

YourWay FSA

# Lifespawning FSA Plans for **Tomorrow's Benefit**

Flexible Spending Account Enrollment Guide



ONEBRIDGE

for your **benefit**

# OneBridge FSA **Enrollment Guide**

<b>What Is an FSA?</b>	3
<b>What Are the Different Types of FSAs?</b>	4
<b>A Look at an FSA Savings Example</b>	5
<b>The Different Ways You Can Use Your FSA Account</b>	6
<b>How to Estimate Your Expenses, Election Totals &amp; Potential Savings</b>	7
<b>What Expenses Are Eligible?</b>	8
<b>Commonly Asked FSA Questions</b>	9
<b>Benefits Card Questions &amp; Answers</b>	11
<b>FSA Enrollment Form</b>	13
<b>Health FSA Reimbursement Form</b>	14
<b>Dependent FSA Reimbursement Form</b>	15
<b>Health FSA Expense Table</b>	16
<b>Dependent Care FSA Expense Table</b>	19





# YourWay FSA

## Pay **with Flexibility**

The OneBridge FSA Helps Your Paycheck Go Further

We all look for ways to save. Whether it's with our day-to-day expenses or when the unexpected expense arises, you need to budget accordingly. Well, with the OneBridge Benefits Flexible Spending Account you can **take advantage of pre-tax savings**, which means more money from your paycheck ends up in your pocket.

## What Is an **FSA**?

A Flexible Spending Account (FSA) allows you to **save pre-tax dollars** to pay for qualified eligible healthcare and/or dependent care expenses.

### **A OneBridge FSA Connects You to Lifespanning Benefits:**

- **Available Immediately**—All of your health funds are available on the first day of the plan year.
- **More Take-Home Pay**—Dollars you contribute to your FSA are added pre-tax. For example, if you contribute \$2,000 to your FSA in the plan year, while paying a tax rate of 30%, you'd save \$600.
- **Plan Options for Your Health and Dependent Care Needs**—OneBridge offers both Health and Dependent Care Benefit Plans allowing you to maximize your tax-savings on your medical and dependent care expenses.

**ONEBRIDGE**

# Find the **Right FSA Fit**

## Maximizing Your OneBridge Plan

OneBridge Benefits offers both Health and Dependent Care Benefit Plans allowing you to maximize your tax-savings on your medical and dependent care expenses.

## Health **FSA**

The OneBridge Health FSA covers general purpose health expenses, allowing you to pay for eligible medical, dental, prescription, vision and/or hearing expenses not covered by insurance, which may include:

- Copays & Deductibles
- Prescriptions
- Non-Cosmetic Dental Treatments
- Glasses & Contacts
- Hearing Aids
- Orthodontia
- Physical Therapy
- Chiropractic Care
- Over-the-Counter (OTC) Items



## Dependent Care **FSA**

The OneBridge Dependent Care FSA is perfect if you require childcare or eldercare. To qualify for this FSA, your dependents need to be either a child under the age of 13, or a child, spouse, or another dependent who is physically or mentally incapable of self-care and spends at least eight (8) hours a day in your home. This account allows you to pay for expenses such as:

- Before or After School Programs
- Child or Adult Daycare
- Preschool
- Summer Camp

# Making Dollars & Sense of Your FSA

Saving More Money Today & Tomorrow with a FSA

Let's say you and your spouse both work outside of your home. One of your children attends school, while the other is in daycare. Using a sample income tax rate of 30%, let's now take a look at how much more money you can take home on a monthly basis by taking advantage of both a Health and Dependent Care FSA with OneBridge Benefits.

Without a Health & Dependent Care FSA		With a Health & Dependent Care FSA	
Gross Monthly Salary	\$5,000	Gross Monthly Salary	\$5,000
Monthly Health FSA Contribution	\$0	Monthly Health FSA Contribution	\$225
Monthly Dependent Care FSA Contribution	\$0	Monthly Dependent Care FSA Contribution	\$417
Taxable Income	\$5,000	Taxable Income	\$4,358
Taxes	\$1,500	Taxes	\$1,307
Net Monthly Pay	\$3,500	Net Monthly Pay	\$3,051
Post-Tax Monthly Medical Expenses	\$225	Post-Tax Monthly Medical Expenses	\$0
Post-Tax Monthly Dependent Care Expenses	\$417	Post-Tax Monthly Dependent Care Expenses	\$0
Net Monthly Income	\$2,858	Net Monthly Income	\$3,051
<b>Total Savings</b>		<b>\$193 Monthly / \$2,310 Annually</b>	

All figures in this table are examples and based on an annual salary of \$60,000, elections of \$5,000 for Dependent Care and \$2,700 for Health, and an estimated tax rate of 30% (Income, State, FICA). Actual tax rate, expenses, and tax savings may be different.

# Stay Connected to Your Savings

One Login for All FSA Updates Wherever, Whenever

Your days of wondering about the status of your claims and account balances are over. The OneBridge Benefits technology platform offers two seamless and intuitive experiences in which you can see a complete view of all your health benefits accounts administered by OneBridge, with one login.

## One Portal Designed for Your Benefit

Your entire plan is laid out in an intuitive and easy-to-use manner within the OneBridge portal. When you login to **myonebridge.com**, you'll instantly see a full view of all your account details. Through the myonebridge.com portal, you're able to:

- View Account Balance and Ledger Details in Real-Time
- View the Real-Time Status of your Claims and Debit Card Transactions
- Submit and Resubmit Claims Quickly
- Sign Up for or Change Direct Deposit
- Access Forms, Plan Information and Other Resources
- And More



## Manage On-the-Go

OneBridge makes managing your FSA as easy as possible with the HRAgo® mobile application available for download on the App Store and Google Play. All of the same user-friendly features available on the myonebridge.com portal are available to you on the mobile application, plus the ability to receive instant notifications on your mobile device.

## Swipe with Smart Confidence

Use your OneBridge Visa® Benefits Card to pay for prescriptions at your preferred pharmacy, copays at your doctor's office, hospital stays and several other health-related expenses. Your FSA funds are all available on your card, which can also be used for eligible dependent care services such as daycare or eldercare. More often than not, transactions made with your debit card will not require receipts to validate the eligibility of your purchase at the qualified merchant or provider. However, it is still a good idea to save your receipts just in case they're needed for any reason.

THE ONEBRIDGE VISA® BENEFITS CARD IS ISSUED BY THE BANCORP BANK, N.A. PURSUANT TO A LICENSE FROM VISA U.S.A. INC. THE BANCORP BANK, N.A.; MEMBER FDIC. CARD CAN BE USED FOR QUALIFIED EXPENSES WHEREVER VISA DEBIT CARDS ARE ACCEPTED. SEE CARDHOLDER AGREEMENT FOR DETAILS.

© OneBridge Benefits. All rights reserved. The terms "saving" and "savings" refer only to tax savings, and actual savings are based on individual tax rates.

This document is not intended for tax, financial or legal advice—please consult with your advisor regarding your personal situation.

# Contribution Estimates

Determining How Much You Should Set Aside

## How Much Should I Contribute?

Use the below information to calculate what your anticipated out-of-pocket health expenses will be. This will help you determine how much to contribute to your FSA for the upcoming plan year. You'll also see what your projected annual tax savings will look like.

Category	Medical Expenses	Amount
Medical Expenses	Copays and Deductibles	
	Hospitalization or Surgery	
	Chiropractor or Acupuncture	
	Counseling or Therapy	
	Maternity or Infertility	
	Other	
	<b>Total Medical Expenses (1)</b>	
Dental Expenses	Routine Dental Care	
	Specialty Care	
	Orthodontics	
	<b>Total Dental Expenses (2)</b>	
Vision Expenses	Routine Eye Care	
	Glasses	
	Contacts & Solution	
	Corrective Eye Surgery	
	<b>Total Vision Expenses (3)</b>	
Pharmacy Expenses	Prescription Drugs (Co-Pays)	
	Over-the-Counter (OTC)*	
	<b>Total Pharmacy Expenses (4)</b>	
Dependent Care Expenses	Total Child Dependent Care	
	Total Adult Dependent Care	
	<b>Total Dependent Care Expenses (5)</b>	
<b>Total Expenses</b>	<b>(Add Lines 1 Through 5)</b>	

**\*Note: Your expense estimates should also take into consideration your Plan's Election Limits.**

## Estimated Annual Tax Savings:

<b>Total Expenses (From Above)</b>	
<b>Tax Bracket Percentage (%)</b> <i>Example: enter 25% as .25</i>	
<b>Annual Tax Savings (Multiply Total Expenses by Tax %)</b>	

# What Your **FSA** Covers

## Qualified Health FSA Expenses

The IRS requires the plan to verify that all expenses reimbursed or paid from your Health Flexible Spending Account (FSA) are for qualified healthcare expenses. The following items are examples of some of the IRS Section 213(d) qualified healthcare related expenses. Note, this is not intended to be a complete list. To view a listing of additional expenses and supporting information, please refer to the **Health FSA Expense Table** at the end of this enrollment guide.

- Acupuncture
- Ambulance Fees
- Braille Books & Magazines
- Breast Pump
- Childbirth Classes, Mother-to-Be Expenses Only
- Chiropractic Care
- Coinsurance
- Contact Lens(es), Solutions, Cleaners
- Crutches
- Deductibles
- Dental Fees
- Dentures
- Denture Adhesives
- Diagnostic Testing Fees
- Eyeglasses, Including Examination Fee
- Hearing Aids & Batteries
- Hospital Bills
- Insulin & Diabetic Supplies
- Laboratory Fees
- Laser Eye Surgery
- Obstetrical Expenses
- Operations
- Orthodontia
- Orthopedic Shoes
- Osteopath Fees
- Oxygen
- Physician Fees
- Practical Nurse Fees
- Prescribed Drugs
- Psychiatric Care
- Psychologist Fees
- Routine Physicals
- Surgery Fees
- Wheelchairs
- X-Rays

## Qualified Dependent Care FSA Expenses

You can use your OneBridge Dependent Care FSA to pay for a variety of child and eldercare services. The IRS determines which expenses are eligible for reimbursement. The purpose of the list below is to identify some of the most common dependent care expenses, however, it is not meant to be comprehensive. Please check with your employer and tax professional if you have questions about whether a particular expense is eligible for reimbursement under this program. To view a listing of additional expenses and supporting information, please refer to the **Dependent Care FSA Expense Table** at the end of this enrollment guide.

- Adult Daycare Center/Eldercare (Work-Related)
- Au Pair
- Babysitter (Work-Related)
- Childcare by a Relative
- Day Camps (Work-Related)
- Disabled Dependent Care (13+)
- Nanny
- Preschool, Nursery School/Pre-Kindergarten





# Commonly Asked **FSA** Questions

And the Answers for Your Benefit

## Can I make a change to my FSA election after the start of the plan year?

Per IRS regulations, you are only eligible to change your annual election during an open enrollment period. Once the plan year has started, you cannot change your annual election unless you have experienced a **qualifying life event (QLE)**. A qualifying life event is one of the following:

- A change in marital status, such as marriage, divorce, or death of your spouse.
- A change in the number of your dependents, such as a birth or adoption of a child or a death of a dependent.
- A change in employment status for you, your spouse, or dependent that affects eligibility.
- An event that causes your dependent to satisfy or cease to satisfy an eligibility requirement (i.e., dependent turning 26 years old).
- A change in residence for you, your spouse, or dependent.

*Refer to your employer benefit representative to ensure the qualifying life events listed above are eligible under your employer's plan.*

## How do I use the amount that I elected for my Health FSA account?

There are a couple of ways to access and use the money that you have set aside in your Health FSA. The first way is to use the OneBridge Visa® Benefits Card to pay your service provider for qualified health expenses for you, your spouse, and dependents. Please refer to the OneBridge Visa® Benefits Card Frequently Asked Questions resource located on the participant portal for further information on how to obtain and use the OneBridge Visa® Benefits Card.

The second way is to personally pay your service provider for qualified health expenses for you, your spouse, and dependents. You should obtain supporting documentation for the expense, and submit that supporting documentation for reimbursement. Refer to the question and answer below on how to do this.

## How do I submit supporting documentation to be reimbursed for my qualified healthcare of dependent care expenses?

After the plan becomes effective, you can quickly and easily submit claims either through the participant portal, which can be accessed via the myonebridge.com website, or through our iOS or Android mobile applications (HRAgo®). If you prefer, you can also submit a paper claim form via regular mail as indicated on the OneBridge Healthcare Reimbursement Form. The claim form is included in this Enrollment Guide, can be accessed through the participant portal under the Resources tab, and is available by calling our customer care center.

# Commonly Asked **FSA** Questions

And the Answers for Your Benefit

## **How do I check the balance of my account and/or status of my claim?**

At any time, you can log into your account at [myonebridge.com](https://myonebridge.com) to check the balance of your account and view the status of your claim. You also have the ability to manage your account preferences such as direct deposit.

## **What is the difference between a grace period and a carryover?**

A grace period is a designated time period after the end of the plan year that allows you to incur services and be reimbursed with funds remaining in the prior plan year. This optional grace period, which can be added to both a Health and Dependent Care FSA Plan cannot be greater than 2½ months after the end of the plan year, but can be shorter if elected by your employer.

A carryover option, which can only be added to a Health FSA, allows for unused funds, up to an annual limit allowed by the IRS, to be carried over from the current plan year into the next plan year. The carryover funds are added to the available balance in the new plan year and can be used to reimburse eligible expenses incurred during the new plan year. Please also note that funds that are carried over into the new plan year do not count towards the election maximum for that plan year, so you can still make a new plan year election up to this allowed maximum. Any unused funds over the plan's defined carryover amount will be forfeited to the employer.

It is up to the employer to choose if they would like to add the grace period or carryover option to their FSA program. Please refer to your plan's Summary Plan Description (SPD) provided by your employer to determine if either of these options is applicable to your plan, and if so, what their specific terms are.

## **What happens if I do not use all the money in my account?**

According to IRS rules, except for carryover funds (as discussed in the previous question), Health FSA funds that are not claimed during the plan year (including the grace period) are forfeited to the employer. Funds are not transferable and they are not available for other benefits.



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# Commonly Asked **Benefits Card** Questions

And the Answers for Your Benefit

## **What types of transactions are usually verified automatically without documentation?**

Claims will be automatically substantiated for merchants using the Inventory Information Approval System (IIAS). Refer to <https://sig-is.org/> for listing of IIAS Merchants. Other expenses that may not require the submission of receipts are flat-dollar copays (in increments of \$5) and prescriptions. Even if a charge falls under these categories, it does not guarantee automatic substantiation or that the expense is eligible under the terms of the plan, so please save your supporting documentation.

## **Can I submit documentation just once for an expense I pay all the time?**

Yes, you can use our convenient “recurring payment” feature. You will need to provide sufficient support for the first transaction and following transactions for the same dollar amount at the same provider or merchant will be auto-substantiated. To set this up, simply check the Recurring Payment box when uploading supporting documentation for card transactions.

## **Can I use my card for over-the-counter (OTC) drugs or medicines?**

Yes. New regulations passed in early 2020 now allows you to use your FSA Benefits Card to purchase both over-the-counter drugs and medicines without a prescription from a physician, as well as female menstrual products. This change applies to all purchases made on January 1, 2020 and forward.

As a reminder, it is still a good practice to always save your supporting documentation in case copies might be required.

## **How can I get my OneBridge Visa® Benefits Card and start using Health FSA or Dependent Care FSA funds?**

At the beginning of your employer’s plan year, you will either receive a new card to access your FSA account(s) or your elected funds will be added to your current Benefits Card. (The one you currently use for your HRA account.)

If you have a Health FSA, you will have access to your full election on your Benefits Card at the beginning of the plan year. If you have a Dependent Care FSA, your election will be funded to your Benefits Card as payroll withholdings occur.

## Swipe **Smarter Today**

The OneBridge Visa® Benefits Card provides for a quick and easy way to access your Health and Dependent Care benefit account(s). The funded card provides a payment method that avoids the process of filing claims and waiting for reimbursement. With the convenience of using a single card, the Benefits Card is available for all of the OneBridge administered benefits, like:

- Health Flexible Spending Account (FSA)
- Health Reimbursement Arrangement (HRA)
- Dependent Care FSA
- Limited HRA
- Limited Purpose FSA



# Commonly Asked **Benefits Card Questions**

And the Answers for Your Benefit

## **Can I use my card for my spouse or dependents?**

Yes, you can use your card to pay for qualified expenses for you, your spouse, and dependents. You can also request separate cards for your spouse and/or dependents. If your spouse or dependent currently has a Benefits Card to access your HRA benefits, they will also have access on their card to all your benefit accounts (Health FSA and Dependent Care FSA).

## **What types of expenses can be paid with my card?**

You can use your card to pay for qualified expenses covered under your benefit plan. If you have an HRA or Health FSA, you can use your card to pay for qualified healthcare expenses including office visits, prescriptions, lab work, hospital stays, dental and vision services, etc. Your card can also be used at most grocery stores and pharmacies but will only be able to be used for qualified healthcare expenses like prescriptions, bandages, sunscreen, etc. See our Health FSA Expense table for a complete list of qualified expenses.

Also, your HRA plan may allow you to use your benefit to pay for qualified insurance premiums and if that is the case, you will be able to use your debit card to pay for those. If you have enrolled in a Dependent Care FSA account, the card may be used at merchants categorized as childcare services or elementary and secondary schools.

## **If I have multiple benefit accounts (i.e., HRA, Health FSA, Dependent Care FSA), how do I know which account will be used when I swipe my card?**

If you have multiple health accounts (i.e., HRA and Health FSA) on your Benefits Card, and your healthcare expense qualifies under both plans, your Benefits Card ensures that your Health FSA funds are used first to avoid losing those funds at the end of the plan year. Once your Health FSA funds are exhausted, your HRA funds will be used. This allows for you to maximize your benefit.

Based on the above, and the fact that the date of your card swipe (transaction) will be considered the date of service for the expense, your Health FSA account may be used for an expense you intended for your HRA account. Should this happen, and you wish to reverse it, please call us at **888-865-1628** for additional assistance with this request.

If you have an expense that is qualified under one benefit account and not the other, the charge will automatically be applied against the account under which it is qualified. For example, if you are paying for a qualified insurance premium permitted under your HRA plan, it will be applied against your HRA plan. Further, if you are paying for daycare at a childcare provider or elementary school, it will be applied against your Dependent Care FSA.

## **Do I need to submit supporting documentation for my debit card transaction?**

Sometimes. Despite being allowed to use your Benefits Card at many qualifying merchants, the IRS requires us to obtain additional supporting documents under certain circumstances. As a best practice, you should always save your supporting documentation in case we need copies.

## **How will I know if further documentation is required?**

We will let you know by e-mail or by push notification (on your mobile phone) if we need supporting documentation. Also, you can always log into your account at [myonebridge.com](http://myonebridge.com) or through the HRAgo® mobile application to see if additional supporting documentation is required.

## **What if my card is lost or stolen?**

You should immediately call us at **888-865-1628**. Our friendly customer care team is available to assist you during normal business hours. If calling after hours, follow the recorded instructions.



# Flexible Spending Account (FSA) Enrollment Form

To elect to participate in your employer's YourWay FSA benefit, please complete this enrollment form and provide it to your employer's HR contact.

## 1 Employer Information – Employer Use Only

Employer Name:	Employer Number:
Withholding Schedule: <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Semi-Monthly <input type="radio"/> Monthly	
Effective Date:	First Withholding Date:
Enrollment Type: <input type="radio"/> Open Enrollment <input type="radio"/> New Hire <input type="radio"/> Re-Enrollment	
Authorized Employer Signature:	

## 2 Participant Information

Social Security Number:	Date of Birth:	
First Name:	Middle Initial:	Last Name:
Address 1:	Address 2:	
City:	State:	Zip Code:
Phone:		
Email:	<input type="radio"/> Check if you want to receive Plan communications via email.	

### FSA Benefit Elections (Please enter your FSA Elections below)

<input type="radio"/> Health Flexible Spending Account (FSA)	<input type="radio"/> Dependent Care Assistance Plan (DCAP)
Annual Election Amount: <small>(Not to exceed the IRS or Plan maximum)</small>	Annual Election Amount: <small>(Not to exceed the IRS or Plan maximum)</small>
<ul style="list-style-type: none"> <li>Elections must be made in advance of the start of the plan year and cannot exceed the IRS or Plan maximum contribution amount.</li> <li>Election amounts will be deducted pretax.</li> <li>Health FSA funds are available on the first day of the plan year for expenses incurred in the current plan year.</li> <li>Dependent Care funds are available as the funds are withheld from your payroll.</li> <li>All unused funds remaining at the end of the Plan's Runout or Grace Period (as applicable) will be forfeited back to your employer.</li> </ul>	

### Authorization (Please acknowledge the below and sign)

<ul style="list-style-type: none"> <li>I understand that all elections set forth are considered irrevocable for the entire plan year unless there is a qualifying change in status. Please consult the plan document or summary plan description for a list of qualifying events.</li> <li>I understand that Health FSA reimbursements will be available only for qualifying medical care expenses for myself, spouse and dependents. I also understand that daycare reimbursements will be available only for qualifying daycare expenses. I agree to notify the Employer if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense.</li> <li>I understand that I must submit a claim and appropriate documentation (e.g., explanation of benefits, itemized bill) for out-of-pocket medical, and/or Dependent Care expenses before I can be reimbursed. I certify that I will only submit claims for reimbursement under the Flexible Spending Account Plan. I certify that I will not submit claims for reimbursement under the Flexible Spending Account Plan for amounts that have already been reimbursed by another source nor will I seek reimbursement for such amounts from any other source.</li> </ul>
---

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Skip the form!**

Log into your account at **portal.yourwaybenefits.com** to submit your supporting documentation online.

To submit your paper form, follow instructions provided below and send to: **OneBridge FSA, PO Box 4391, Clinton, IA 52733-4391.**

**1 Participant Information** (Please fill out your benefit information below.)

Participant Number or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Is this a new address?:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Direct Deposit Information**

Bank Name: \_\_\_\_\_ Account Type:  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**2 Reimbursement Request**

- Itemize your expenses in the table provided below. Please list one expense per line and attach copies of your supporting documentation.
- Proper supporting documentation must contain the following 5 items:
  - Covered individual (patient) name
  - Date the expense was incurred
  - Service provider name
  - Description of service
  - Out-of-pocket amount to be reimbursed
- Send photocopies of your form and documentation, keep the originals for your records.
- Explanation of Benefits (EOBs) from your insurance carrier are recommended supporting documentation.
- Ensure documentation is legible. Please do not use a highlighter.
- Cancelled checks, balance forward statements, and credit card receipts do not contain all of the required information and are NOT acceptable.
- Certain types of expenses may require a Letter of Medical Necessity. For these expenses, please complete the Letter of Medical Necessity Form or attach a copy of a letter from your doctor.

**Reimbursement Details**

Covered Individual			Date of Service	Description of Service	Reimbursement Amount
Self	Spouse	Dependent			
Name: _____					
SSN: _____					
DOB: _____					

**Authorization** (signature required to process claims)

I acknowledge and certify that:

- The information submitted with this reimbursement request is accurate and complete to the best of my knowledge.
- The expenses listed above qualify for reimbursement under applicable IRS regulations and guidance in the event a letter of medical necessity is required for a product or service, I have provided one as applicable.
- I am requesting reimbursement for my own personal experiences or those of my eligible dependents.
- These services have already been incurred.
- I have not and will not seek reimbursement for this expense from any other plan or party, and such expenses are not reimbursable from another source.
- I understand OneBridge Benefits reserves the right to deny a claim if I have not provided supporting documentation or if there is reason to believe the expense is not qualified as defined under Summary Plan Description or regulatory guidance. In such instance, I may be responsible for reimbursing the plan for such expense.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Skip the form!**

Log into your account at [www.yourwaybenefits.com](http://www.yourwaybenefits.com) to submit your supporting documentation online.

To submit a paper form, follow instructions provided below and send to: **OneBridge FSA, PO Box 4391, Clinton, IA 52733-4391.**

For questions, contact us at: **1-888-865-1628.**

**1 Participant Information** (Please fill out your information below.)

Participant Number or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Is this a new address?: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Direct Deposit Information** (Please fill out your direct deposit information below.):

Bank Name: \_\_\_\_\_ Account Type:  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**2 Reimbursement Request**

- Complete this entire Reimbursement Details section.
- Fill out a separate form for each Dependent Care reimbursement request.
- Acceptable documentation for Dependent Care expenses consists of a bill or receipt showing the following:
  - Provider name and tax ID/social security number
  - Service dates
  - Dependent name
  - Cost of expense
- If no receipt is provided, the Dependent Care provider must certify the expenses signing below.

**Reimbursement Details**

**Provider Information**

Provider Name: \_\_\_\_\_

Tax ID/SSN: \_\_\_\_\_

**Signature of Provider:**

(Replaces the need for documentation of service.)

\_\_\_\_\_

**Dependent Information**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Relationship to Participant:**

- Spouse \_\_\_\_\_
- Qualifying Child \_\_\_\_\_
- Qualifying Relative \_\_\_\_\_
- Other \_\_\_\_\_

**Reimbursement Information**

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Amount: \_\_\_\_\_

**Type of Care:**

- Adult Day Care \_\_\_\_\_ Au Pair \_\_\_\_\_
- Babysitter \_\_\_\_\_ Before/After School \_\_\_\_\_
- Child Care \_\_\_\_\_ Family Care Provider \_\_\_\_\_
- Home Aide \_\_\_\_\_ Preschool \_\_\_\_\_
- Summer Day Camp \_\_\_\_\_
- Other \_\_\_\_\_

**Authorization** (signature required to process reimbursement):

I acknowledge and certify that:

- The information submitted with this reimbursement request is accurate and complete to the best of my knowledge.
- The expenses listed above qualify for reimbursement under applicable IRS regulations and guidance.
- I am requesting reimbursement for my own personal expenses.
- These services have already been incurred.
- I have not and will not seek reimbursement for this expense from any other plan or party, and such expenses are not reimbursable from another source.
- I understand OneBridge Benefits reserves the right to deny a claim if I have not provided substantiation or if there is reason to believe the expense is not qualified as defined under the conditions in my Summary Plan Description or regulatory guidance. In such instance, I may be responsible for reimbursing the plan for such expense.
- I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit (such as the Dependent Care Tax Credit). I agree to file IRS Form 2241 with my tax return and provide any required taxpayer identification numbers.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Health FSA Expense Table



## Health FSA Expense Table

The IRS requires the plan to verify that all expenses reimbursed or paid from your Health Flexible Spending Account (FSA) are for qualified healthcare expenses. The table below helps you determine what expense types qualify.

Section 213(d) of the Internal Revenue Code defines qualified expenses, in part, as “medical care” amounts paid “for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body...”

**Expenses that are merely beneficial to your general health and do not serve a medical purpose are not qualified medical care expenses.** In addition, expenses solely for cosmetic reasons are not usually considered expenses for medical care.

### This table has two columns:

1. The **Expense Type** column contains a list of expense types in alphabetical order.
2. The **Qualified Expense?** column contains a “Yes,” “Requires a LOMN (or Prescription),” or “No”. This indicates whether the listed expense is or is not a qualified medical expense. In some cases, you may need to submit special documentation, such as a doctor’s prescription or **letter of medical necessity (LOMN)**, before we can reimburse your out-of-pocket cost as a qualified medical care expense. A color-coded key is included below to help you navigate this resource.



This expense **IS** eligible for reimbursement. Standard supporting documentation is required.

This expense **IS** eligible for reimbursement, but a **doctor’s prescription or letter of medical necessity (LOMN) is required** to show that the expense was primarily for the treatment of a specific diagnosis.

The expense is **NOT** eligible for reimbursement.

### As a general reminder, you cannot use your Health FSA account for:

1. Expenses incurred outside your employer’s Health FSA plan year unless permitted as part of a carryover election allowed by your employer’s plan;
2. Expenses for services that have not been received yet or items that have not been purchased; and
3. Expenses that have been reimbursed or paid for by another source (i.e., insurance, HRA, HSA, etc.).

**Expense tables begin on the following page.**

ONEBRIDGE BENEFITS - CONFIDENTIAL & PROPRIETARY - ONLY INTENDED TO BE SHARED WITH AUTHORIZED PARTIES



LOMN = Letter of Medical Necessity

This is not an exhaustive list. If you have a question regarding an item or services that are not listed in this table, contact the customer care center at 888-865-1628.

Expense Type	Qualified Expense?
Abortion	Yes
Activity Tracker	Requires a LOMN
Acupressure	Requires a LOMN
Acupuncture	Yes
Air Ambulance Services or Membership	Yes
Alcoholism Treatment	Yes
Allergy Treatment Products, Other Than Medicine	Requires a LOMN
Alternative Healers and Medicine	Requires a LOMN
Ambulance	Yes
Anesthesia	Yes
Annual Physical Examination	Yes
Artificial Eye, Limbs, and Teeth Prosthesis	Yes
Asthma Delivery Devices	Yes
Athletic Braces	Yes
Autopsy	No
Bandages	Yes
Birth Control (Prescription)	Yes
Blood Pressure Monitor	Yes
Blood Storage	Requires a LOMN
Body Scans	Yes
Braille Books and Magazines	Yes
Breast Pumps, Purchase or Rental	Yes
Breastfeeding Classes	Yes
Cancer Screenings	Yes
Car Seats, Standard	No
Carpal Tunnel Wrist Supports	Yes
Chair Lift	Requires a LOMN
Chiropractic Care	Yes
Cholesterol Test Kits	Yes
Chondroitin or Glucosamine	Requires a LOMN
Christian Science Practitioners, for Medical Care	Yes
Circumcision	Yes
Co-insurance	Yes
Cold or Hot Packs, for Medical Care	Yes
Compression Socks, Stockings, and Hose	Yes
Condoms	Yes
Contact Lenses and Solution	Yes
Co-payments	Yes
Cosmetics, Makeup, and Toiletries	No
CPR Classes	No
Deductible	Yes
Defibrillator	Yes
Dehumidifier	No
Dental Care	Yes
Dental Floss	No
Dermatology	Requires a LOMN

Expense Type	Qualified Expense?
Diabetic Supplies and Equipment	Yes
Diagnostic Tests	Yes
Dietician	Requires a LOMN
Disabled Dependent Care	Requires a LOMN
Doctor Fees	Yes
Drug Addiction or Overdose Treatment	Yes
Ear Plugs	Yes
Erectile Dysfunction Treatment	Yes
Exercise Equipment	Requires a LOMN
Experimental Drugs or Medical Services, Legally Obtained	Yes
Eye Drops	Requires a LOMN
Eyeglasses	Yes
Fertility and Infertility Treatments	Yes
First Aid Kits or Supplies	Yes
Fluoridation Services	Yes
Fluoride Treatment (Over-the-Counter)	Requires a LOMN
Food, Diet or Weight Loss	No
Funeral Expenses	No
Gambling Addiction Treatment	Requires a LOMN
Gym Membership	Requires a LOMN
Gynecologist	Yes
Handicap, Disability Placards, and License Plates	Yes
Healthcare Sharing Ministry Fees	No
Hearing Aids, Batteries, and Supplies	Yes
Heart Rate Monitor	Yes
Heating Pads or Wraps, for Medical Care	Yes
Home Diagnostic Kits, Tests, and Devices	Yes
Hormone Replacement Therapy (HRT)	Requires a LOMN or Prescription
Hospice Care	Yes
Hospital Services	Yes
Humidifier	Requires a LOMN
Hydrotherapy	Requires a LOMN
Hypnosis	Requires a LOMN
Illegal Operations and Treatments	No
Immunizations or Vaccinations	Yes
Incontinence Supplies (Adult Diapers)	Yes
Insect Repellent	Requires a Prescription
Insulin	Yes
Inversion Table	Requires a LOMN
Laboratory Fees	Yes
Lactation Aids and Consultation	Yes
Laser Eye Surgery (Lasik)	Yes
Late Payment Fees	No
Latex Gloves	Requires a LOMN
Lodging While Away from Home Receiving Medical Care (You may include lodging costs for the patient and a necessary traveling companion (i.e., parent with sick child or travel to be with a sick spouse), up to \$50 per person, per night for lodging.)	Yes

Tables continue on the following page.

ONEBRIDGE BENEFITS - CONFIDENTIAL & PROPRIETARY - ONLY INTENDED TO BE SHARED WITH AUTHORIZED PARTIES

LOMN = Letter of Medical Necessity

Expense Type	Qualified Expense?
Long-term Care Services	Requires a LOMN
Massage Therapy	Requires a LOMN or Prescription
Mastectomy-related Expenses (Breast prosthesis, bra or other clothing designed to hold the breast prosthesis, special bra or other clothing with built-in breast prosthesis)	Yes
Maternity Girdle or Support Belt	Yes
Medical Alert Bracelet or Necklace	Yes
Medical Equipment, Services, and Supplies	Yes
Medicare and Medicare Supplement Expenses	Yes
Missed Appointment Fees	No
Mouthguard	Yes
Mouthwash	No
Nasal Strips or Sprays	Requires a Prescription
Neti Pot	Yes
Neurologist	Yes
Nursing Services, Provided at Home	Requires a LOMN
Nutritionist	Requires a LOMN
Obstetrical (OB/GYN) Care	Yes
Oncologist	Yes
Ophthalmologist	Yes
Optometrist	Yes
Organ Transplants, Recipient or Donor	Yes
Orthodontia	Yes
Orthopedic and Surgical Supports	Yes
Orthotics, Custom and Over-the-Counter	Yes
Osteopath	Yes
Ostomy and Colostomy Supplies	Yes
Over-the-Counter Drugs and Medicines (Acne treatment, allergy or sinus, antacids, antibiotic ointments, cold and flu medicine, decongestants, diarrhea medicine, insect bite creams and ointments, lactose intolerance tablets, laxatives, menstrual product & pain relievers, pain relievers, smoking cessation, sunburn creams, throat lozenges, topical steroids, wart removal, yeast infection medication)	Yes (If Purchased On or After January 1, 2020)
Ovulation Kit	Yes
Oxygen and Oxygen Equipment	Yes
Paternity Testing	No
Personal Protection Equipment (PPE)* (Masks, hand sanitizer, sanitizing wipes)	Yes (If Purchased On or After January 1, 2020)
Physical Therapy	Yes
Pill Cutters, Boxes, Sorters, and Organizers	Yes
Pillows for Support	Requires a LOMN
Pregnancy Tests	Yes

Expense Type	Qualified Expense?
Prenatal Vitamins	Requires a Prescription
Psychiatric Care and Services	Yes
Psychoanalysis	Yes
Psychologist	Yes
Psychotherapist	Yes
Reading Glasses	Yes
Rehabilitation Center or Convalescent Home	Yes
Respite Care	Yes
Safety Goggles, Prescription	Yes
Scale, Food, or Weight	Requires a LOMN
Scooter, Electric	Requires a LOMN
Service Animal, Guide Dog, or Companion	Requires a LOMN
Sitz Bath	Yes
Skin Tag Removal	Requires a LOMN
Sleep Deprivation Treatment	Yes
Speech Therapy	Yes
Standing Desk	Requires a LOMN
Stem Cell Harvesting or Storage	Requires a LOMN
Sterilization Procedure or Reversals	Yes
Sunglasses, Prescription	Yes
Sunscreen	Yes
Supplements (Calcium, dietary, fiber, herbal, joint, mineral, St. John's Wort)	Requires a LOMN or Prescription
Surcharges, Spousal or Tobacco (Paid with after-tax dollars)	Yes
Surgery, Non-cosmetic	Yes
Surrogate or Gestational Carrier Expenses	No
Teeth Whitening	No
Telemedicine, Including Online Consultation	Yes
Toothbrush	No
Toothpaste	No
Transplants	Yes
Transportation, for Medical Care (Airfare, bus fare, personal car mileage, parking, subway, taxi fare, toll fees)	Yes
TRICARE, Fees Associated With	Yes
Ultrasound, Prenatal	Yes
Urinalysis	Yes
Varicose Veins Treatment	Requires a LOMN
Vision Care	Yes
Vitamins	Requires a LOMN
Walking Aids	Yes
Wheelchair	Yes

\* Purchased for the primary purpose of preventing the spread of COVID-19.

This is not an exhaustive list. If you have a question regarding an item or service not listed, please contact our customer care team at 888-865-1628.

You can also visit the full list of IRS 213 eligible and ineligible expenses via this link: <https://www.irs.gov/publications/p502>

# Dependent Care FSA Qualified Expense Table

## Dependent Care Savings You Can **Depend On**

You can use the YourWay Dependent Care FSA to pay for a variety of child and eldercare services. The IRS determines which expenses are eligible for reimbursement. The purpose of the table listed to the right is to identify some of the most common dependent care expenses; however, it is not meant to be comprehensive. Should you have questions about whether a particular expense is eligible for reimbursement under this program, please call our customer care team at 888-865-1628.

It is also important to keep receipts and other supporting documentation related to your Dependent Care FSA expenses and reimbursement requests. The IRS requires appropriate documentation for all Dependent Care FSA reimbursements. Reimbursement requests must include a statement from the Dependent Care provider that includes: service dates, dependent's name, type of service, amount billed, and provider's name, address, and tax ID. Credit card receipts, canceled checks, and balance forward statements do not meet the requirements for acceptable documentation.

### This table has two columns:

1. The **Expense Type** column contains a list of expense types in alphabetical order.
2. The **Qualified Expense?** column contains a "Yes" or "No". This indicates whether the listed expense is or is not a qualified dependent care expense. In all cases, you will need to submit supporting documentation as indicated above.

Expense Type	Qualified Expense?
Activity Fees	No
Adult Daycare Center/ Elder Care (Work-related)	Yes
Au Pair	Yes
Babysitter (Work-related)	Yes
Childcare by a Relative (Work-related)	Yes
Day Camps (Work-related)	Yes
Disabled Dependent Care (13+)	Yes
Enrichment Classes	No
Food Expenses	No
Kindergarten	No
Montessori School	Yes
Nanny	Yes
Overnight Camp	No
Overnight Care	Yes
Preschool, Nursery School/ Pre-Kindergarten	Yes
Registrations Fees (Required for Eligible Care)	Yes
School Tuition	No
Summer School	No

If you have any further questions, please contact our customer care team at **888-865-1628**.



ONEBRIDGE

for your **benefit**