

EDUCATION GUIDE

Beniversal FSA

Flexible Spending Accounts (FSAs) are IRS-approved accounts that allow you to pay for eligible medical and dependent care expenses on a tax-free basis. When you enroll in an employer-sponsored Flexible Spending Account, your contributions are not subject to Federal, FICA and most state taxes. This means you bring home more money in your paycheck.

The two most common FSAs are a **Medical FSA** and **Dependent Care FSA**. You can have both accounts at the same time, but you must enroll in and fund separate elections for each. For individuals contributing to a Health Savings Account, you may have the option to select a Limited Purpose FSA instead of the Medical FSA.

MEDICAL FSA

(MEDICAL EXPENSES FOR YOUR FAMILY)

WHAT ARE THESE FUNDS USED FOR?

Funds can be used to pay for eligible medical expenses provided to you, your spouse, or eligible dependents.

WHEN CAN I START USING THE FUNDS IN MY ACCOUNT?

Your full plan year election is available to use on the first day of the plan year.

WHAT IS AN ELIGIBLE EXPENSE?

You can use these funds to pay for expenses that primarily prevent, treat, diagnose or alleviate a physical or mental defect or illness. Common eligible expenses include:

- Copayments, coinsurance, and deductibles
- Dental care (e.g. exams, fillings, crowns)
- Vision care, eyeglasses, contact lenses
- Chiropractic care
- Prescription drugs and over-the-counter drugs and medicines

WHAT ISN'T ALLOWED?

- You cannot use these funds to pay for expenses that are for personal care, cosmetic, or general health purposes.
- You can also not reimburse expenses from any other source (e.g. insurance).
- You cannot have a Medical FSA if you are enrolled in a Health Savings Account (HSA). However, a Limited Purpose FSA may be available.

WHAT HAPPENS TO FUNDS I DON'T USE?

Check your plan highlights for information about how unused funds are treated.

DEPENDENT CARE FSA

(DAY CARE EXPENSES)

WHAT ARE THESE FUNDS USED FOR?

Funds can be used for a qualified person:

- A dependent child under the age of 13 for whom you can claim a tax exemption, or
- A spouse or dependent who is physically or mentally incapable of self-care and for whom you can claim a tax exemption.

WHEN CAN I START USING THE FUNDS IN MY ACCOUNT?

Dependent Care funds become available as they are deposited from payroll.

WHAT IS AN ELIGIBLE EXPENSE?

Expenses must enable you or your spouse to be gainfully employed, look for work, or attend school full-time. Common eligible expenses include:

- Before & after school care
- Child care
- Day care in a facility
- In-home dependent care
- Nursery school
- Adult care

WHAT ISN'T ALLOWED?

You cannot use these funds to pay for services provided for education, overnight camps, or services provided by the child's parent or other dependents. You also cannot claim a federal tax credit for any expenses reimbursed through your Dependent Care FSA. Consult a tax professional to determine if a Dependent Care FSA or the federal tax credit would be more advantageous.

WHAT HAPPENS TO FUNDS I DON'T USE?

Expenses must be incurred within the plan year. Refer to your plan highlights for deadlines to submit claims.

ELIGIBLE EXPENSES

The type of FSA you choose will determine what you can buy with the funds. Below are sample lists of potential eligible expenses under each account. Refer to your plan highlights to verify whether an expense is eligible.

TYPES OF ELIGIBLE EXPENSES

- **Medical FSA eligible expenses** are qualified medical products and services and over-the-counter (OTC) medical supplies and drugs/medicines (including dental and vision).
- **Limited Purpose FSA eligible expenses** are qualified dental and vision expenses.
- **Dependent Care FSA eligible expenses** are qualified child day care, nursery school and/or adult day care expenses.

Always check your plan highlights to verify if an item is eligible under your plan. To search for more eligible items, visit BenefitResource.com/eligible-expenses

MEDICAL FSA EXPENSES

A-G

- Acne medications
- Acupuncture
- Alcoholism treatment
- Allergy and sinus medications (e.g. Benadryl, Claritin, Sudafed)
- Ambulance
- Anti-fungal medicines (e.g. Lotramin AF)
- Anti-itch medications (e.g. Caladryl)
- Arthritis gloves
- Asthma devices and medicines
- Body scans
- Braille books and magazines
- Breast pumps
- Breast reconstruction surgery following mastectomy
- Carpal tunnel wrist supports
- Chiropractors
- Circumcision
- Co-insurance amounts
- Cold sore medications
- Co-payments
- Cough, cold & flu remedies
- Counseling, when used to treat diagnosed medical condition
- CPAP devices
- Crutches
- Decongestants
- Diabetic supplies & insulin
- Diagnostic items/services
- Diaper rash ointments
- Dizziness pills
- Drug overdose and addiction treatment
- Durable medical equipment
- Ear supplies (e.g. wax removal)
- Flu shots
- Gastrointestinal aids (e.g. antacids, anti-diarrhea medicines, non-fiber laxatives, nausea medications)
- Guide dog

H-Q

- Hospital services
- Immunizations
- Laboratory fees
- Lactation consultant
- Lodging at hospital or similar institution
- Mastectomy-related special bras
- Medical alert bracelet or necklace
- Medical monitoring and testing devices (e.g. blood-pressure monitoring devices, blood-sugar test kits/strips)
- Medical records charges
- Menstrual Care Products
- Midwife
- Motion sickness pills
- Nasal sprays for congestion (e.g. Afrin)
- Norplant insertion or removal
- Obstetrical expenses
- Occlusal guards to prevent teeth grinding
- Operations / Surgeries
- Organ donors
- Orthopedic shoe inserts
- Osteopath fees
- Ovulation monitor
- Oxygen
- Pain relievers (e.g. aspirin, Excedrin, Tylenol, Advil, Motrin)
- Physical exams
- Physical therapy
- Pregnancy test kits
- Prescription drugs and medicines
- Preventive care screenings
- Prosthesis and artificial limbs
- Psychiatric care

R-Z

- Radial keratotomy
- Rehydration solution
- Screening tests (including cancer screening tests)
- Sleep-deprivation treatment
- Sleeping aids
- Smoking cessation medications (e.g. nicotine gum or patches)
- Speech therapy
- Stop-smoking programs
- Suppositories
- Telehealth services
- Telephone equipment or television for hearing-impaired persons
- Toothache relievers (e.g. Orajel)
- Topical ointments for gingivitis
- Transplants
- Transportation expenses for person to receive medical care, may include car mileage or alternative transportation costs
- Vaccines and immunizations
- Walkers/Wheelchair
- Wart remover medications
- X-ray fees
- Yeast infection creams (e.g. Monistat)

OTC ITEMS

- Adult incontinence products (e.g. Depends)
- Birth control products (e.g. prophylactics)
- First aid creams
- Contact lens solution
- Denture adhesives
- First aid supplies (e.g. band-aids)
- Foot insoles
- Gauze Pads
- Hearing aids/hearing aid batteries
- Heating pads/wraps, hot water bottles
- Liquid adhesive for small cuts
- Medicine dropper/spoon
- Personal Protective Equipment (masks, hand sanitizer, sanitizing wipes)
- Pre-natal vitamins
- Rubbing alcohol
- Sunscreen (SPF 15+)
- Supports/braces (e.g. ankle, knee, wrist, therapeutic glove)
- Thermometers

LIMITED PURPOSE FSA EXPENSES

- Artificial teeth
- Dental sealants
- Dental services and procedures
- Eye examinations
- Eyeglasses
- Fluoridation services
- Laser eye surgery, Lasik
- Optometrist
- Orthodontia
- Reading glasses
- Vision correction procedures

DEPENDENT CARE FSA EXPENSES

- Adult care
- Before/after school care
- Child care & day care facilities
- In-home dependent care
- Nursery school

ESTIMATE YOUR FSA EXPENSES AND TAX SAVINGS

See how much you'll save by enrolling in a Medical and Dependent Care FSA. You can also use our free FSA calculator to help estimate your expenses at BenefitResource.com.

MEDICAL ESTIMATE

Estimate out-of-pocket medical services for you, your spouse, and your eligible dependents.

GENERAL EXPENSES

Doctor's office visit co-pay	$ _____
Annual deductible	$ _____
Prescription co-pay	$ _____
OTC drugs & medicines	$ _____
Prescription drugs	$ _____
SUBTOTAL	$ _____

SPECIALTY EXPENSES

Emergency room/hospital bills	$ _____
Specialists & alt. medicine (acupuncture, chiropractor, physical therapy, etc.)	$ _____
Surgery	$ _____
Other expenses	$ _____
SUBTOTAL	$ _____

VISION

Corrective surgery & eye wear	$ _____
Eye exams	$ _____
Prescription glasses	$ _____
Contact lenses	$ _____
SUBTOTAL	$ _____

DENTAL

Cleanings, exams, fillings, etc.	$ _____
Orthodontia	$ _____
X-rays	$ _____
SUBTOTAL	$ _____

TOTAL ESTIMATE: $ _____

DEPENDENT CARE ESTIMATE

Estimate out-of-pocket expenses related to non-medical care for your dependents.

DEPENDENT CARE EXPENSES

Adult day care	$ _____
Day care or in-home child care	$ _____
Nursery school	$ _____

TOTAL ESTIMATE: $ _____

TAX SAVINGS EXAMPLE*

Annual income	$50,000
Anticipated medical expenses	$2,500

	WITHOUT FSA	WITH FSA
Federal tax rate (25%)	$12,500	$11,875
State tax rate (6%)	$3,000	$2,850
FICA (7.65%)	$3,825	$3,634
TOTAL TAXES PAID	$19,325	$18,359
Wages after taxes	$30,675	$31,640
ANNUAL TAX SAVINGS		$966

*The figures above are for illustration purposes only. Actual savings/tax rates may vary.

YOUR TAX SAVINGS ESTIMATE

Estimate your total annual tax savings.

A. Medical + dependent care totals $ _____

B. Tax rate **(enter what you pay in total for Federal, State, and Local taxes. If uncertain, use 30% of your gross salary)** $ _____

C. FICA **(includes Social Security and Medicare)** $ _____

D. Total tax rate **(line B + line C)** $ _____

ESTIMATED ANNUAL TAX SAVINGS **(line A x line D)** $ _____

GET STARTED

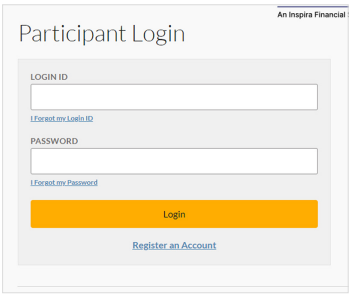
ENROLLING IN YOUR FSA

Your employer will provide you with detailed instructions regarding enrollment. If online enrollment is offered by your employer, go to BenefitResource.com.

- Click the Employees tab and select "BRIWEB LOGIN."
- Once logged in, select the Enrollment/Changes tab.
- Enter your election amount(s) for Medical FSA and Dependent Care FSA separately.

Check with your employer or review your Plan Highlights for any minimum or maximum limits that may apply, any restrictions on eligible expenses, and to see what happens to funds that you do not use by the end of the plan year. Plan Highlights can be found on BRIWEB under the "Documents" tab or are available from your employer's benefits representative.

LOG IN TO YOUR BRIWEB ACCOUNT



BRIWEB is your secure login for managing your BRI accounts. It allows you to view balance and transaction information, submit claims, download plan documents, sign up for direct deposit, and more. To get started, go to BenefitResource.com.

- Select the Employee Login option.
- Select "Register an Account." You will need to register using the Company Code provided to you by your employer and other personal information.
- Once logged in, a dashboard will provide a quick snapshot of your account(s).
- To manage your FSA, navigate to the "Medical FSA" tab.

PARTICIPANT SERVICES

Participant Services is available to assist with your questions via phone, email and live chat. Both English- and Spanish-speaking representatives are available.

(800) 473-9595 (M - F, 8am - 8pm (ET))

ParticipantServices@BenefitResource.com

Live chat is available through the participant login at BenefitResource.com

BEGIN USING YOUR BENIVERSAL CARD



If you have enrolled in an FSA for the first time and the Beniversal® Prepaid Mastercard® is offered, it will arrive in a plain white envelope. Once you receive your card, activate it by calling the number on the activation sticker.

The **Beniversal Prepaid Mastercard** can be used at qualified merchants providing medical products and services (doctors, dentists, medical labs, hospitals, medical supply stores, vision centers, certain drugstores, and retail merchants). A list of these merchants is available on our website. The card also allows for contactless payments through Apple Pay®, Samsung Pay® and Google Pay®.

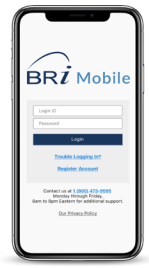
When using your card, always save your itemized receipts. With an FSA, the IRS requires BRI to verify that 100% of transactions are for eligible expenses. Since some qualified merchants also offer services/items that are not eligible, we may contact you requesting documentation to verify a transaction. Instructions will be provided in the event of a request.

BRI PRO TIP

Shop for eligible medical items at FSAstore.com and save $10 off your first order with the promo code benrfsa.

SUBMIT A CLAIM

If you are not using the Beniversal card or if you have Dependent Care expenses, you can submit a claim with your itemized receipt or supporting documentation. Claims can be submitted online at BRIWEB, through BRIMOBILE, or by mailing a claim form. You can set up direct deposit through BRIWEB to receive reimbursements faster.



DOWNLOAD BRIMOBILE

BRIMOBILE is your on-the-go account access. View balances and recent transactions, submit claims, send receipts, sign up for email/text alerts, and more

The app is available for Apple and Android in your device's app store.

245 Kenneth Drive | Rochester, NY 14623-4277 | (800) 473 - 9595 | ParticipantServices@BenefitResource.com | BenefitResource.com

© 2024 Benefit Resource, LLC. | All rights reserved | Updated 7/26/2024 | Benefit Resource and BRI are tradenames of Benefit Resource, LLC

Benefit Resource, LLC is an affiliate of Inspira Financial Health, Inc. and Inspira Financial Trust, LLC. Benefit Resource, LLC does not provide legal, tax or financial advice. Please contact a professional for advice on eligibility, tax treatment and other restrictions. Inspira and Inspira Financial are trademarks of Inspira Financial Trust, LLC. The Beniversal and eTRAC Prepaid Mastercards are issued by The Bancorp Bank, N.A., Member FDIC, pursuant to a license by Mastercard International Incorporated and may be used for eligible expenses everywhere Mastercard is accepted. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.