



Washington Central Unified Union

SD Licensed Staff

2027

Flexible Benefits Guide

Health Reimbursement Arrangement (HRA)

An HRA is an **employer-funded plan** set up to help cover your Health Plan expenses. You may only participate in the HRA if you are also participating in the Health Plan your employer is offering

How Claims are Filed for all HRA Plans

Medical Claims Processes

1. When a deductible expense is incurred, do not pay the provider at the time of service.
2. Provider will submit claims to Blue Cross Blue Shield of VT.
3. Blue Cross Blue Shield of VT will process the claim and send the EOB to csONE.
4. csONE will process the claim and remit payment to the medical provider up to the maximum HRA-funded amount.

If you have an FSA, your out-of-pocket amount will be automatically paid to the provider from your FSA balance.

Pharmacy Claims Processes

1. Use your csONE debit card to pay for prescriptions at the point of sale.

If you have an FSA balance, you may use your csONE debit card to pay for prescriptions after the HRA funds have been exhausted. The funds will be automatically deducted from your FSA balance.

Direct Feed HRA – Gold CDHP

Eligible Expenses

- Medical & Pharmacy Deductibles under the Health Plan
- Please see the plan's Summary of Benefits for an explanation as to what services the deductible applies.

Documentation Requirements

- Explanation of Benefits (EOB) from Group Health Plan will be sent to csONE Benefit Solutions.

Gold CDHP	Single Plan	Two Person	Family Plan
Health Plan Out-of-Pocket	\$2,500	\$5,000	\$5,000
Maximum HRA Funding	\$1,900	\$4,000	\$4,000
HRA Upfront Out-of-Pocket – Pharmacy *	\$0	\$0	\$0
Maximum Employee out of pocket after HRA has been paid.	\$300	\$600	\$600

* Rx is covered from the start of the plan year under your HRA up to the Maximum HRA Funding Limit. You will still be responsible for the any out-of-pocket expense above the HRA Funding Limit.

All claims received from BCBSVT will be paid to the provider weekly for you up to the maximum HRA Funding limit.

Direct Feed HRA – Platinum

Eligible Expenses

- Medical & Pharmacy Deductibles under the Health Plan
- Please see the plan's Summary of Benefits for an explanation as to what services the deductible applies.

Documentation Requirements

- Explanation of Benefits (EOB) from Group Health Plan will be sent to csONE Benefit Solutions.

Platinum	Single Plan	Two Person	Family Plan
Health Plan Out-of-Pocket	\$2,800	\$5,600	\$5,600
Maximum HRA Funding	\$1,900	\$4,000	\$4,000
HRA Upfront Out-of-Pocket – Pharmacy *	\$0	\$0	\$0
Maximum Employee out of pocket after HRA has been paid.	\$600	\$1,200	\$1,200

* Rx is covered from the start of the plan year under your HRA up to the Maximum HRA Funding Limit. You will still be responsible for any out-of-pocket expenses above the HRA Funding Limit.

All claims received from BCBSVT will be paid to the provider weekly on your behalf, up to the maximum HRA Funding limit.

Direct Feed HRA – Gold

Eligible Expenses

Medical & Pharmacy Deductibles under the Health Plan.
Please see the plan's Summary of Benefits for an Explanation as to what services the deductible applies to.

Documentation Requirements

Claims Information will be sent to csONE.

Gold	Single Plan	Two Person	Family Plan
Health Plan Out-of-Pocket	\$3,100	\$6,200	\$6,200
Maximum HRA Funding	\$1,900	\$4,000	\$4,000
HRA Upfront Out-of-Pocket – Pharmacy *	\$0	\$0	\$0
Maximum Employee out of pocket after HRA has been paid.	\$900	\$1,800	\$1,800

* Rx is covered from the start of the plan year under your HRA up to the Maximum HRA Funding Limit. You will still be responsible for any out-of-pocket expense above the HRA Funding Limit.

Direct Feed HRA – Silver CDHP

Eligible Expenses

- Medical & Pharmacy Deductibles under the Health Plan
- Please see the plan's Summary of Benefits, which Solutions. Explanation as to what services the deductible applies to.

Documentation Requirements

- Explanation of Benefits (EOB) from Group Health Plan will be sent to CSONE Benefit

Silver CDHP	Single Plan	Two-Person	Family Plan
Health Plan Out-of-Pocket	\$4,000	\$8,000	\$8,000
Maximum HRA Funding	\$1,900	\$4,000	\$4,000
HRA Upfront Out-of-Pocket –	\$0 Pharmacy *	\$0	\$0
Maximum Employee out of pocket	\$1,800 after HRA has been paid.	\$3,600	\$3,600

* Rx is covered from the start of the plan year under your HRA up to the Maximum HRA Funding Limit. You will still be responsible for any out-of-pocket expense above the HRA Funding Limit.

All claims received from BCBSVT will be paid to the provider weekly on your behalf, up to the maximum HRA Funding limit.

Secure Consumer Portal is available to access your account 24/7/365 at www.csONE.com.

Customer Service Number: 1-888-227-9745

Fax: 603-224-0230

PO Box 1320, Concord, NH 03302-1320

Flexible Spending Account (FSA)

An FSA allows you to set aside a pre-determined amount of money to pay for health care expenses on a pre-tax basis.

Health FSA & Dependent Care FSA

Health FSA up to **\$3,400**
Limited Purpose FSA (compatible with HSA) up to **\$3,400**
Dependent Care FSA..... up to **\$7,500** per household
Debit Card..... Automatically Issued

Please Note: For your convenience, the out of pocket portion of your HRA expense will be processed from the BCBSVT file feed. Payment will be sent directly to your medical provider.

Health FSA Rollover **Up to \$680**

You can roll up to \$500 of your FSA Health funds into the next plan year. Any funds below \$5 and beyond \$680 will be forfeited.

Dependent Care FSA Grace Period **60 days**
 Expenses incurred 60 days after the plan year ends may be paid from the remaining prior plan year funds.

Run-Off Period **90 days**

Medical FSA: You have 60 days after the plan year to submit claims for services rendered or items purchased in the prior plan year.

Dependent Care FSA: You have 60 days from the end of the plan year to submit claims for services rendered in the prior plan year.

Termed employees have 30 days from date of the qualifying event to submit claims. Only services rendered prior to the last coverage date will be eligible.

Two ways to access your FSA Funds

Request Reimbursement

Submit an FSA claim to access funds

Claim requests can be submitted many ways for your convenience:

1. Log into the Consumer Portal, enter the claim details, and upload scanned supporting documentation to us.
2. Log into the mobile app on your smartphone, enter the claim details and snap photos of supporting documentation to submit them to us.
3. Complete a claim form, attach copies of supporting documentation and send them by mail, fax or email to us.

You can track all your claims through the Consumer Portal on our website or the mobile app.

Note: You do not need to show proof of payment to receive reimbursement, only that the service(s) were rendered. Complete the claim form and submit the detailed documentation for the eligible product or service. If the product or services is eligible, payment will be sent directly to you.

Flex Benefits Debit Card

Use your Flexible Benefits Debit Card at point-of-service to

- Purchase prescriptions at your pharmacy.
- Purchase eligible over-the-counter items at major pharmacies and supermarkets.
- Pay for over-the-counter items online at HealthShopper (visit the home page of our website for details).
- Pay for dependent care services at day care providers.

When Requested, submit debit card documentation one of three ways:

1. Log into the Consumer Portal, select the request and upload the scanned supporting documentation to us.
2. Log into the mobile app on your smartphone, snap photo of supporting documentation and submit to us.
3. Print the documentation request, attach copies of supporting documentation and send them by mail, fax or email to us.

Note: Keep your receipts and documentation for transactions. Some purchases will auto-adjudicate at time of purchase, but others will need proof of eligibility. cSONE Benefit Solutions will send you a request for documentation if proof of eligibility is necessary. However, the IRS requires that you keep documentation for all transactions paid for with FSA funds.



Need Help Deciding How Much to Put Into Your Health FSA?

Try this worksheet:

1. Estimate your uninsured health care costs per year

- | | |
|--|----------|
| a. Health insurance deductibles | \$ _____ |
| b. Office visit copays/co-insurance | \$ _____ |
| c. Prescription copays/co-insurance | \$ _____ |
| d. Vision care (eye exams, contacts, eyeglasses) | \$ _____ |
| e. Routine exams (School physicals, etc.) | \$ _____ |
| f. Chiropractic Services | \$ _____ |
| g. Other | \$ _____ |
| Subtotal | \$ _____ |

2. Estimate your uninsured dental costs per year

- | | |
|-------------------------------------|----------|
| a. Examinations and cleanings | \$ _____ |
| b. Braces and retainers | \$ _____ |
| c. Fillings, crowns and bridges | \$ _____ |
| d. Dentures, including replacements | \$ _____ |
| e. Implants, inlays, X-rays | \$ _____ |
| f. Other | \$ _____ |
| Subtotal | \$ _____ |

3. Add the subtotals of the uninsured health and dental costs for total expenses \$ _____

This amount is an estimate of the amount of dollars you should put into a Health Flexible Spending Account in order to get the most out of your pre-tax dollars.

Flexible Spending Accounts



What is an FSA?

A Flexible Spending Account (FSA) allows you to set aside a pre-determined amount of money to pay health care and/or dependent care expenses on a pre-tax basis. When you submit eligible claims for reimbursement, the funds go directly to you.

You do not need to be insured on your employer health and/or dental plan to enroll in Health or Dependent Care FSA.

How does it work?

Pre-tax Funded

An FSA is funded by pre-tax contributions elected by you, the employee. It reduces your taxable income, which reduces taxes on your income.

Health FSA

The Health FSA can be used to help cover certain health expenses not covered by your insurance plan(s) like office visit and prescription copays, dental copays, and vision care for you, your spouse and dependents.

- Your full election is available to you on the first day of the plan year
- Eligible health care expenses will be reimbursed up to your annual election

Dependent Care FSA

If you incur dependent care expenses so that you (and your spouse if you are married) can work, you may take advantage of the Dependent Care FSA. The dependent must be under 13 or incapable of self-care.

- Your Dependent Care expenses can only be reimbursed up to the balance in your account at time of the claim
- \$5,000 federal election max per household

Access FSA Funds with the Benefit Card

The csONE Benefit Solutions benefit card is a convenient way to access your FSA funds at the point of sale rather than submitting a claim and waiting for reimbursement. You can use it to pay for office visit and prescription co-pays, health insurance deductibles and qualified over-the-counter expenses.



About the Benefit Card

The benefit card draws funds directly from your current FSA.

- It should only be used for eligible expenses incurred within the current plan year.
- The benefit card can be used to purchase over-the-counter non-medicated items. Example: crutches or bandages.
- The benefit card cannot be used to purchase over-the-counter medicated items. You will need to pay with another form of payment and submit for reimbursement. Example: ibuprofen or antiseptic ointment.
- A service must be rendered before payment can be made with the benefit card.
- You will receive two cards with your name on both. The additional card can be used by your spouse and/or dependent(s).
- Keep it! Don't throw away your benefit card at the end of the plan year. The card has an expiration date and remains valid until then as long as you participate in the plan.

Keep Your Documentation

When you use your benefit card, keep your documentation for the purchase just like you would if you were going to submit a claim for reimbursement. The IRS requires that you keep proof of your benefit card purchases for your tax records. The IRS requires you provide us with proof of transactions made with the benefit card when:

- The transaction does not auto-adjudicate at the point-of-sale
- The transaction amount does not match your employer's health plan co-pay

We will notify you when we need documentation for a benefit card purchase. You can submit a detailed invoice to us through:

- Our Consumer Portal at www.csONE.com with an upload
- Our mobile app with photo
- FAX, mail, or in person

Need to Submit for Reimbursement?

If you need to submit a claim, it's easy. Get it to us any of these ways:

- Log into the Consumer Portal, enter the claim details, and upload scanned supporting documentation to us.
- Log into the mobile app on your smartphone, enter the claim details and snap photos of supporting documentation to submit them to us.
- Complete a claim form, attach copies of supporting documentation and send them by FAX or mail to us. You can even drop them off in person!

You can track all your claims through the Consumer Portal from our website or mobile app.



Questions: Contact us at 1 888 227-9745

Office Hours: Monday - Friday 8:00am - 4:30pm

Mailing Address: PO Box 1320, Concord, NH 03302-1320

Email: flexiblebenefits@csONE.com

Fax: 603 224-0230 **Web:** www.csONE.com



Eligible Expenses under IRS Publication 502

Eligible Health Care Expense Examples

The following are examples of expenses that are eligible for your employee reimbursement account. You can reference your income tax return to find a more complete list or reference IRS Publication 502.

- Acupuncture
- Alcoholism treatment
- Ambulance hire
- Artificial limbs
- Artificial teeth
- Birth control pills
- Birth prevention surgery
- Braces
- Braille - books & magazines
- Care for mentally handicapped child
- Chiropractors
- Christian Science practitioners' fees
- Co-insurance
- Contact lenses (prescription)
- Contact lens supplies
- Cosmetic surgery (medically necessary procedures)
- Cost for physical or mental illness confinement
- Crutches
- Deductible
- Dental fees
- Dentures Diagnostic fees
- Drug & medical supplies
- Expenses applied toward the deductible for your health care coverage
- Eyeglasses, including examination fee
- Fee of practical nurse
- Fees of licensed osteopaths
- Handicapped persons special school
- Hearing devices & batteries
- Home improvements motivated by medical consideration
- Hospital bills
- Insulin
- Laboratory fees
- Lasik eye surgery
- Lead base paint removal for children with lead poisoning
- Membership fees for associations furnishing medical services, hospitalization, & clinical care
- Naturopathic office visit / consultation
Please note: herbal remedies, minerals and vitamins are NOT eligible for reimbursement.
- Nurses' fees (including nurses board & Social Security tax where paid by taxpayer)
- Obstetrical expenses
- Office visit copays
- Operations & related treatments
- Orthodontia*
- Orthopedic shoes
- Oxygen
- Physically/mentally challenged persons cost for special home
- Physician fees
- Physician recommended swimming pool or spa equipment costs & maintenance
- Prescribed Medicine (including contraceptives)
- Prescription copays
- Psychiatric care
- Psychologist fees
- Routine physicals & other non-diagnostic services & treatments
- "Seeing-eye" dog & its upkeep
- Special communication equipment for the deaf
- Special education for the blind
- Special plumbing for the handicapped
- Sterilization fees
- Surgical fees
- Therapeutic care for drug and alcohol addiction
- Therapy treatments
- Transportation expenses primarily for rendition of medical services, i.e. railroad fare to hospital, cab fare in obstetrical cases
- Tuition at special school for handicapped
- Vitamins (if they require a prescription)
- Wheelchair
- X-rays

* Orthodontia is reimbursed according to your contract with your orthodontist (i.e. if your contract indicates monthly installments of \$150 per month, you can only be reimbursed for each month's installment as it comes due). A copy of the contract is required with your first claim.

Services Generally Not Eligible Include

- Cosmetic treatments
- Elective cosmetic surgery
- Electrolysis
- Face lifts
- Health club dues
- Hair transplants
- Herbs
- Illegal operations or treatments
- Liposuction
- Prescriptions for hair loss
- Tooth whitening

Eligible Over-the-Counter Item Examples

Over-the-counter (OTC) medicines (except insulin) are now eligible for reimbursement without a prescription. However, equipment such as crutches, supplies such as bandages, contact lens solution and diagnostic devices such as blood sugar test kits still qualify for reimbursement without a prescription.

Eligible Without a Prescription

- Acid Controllers
- Allergy & Sinus medicine
- Antibiotics
- Anti-Diarrheals
- Anti-Gas Products
- Anti-Itch & Insect Bite
- Anti-Parasitic Treatments
- Baby Rash Ointments/Creams
- Bandages
- Blood Pressure Monitor
- Carpal Tunnel Support
- Cold Sore Remedies
- Contact Lens Solution
- Cough, Cold & Flu
- Crutches
- Digestive Aids
- Ear Care
- Eye Care
- Eye Drops (non-medicated)
- Feminine Anti-Fungal/Anti-Itch
- First Aid Supplies
- Hearing Aid Batteries
- Hemorrhoidal Preps
- Laxatives
- Motion Sickness
- Pain Relievers
- Personal Test Kits
- Pinworm Treatments
- Pregnancy Tests
- Reading Glasses
- Respiratory Treatments
- Sleep Aids & Sedatives
- Stomach Remedies
- Wound Care (e.g. Gauze)

csONE Benefit Solutions is here to help you use your Employee Reimbursement Accounts for only eligible expenses. However, your employer and the claims administrator bear no responsibility for your taxes. You remain fully accountable to the IRS to prove the eligibility of any expense you submit. Therefore, you should keep copies of all receipts for your tax records. csONE Benefit Solutions will accept copies of these records with your reimbursement requests.





DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

WHAT IS A DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT?

A Dependent Care Flexible Spending Account (DCFSA) allows you to set aside up to \$7,500 of your pay for dependent day care expenses on a pre-tax basis. If you incur those expenses so that you (and your spouse if you are married) can work, you may take advantage of the DCFA.

What is the advantage to setting up an account?

Setting funds aside in an DCFSA allows you to save on state (where applicable), federal income and FICA taxes. Those taxes are taken based on the amount you earn after your DCFSA deduction. Deducting DCFSA funds from your paycheck pre-tax lessens how much you owe in taxes.

Who is considered an eligible dependent?

- ☐ A DCFSA dependent must also be claimed as a dependent on your tax return
- ☐ The dependent must be under 13 or incapable of self-care
- ☐ Dependent eligibility ends on 13th birthday

Dependent Care Contribution Limitations

If you have day care expenses so you and your spouse work and...

- ☐ you file a joint tax return, you can contribute up to \$7,500
- ☐ you file a joint tax return, but you or your spouse do not earn at least \$7,500 a year, you are limited to a contribution equal to the lowest salary
- ☐ you are married filing separate tax returns, you are each limited to a \$3,750 contribution

Note: If you are single, the household maximum contribution is \$7,500.

Important Considerations

- ☐ You can't claim funds reimbursed by the DCFSA on your tax return
- ☐ When considering whether to utilize a DCFSA with a \$7,500 per household federal maximum versus the federal child tax credit, you should also review the IRS Child and Dependent Care Expenses publication on the IRS website, www.irs.gov/pub/irs-pdf/p503.pdf
- ☐ Expenses are reimbursed up to the amount available in your account at time of the claim submission
- ☐ Eligible expenses are outlined in IRS Publication 503
- ☐ Any DCFSA funds not used at the end of the plan year are forfeited

What if you change your mind?

Once you elect the DCFSA amount for the year, it cannot be changed until the next open enrollment or you experience a qualifying event.

CLAIMS & REIMBURSEMENT

What information is needed to submit a claim for reimbursement?

To request reimbursement for your DCFSA expense(s), you need to complete and submit a reimbursement request. A complete request should include the following:

- The date range of the services
- The daycare provider name & taxpayer ID number
- Name and date of birth of the dependent
- Amount incurred
- Dependent care provider's signature or detailed invoice
- Your signature

How are claims submitted?

Claims can be submitted many ways for your convenience:

- Log into the Consumer Portal, enter the claim details, and upload scanned supporting documentation to us.
- Log into the mobile app on your smartphone, enter the claim details and snap photos of supporting documentation to submit them to us.
- Complete a claim form, attach copies of supporting documentation and send them by mail, fax or email to us. You can even drop them off in person!

You can track all your claims through the Consumer Portal from our website or the mobile application.

How does the reimbursement work?

Once a claim has been processed and approved, reimbursement can be issued to you by check or direct deposit.

How long does it take to be reimbursed?

DCFSA claim reimbursement requests are processed and paid weekly. Completed reimbursement requests with eligible expenses received at csONE by Friday are processed and payments are sent by the following Thursday.

csONE Benefit Solutions

Two Delta Drive, Suite 301
Concord, NH 03301-1320

phone: 1-888-227-9745 ext. 2040 | fax: 1 603 224-4256

Which accounts are right for you...

Healthcare reimbursement accounts are not all created equal. To help you understand the differences between HRAs, FSAs, HSAs and LP FSAs, take a look at the comparison chart we have provided. Please contact one of our [csONE Benefit Solutions Representatives](#) to discuss how one or more of these plans might fit with your Health Plan offerings.

This Plan Comparison Chart is a summary of differences between plan types. It does not intend to describe all of the rules and limitations that apply to these arrangements. It is not legal or tax advice.

	HRA Health Reimbursement Arrangement	FSA Flexible Spending Account	LP FSA Limited Purpose Flexible Spending Account
Definition	An HRA is an employer-funded plan that may be used to reimburse employees for qualified medical expenses.	An FSA is an employer-established, tax-advantaged account funded by the employee and/or the employer to pay for qualified medical expenses with pre-tax dollars.	An LP FSA is an employer-established, tax-advantaged account funded by the employee and/or the employer to pay for qualified vision and dental expenses only with pre-tax dollars.
Who "owns" account	Employer	Employer	Employer
Who can contribute	Employer only	Employee	Employee and Employer Employer can match Employee election up to plan maximum.
Pre-tax payroll deductions allowed	No, employee does not contribute.	Yes	Yes
What is the tax treatment for employee contributions	Employees are not permitted to contribute to an HRA.	Employee contributions to an FSA are made on a pre-tax basis, and therefore reduce annual taxable income.	Employee contributions to an LP FSA are made on a pre-tax basis, and therefore reduce annual taxable income.
Maximum contribution limit	No	Yes	Yes
Entire election available at start of plan year	Yes	Health FSA – Yes Dependent Care FSA – No	Yes
Claims Substantiation	Required	Required	Required
Must have Health Plan	Employees must be enrolled in the Platinum, Gold, Gold CDHP or Silver CDHP plan through Blue Cross Blue Shield of VT.	You do not need to be enrolled in an employer-sponsored health plan.	LP FSA is paired with an HSA.

continued...

Which accounts are right for you...

	HRA	FSA	LP FSA
Tax Benefit	Employer deposits and claim payments are tax free.	Employer/Payroll deposits and claim payments are tax free.	Employer/Payroll deposits and claim payments are tax free.
Access to funds after termination	Employee must be offered COBRA if the group is subject to COBRA Regulations.	Employees must be offered COBRA (usually until the end of the year) if subject to COBRA regulations.	Employees must be offered COBRA (usually until the end of the year) if subject to COBRA regulations.
Employees carry over unused amounts	No	Rollover Option: Up to \$680 of Health FSA contributions can carry over to the following plan year (does not apply to Dependent Care FSA).	Rollover Option: Up to \$680 of FSA contributions can carry over to the following plan year
What expenses qualify for distribution	Medical & Pharmacy expenses applied to your health plan deductible or coinsurance.	Any otherwise unreimbursed medical expenses that are defined under §213(d) of IRC.	Any otherwise unreimbursed dental and/or vision expenses that are defined under §213(d) of IRC.



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