

Sign up **NOW**
for the
2026–2027
Plan Year!

Flexible Spending Benefits

City of Medford

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 FSA.*** Eligible expenses & services include non-cosmetic medical, dental, and vision care services; orthodontics, prescription medications; over-the-counter ‘medicines’ (not vitamins or supplements); prescription eyeglasses, contact lenses, laser eye surgery; alternative health therapies (e.g. chiropractic, acupuncture), mental health services, and **MORE!**

Max. Annual Health Care Election: \$3,400.

Special Note: The City will contribute up to \$150 to your Health Care FSA (minimum election \$150).

Who’s Covered? You, your legal spouse, and your eligible dependents as defined by the IRS, including those named on your tax return, and your adult children under age 26.

Benefit Cards. New Health Care FSA enrollees will receive **2 cards** that can be used at most medical facilities, dental offices, optical shops, and pharmacies to pay for eligible expenses. **Keep your cards!** They will reload at the start of each new plan year for which you have re-enrolled.

Rollover Option. Health Care FSA balances—**up to \$680**—will roll over to the next plan year as long as you re-enroll for that new plan year. Funds roll over after the prior plan year’s 90-day claim submission period (“run out”) deadline. (Note: The rollover max. for the 2025-2026 plan year is **\$660**; re-enrollment is required for funds to roll over.)

HSA Ineligibility. If you or your spouse have a Health Savings Account (‘HSA’), you are **NOT ELIGIBLE** to participate in the Health Care FSA plan.

- ◆ **DEPENDENT CARE FSA.**** For qualified **day care** expenses for your eligible dependents (as defined by the IRS) under age 13, elderly dependents, and dependents with special needs. Eligible expenses include day care, pre-school, before/after school care, day camp during school breaks, elder day care. *Claim-based reimbursement plan (no benefit card); participants must submit claims for reimbursement of expenses from accrued funds.*

Max. Annual Dep. Care Election: \$7,500 per family.

* Not all Health Care expenses are FSA-eligible, such as: cosmetic procedures or products (e.g. Botox, teeth whitening, veneers, etc.), couples/family counseling, general health/wellness expenses (i.e., toothbrushes, toothpastes, non-prescription sunglasses, gym dues, etc.), and federally non-permissible products. Some healthcare-related expenses, such as medical equipment and some services, may require a physician’s Letter of Medical Necessity in order to be FSA-eligible. Visit <https://buyfsa.com/blogs/fsa-hsa-eligibility-list> for more info. on eligibility of specific products and services.

** Overnight camp and school tuition for kindergarten and above are not FSA-eligible; day camp is eligible when utilized as a form of childcare in order for the parent(s)/guardian(s) to be able to work; extra-curricular and enrichment programs/activities that aren’t daycare/childcare-based are not eligible; money paid to a childcare provider who doesn’t report it as income on their taxes is not FSA-eligible.

*** **ebm** holds flex-spending (FSA) funds until eligible expenses are incurred and claim(s) submitted. Funds may be forfeited in accordance with IRS Publication 969 if eligible expenses are not incurred by the plan year deadline through the use of the provided debit card (if applicable) or claim submission, or the date upon which employment ends, whichever comes first.

Enroll by 5/1/2026
for the
7/1/2026 – 6/30/2027
Plan Year****

Already in the FSA Plan?

Re-enrollment is **NOT** automatic!

► **Re-enroll** via your online account portal—not the mobile app! Go to getebm.com/spending-accounts, click **Participant Log-in (Formerly CPA125)** and log-in on the LEFT side of the sign-in screen. Once on your account homepage, click the blue **Enroll/Re-enroll** button and follow the steps to enroll for the new plan year. Be sure to click **Submit** at the end of the process. (We recommend printing or saving your enrollment confirmation.)

► **New to the FSA Plan?** Complete the “Authorization for Pre-Tax Payroll Reduction” form and send it to **ebm** via e-mail (cpaclaims@getebm.com) or fax (781-848-8477) by the deadline date shown above.

Track Your Account and File Claims 24/7!

Log in to your **employee portal** via our website (see instructions above), or use our **app: CPA Flex Mobile**.

*The annual FSA administration fee is paid by your employer, so you save **even more!***