please see below for appropriate documentation examples:

a. **Healthcare Expenses** – Explanation of Benefits from **Capital BlueCross**

i. *Hint: You can register at your insurance company's website to view your account and obtain the EOB.*

b. **Prescriptions** – Pharmacy Script or mail order statement showing patient name, name of drug/Rx item, date filled, and dollar amount.

i. *Hint: You may be able to register at your pharmacy website to view your account and obtain an itemized list of prescriptions.*

c. **Over-the-Counter Eligible Medical Expenses** – Cash register receipt showing merchant name, date, product description and the dollar amount paid.

prescription for medication is NO longer needed.

d. **Menstrual Products** - Cash register receipt showing merchant name, date, product description and the dollar amount paid. These products are defined as tampons, pads, liners, cups, sponges or similar products used by individuals with respect to menstruation.

e. **Orthodontia/Dental** – EOB (if not available, please provide an itemized bill which includes date of service, patient name, services rendered, and cost for the services).

f. **Vision Care** – EOB is preferable (if not available, you may submit an itemized bill which must include date of service, patient name, description of services rendered, and cost of services rendered).

g. **Dependent Care (DCA ONLY)** – Itemized statement from provider showing:

i. Provider/address

ii. Date of child/elder care services provided

1. Note: Do not submit for services that have not yet been provided or future dates of service. Submit for a full month after the month has ended or submit for the previous week's expenses.

iii. Name of dependent for whom the care was provided

iv. Type of service (daycare, day camp, preschool, after-school care, etc.)

v. Dollar amount you owe

You can be reimbursed for submitted claims via:

- **Direct Deposit / Electronic Fund Transfer (EFT)** – your direct deposit information can be provided to Benecon through your online account
- **Check** – made out and mailed to you
- **Check** – made out and mailed to your provider

5. We encourage you to log onto your account and check your balances often.

To set up your account, go to <https://benecon.lh1ondemand.com> and go under "Existing User?" You will need the following information to set up your online account:

- Username (1st Initial + Last Name + Last 4 digits of SSN)
- First Time Temporary Password (Benecon1)

Through your online account, you can:

- Check Account Balances
- Submit Claims Online
- View Transaction History
- Upload Documentation
- Change Direct Deposit Information

Mobile App

Available for iOS (Apple) and Android-enable mobile devices and tablets, the Choice Strategies app can be downloaded free of charge. Members can check account balances, view recent transactions, submit claims and upload a receipt or supporting documentation.

Eligible Expenses

Here is a sample list of expenses currently eligible and not eligible by the Internal Revenue Service (“IRS”) as deductible medical expenses. This list is not necessarily inclusive or exclusive, and may be subject to change based on regulations, IRS revenue rulings and case law. It is solely based on our current interpretation of IRC Section 213(d) and is not intended to be legal advice.

Sample List of Eligible Expenses

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICATIONS

- Insulin
- Prescription Drugs

OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

Sample List of Eligible Expenses

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are “potentially eligible expenses” that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

Please Note: Currently, the IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.

Sample List of Ineligible Expenses

- | | | |
|--------------------------------------|---------------------------------|--------------------------------|
| ■ Contact Lens or Eyeglass Insurance | ■ Marriage or Career Counseling | ■ Personal Trainers |
| ■ Cosmetic Surgery/Procedures | ■ Swimming Lessons | ■ Sunscreen (spf less than 30) |
| ■ Electrolysis | | |

Note: This list is not meant to be all-inclusive.

OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your benefits card for these items.

Sample List of Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

| | | |
|--|---|---|
| <ul style="list-style-type: none"> ■ Baby Electrolytes and Dehydration Pedialyte, Enfalyte ■ Contraceptives Unmedicated condoms ■ Denture Adhesives, Repair, and Cleansers PoliGrip, Benzodent, Plate Weld, Effident ■ Diabetes Testing and Aids Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products ■ Diagnostic Products Thermometers, blood pressure monitors, cholesterol testing ■ Ear Care Unmedicated ear drops, syringes, ear wax removal | <ul style="list-style-type: none"> ■ Elastics/Athletic Treatments ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts ■ Eye Care Contact lens care ■ Family Planning Pregnancy and ovulation kits ■ First Aid Dressings and Supplies Band Aid, 3M Nexcare, non-sport tapes ■ Foot Care Treatment Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles ■ Glucosamine &/or Chondroitin Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements ■ Hearing Aid/Medical Batteries | <ul style="list-style-type: none"> ■ Home Health Care (limited segments) Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs ■ Incontinence Products Attends, Depend, GoodNites for juvenile incontinence, Prevail ■ Nasal Care Saline Nasal Spray ■ Prenatal Vitamins Stuart Prenatal, Nature's Bounty Prenatal Vitamins ■ Reading Glasses and Maintenance Accessories |
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For a complete up-to-date list of FSA Eligible Products & Services please reference Healthshopper.com