

Welcome to Health Care FSA

I enrolled for Health Care FSA...

Now what?

Now that you are enrolled, you can start to use the funds you have elected to withhold on the first day of your plan year.

If your plan offers a debit card, simply present the card when paying for eligible services or expenses, and the cost of service comes off of your account automatically.

If your plan does not include a debit card, or you forget to use your card, you can be reimbursed for eligible expenses by filling out the [Health Care Claim Reimbursement Form](#) and returning it to us within 90 days after the plan year ends, along with an itemized receipt of the services or expenses that were incurred.

You might be wondering...

“How do I get reimbursed for my claim?”

If you submit a Health Care Claim Reimbursement Form to us, we will reimburse you in one of two ways. If we have your direct deposit information on file, you will receive that reimbursement directly to your account. Otherwise, you will receive a check in the mail. If you are interested in setting up direct deposit for reimbursement, please download the “[Direct Deposit Sign Up Form](#)”, and return it to us, or log into your account (see below). Direct deposit payments are typically in your account by the end of the following week; however, the bank has 3 business days to post it to your account.

Is there a way I can view the transactions or balances on my account?

For your convenience, we offer the Consumer Portal, which provides you the ability to log on at any time, to check your balance, see your account activity, and other helpful tools. You can visit the Consumer Portal through our website, www.cpa125.com.

Additionally, we also offer a mobile app, where you can check your account activity. Download “CPA FLEX MOBILE” from your Apple App Store or Google Play Stores.

FSA Rules & Regulations

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- You can elect up to your plan maximum. The IRS allows \$3050 max, but each plan maximum is established by your employer.
- Reimburses you for:
 - Co-Pays & Deductibles
 - Prescription Drugs
 - Vision
 - Non-Cosmetic Dental
 - And much more...

Did you know?

There are many types of medical expenses that can qualify for FSA reimbursement.

Be sure to review the [List of Eligible Expenses](#)



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Health Care FSA Eligible Expenses

<p>BABY/CHILD TO AGE 13</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lactation Consultant* <input type="checkbox"/> Lead-Based Paint Removal <input type="checkbox"/> Special Formula* <input type="checkbox"/> Tuition: Special School/Teacher for Disability or Learning Disability* <input type="checkbox"/> Well Baby /Well Child Care <p>DENTAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dental X-Rays <input type="checkbox"/> Dentures and Bridges <input type="checkbox"/> Exams and Teeth Cleaning <input type="checkbox"/> Extractions and Fillings <input type="checkbox"/> Oral Surgery <input type="checkbox"/> Orthodontia (reimbursable after payment) <input type="checkbox"/> Periodontal Services <p>EYES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eye Exams <input type="checkbox"/> Eyeglasses and Contact Lenses <input type="checkbox"/> Laser Eye Surgeries <input type="checkbox"/> Prescription Sunglasses <input type="checkbox"/> Radial Keratotomy <p>HEARING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hearing Aids and Batteries <input type="checkbox"/> Hearing Exams <p>LAB EXAMS/TESTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood Tests and Metabolism Tests <input type="checkbox"/> Body Scans <input type="checkbox"/> Cardiograms <input type="checkbox"/> Laboratory Fees <input type="checkbox"/> X-Rays 	<p>MEDICAL EQUIPMENT/SUPPLIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Air Purification Equipment* <input type="checkbox"/> Arches and Orthotic Inserts <input type="checkbox"/> Contraceptive Devices <input type="checkbox"/> Crutches, Walkers, Wheel Chairs <input type="checkbox"/> Exercise Equipment* <input type="checkbox"/> Hospital Beds* <input type="checkbox"/> Mattresses* <input type="checkbox"/> Medic Alert Bracelet or Necklace <input type="checkbox"/> Nebulizers <input type="checkbox"/> Orthopedic Shoes* <input type="checkbox"/> Oxygen* <input type="checkbox"/> Post-Mastectomy Clothing <input type="checkbox"/> Prosthetics <input type="checkbox"/> Syringes <input type="checkbox"/> Wigs* <p>MEDICAL PROCEDURES/SERVICES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acupuncture <input type="checkbox"/> Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care) <input type="checkbox"/> Ambulance <input type="checkbox"/> Fertility Enhancement and Treatment <input type="checkbox"/> Hair Loss Treatment* <input type="checkbox"/> Hospital Services <input type="checkbox"/> Immunization <input type="checkbox"/> In Vitro Fertilization <input type="checkbox"/> Physical Examination (not employment-related) <input type="checkbox"/> Reconstructive Surgery (due to a congenital defect, accident, or medical treatment) <input type="checkbox"/> Service Animals <input type="checkbox"/> Sterilization/Sterilization Reversal <input type="checkbox"/> Transplants (including organ donor) <input type="checkbox"/> Transportation to Medical Facility 	<p>MEDICATIONS/DRUGS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Insulin <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> **Over the Counter Drugs/Medicines, such as Tylenol, Advil, NyQuil, etc.; <u>not</u> vitamins or supplements <p>OBSTETRICS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Doulas* <input type="checkbox"/> Lamaze Class <input type="checkbox"/> OB/GYN Exams <input type="checkbox"/> OB/GYN Prepaid Maternity Fees (reimbursable after date of birth) <input type="checkbox"/> Pre- and Postnatal Treatments <p>PRACTITIONERS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allergist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Christian Science Practitioner <input type="checkbox"/> Dermatologist <input type="checkbox"/> Homeopath <input type="checkbox"/> Naturopath* <input type="checkbox"/> Optometrist <input type="checkbox"/> Osteopath <input type="checkbox"/> Physician <input type="checkbox"/> Psychiatrist or Psychologist <p>THERAPY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alcohol and Drug Addiction <input type="checkbox"/> Counseling (not marital or career) <input type="checkbox"/> Exercise Programs* <input type="checkbox"/> Hypnosis* <input type="checkbox"/> Massage* <input type="checkbox"/> Occupational <input type="checkbox"/> Physical <input type="checkbox"/> Smoking Cessation Programs* <input type="checkbox"/> Speech <input type="checkbox"/> Weight Loss Programs*
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****Please Note:** Effective 1/1/2020, the IRS now allows personal protective items to prevent the spread of COVID, such as: masks, hand sanitizer and disinfectant wipes; also allowed are Over the Counter (OTC) medicines/drugs, and feminine care products may now be purchased with Health Care FSA or certain HRA plans. *Vitamins & supplements are not eligible.*

The following is a high-level list of OTC items that are *not* medicine or drugs and are eligible for purchase with Health Care FSA Plans.

<p>Denture Adhesives, Repair, and Cleansers</p> <ul style="list-style-type: none"> <input type="checkbox"/> PoliGrip, Benzodent, Efferdent <p>Diabetes Testing and Aids</p> <ul style="list-style-type: none"> <input type="checkbox"/> Insulin, insulin syringes, Ascencia, One Touch, Diabetic Tussin, glucose products <p>Diagnostic Products</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thermometers, blood pressure monitors, cholesterol testing 	<p>Elastics/Athletic Treatments</p> <ul style="list-style-type: none"> <input type="checkbox"/> ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts <p>Eye Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact lens care <input type="checkbox"/> Reading Glasses and Maintenance Accessories 	<p>Family Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pregnancy and ovulation kits <p>First Aid Dressings and Supplies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Band Aid, 3M Nexcare, non-sport tapes *without antibiotic strip <p>Incontinence Products</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attends, Depends, GoodNites for juvenile incontinence
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***Items with an asterisk are potentially eligible with a Letter of Medical Necessity from a licensed physician. For a detailed list, log in to our website at www.cpa125.com and click on the link to the FSA Store to view the eligibility list.**



New OTC Expenses Now Eligible For Your

When you participate in a Flexible Spending Account (FSA), you're able to contribute pre-tax funds for use on hundreds of eligible expenses. Recently, you gained even more flexibility in your ability to save when the CARES Act was signed into law.

This new legislation expanded the list of expenses that are considered eligible by **including popular over-the-counter products**, which consumers can now purchase with their FSA without a prescription. This change went into effect on January 1, 2020, and allows over 20,000 new expenses as eligible moving forward. That's great news for consumers, since the average American shops for over-the-counter medications 26 times each year.

Here are five of the most common expenses that are now eligible to use FSA funds without a prescription.

Pain relief medications

Headaches. Muscle soreness. Sprains. There are so many reasons to need pain relievers. There are two common types of over-the-counter pain medications: acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), both of which are now among the eligible expenses available from an FSA.

Cold and flu products

Winter may be behind us, but cold and flu season never really goes away. As much as 20 percent of the U.S. population gets the flu, on average each season. Fortunately, the over-the-counter medicines taken to cope with a severe cough or congestion are now eligible expenses.

Allergy products

Thirty percent of American adults and 40 percent of children suffer from allergies. And the cost of allergies to the healthcare system is estimated at \$18 billion. Those who do have allergies can now find relief with their HSA and FSA funds in the form of over-the-counter antihistamines and decongestants.

Heartburn medications

Heartburn is among the more common afflictions in this country. That's why Americans spend billions of dollars each year on medicines that treat heartburn. The CARES Act means that these over-the-counter drugs are FSA eligible without a prescription.

Menstrual products

The CARES Act also included menstrual care products as eligible expenses for FSAs. Eligible products include tampons, pads and menstrual sponges.

How do I know what qualifies?

- Consumers can simply scan a product bar code right in their mobile app to help determine eligibility as a qualified medical expense. That's peace of mind with a touch of a button.
- Online shopping for eligible expenses can be done on sites like FSA Store. This site is dedicated to items that are eligible under pre-tax accounts like FSAs.

How it Works: Use the Debit Card: Once retailers have updated their payment systems and inventories consumers can simply use their card to pay for these newly eligible items, but they should still remember to save their receipts in case the purchase needs to be verified later. Submit a Claim: Consumers can submit claims for reimbursement through their online account or using the mobile app.

CAFETERIA PLAN ADVISORS



781-848-9848 www.cpa125.com

Health Care Expense Claim Form

Flexible Spending Account

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 An Alera Group Company
 120 Longwater Drive, Suite 102
 Norwell, MA 02061
 www.cpa125.com



Email: info@cpa125.com
 Phone: 781-848-9848
 FAX: 781-848-8477

Plan Year: _____

Participant Name: _____

Employer: _____

Mailing Address: _____

SSN (Last four) **XXX-XX-** _____

City, State, Zip: _____

Participant Daytime Phone: _____

Check if New Address _____

Email: _____

List Unreimbursed Medical Expenses by Classification <i>(Participants and IRS Eligible Dependents)</i>	Dates of Service		Amount (\$)
	START	END	
	MM/DD/YYYY	MM/DD/YYYY	
Medications	-		
Doctor/ Hospital Co-Pays and Deductibles	-		
Dental/ Eyes/ Hearing	-		
Medical Procedures/ Services and Therapy / Labs and Tests	-		
Over the Counter Items	-		
Other	-		
	Total		

- All claims require copies of bills/statements/receipts showing date and service. (IRS regulation)
- Cancelled checks/bank statement/credit card receipts are not adequate substantiation.
- Direct deposit payments are processed weekly and funds are typically in your account by the end of the week; however, the bank has 3 business days to post it to your account.
- Checks are mailed bi-weekly.
- Expenses must be incurred during the plan year or before the termination date of employment to be reimbursed. Claims must be received within 90 days after the plan year ends or termination date.
- Claims received by Monday are typically included in that week's processing.

Certification

I, the undersigned, have incurred the expenses listed above that qualify for reimbursement under my employer's cafeteria plan. I have not been and will not be reimbursed for these expenses from any source including, but not limited to: insurance, this plan, or other programs offered by my employer, my spouse's employer, or any other third party. I understand these expenses may no longer be claimed as deductions for income tax purposes since I am requesting reimbursement with funds deducted from my compensation on a pre-tax basis. I acknowledge I am solely liable for any taxes or penalties on ineligible expenses submitted through the medical flexible spending account. I, and only I, am responsible for the accuracy and validity of the submitted expenses and will retain substantiation. I hereby request reimbursement for these expenses, and, if applicable, reaffirm the authorization provided to Cafeteria Plan Advisors to directly deposit the reimbursement into my bank.

Participant's Signature: _____ **Date:** _____

Attach copies of receipts and mail, fax, or scan as a PDF and email to info@cpa125.com

Retain originals for your records

Welcome to Dependent Care

I enrolled for Dependent Care...

Now what?

Now that you are enrolled, you have two options for reimbursement. If you would like to set up "auto reimbursement" you will have to complete a new [Dependent Care Claim Certification Form](#) each plan year, and return it to us. We will process your claim when the plan year starts, and you will receive an email, confirming your claim has been processed.

If you prefer to be reimbursed periodically, just complete the [Dependent Care Claim Certification Form](#), and return it to us, along with any receipts showing payments made within 90 days after the plan year ends. We will process your claim once we receive it, and you will receive an email, confirming your claim has been processed.

You might be wondering...

"How do I get reimbursed for my claim?"

Once we have your completed claim form, we will reimburse you in one of two ways. If we have your direct deposit information on file, you will receive that reimbursement directly to your account. Otherwise, you will receive a check in the mail. If you are interested in setting up direct deposit for reimbursement, please download the "[Direct Deposit Sign Up Form](#)", and return it to us, or log into your account (see below). Direct deposit payments are typically in your account by the end of the following week; however, the bank has 3 business days to post it to your account.

When can I expect my reimbursement?

After your employer deducts the funds from your payroll check, they send us the money. Once we post the funds to your account, they become available to you.

Is there a way I can view the transactions or balances on my account?

For your convenience, you have the ability to log at any time, to check your balance, see your account activity, add or change Direct Deposit information, and other helpful tools, by logging on to the Consumer Portal through our website, www.cpa125.com.

Additionally, we also offer a mobile app, where you can check our account activity. Download "CPA FLEX MOBILE" from your Apple App Store or Google Play Store.

Dependent Care Rules & Regulations

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- Max Allowance per Household: \$5000
- Reimburses you for:
 - Day Care Programs
 - After School Programs
 - Summer Day Camps
 - Adult Day Care

Did you know?

If your Dependent Care needs change, due to a qualifying event, you have 30 days to make changes to your election. Contact us for more details.



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How the Dependent Care FSA Works...

- **Money Comes Out of Your Pay Non-Taxed for Eligible Childcare Expenses.** Your employer sends your non-taxed payroll deductions to Cafeteria Plan Advisors to deposit in your Dependent Care account.

Your payroll deductions are based on your annual Dependent Care FSA election divided by the number of available pay periods in the plan year. The maximum election amount is \$5,000 per year, per family.

- **You Pay Your Childcare Provider(s).** We don't pay your childcare provider(s). You pay them out-of-pocket and we reimburse your expenses from your available Dependent Care account balance.

Note: If your childcare provider does not report the money you pay to her/him as income on their taxes or won't provide you with their Tax ID/Social Security number, fees paid to them can't be reimbursed through your Dependent Care FSA account.

- **Accessing Your Dependent Care FSA Monies.** To be reimbursed from the funds that have accrued in your account via payroll deduction, you need to submit a claim(s) for reimbursement. Claims may be filed via fax, e-mail, or online via your account portal or our app.

Here are your claim submission options—choose the one that works best for your situation:

- 1) **Regular, on-going Reimbursements.** If you put in a claim for your full annual election amount right at the start of the plan year, you will receive automatic reimbursements about one week following each paycheck deduction.
- 2) **Periodic Reimbursements.** You can also submit a claim(s) periodically, such as: monthly, quarterly, or whenever your account balance reaches a certain dollar amount that suits you (e.g. \$500, \$1000, etc.).
- 3) **Lump-Sum Reimbursement.** Submit your claim at the end of the plan year to receive a lump-sum reimbursement of all deductions accrued during the plan year--kind of like giving yourself a bonus!

Note: All claims must be submitted to Cafeteria Plan Advisors within 90 days of the end of the Plan Year, otherwise the funds may be forfeited.

- **Expense Documentation.** We don't need to see your childcare bills or receipts if you complete the Dependent Care Claim Certification Form with your childcare provider's information (name, address, and Tax ID number or Social Security number if the provider is an individual), but you should keep the bills and receipts for tax purposes.

Dependent Care Claim

Certification Form

Flexible Spending Account

Cafeteria Plan Advisors, Inc.
420 Washington Street, Suite 100
Braintree, MA 02184
www.cpa125.com



Email: info@cpa125.com
Phone: 781-848-9848
FAX: 781-848-8477

Plan Year: _____

Employee Name: _____

Employer: _____

Mailing Address: _____

SSN (Last four) XXX-XX-_____

City, State, Zip: _____

Participant Phone: _____

Check if New Address

Email: _____

Eligible Dependents:

The dependent care expenses must be employment related. Dependents eligible for FSA funding:

- Must be under age 13
- Physically or mentally incapacitated
- Reside with Participant
- Qualify as Dependent under IRS code section 151(c)
- Earn less than \$3800 per year unless qualifying child

Dependent Information:

Dependent Name	Relationship	Date of Birth	Dependent Name	Relationship	Date of Birth

Day Care Facility or Individual who provides care:

Name: _____ Name: _____

Address: _____ Address: _____

Corporate or Individual Tax ID (Required): _____ Corporate or Individual Tax ID(Required): _____

Claim Amount: \$ _____

Dates of Service: _____ - _____
Beg End

This is to certify that I, the undersigned, have incurred expenses that qualify under IRC section 129 "Dependent Care Assistance Programs." I have not been, and will not be reimbursed for these expenses by any source, including, but not limited to, insurance, this plan, or other programs offered by my, or my spouses, employer. I understand these expenses may no longer be claimed as deductions for income tax purposes since I am requesting reimbursement with funds deducted from my compensation on a pre-tax basis. The undersigned reaffirms that all eligibility criteria set forth by the IRS, found on the reverse side of this form and at www.cpa125.com, continue to be met at the time these dependent care expenses were incurred. I acknowledge that I am solely liable for any taxes or penalties on ineligible expenses processed through the dependent care plan. I, and only I, am responsible for the accuracy and validity of the submitted expenses. It is my responsibility to retain ALL receipts. I hereby authorize Cafeteria Plan Advisors, Inc. to reimburse me for the "Claim Amount" listed above, and, if applicable, reaffirm the authorization provided to Cafeteria Plan Advisors, Inc. to directly deposit the reimbursement into my bank.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

Return page 1 via mail, fax, or email to info@cpa125.com

Section 125 Dependent Care Eligibility Worksheet

	Yes	No
Married (as defined by IRS)?	<input type="checkbox"/>	<input type="checkbox"/>
If married, is your spouse employed?	<input type="checkbox"/>	<input type="checkbox"/>
If married, do you file a joint tax return?	<input type="checkbox"/>	<input type="checkbox"/>
If married, does your spouse have a Dependent Care Plan?	<input type="checkbox"/>	<input type="checkbox"/>
If not employed, is spouse		
Full-time student (5 months)	<input type="checkbox"/>	<input type="checkbox"/>
Disabled and unable to care for self/children	<input type="checkbox"/>	<input type="checkbox"/>

- ✓ If your spouse is not employed and is not actively seeking employment, you are not eligible for the Dependent Care plan unless he or she is a full-time student or is disabled.
- ✓ If your spouse has a dependent care plan, your combined election may not exceed \$5,000
- ✓ Funds not claimed for will be forfeited or otherwise handled in accordance with the plan document and the current IRS regulation.
- ✓ **IRS form 2441 should be filed with your tax form 1040 when dependent care has been deducted from your pay. The Dependent Care deduction should be shown in box 10 of the W2 form from your employer.**

Dependent Care Reimbursement Plan Guidelines

Employer provided dependent care assistance is tax-free only if the following conditions are met:

1. Each individual for whom you receive dependent care assistance is;
 - a. A dependent under the age of 13 whom you are entitled to claim as a dependent on your tax return, or
 - b. A spouse or other tax dependent who is physically or mentally incapable of caring for him or herself.
 2. The dependent care assistance is provided for the care of a dependent described above or for the related household service and is incurred to enable you to be gainfully employed.
 3. If the dependent care services are provided outside your household, they are incurred for the care of a dependent who is described in 1.a) above or who regularly spends at least 8 hours per day in your household.
 4. If the dependent care is provided by a dependent care center (i.e. a facility that provides care for more than 6 individuals not residing at the facility) the center complies with all applicable state and local laws and regulations.
 5. If the services are provided by a camp, the dependent does not stay overnight at the camp.
 6. Payment for the services are not made to a child of yours who is under the age of 19 at the end of the year for which the expenses are incurred or to an individual for whom you or your spouse is entitled to a personal tax exemption as a dependent.
 7. The reimbursement (or fair market value of the dependent care expenses) are provided for the applicable year and may not exceed the least of the following limits:
 - a. \$5000 (\$2500 if you are married and do not file a joint tax return for the year).
 - b. Your taxable compensation (after any reductions under the 401(k) plan, dependent care assistance plan and medical/dental plans).
 - c. If you are married, your spouse's actual deemed earned income.
- *For purposes of 7.a) above, if two employees are married to each other and file a joint tax return, a single \$5000 limit applies to both spouses together. For purposes of 7.c) above, your spouse will be deemed to have earned income of \$200 (\$400 if you have 2 or more dependents described in paragraph 1) above, for each month in which your spouse is: physically or mentally incapable of caring for him or herself or a full time student at an educational institution. For all purposes of paragraph 7) above, certain separated spouses are not treated as married.
8. You must report to the IRS on your tax return the name, address and social security number (or other tax payer identification number, if required) of any dependent care service provider who provides services to you during the relevant calendar year).
 9. If your Dependent Care needs experience a qualifying change during the plan year, you may make election changes within 30 days of the qualifying change.
 10. Participation in the Dependent Care Spending Account will limit your reporting on your IRS taxes.
 11. If you elected and were reimbursed more than your dependent care costs, you may need to report the difference on your taxes. It is suggested you contact a Tax Advisor.