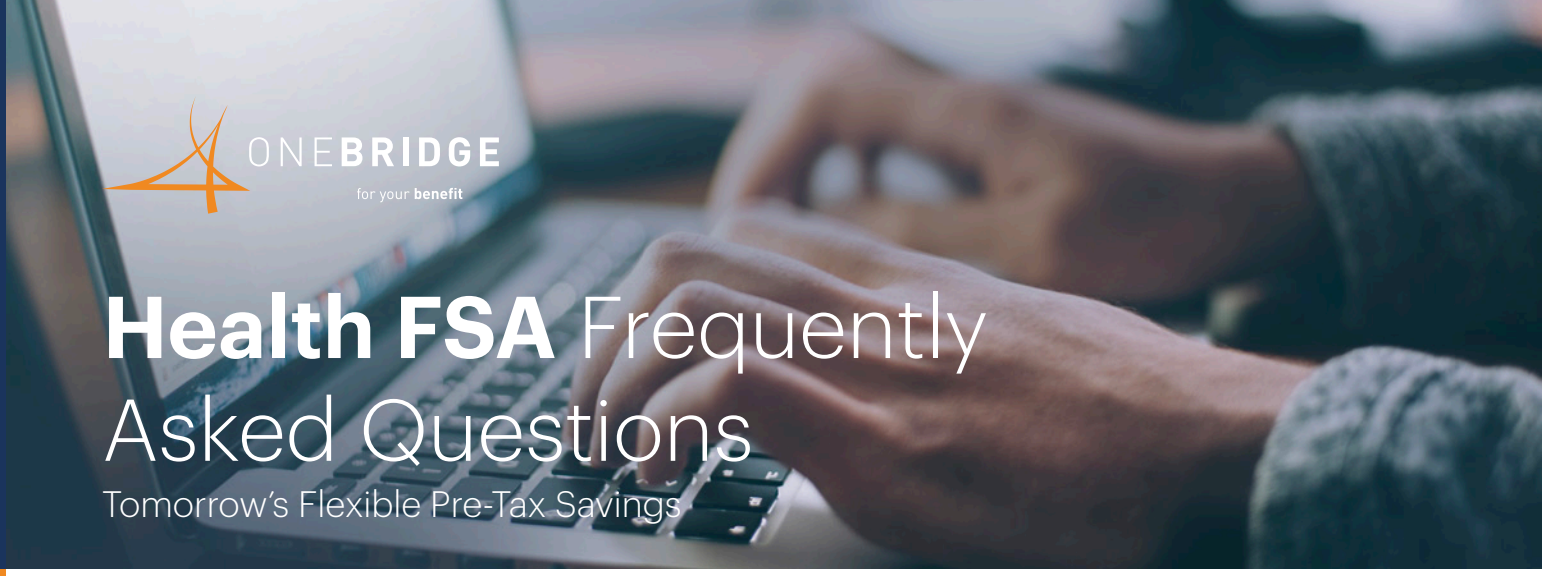

ONEBRIDGE
for your benefit

# Health FSA Frequently Asked Questions

Tomorrow's Flexible Pre-Tax Savings

## Your FSA Plan Answers

A Health Flexible Spending Account (FSA) allows you to pay for eligible out-of-pocket medical, dental and vision expenses with pre-tax dollars. As an employee and participant, the money is taken out of your paycheck before taxes are—allowing you to keep more of your total paycheck. The pre-tax dollars are set aside in your OneBridge Health FSA account for you to use for eligible expenses.

Employees enroll through their employer and set an annual election amount, which is available the first day of the plan year. The election amount can't exceed the IRS allowed maximum for the year, or your employer's plan-specific limit, which may be less than the allowed maximum. These funds can be used by you (the employee), your spouse and any dependents for the types of health-related expenses you normally have to pay for out of pocket, including office copays, prescriptions, eyeglasses and more.

Below is a listing of frequently asked questions regarding the Health FSA benefit. Please refer to the **OneBridge Dependent Care FSA Frequently Asked Questions** resource located on the participant portal for further information regarding the Dependent Care FSA benefit.

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### Can I make a change to my Health FSA election after the start of the plan year?

Per IRS regulations, you are only eligible to change your annual election during an open enrollment period. Once the plan year has started, you cannot change your annual election unless you have experienced a qualifying life event (QLE). A qualifying life event is one of the following:

- A change in marital status, such as marriage, divorce, or death of your spouse.
- A change in the number of your dependents, such as a birth or adoption of a child or a death of a dependent.
- A change in employment status for you, your spouse, or dependent that affects eligibility.
- An event that causes your dependent to satisfy or cease to satisfy an eligibility requirement (i.e., dependent turning 26 years old).
- A change in residence for you, your spouse, or dependent.

*Refer to your employer benefit representative to ensure the qualifying life events listed above are eligible under your employer's plan.*

To learn more about the **OneBridge FSA** contact customer service at 888-338-4415.

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## What expenses are eligible for reimbursement from my Health FSA account?

The IRS requires the Plan to verify that all expenses reimbursed or paid from your FSA account are for qualified expenses. Section 213(d) of the Internal Revenue Code defines qualified expenses, in part, as "medical care" amounts paid "for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body."

Expenses that are merely beneficial to your general health and do not serve a specific medical purpose are not qualified medical care expenses. In addition, expenses solely for cosmetic reasons are not usually considered expenses for medical care. For a detailed listing of eligible expenses, refer to the **Health FSA Expense Table** located on the participant portal at **myonebridge.com**.

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## How do I get additional information related to my Health FSA account?

There are multiple ways to obtain information related to your Health FSA account.

If you are evaluating whether or not you should elect to participate in your employer's Health FSA program, you should contact your employer representative for further information.

If you have already enrolled in your employer's Health FSA program administered by OneBridge Benefits, we encourage you to log into your account at myonebridge.com.

Finally, you can call customer care at **888-338-4415** and have your questions answered by our award-winning team.

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## How do I use the amount that I elected for my Health FSA account?

There are a couple of ways to access and use the money that you have set aside in your Health FSA.

The first way is to use the OneBridge Visa® Benefits Card to pay your service provider for qualified health expenses for you, your spouse and dependents. Please refer to the **Benefits Card Frequently Asked Questions** resource located on the participant portal for further information on how to obtain and use the Benefits Card.

The second way is to personally pay your service provider for qualified health expenses for you, your spouse and dependents. You should obtain supporting documentation for the expense, and submit that supporting documentation for reimbursement. Refer to the questions and answer below on how to do this.

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## How do I check the balance of my account and/or status of my claim?

At any time you can log into your account at myonebridge.com or the OneBridge (HRAgo®) mobile app to check the balance of your account and view the status of your claim. You also have the ability to manage your account elections such as direct deposit.

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## How do I submit supporting documentation to be reimbursed for my qualified healthcare expense?

After the plan becomes effective, you can submit claims either through the participant portal, which can be accessed at **myonebridge.com**, and/or submitted through our iOS or Android mobile application—HRAgo®.

If you prefer, you can submit a paper claim form via regular mail as indicated on the **Health FSA Reimbursement Form**. The claim form is available on the participant portal under the **Resources** tab, after logging in. In addition, you can call the customer care center and request a reimbursement form.

Standard claims processing time is five to seven (5-7) business days from the day we receive your claim. If you are not enrolled in direct deposit, remember to allow adequate time to receive your paper check reimbursements in the mail. You can usually get your money back faster if you submit your claims online or through the mobile application.

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## What information is needed to get a claim approved?

IRS rules require that you include proper proof of each qualified healthcare expense. Missing, incomplete, or illegible forms of documentation are the most common reasons claims are denied. You can help avoid denied claims by making sure the supporting documentation you submit is legible and contains all the following:

- Name of covered individual (employee, spouse, dependent).
- Date of service or the date the item was purchased. (Must fall within the plan year.)
- Type of service provided, or description of item purchased.
- Name of the service provider (doctor, pharmacy, hospital, etc.).
- Amount of out-of-pocket expense you are looking to get reimbursed.

Canceled checks, carbon copy checks, credit or debit card receipts, bank statements and credit card account statements do not contain all the required information and are not acceptable. Common forms of acceptable documentation include:

1. **Explanation of benefits (EOB)** from your insurance company (recommended);
2. **Itemized statement** of services from your doctor or other service provider;
3. **Stub or "bag tag"** from a prescription (not the cash register receipt); or
4. **Detailed receipt** for over-the-counter (OTC) medicines.

## Please note the following:

1. IRS regulations provide that insurance premiums either paid by an employer, deducted pre-tax through a section 125 cafeteria plan, subsidized by the Premium Tax Credit, or paid using after-tax dollars are not eligible for reimbursement from your FSA benefit account.
2. You must exhaust the FSA benefits before submitting claims to your HRA benefit account.
3. **Effective January 1, 2020, over-the-counter (OTC) medicines and drugs will no longer require a prescription from a physician**. **Also, as of this date, your Health FSA can be used to purchase female menstrual products**. Other OTC items such as bandages, crutches, and more will continue to be eligible for purchase as always.

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### What happens if I do not use all the money in my account?

According to IRS rules, except for carryover funds (as discussed in the previous question), Health FSA funds that are not claimed during the plan year (including the grace period) are forfeited to the employer. This is called the "use it or lose it" rule. Funds are not transferable and they are not available for other benefits.

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### What is the difference between a grace period and a carryover?

A grace period is a designated time period after the end of the plan year that allows you to incur services and be reimbursed with funds remaining in the prior plan year. This optional grace period, which can be added to both a Health and Dependent Care FSA Plan cannot be greater than 2½ months after the end of the plan year, but can be shorter if elected by your employer.

A carryover option, which can only be added to a Health FSA, allows for unused funds, up to an annual limit allowed by the IRS, to be carried over from the current plan year into the next plan year. The carryover funds are added to the available balance in the new plan year and can be used to reimburse eligible expenses incurred during the new plan year. Please also note that funds that are carried over into the new plan year do not count towards the election maximum for that plan year, so you can still make a new plan year election up to this allowed maximum. Any unused funds over the plan's defined carryover amount will be forfeited to the employer.

It is up to the employer to choose if they would like to add the grace period or carryover option to their FSA program. Please refer to your plan's Summary Plan Description (SPD) provided by your employer to determine if either of these options is applicable to your plan, and if so, what their specific terms are.

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