



Health Flexible Spending Accounts (HCA)

A Flexible Spending Account (also known as an FSA) is an account your employer sets up so you can pay for a variety of healthcare needs, such as **insurance co-pays, deductibles, specific over-the-counter products** as well as **some dental and vision care costs**. Here is the best part: your FSA is funded entirely by your pre-tax income.

OTHER KEY FEATURES

- **NO WAITING!** - Access to entire FSA election from the 1st day of your plan
- **Access Funds Anytime** – With the EBPA benefits card you can access your FSA funds whenever or wherever you need
- **24/7/365 Online Access** – Check your account balance and other vital account information with one click!



Dependent Care Accounts (DCA)

Dependent Care Accounts cover care costs for your eligible dependents while you are at work.

ELIGIBLE EXPENSES

- Before school or after school care (other than tuition)
- Custodial care for dependent adults
- Licensed day care centers
- Nursery schools or pre-schools
- Care of an incapacitated adult who lives with you at least eight hours a day
- Childcare at a day camp, nursery school, or by a private sitter
- Summer or holiday day camps

INELIGIBLE EXPENSES

- Expenses for children 13 and older
- Educational expenses including kindergarten or private school tuition fees
- Amounts paid for food, clothing, field trips, and entertainment
- Overnight camp expenses
- Registration fees
- Care for dependent while sick employee stays home
- Late payment fees
- Payment for services not yet provided (payment in advance)
- Medical care



Dependent Care Accounts reimburse for dependent care expenses incurred during working hours.

Flexible Spending Account FAQ's

If I use my card for a Prescription will I be asked for a receipt?

You will not be asked for a receipt if the pharmacy has the Inventory Information Approval System (IIAS). The IIAS system will automatically approve all prescriptions and you will not be asked for a receipt.

Can the Benefits Card be used for Dependent Care expenses?

Yes, the Benefits Card can be used for Dependent Care expenses if the provider accepts credit cards.

Do I still need to save receipts?

Yes, you should save itemized receipts for all FSA purchases. You may be asked to submit receipts to verify that all expenses comply with IRS guidelines. Itemized receipts must provide the date of service, item description, amount, and provider name.



What are the options for submitting orthodontic expenses to EBPA for reimbursement under a Health Care Reimbursement Account?

If the Orthodontic Service is billed on a monthly payment plan, once the card is used for the first payment, a letter will be sent requiring you to substantiate the transaction. When you send the substantiation, you can indicate it is a recurring transaction by noting "Recurring Expense" on the Substantiation Request Letter. Once we receive this information, we can program the system to automatically approve the monthly transaction for the current election year.

If the Orthodontic service is billed for the year, you may use the Benefits Card, but you will be asked to substantiate. You can also file a paper claim for reimbursement with the Explanation of Benefits (EOB) as your itemized receipt.

Where can I find a list of FSA eligible items?

For a FULL listing of eligible items visit [The FSA store at www.fsastore.com](http://www.fsastore.com) and click on "tools" to find the eligible list.

If I terminate, when will the Benefits Card be deactivated? Can claims still be submitted for eligible expenses prior to termination?

The Benefits Card is deactivated the date of termination. Claims can still be submitted for eligible expenses incurred prior to the termination date.

If I have a question regarding my Benefits Card or account, who do I call?

You should contact [EBPA's FSA Customer Service Department at 1-888-678-3457](tel:1-888-678-3457).

Reminder: All medical, dental, hospital and vision claims must be submitted to your insurance carrier first for processing. The Benefits Card should only be used for the portion you are responsible for. You will be asked to substantiate these transactions. If the provider requires payment up-front, you will need to pay out-of-pocket. Once you receive the Explanation of Benefits (EOB) and/or an itemized bill from the doctor showing the insurance payment, you can submit a paper claim for reimbursement.