

FLEXIBLE SPENDING ACCOUNT (FSA) OPEN ENROLLMENT



Already participating in the FSA?

Now is the time to determine your benefit election for next year. You must re-enroll in the plan each year in order to continue to participate.

Not currently participating in the FSA?

Sign up today and let your tax savings begin!

ENROLLMENT DEADLINE

Our Annual Open Enrollment Period begins now, your completed election form must be returned to Penny Weller.

Failure to submit a completed election form by this date will mean you waive participation in the plan for the upcoming plan year and, without a qualifying event, you will be unable to enroll until next year.

The FSA is a valuable benefit that helps you pay for health-related, out-of-pocket costs not covered by insurance as well as for qualified expenses to care for eligible dependents while you work. The more you put into it, the more you save. If you haven't considered the FSA in the past, it may pay to take another look.

You work hard for your paycheck, and you should keep as much of it as you can. With an FSA, every dollar you set aside saves you on taxes and increases your spendable income. You elect to have your annual contribution deducted in equal installments throughout the year from each paycheck. Every deduction is taken before federal, state, local and Social Security taxes are taken out so you won't be taxed on the amount you set aside in your FSA.

Even with just a few hundred dollars of expenses, you'll be surprised how much you can save. For example, an average family of four in the U.S. can expect to pay close to \$3,300 in out-of-pocket medical expenses and can save up around \$600 a year in taxes.

EVERY DOLLAR YOU
SET ASIDE SAVES
YOU ON TAXES!

PLAN AHEAD FOR
YOUR MEDICAL OUT-
OF-POCKET COSTS

BE PREPARED FOR
DEPENDENT
DAYCARE EXPENSES

SOME OF THE
EXPENSES YOU CAN
PAY WITH FSA:

COPAYS, DEDUCTIBLES,
COINSURANCE, RETAIL/MAIL
ORDER PRESCRIPTIONS,
HEALTHCARE SERVICES,
DENTAL SERVICES,
ORTHODONTICS, VISION
SERVICES, EYEGLASSES,
CONTACTS, LASIK SURGERY,
ELIGIBLE OVER-THE-COUNTER
ITEMS

If you have any questions
regarding the plan, its
provisions, or the benefits of
enrolling, please call CDA at
(877)810-2600.





TSRL, Inc.

Flexible Spending Account (FSA) 2019

Plan Year: January 1, 2019 to December 31, 2019

New to the FSA Plan? Getting Started is Easy!

Already Participating in the Plan? Re-enrollment is Easy!

Your 2019 benefit election may only be used to pay for eligible expenses purchased/ordered or for service dates on or after January 1, 2019.

Do not determine your 2019 election with the intent to pay for any remaining balances from prior years, as the expense is not eligible. Regardless of when you receive a bill, you may not pay for any expense with a purchase/order date or service date prior to the beginning of the plan year date above.

Health Care FSA Benefit

- Consider what medical expenses you anticipate having next year for you and any eligible dependents (copays, deductibles, eye exams, eyeglasses, dental visits, orthodontia, etc.) A Health Expense Worksheet and Eligible Expenses List is enclosed to help you with this process.
- Once you have reviewed your estimate, determine your annual election. Your election will be divided by the number of pay periods next year and deducted before tax from each paycheck.
- **The Health Care FSA has a minimum annual election of \$100 and maximum annual election of \$2,600.**
- **The Health Care FSA contains a \$500.00 Carryover provision.**
- The full amount of the annual election is available to spend for qualifying expenses on the first day of the plan year.
- **Claim Filing Deadline: All claims for the 2019 plan year must be submitted to CDA, LLC no later than March 31, 2020.**
- Participants need to save receipts (Health FSAs are IRS-regulated benefits and CDA requires submission of receipts to reimburse expenses). Cash register and credit card receipts are not acceptable receipts. Samples of acceptable receipts include:
 - Insurance Explanation of Benefits
 - Itemized invoices from medical, vision and dental providers (only after insurance is finalized). Cannot be balance forward statements and must contain services rendered/items purchased, original service date(s), patient name, provider name and contact information, etc.
 - Pharmacy receipt (the detailed receipt stapled to the prescription bag, not the cash register/credit card receipt).

Dependent Care FSA Benefit

- Consider what expenses you anticipate having for the care of a qualified dependent or person while you work—the cost of care associated with the person's well-being and protection.
- **The Dependent Care FSA has a minimum annual election of \$100 and maximum annual election of \$5,000.**
- **The Dependent Care FSA contains a 2 1/2 month Grace Period Spending Extension Provision.**
- **Claim Filing Deadline: All claims for the 2019 plan year must be submitted to CDA, LLC no later than March 31, 2020.**
- Dependent Care FSA funds are ONLY available to pay expenses as deductions are taken from pay.
- Qualified dependents or persons are:
 - A qualifying child under age 13 whom you can claim as a dependent. Child who turn 13 during the year are considered a qualifying person for the part of the year they are under age 13.
 - A disabled spouse or other person who was not physically or mentally able to care for himself or herself who meets the remaining IRS guidelines regarding residency, claimant status, etc.
- Qualified dependent care providers can include: certain family member, private daycare providers, licensed childcare daycare centers or day camps. All providers must be willing to provide an adequate receipt for reimbursement under the plan, which also includes a Federal Tax ID Number or Social Security Number which will be filed with your annual tax return.
- Participants need to save itemized/detailed receipts (Dependent Care FSAs are IRS-regulated benefits and CDA requires submission of receipts to reimburse expenses).

FLEXIBLE SPENDING ACCOUNT



Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid Card.

WHAT IS AN FSA?

With an FSA, you elect to have your annual contribution deducted from your paycheck each pay period, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.

- A Healthcare FSA allows reimbursement of qualifying out-of-pocket medical, vision and dental expenses.
- A Dependent Care FSA allows reimbursement of dependent care expenses, such as daycare) incurred for eligible dependents.

With all FSA account types, you'll receive access to a secure, easy-to-use web portal where you can track your account balance, view your claim history and submit requests for reimbursements.

In addition, you'll receive a convenient Card to make it easy to pay for eligible services. When you use your card, payments are automatically withdrawn from your account. Just swipe and go. It's that easy. Save your receipts! Most pharmacy expenses can be validated through the card transaction but you may be prompted to provide a copy of the receipt for certain transactions in accordance to IRS regulations. When required, receipts can be easily faxed, emailed or uploaded to either the consumer portal online or, through the mobile app.

WITH AN FSA YOU CAN:

An FSA is a great way to pay for expenses with pre-tax dollars.

- [Enjoy significant tax savings](#) with pre-tax deductible contributions and tax-free reimbursements for qualified plan expenses
- [Quickly and easily access funds](#) using the prepaid Card at point of sale
- [Enjoy secure access](#) to accounts using a convenient Consumer Portal available 24/7/365
- [Manage your FSA "on the go"](#) with an easy-to-use mobile app
- [File claims easily online](#)
- [Stay up to date on balances](#) and action required with automated email alert and convenient portal and mobile home page messages
- [Get one-click answers](#) to benefits questions



IS AN FSA RIGHT FOR ME?

An FSA is a great way to pay for expenses with pre-tax dollars.

A Healthcare FSA could save you money if you or your dependents:

- Have out-of-pocket expenses like co-pays, coinsurance, or deductibles for health, prescription, dental or vision plans
- Have a health condition that requires the purchase of prescription medications on an ongoing basis
- Wear glasses or contact lenses or are planning LASIK surgery
- Need orthodontia care, such as braces, or have dental expenses not covered by your insurance

A Dependent Care FSA provides pre-tax reimbursement of out-of-pocket expenses related to dependent care. This benefit may make sense if you (and your spouse, if married) are working or in school, and:

- Your dependent children under age 13 attend daycare, after-school care or summer day camp
- You provide care for a person of any age whom you claim as a dependent on your federal income tax return and who is mentally or physically incapable of caring for himself or herself

CARRYOVER PROVISION – FOR HEALTH FSA ONLY

Up to \$500 of your unused healthcare Flexible Spending Account balance can be carried over into the next plan year instead of you “losing it” - making enrollment in an FSA much less risky. The carryover provision does not apply to Dependent Care benefits and does not change the filing deadline rules of the plan. This gives you more flexibility to spend your money when you need it. You can use it for necessary out-of-pocket healthcare expenses, rather than feeling pressured by last minute and potentially unnecessary spending at the end of the plan year.

How it works: Any remaining Health FSA balance, of up to \$500, at the end of the plan year is permitted to rollover to the next plan year; however, a remaining balance in excess of the \$500 limit that is not claimed before the designated claims filing period is forfeited by the plan participant. Following the annual claims filing deadline, all carryover benefit amounts become benefit dollars of the new plan year and may only be spent for eligible expenses within the new plan year.

GRACE PERIOD-- FOR DEPENDENT CARE FSA ONLY

The grace period allows you an additional 2 ½ months beyond the end of the plan year to incur eligible health care expenses. In other words, you have a total of 14 ½ months to spend your 12-month election.

How it works: All grace period expenses will be paid out of your “prior” plan year balance automatically, thereby helping you to “use up” your prior plan year balance first. Once the prior plan year balance is exhausted, the remaining claims will be applied toward the current plan year.

With the convenience of a mobile device, you can see your available balance anywhere, anytime as well as file claims and upload receipts.



PLAN AHEAD

Before you enroll, you must first decide how much you want to contribute to your account(s). You will want to spend some time estimating your anticipated eligible medical and/or dependent daycare expenses for the upcoming plan year.

Be sure to estimate your healthcare expenses carefully as money left unspent in your Healthcare FSA at the end of the plan year will be forfeited if you are not able to spend it within the allotted time.



CDA Benefit Payment Card

Understanding the Card: Frequently Asked Questions



1. What is the CDA Benefit Payment card?

This is a special-purpose Visa® card that gives plan participants an easy, automatic way to pay for eligible expenses under their plan. The Card lets you electronically access the benefit amounts in your available plan(s).

2. How does the CDA card work?

The value of your available account(s) is stored on the debit card. When you have eligible expenses at a business that accepts benefit debit cards, you may simply use your Card. The amount of the eligible purchases will be deducted automatically from your benefit balance and your provider/merchant receives immediate payment.

3. How does the CDA card change how participants are reimbursed for expenses?

Before the Card, participants had to pay for their eligible expenses at the time of purchase, submit claim forms along with all receipts, and wait for the reimbursement to be processed.

With the Card, participants simply swipe their card and the funds are automatically deducted from their respective benefit account(s) for payment. The Card can eliminate most out-of-pocket cash outlays, the need to wait for reimbursement checks and can reduce the need for receipts to be submitted to the plan.

4. Is the CDA card just like other Visa® Cards?

No. This is a special-purpose Visa Card that can only be used for eligible benefits expenses defined by your plan. It cannot be used, for instance, at gas

stations or restaurants. There are no monthly bills or interest associated with this account.

5. How many CDA cards will the employee receive?

The employee will receive one card embossed with his/her name and one card embossed with an enrolled spouse's name. If you would like additional Cards for other family members, contact CDA at the telephone number on the back of your Card. Additional card fees will apply.

6. Will I receive a new CDA card each year?

No. Although you must re-enroll each year to use the card, you will not receive a new Card each year. Your card will be good for up to three years when you enroll in each plan year. If you will have a benefit associated with the Card for the following plan year you will simply keep using the same Card the following year. The Card will be loaded with the new annual election amount at the start of each plan year or incrementally with each pay period, based on the type of account(s) you have.

7. What if the card is lost or stolen?

Cardholders should call CDA during business hours at 1-877-810-2600 to report a Card lost or stolen as soon as they realize it is missing. CDA will turn off your missing card(s) and issue replacement card(s). There will be a fee for each replacement card. After business hours, cardholders may report a card(s) lost/stolen through your web portal access.

8. How do participants activate the Card?

The named cardholder should call the toll-free number on the activation sticker on the front of the Card. If you have any problems activating your card, please call CDA during weekday business hours at the number on the back of the card and a representative can assist you with activation. Cardholders may need to wait one business day after activation to use their Cards.

9. What dollar amount is on the CDA card when it is activated?

For Health Care FSAs, the dollar value on the Card will be the annual benefit amount as of the effective date of the plan. Some other types of accounts, such as Dependent Care FSA, are funded incrementally at each pay period, so it is especially important to be aware of account balances in order to avoid Card declines at the point of service.

10. Where may participants use the CDA card?

IRS regulations allow participants to use their cards at participating IIAS pharmacies, mail-order pharmacies, discount stores, department stores, and supermarkets that can identify FSA/HRA-eligible items at checkout and accept benefit prepaid cards. Eligible expenses are deducted from the account balance at the point of sale. Transactions are fully substantiated, and in most cases, no paper follow-up is needed.

Some plans may also allow participants to use their Cards in pharmacies certified as 90% merchants with the IRS, meaning 90% of the merchandise they sell is HSA/FSA/HRA-eligible. However, since these pharmacies cannot identify the eligible items at the point of sale, paper follow-up will be required.

Participants may also use the Card to pay a hospital, doctor, dentist, or vision provider that accepts prepaid benefit cards. In this case, auto-substantiation technology is used to verify transaction eligibility when possible according to IRS rules. If the transaction cannot be auto-substantiated, paper follow-up will be required.

11. Are there places the CDA card won't be accepted?

Yes. The Card will not be accepted when the merchant id code in their card system does not identify them as being a business type that

exclusively offers eligible goods and services, such as hardware stores, restaurants, bookstores, gas stations and general online stores such as Amazon or Google Express. The Card transaction may be declined, but if you have a detailed receipt for an eligible expense, you may submit it to CDA for reimbursement processing.

12. If asked, should participants select "Debit" or "Credit"?

If the participant has elected to use a PIN (Personal Identification Number) with their CDA card, they should select "Debit" and enter the PIN when prompted. If the participant is not using a PIN with their CDA card, they should select "Credit" and will be asked to sign for the benefit card purchase. Participants cannot get cash back or make ATM withdrawals with the CDA card.

13. How does the Card work in participating IIAS pharmacies, discount stores, department stores, and supermarkets?

- Bring prescriptions, vision products, eligible OTCs and other purchases to the register at checkout to let the clerk ring them up.
- Present the Card and swipe it for payment.
- If the Card swipe transaction is approved (e.g., there are sufficient funds in the account and at least some of the products are eligible), the amount of the eligible purchases is deducted from the account balance and no receipt follow-up is required. The clerk will then ask for another form of payment for the non-eligible items.
- If the Card swipe transaction is declined, the clerk will ask for another form of payment for the total amount of the purchase.
- The receipt will identify the eligible items and may also show a subtotal of the eligible purchases.
- In most cases, the participant will not receive requests for receipts for eligible purchases made in these IIAS participating pharmacies, discount stores, department stores, or supermarkets.
- A receipt will be requested if the merchant is a 90% merchant.

14. Why do participants need to save all of their itemized receipts?

Participants and their other eligible card users should always save itemized receipts for purchases made with the CDA Payment card. The employee may be asked to submit receipts to verify that expenses comply with IRS guidelines. Each receipt must show: the merchant or provider name, the service received or the item purchased the date and the amount of the purchase. The IRS requires that every card transaction must be substantiated. This can occur through automated processing as outlined by the IRS (e.g. copay matching, etc.), but if the automated processing is unable to substantiate a transaction, the IRS requires that itemized receipts must be submitted to CDA in order to validate expense eligibility. You will receive a request for a receipt when it is necessary.

15. May participants use the CDA card for prescriptions ordered prior to activating the Card?

No. The Card must be activated prior to the order and/or purchase date of prescriptions. In some cases, participants need to wait 1 business day after activating the Card to purchase prescriptions at their pharmacy. For example, if the Card is activated on Tuesday, a prescription can be ordered and picked up on Wednesday.

16. May participants use the CDA card if they receive a statement with a Patient Due Balance a service?

Yes. As long as the type of service is covered under the type of plan they are enrolled in, they have money in their account for the balance due, the service date was during the current plan year, and the provider accepts prepaid benefit debit cards.

17. Sometimes the participant is asked for the CVV when paying a bill or placing an order by phone or online. What is this and where is it found?

CVV stands for “Card Verification Value.” It is a 3-digit number that can be found on the back of the card to the right of the signature panel.

18. How do participants know how much is in their account?

They can visit their personal Account Summary page at <https://cdatpa.lh1ondemand.com> to view their account activity and current balance. Participants should always know their account balance before making a purchase with the Card.

19. What if participants have an expense that is more than the amount left in their account?

When incurring an expense that is greater than the amount remaining in their account, participants may be able to split the cost at the register. (Check with the merchant.) For example, participants may tell the clerk to use the CDA card for the exact amount left in the account then pay the remaining balance separately. Alternatively, participants may pay by another means and submit the eligible transaction manually via a claim form with the appropriate documentation.

20. What are some reasons the CDA Payment card might not work at point of sale?

The most common reasons why a Card may be declined at the point of sale are:

- The Card has not been activated.
- The Card has been used before the 24-hour period after activation.
- The participant has insufficient funds in his or her employee benefit account to cover the expense and the merchant system does not allow partial transaction approval.
- Non-eligible expenses have been included at the point-of-sale. (Retry the transaction with the eligible expense only.)
- The merchant is encountering problems (e.g. coding or swipe box issues).
- The pharmacy, discount store, department store, or supermarket cannot identify eligible items at checkout according to IRS rules.

21. Whom do participants call if they have questions about the CDA card?

Contact CDA at the telephone number on the back of the Card.

22. How will a participant know to submit receipts to verify a charge?

The participant will receive a receipt request letter or notification from CDA if there is a need to submit a receipt. The letter will be emailed if an email is on file, or will otherwise be sent via USPS.

23. What if a participant fails to submit receipts to verify a charge?

If receipts are not submitted as requested to verify a charge made with the card, the Card may be suspended until receipts are received. The participant will be required to repay the plan for unsubstantiated transactions.

CDA PAYMENT CARD RECEIPT SUBSTANTIATION REQUIREMENTS

IRS Rules Govern Substantiation Requirements

The IRS has established specific guidelines that require all transactions — even those made using a payment card — to be substantiated (verified that the purchase was an eligible expense for the plan).

The substantiation process is performed by CDA and some automated processes by the card. We are diligent in the execution of the substantiation process to avoid adverse tax consequences to employees.



Common Misconceptions about Receipt Requirements that are NOT TRUE:

1. If the Card is used for an eligible service, no further receipts or documentation are needed to support the expense.
2. Any claim at a doctor, dentist or vision provider will not require receipts.

Since not all services from a medical, dental, vision or a non IIAS pharmacy provider are eligible expenses, itemized receipts are required to verify eligibility. For example, a dentist may perform teeth whitening, which is not eligible for reimbursement.

IIAS and Auto Substantiation

Inventory Information Approval System (IIAS) is a Federal Government mandated system used by pharmacy merchants that identifies eligible prescription and over the counter items and limits FSA and HRA healthcare payment cards to only those eligible items.

This system makes it easier for account holders to manage eligible over-the-counter and pharmacy expenses, since the merchants automatically substantiate your purchases at the point of sale, which means a receipt will not be requested from you.

All supermarkets, grocery stores, department stores, and wholesale clubs are required to implement the IIAS merchant program or they cannot accept healthcare payment cards. For a regularly updated list of these stores and pharmacies, please choose the IIAS Merchants link on your consumer portal and look for retailers that are certified IIAS compliant.

Information Required on Documentation

All receipts or documentation must include the following information:

- Name of person (patient) who incurred the service or expense
- Name and address of the provider or merchant
- Date of service (not payment date) for the amount charged
- Detailed description of the service
- Amount due for the service provided

Substantiation Processes

There are two ways purchases may be substantiated in compliance with IRS requirements:

Auto-Substantiation. A daily process is run to auto-substantiate Card claims. These methods include employer-specific plan co-pay substantiation, recurring auto-substantiation, and IIAS substantiation. Examples include:

- *Copay matching:* transactions that exactly match the dollar amount of a copay under the employer's insurance plan (or up to 5 times the copay). For example, the employer's health plan has a \$200 emergency room copay; as a cardholder, you use your card to pay your \$200 copay with the hospital. The transaction will auto-substantiate because the amount matches and you will not be asked for a receipt.
- *Recurring claims:* charges that exactly match the provider and dollar amount for 3 previously approved and substantiated transactions. For example, a fixed monthly orthodontia payment.
- *IIAS claims:* If you purchase a prescription or eligible over-the-counter items from an IIAS merchant, the store's software reads the item code and auto-substantiates the claim and you will not be asked for a receipt.

Manual Substantiation. All purchases that do not qualify for auto substantiation must be manually substantiated with copies of detailed bills, insurance Explanation of Benefits, or other documentation as necessary, depending on the type of expense. Examples of these types of transactions include:

- Doctor, dentist, and other provider visits where the amount paid is not equal to the copay.
- Prescription and over-the-counter transactions where the amount paid is not equal to the copay and the store was not an IIAS merchant (these are known as 90% merchants).

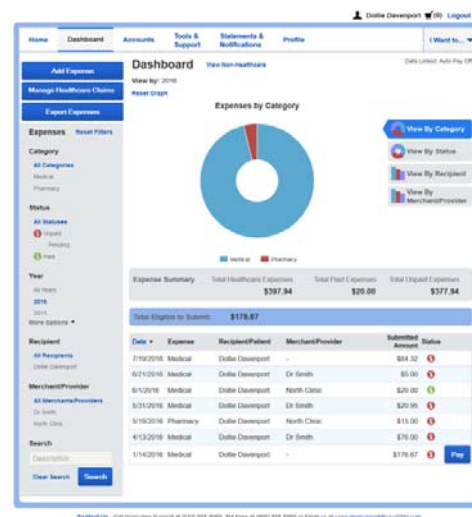
Insurance Explanation of Benefits (EOBs) contain all of the required information and are excellent sources of documentation. ***Credit card receipts, cancelled checks and provider statements stating insurance is pending or estimated are not acceptable!***

Receipts for over-the-counter (OTC) and prescription items do not need to include the person's name, but must display the name of the item (e.g. band aids). Sometimes attaching a copy of the product packaging, with the UPC visible, can assist when a receipt does not provide clearly identifiable descriptions.

Always Save Itemized Receipts

Employees should save their itemized receipts from every card transaction and all of the explanation of benefits (EOBs) they receive from health/pharmacy/dental plans.

An easy approach for keeping this information on hand is to upload copies of itemized healthcare payment card receipts and EOBs to the Dashboard page of the consumer portal where they will be stored electronically. **Receipts can also be attached to the expense from the mobile app using the camera on your mobile device! Just make sure the picture is legible or it cannot be used.** Otherwise, designate an envelope or folder to store documentation in your personal files. Using this process will help you find documentation if it is requested.



Requests for substantiation

If substantiation of a debit card transaction is required, employees will be notified by email or an alert on the Consumer Portal home page. Debit card transactions that require substantiation are displayed through messages in both the Message Center on the home page and their account summary page. Employees may also see if a claim requires substantiation by logging into their online account or mobile app to check the status of the claim.

In Summary

- IRS rules require that all claims be substantiated.
- If the claim cannot be auto- substantiated, the employee is required to submit documentation to support the claim, when requested.
- Employees should save itemized receipts and documentation for all services—even when paid using the Card.
- Using IIAS merchants for pharmacy and OTC purchases will significantly reduce receipt requests.



Know Your Eligible and Ineligible Expenses

IMPORTANT: The IRS defines which medical expenses are eligible under a tax-deferred account. Not all expenses are eligible under all plans. An employer may limit which expenses are allowable under their plan. 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.



For a complete up-to-date list of FSA Eligible Products & Services please reference the FSAStore.com [Eligibility Checker Tool](#).

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

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

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

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*

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*

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

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 with a related medical diagnosis from your health care provider to qualify for reimbursement.

Sample List of Non-Medicated 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, Efferdent ■ 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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Please Note: Currently, the IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs, HRAs, or HSAs.

Sample List of Ineligible Expenses

<ul style="list-style-type: none"> ■ Insurance/Discount Programs for Vision and Dental services/appliances/hardware ■ Cosmetic Surgery/Procedures ■ Electrolysis 	<ul style="list-style-type: none"> ■ Marriage or Career Counseling ■ Swimming Lessons 	<ul style="list-style-type: none"> ■ Personal Trainers ■ Sunscreen (spf less than 30)
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Please Note: Currently, the IRS does not allow Over-the-Counter (OTC) medicines under a tax-deferred benefit account unless accompanied by a valid prescription. If you have an OTC prescription, submit a copy to the plan with your valid receipt for reimbursement. If you fill your OTC prescription with the pharmacy, you will be able to purchase the OTC item at the pharmacy using your benefit card.

Sample List of Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

<ul style="list-style-type: none"> ■ Acid controllers ■ Acne medications ■ Allergy & sinus ■ Antibiotic products ■ Antifungal (Foot) ■ Antiphrastic treatments ■ Antiseptics & wound cleansers ■ Anti-diarrhea's ■ Anti-gas ■ Anti-itch & insect bite ■ Baby rash ointments & creams ■ Baby teething pain ■ Cold sore remedies ■ Contraceptives 	<ul style="list-style-type: none"> ■ Cough, cold & flu ■ Denture pain relief ■ Digestive aids ■ Ear care ■ Eye care ■ Feminine antifungal & anti-itch ■ Fiber laxatives (bulk forming) ■ First aid burn remedies ■ Foot care treatment ■ Hemorrhoidal preps ■ Homeopathic remedies ■ Incontinence protection & treatment products 	<ul style="list-style-type: none"> ■ Laxatives (non-fiber) ■ Medicated nasal sprays, drops, & inhalers ■ Medicated respiratory treatments & vapor products ■ Motion sickness ■ Oral remedies or treatments ■ Pain relief (includes aspirin) ■ Skin treatments ■ Sleep aids & sedatives ■ Smoking deterrents ■ Stomach remedies ■ Unmedicated vapor products
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•As of January 1, 2011 eligible over-the-counter (OTC) products that are medicines or drugs (e.g., acne treatments, allergy and cold medicines, antacids, etc.) will **only** be eligible for reimbursement with a physician's prescription that includes his or her address and license number, as stated in [IRS Notice 2010-59](#). The only exception is insulin - which will not require a prescription.

Health Care Expenses Worksheet

Out-of-pocket expenses for the following services for you and your family may be eligible for payment from your Health FSA (including copay and deductible amounts). Estimate your Plan Year out-of-pocket expenses below.

MEDICAL

_____ Acupuncture
 _____ Alcohol/drug treatment
 _____ Allergy treatments
 _____ Ambulance
 _____ Anesthesia
 _____ Artificial limbs
 _____ Birth control pills
 _____ Braille books and magazines
 _____ Chiropractor fees
 _____ Crutches, wheelchairs
 _____ Diabetic supplies
 _____ Emergency room visits
 _____ Health care equipment
 _____ Hospital bills
 _____ Immunizations
 _____ Infertility treatments
 _____ Laboratory fees
 _____ Mileage to/from provider
 _____ OB/GYN Exams
 _____ Office visit
 _____ Osteopath fees
 _____ Over-the-counter items: *must be for specific medical condition, not general health; does not include dietary supplements (e.g. vitamins), cosmetic items (e.g. lotions creams) or toiletries (e.g. toothpaste)*
 _____ Oxygen
 _____ Pap smears
 _____ Parking/tolls
 _____ Physical therapy
 _____ Physician's fees
 _____ Prescription drugs: *if cosmetic or weight-loss drug must include note from physician indicating specific medical condition being treated*
 _____ Private hospital room
 _____ Private Nurses
 _____ Psychiatric care
 _____ Psychological Care
 _____ Routine checkups
 _____ Smoking cessation programs
 _____ Special school, handicapped
 _____ Surgery
 _____ Vaccinations
 _____ Well baby care
 _____ X-rays

_____ SUBTOTAL

DENTAL

_____ Anesthesia
 _____ Bondings
 _____ Cleanings
 _____ Crown, bridges
 _____ Dental exams
 _____ Extractions
 _____ Fillings
 _____ Fluoride treatments
 _____ Mileage to/from provider*
 _____ Occlusal guards
 _____ Oral surgery
 _____ Orthontia (braces)
 _____ Parking/tolls
 _____ Root canal/therapy
 _____ X-rays

\$ _____ SUBTOTAL (b)

VISION

_____ Prescription contact lenses
 _____ Contact lens supplies
 _____ Eye exams
 _____ Corrective eye wear
 _____ Mileage to/from provider*
 _____ Parking/tolls
 _____ Prescription sunglasses

\$ _____ SUBTOTAL (c)

HEARING

_____ Hearing aids
 _____ Hearing exams
 _____ Mileage to/from provider*
 _____ Telephones for hearing

\$ _____

TOTAL PLAN YEAR ESTIMATE (e) = a + b + c + d

\$ _____

TOTAL PLAN YEAR TAX SAVINGS (e x 35%)

\$ _____

* See current IRS guidelines for the standard medical mileage rate per mile.



Consumer Driven Administrators is partnered with **FSA Store** the only e-commerce site exclusively stocked with FSA eligible products, to help you spend down and manage your FSA. **CDA** and **FSA Store** work together to eliminate guesswork behind what is reimbursable under your Flexible Spending Account.

CDA and **FSA Store** offer various tools and resources to help participants better understand their plans. These include an FSA eligibility list, FSA calculator, an FSA eligible services database, and an FSA learning center.

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FSA Eligibility List

Browse thousands of FSA Eligible products and eliminate confusion about FSA reimbursement!



FSA Calculator

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FSA Eligible Services

Search the eligible service provider database from dermatologists to optometrists near you.



FSA Learning Center

Get answers to all your FSA questions!



**Open Enrollment Election Form**Effective Date: 01/01/2019Plan Year: 01/01/2019 – 12/31/2019**For Group Administrator Only**

Select if this Employee is either of the below:

☐ Owner/Relative of Owner ☐ HCE**TSRL, Inc.****Health and Dependent Care Assistance FSA Election Form****PLEASE PRINT CLEARLY****1. Employee Information**Name Matthew Doherty Social Security Number: 283 - 84 - 6124Address 10594 Heenan Dr Whitmore Lake MI 48189
(Street) (Apt. #) (City) (State) (Zip)Date of Birth 03 / 23 / 1983 Daytime Phone Number (408) 569-5515Email Address atdohertys@gmail.com
(Your email address will only be used to communicate with you regarding your account.)Payroll Schedule: ☐ Weekly ☐ Bi-Weekly ☒ Semi-Monthly ☐ Monthly**2. Dependent Information** (List All Dependents To Be Enrolled - attach additional dependents on separate page)

	Last Name	First Name	Social Security Number	Date of Birth
Spouse*	Doherty	Catherine		05/27/1983
Dependent	Doherty	Bryan		4/16/2013
Dependent	Doherty	Louise		12/03/16
Dependent	Doherty	Susanne		12/03/16
Dependent				

*A separate card, embossed with the spouse's name, will be printed and mailed to the employee's address. A card can only be issued for the spouse if their complete enrollment line above, with all information, is provided.

2. Flexible Spending Account Election (complete both lines)Health FSA: ☒ I elect to deduct a total of \$ 2600.00 for the plan year ☐ I waive participation for the plan yearDependent Care FSA: ☐ I elect to deduct a total of \$ _____ for the plan year ☐ I waive participation for the plan year**3. Authorization and Acknowledgement**

I understand and acknowledge:

- I wish to participate in the Flexible Spending Account as indicated by the above elections on this form and authorize my employer to take pre-tax deductions from my pay.
- Expenses must be incurred during the time I participate in the plan year to be eligible for reimbursement.
- I cannot revoke or change this election during the plan year unless there is a qualifying life event. In the case of a qualifying life event: I must notify my employer's benefits department within the permissible number of days and in writing with my change request; the requested change in election must be consistent with the qualifying event; I may not reduce my election to less than the amount of paid claims as of the date of the change in processed.
- I have reviewed the open enrollment materials and understand my responsibility to furnish acceptable receipts to receive reimbursement under the plan or validate a card transaction; the specified claim filing and spending deadlines; and that any unclaimed balance remaining in my Flexible Spending Account at the end of the plan year (subject to grace or carryover provisions, if applicable) will be forfeited.

Signature _____

Date _____