



Health Flexible Spending Accounts (FSAs)

What is a health FSA?

A health flexible spending account, sometimes referred to as a health care reimbursement account, enables an employee to be reimbursed for eligible medical, dental, vision or hearing expenses with pre-tax dollars.

What is a limited purpose health FSA?

A limited purpose flexible spending account or limited FSA enables an employee to be reimbursed for eligible dental, vision, and some preventative care as allowed by the plan with pre-tax dollars. This type of account usually accompanies a health savings account (HSA).

What is an eligible health care expense?

Deductibles, coinsurance amounts, co-pays and other expenses that are described in Internal Revenue Service (IRS) Publication 502 are considered eligible or qualified expenses. The expenses must be incurred for the care of the employee and/or eligible members of the employee's family. All expenses must have a date of service that is within the benefit plan year.

Premiums for health or other insurance are not considered eligible expenses under an FSA. Employees should consult with their human resources department if they have questions about what is eligible under their FSA.

How much can be contributed to a health FSA?

While the IRS does not set minimum or maximum annual contributions, employers might. Employees should check with their human resources department where they work if they have questions about their contribution amounts.

What is a dependent care FSA?

A dependent care flexible spending account, also called a dependent care reimbursement account, enables an employee to be reimbursed for daycare expenses of eligible dependents with pre-tax dollars.

Do participants in a dependent care FSA need to report anything on their personal income taxes?

Yes. They must identify all persons or organizations that provide care to their dependent(s) by filing IRS Form 2441- Child and Dependent Care Expenses, and submit it with Form 1040 each year.

Who qualifies an eligible dependent?

An eligible dependent is any dependent for whom an employee pays a provider to care for him/her while they are at work. The dependent must be under the age of 13 or incapable of taking care of himself/herself, and live in the employee's home for more than one-half of the year.

Are there contribution limits for a dependent care FSA?

Unlike health FSA maximums, the maximum contribution to a dependent care FSA is set by the IRS rather than the employer. It is equal to the amount of earned income of the employee (or spouse, if the spouse earns less) up to \$5,000 per family. The limit is \$2,500 for a married person filing separately.

Are orthodontia claims eligible under an FSA?

Orthodontia services can be reimbursed as services are provided (i.e. monthly payments), or reimbursement can be made as payments are made as long as the payment is proximate to the actual services being provided (i.e. you can't get reimbursement for last year's payments), or as a lump sum provided services beyond the current plan year are not included.

If the entire treatment is paid in one payment, reimbursement should be prorated over the treatment period, which may span more than one plan year.



What do I need to submit for my orthodontia claim?

You will need to submit a copy of the orthodontia contract specifying start date, length of treatment, and total cost.

What is the maximum reimbursement amount from a health and/or dependent care FSA?

The entire health FSA annual election amount may be available at any time throughout the plan year or on a pro-rated basis. Please consult your human resource department on the availability of your health FSA funds.

The dependent care FSA balance accumulates throughout the year. The annual DCFSA amount is only available on a pro-rated basis.

Health and/or dependent care FSA balances are always reduced by any reimbursements made.

How often can reimbursements be requested?

Reimbursements can be requested as often as a qualified expense is incurred, as long as the expense is incurred during the plan year and within the run out period.

Is there a deadline for submitting requests?

Many plans typically allow up to 90 days after the end of the plan year to request reimbursements for expenses that occurred during the plan year. This is known as the run out period. After that, any unused dollars are forfeited. Please consult with your resources department if you are unsure of these dates.

How quickly are reimbursements made?

Reimbursements may be made within five to seven days after HealthEquity® receives a completed reimbursement request form and the necessary supporting documentation.

How may I receive my reimbursement?

You may receive your reimbursement via check or direct deposit. Please note that there is a \$2.00 fee for reimbursement provided via check. Reimbursements through direct deposit are free.

Where can employees get reimbursement forms?

Reimbursement forms are available at MyHealthEquity.com

Can I view my FSA online?

Yes, you may review your account balances, claim transactions, and manage your personal information online at MyHealthEquity.com.

How do I contact HealthEquity?

Please call HealthEquity customer care anytime at 866-960-8055. Our call center is available 24/7.