

# Flexible Spending Accounts (FSAs)

## What does the Beniversal FSA provide?

- Tax-free money for medical and dependent care expenses
- Convenient access to account funds through the Beniversal® Prepaid MasterCard®
- On-the-go account access with the BRiMobile app
- Streamlined online account support through BRiWeb
- Friendly and knowledgeable participant services representatives to assist with your questions

Visit [www.BenefitResource.com](http://www.BenefitResource.com)



## What is a Flexible Spending Account?

A Flexible Spending Account (FSA) is an IRS-approved account that allows you to pay for eligible medical and dependent care expenses on a tax-free basis.

**How does the tax savings work?** When you enroll in your employer sponsored Flexible Spending Account, your contributions are not subject to Federal, FICA and most state taxes. This means you bring home more money in your paycheck!



### Tax Savings Example

Annual Income		\$50,000
Anticipated Medical Expenses		\$2,500
	<b>Without Plan</b>	<b>With Plan</b>
Federal Income Tax Paid	\$12,500	\$11,875
State Income Tax Paid	\$3,000	\$2,850
FICA	\$3,825	\$3,634
<b>Total Taxes Paid</b>	<b>\$19,325</b>	<b>\$18,359</b>
Disposable Income	\$30,675	\$31,640
<b>Annual Tax Savings</b>		<b>\$966</b>

The figures above are for illustration purposes only. Actual savings and tax rates may vary.

Calculate your personalized tax savings at [www.BenefitResource.com](http://www.BenefitResource.com).

**Who can participate?** In order to participate in the plan, you need to meet the eligibility requirements set by your employer. If you or your spouse is reporting contributions to an HSA, generally you will not be eligible to participate in a Medical FSA. Please contact your employer or refer to your plan documentation for more details and eligibility requirements.

**How do elections work?** Prior to the start of a plan year or when you become eligible, you will make an annual election for medical and/or dependent care expenses separately (as applicable). Elections do not carry over from year to year. Check with your employer about the maximum (and any applicable minimum) amounts you can set aside in a Medical FSA and Dependent Care FSA. Generally, once you have enrolled in the plan, you cannot change your elections during that plan year unless you have a certain qualifying event (e.g. marriage, death, change in employment status, etc.) that may allow a change in your plan year election amounts. More information is also available in your plan documentation.

**When can I access FSA funds?** Services must be provided during the plan year designated in your plan documentation and you cannot access FSA funds until the service is provided. The IRS allows one exception for orthodontia expenses. Refer to your plan documentation regarding any unused funds at the end of the plan year.

## What are eligible medical expenses?

This list is intended to be used as a quick reference of potentially eligible medical expenses and does not guarantee that an expense will be eligible. Please see your plan documents to verify what expenses are reimbursable under your plan. This list is not intended to be an all encompassing list and may be updated from time to time. Eligible expenses for Flexible Spending Accounts (FSAs) are governed by Section 213(d) of the Internal Revenue Code. In addition to the list below, there are over 150 additional items or expense types that are considered potentially eligible. These may require prescriptions or a letter of medical necessity when submitting a reimbursement request.

Acupuncture	Dental services and procedures	Medical monitoring and testing devices (e.g. blood-sugar test kits and test strips)	Prosthesis
Alcoholism treatment	Dentures and denture adhesives	Medical practitioner's fee for online or telephone consultation	Psychiatric care
Allergy treatments (if prescribed)	Diabetic supplies	Medical records charges	Radial keratotomy
Ambulance	Diagnostic items/services	Midwife	Reading glasses
Arthritis gloves	Drug addiction treatment	Norplant insertion or removal	Rehydration solution
Artificial limbs	Drug overdose, treatment of	Obstetrical expenses	Rubbing alcohol
Artificial teeth	Durable medical equipment	Occlusal guards to prevent teeth grinding	Screening tests
Asthma devices and medicines (if prescribed)	Eye examinations, eyeglasses, equipment, and materials	Operations / Surgeries	Sleep-deprivation treatment
Bandages	First aid kits	Optometrist	Speech therapy
Body scans	Flu shots	Organ donors	Stop-smoking programs
Braille books and magazines	Fluoridation services	Orthodontia	Telephone equipment or television for hearing-impaired persons
Breast pumps	Gauze pads	Orthopedic shoe inserts	Thermometers
Breast reconstruction surgery following mastectomy	Guide dog	Osteopath fees	Transplants
Cancer screenings	Hearing aids	Ovulation monitor	Transportation expenses for person to receive medical care, may include car mileage or alternative transportation costs
Carpal tunnel wrist supports	Hospital services	Oxygen	Vaccines
Chiropractors	Immunizations	Physical exams	Vision correction procedures
Circumcision	Insulin	Physical therapy	Walkers
Co-insurance amounts	Laboratory fees	Pregnancy test kits	Wheelchair
Co-payments	Lactation consultant	Prescription drugs and medicines, for the purpose of medical care (not general health or cosmetic purposes)	X-ray fees
Counseling, when used to treat diagnosed medical condition	Laser eye surgery, Lasik	Preventive care screenings	
CPAP (continuous positive airway pressure) devices	Liquid adhesive for small cuts		
Crutches	Lodging at a hospital or similar institution		
Dental sealants	Mastectomy-related special bras		
	Medical alert bracelet or necklace		
	Medical information plan charges		

### Eligible Over-the-Counter Medical Supplies

Adult incontinence products (e.g. Depends)  
 Birth control products (e.g. prophylactics) (if allowed by your plan)  
 Contact lens solution  
 Denture adhesives  
 First aid supplies (e.g. band-aids)  
 Health monitors (e.g. blood pressure, cholesterol, HIV, thermometers)  
 Hearing aid batteries  
 Heat wraps (e.g. ThermaCare)  
 Heating pads, hot water bottles  
 Insulin & diabetic supplies  
 Medicine dropper/spoon  
 Motion sickness devices  
 Supports/braces (e.g. ankle, knee, wrist, therapeutic glove)

### Eligible Over-the-Counter Drugs & Medicines (require a prescription)

Acne medications  
 Allergy and sinus medications (e.g. Benadryl, Claritin, Sudafed)  
 Anti-fungal medications (e.g. Lotramin AF)  
 Anti-itch medications (e.g. Caladryl)  
 Cold sore medications  
 Cough, cold & flu remedies  
 Decongestants  
 Diaper rash ointments  
 Ear wax removal drops  
 First aid creams  
 Gastrointestinal aids (e.g. antacids, anti-diarrhea medicines, non-fiber laxatives, nausea medications)  
 Lactose intolerance pills  
 Motion sickness pills  
 Nasal sprays for congestion (e.g. Afrin)  
 Pain relievers (e.g. aspirin, Excedrin, Tylenol, Advil, Motrin)  
 Sleeping aids  
 Smoking cessation medications (e.g. nicotine gum or patches)  
 Suppositories  
 Toothache relievers (e.g. Orajel)  
 Wart remover medications  
 Yeast infection creams (e.g. Monistat)

Once your account is open, you will have access to a detailed eligible expense look up table. Simply log in to your account at [www.BenefitResource.com](http://www.BenefitResource.com) and select **Eligible Health Care Expense Table** under the FSA section.

# FSA Expense & Tax Savings Estimate Worksheet

**Medical FSA Estimate:** Estimate your eligible out-of-pocket medical expenses. Out-of-pocket expenses include services for you, your spouse and eligible dependents.

## General Expenses

\$ \_\_\_\_\_ Office visits / doctor's fees  
(actual cost if deductible applies or total co-payments)

\$ \_\_\_\_\_ Immunizations / Vaccines

\$ \_\_\_\_\_ Laboratory fees / X-rays

\$ \_\_\_\_\_ Over-the-counter drugs and medicines  
(prescription required)

\$ \_\_\_\_\_ Over-the-counter medical supplies

\$ \_\_\_\_\_ Prescription Drugs

\$ \_\_\_\_\_ SUBTOTAL

## Hospitalization & Specialist Expenses

\$ \_\_\_\_\_ Emergency Room

\$ \_\_\_\_\_ Hospital Bills

\$ \_\_\_\_\_ Specialists or alternative medicine  
(Acupuncture, chiropractor, physical therapy, specialists fees, etc.)

\$ \_\_\_\_\_ Surgery

\$ \_\_\_\_\_ OTHER MEDICAL EXPENSES NOT SPECIFIED

\$ \_\_\_\_\_ SUBTOTAL

## Dental

\$ \_\_\_\_\_ Cleanings / Dental Exams

\$ \_\_\_\_\_ Fillings / Dental procedures

\$ \_\_\_\_\_ Orthodontia

\$ \_\_\_\_\_ X-rays

\$ \_\_\_\_\_ SUBTOTAL

## Vision

\$ \_\_\_\_\_ Corrective eye surgery & eye wear

\$ \_\_\_\_\_ Eye exams

\$ \_\_\_\_\_ Prescription glasses / contact lenses

\$ \_\_\_\_\_ SUBTOTAL

## Hearing

\$ \_\_\_\_\_ Hearing Aids

\$ \_\_\_\_\_ Hearing Exams

\$ \_\_\_\_\_ SUBTOTAL

\$ \_\_\_\_\_ TOTAL MEDICAL FSA ESTIMATE

**Dependent Care FSA Estimate:** Estimate your eligible out-of-pocket dependent care expenses.

## Dependent Care Expenses

\$ \_\_\_\_\_ Adult Day Care

\$ \_\_\_\_\_ Child Day Care / In-home Dependent Care

\$ \_\_\_\_\_ Nursery School

\$ \_\_\_\_\_ TOTAL DEPENDENT CARE FSA ESTIMATE

**Tax Savings Estimate:** Estimate your total annual estimated tax savings.

	Amounts
A. ENTER TOTAL MEDICAL FSA ESTIMATE (See Plan Highlights for the maximum limits that may apply.)	\$ _____
B. ENTER TOTAL DEPENDENT CARE FSA ESTIMATE (See Plan Highlights for the maximum limits that may apply.)	\$ _____
C. TOTAL EXPENSES (Line A + Line B)	\$ _____
D. TAX RATE (Enter percentage of your gross salary that you pay in Federal, State and Local Taxes. (If uncertain, use 30%.))	_____ %
E. FICA (includes Social Security and Medicare)	_____ %
F. TOTAL TAX RATE (Line D + Line E)	_____ %
G. ESTIMATED ANNUAL TAX SAVINGS (Line C x Line F)	\$ _____

## What do I need to know about FSAs?

### Medical FSA

A Medical FSA can be used to pay for eligible medical expenses provided to you, your spouse or eligible dependents.

- Upon enrolling in a Medical FSA, you have access to your full plan year election amount.
- The tax-free amount you can set aside in a Medical FSA per plan year can be found in your Plan Highlights. Your Plan Highlights also contain other specific information about your employer sponsored plan.
- Expenses must be primarily to prevent, treat, diagnose or mitigate a physical or mental defect or illness. The eligibility of an expense is governed by the IRS. Common eligible expenses include:
  - Co-payments, co-insurance and deductible expenses
  - Dental care (e.g. exams, fillings, crowns)
  - Vision care, eyeglasses, contact lenses
  - Chiropractic care
  - Prescription drugs and certain over-the-counter medical items
- Expenses cannot be for personal care, cosmetic or general health purposes.
- Some expenses are only eligible if certified by a licensed medical provider as medically necessary.
- Expenses cannot be reimbursed from any other source (e.g. insurance).
- Refer to your Plan Highlights for details regarding how unused Medical FSA funds are treated.
- While you can use the Medical FSA for medical expenses for a spouse or dependent, you cannot use Medical FSA funds for dependent care expenses (e.g. child care) and vice-versa.

### Dependent Care FSA

A Dependent Care FSA can be used to reimburse dependent care expenses (e.g. child care) for a qualified person. These expenses enable you to be gainfully employed and, if married, enable your spouse to be gainfully employed, look for work or attend school full-time.

- The qualified person must spend at least 8 hours per day in your home and is one of the following:
  - Dependent child under the age of 13 and for whom you can claim a tax exemption.
  - Spouse or dependent who is physically or mentally incapable of self-care, lives with you for more than half of the year, and for whom you can claim a tax exemption.
- The tax-free amount you can set aside per calendar year in a Dependent Care FSA can be found in your Plan Highlights.
- Common eligible expenses, include:
  - Before/after school care
  - Child Care / in-home dependent care
  - Day care facility
  - Nursery school
  - Adult care
- Services provided for education, overnight camps or services provided by the child's parent or other dependent for income tax purposes are not eligible expenses.
- The amount available for reimbursement of dependent care expenses is limited to the cash balance in your Dependent Care FSA.
- Refer to your Plan Highlights for details regarding how unused Dependent Care FSA funds are treated.
- You cannot claim a federal tax credit for any expenses reimbursed through a Dependent Care FSA. Consult a tax professional to determine if it would be more to your advantage to elect a Dependent Care FSA or to use the federal tax credit.

Use the **FSA Expense & Tax Savings Estimate Worksheet** included in the booklet to help you estimate how much you should elect.

## How do I access my FSA?

### Use the Beniversal Card (if offered)

The Beniversal Prepaid MasterCard can be used at qualified merchants providing medical products and services, such as: doctors, dentists, medical labs, hospitals, medical supply stores, vision centers and certain drugstores and retail merchants. (A list of drugstores and retail merchants is available at [www.BenefitResource.com](http://www.BenefitResource.com)).



When using your card, **always save your itemized receipts**. With an FSA, the IRS requires Benefit Resource to verify that 100% of transactions are for eligible expenses. Since some qualified merchants also offer services/items that are not eligible, Benefit Resource may contact you requesting additional documentation on a transaction.

Requested receipts and documentation for card transactions can be submitted online at [www.BenefitResource.com](http://www.BenefitResource.com), through the BRiMobile app or by fax/mail. Instructions will be provided in the request.

### Submit a Claim

When not using the Beniversal Card or for Dependent Care expenses, you can submit a claim with your itemized receipt or supporting documentation. Claims can be submitted:

- Online at [www.BenefitResource.com](http://www.BenefitResource.com)

*Once logged in to your account, go to the FSA/HRA tab and select Submit Online Claim. Follow the on screen instructions.*

- Through the BRiMobile app

*Download the BRiMobile app from the Apple App Store or Google Play.*

- By faxing/mailing a claim form

*Claim forms can be downloaded and printed from [www.BenefitResource.com](http://www.BenefitResource.com).*

Reimbursements are paid weekly. To receive your reimbursements by direct deposit, please log into [www.BenefitResource.com](http://www.BenefitResource.com) and set up your direct deposit account information.



## Log in to BRiWeb

BRiWeb is your secure participant login for managing your accounts with Benefit Resource. BRiWeb allows you to view balance and transaction information, submit claims, download plan documents and much more.

To log in, go to [www.BenefitResource.com](http://www.BenefitResource.com):

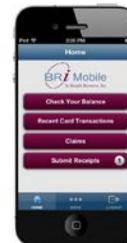
1. Click Participants under Secure Login.
2. Once on the Participant Login page, please enter:  
**Company Code:** Provided by your employer  
**Login ID:** Default Login ID selected and provided by your employer. You may change it upon initial login.  
**Initial Password:** 5 digit home zip code (*You will be prompted to change the password upon initial login.*)
3. BRiWeb will open to a Dashboard which provides a quick snapshot of your account(s) and profile. To manage your FSA, select the FSA/HRA tab.



To view a quick video demo of BRiWeb, visit BRI Resources at [www.BenefitResource.com](http://www.BenefitResource.com).

## Download the BRiMobile app

BRiMobile is your on-the-go account access to view balances and recent transactions, submit claims, send receipts or sign-up for account alerts. BRiMobile app is available for iPhone, iPad and Android devices. Learn more at [www.BenefitResource.com/tools](http://www.BenefitResource.com/tools) or download the app from the Apple App Store or Google Play.



## Contact Participant Services

Participant Services is available to assist with your questions by phone, chat and email. Representatives are available in English and Spanish.

**Phone:** (800) 473-9595, Monday - Friday, 8am - 8pm (Eastern Time)

**Email:** [ParticipantServices@BenefitResource.com](mailto:ParticipantServices@BenefitResource.com)

**Live Chat:** Available through the participant login at [www.BenefitResource.com](http://www.BenefitResource.com), Monday - Friday, 8am - 5pm (Eastern Time).

For more information on these or other account information, please visit us at [www.BenefitResource.com](http://www.BenefitResource.com).

## Getting Started

### 1. Determine your election amount(s) for Medical FSA and Dependent Care FSA separately.

Utilize the *FSA Expense & Tax Savings Estimate Worksheet* in this booklet or visit [www.BenefitResource.com](http://www.BenefitResource.com) to access the online calculators.

**TIPS:** Be a little conservative in your estimates. Check your Plan Highlights to see what happens to funds that you do not use by the end of the plan year. Also, be sure to check with your employer or review your Plan Highlights for any minimum or maximum limits that may apply, along with any restrictions on eligible expenses.

### 2. Enroll in the FSA

Your employer will provide you detailed instructions regarding how and when enrollment will need to be completed.

If online enrollment is offered by your employer, go to [www.BenefitResource.com](http://www.BenefitResource.com), click on Participants under Secure Login. To log in, enter:

**Company Code:** Provided by your employer

**Login ID:** Default Login ID selected and provided by your employer.  
You may change it upon initial login.

**Initial Password:** 5 digit home zip code  
(You will be prompted to change the password upon initial login.)

Once logged in, go to the FSA/HRA tab and select the enrollment link. Follow the on screen prompts to complete your enrollment.

### 3. Begin using your account.

If you have enrolled in a Medical FSA for the first time and the Beniversal Card is offered, it will arrive in a plain white envelope from Benefit Resource. Once you receive your card, you will need to activate it by calling the number on the activation sticker. If you already have a Beniversal Card, you can continue to use the card through the expiration date. If you are not using a card or have dependent care expenses, you can begin submitting claims for reimbursement.

Please check with your employer or refer to your Plan Highlights regarding any restrictions that may exist regarding eligible expenses and time frames for using funds and reimbursing eligible expenses.

### Questions?

Visit us online at: [www.BenefitResource.com](http://www.BenefitResource.com)

Contact us: (800) 473-9595, Monday - Friday, 8am - 8pm (Eastern Time), by email at [ParticipantServices@BenefitResource.com](mailto:ParticipantServices@BenefitResource.com) or with Live Chat via participant login at [www.BenefitResource.com](http://www.BenefitResource.com)

### What do participants think of their Beniversal FSA?

"Everyone is very helpful and responsive. I've used the Live Chat a few times- I love it!!!!"

"The BRI staff have always been very helpful, courteous, and knowledgeable; and your website is very user-friendly. Keep it up!"

"I'm always pleased when I don't need to contact an organization for help or to sort out problems because it means the business is doing a lot of things right to avoid trouble in the first place."

"I recommend daily that my co-workers get this card!"

