

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.) <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, sanitizer and wipes, as well as 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, Ascencia, One Touch, Diabetic Tussin, insulin syringes; 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 <ul style="list-style-type: none"> <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, Depend, 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.**

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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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.