

Flexible Spending Benefits:

▶ **SAVE \$\$ on Eligible Health & Dependent Care Expenses** ◀
Town of Ashland

One of the Few Gifts the IRS Gives!

Discover the benefit that **SAVES YOU MONEY**. This perk allows you to set aside a portion of your pay—**BEFORE TAXES**—to cover out-of-pocket expenses in these categories:

- ◆ **HEALTH CARE.*** Includes co-pays (medical & prescription), deductible expenses, non-cosmetic dental work, orthodontics, prescription eyeglasses, contact lenses, laser eye surgery, alternative health therapies (e.g. acupuncture), mental health services, and **MORE!**

Max. Annual Election: \$2,700.

- ◆ **DEPENDENT CARE.**** For children under 13 and dependents with special needs. Eligible expenses include: day care, pre-school, before & after school care, summer day camp, elder day care.

Max. Annual Election per Family/Household: \$5,000.

Who's Covered? The Health Care FSA plan covers you, your spouse, and dependents as defined by the IRS, including children claimed on the employee's tax return and living with the participant, as well as adult children to age 26 if on the employee's health plan.

HSA Ineligibility. If you or your spouse has a Health Savings Account ("HSA"), you are **NOT ELIGIBLE** for a Health Care FSA account.

Administration Fee. Once again, the \$60 annual participant fee is being paid by the Town on your behalf, so you save **EVEN MORE!**

Make Your Money Go

UP TO **30%**

Further!

depending on your tax status

Enroll within 30 days of your qualifying event

The **PLAN YEAR** is the date of your qualifying event through 6/30/2020

It's easy! Simply complete an "Authorization for Pre-Tax Deduction" form and send it to us by the enrollment deadline.

Note: Re-enrollment is not automatic.

75-Day Grace Period

You get an **extra 75 days** at the end of the plan year to incur expenses and use up any unspent funds!

NEW! File Claims 24/7!

Log-in to your account via our website to file claims, check balances, see claims history, update contact and direct deposit info., etc!

Or use our app: **CPA Flex Mobile.**

Benefit Cards

New Health Care FSA enrollees will be sent **2 cards** that can be used at most medical and dental facilities, optical shops, and pharmacies for prescriptions. **Keep your cards!** They'll reload each time you enroll, for up to 5 years.

* Not all Health Care expenses are FSA-eligible, such as cosmetic procedures or products, even if performed or dispensed by a doctor (i.e., Botox, teeth whitening, veneers, etc.), and general health expenses (i.e., toothbrushes, non-prescription sunglasses, massages, gym dues, etc.). Vitamins, supplements, over-the-counter ("OTC") medications, etc., require a physician's prescription to be FSA-eligible. Some expenses, such as medical equipment, may be FSA-eligible with a physician's Letter of Medical Necessity. You are advised to check on the eligibility of an item or service before incurring an expense. Visit <https://fsastore.com/FSA-Eligibility-List> and search the "Eligible Products and Services List" for more info on FSA-eligible products and services, as well as criteria for eligibility.

** Overnight camp, school tuition, extra-curricular programs, etc., that aren't daycare/childcare-based, are not FSA-eligible.



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 \$2700 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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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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