



# Combined Services LLC

EMPLOYEE BENEFITS  
www.combinedservices.com

If you have medical or dental expenses that are not covered by insurance or if you pay for childcare so that you and your spouse can work, a Flexible Spending Account (FSA) could save you money. Participating in these accounts can provide savings by using pre-tax dollars to pay for your uncovered medical or dependent care expenses.

## FLEXIBLE SPENDING ACCOUNT (FSA)

### HOW IT WORKS

There are two types of Flexible Spending Accounts, a Health Flexible Spending Account (HFSA) and a Dependent Care Flexible Spending Account (DCFSA). The amounts you decide to set aside, in one, or both, of these accounts during the year will be deducted pre-tax in equal amounts from each paycheck and credited to your account. Then, when you have an eligible expense, you can submit it for reimbursement from your account.

*Note: There is minimum reimbursement payment amount of \$40 for either FSA type unless it's your end of the year claim.*

#### Health FSA:

The HFSA allows you to set aside a pre-determined amount of funds to pay health care expenses on a pre-tax basis. Participants save state (where applicable), federal income and FICA taxes. The HFSA 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.

- ❖ 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 specified annual election.
- ❖ There is a federal maximum election of \$2,500 per employer plan.
- ❖ Amounts submitted for reimbursement must not be a covered expense by your health plan.
- ❖ Reimbursement goes directly to you.

#### 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 DCFSA. The account allows you to pay for child and dependent care expenses with pre-tax funds set aside on a pre-determined basis. Participants save state (where applicable), federal and FICA taxes.

- ❖ Dependent must be under 13 (or incapable of self-care)
- ❖ Dependent must be claimed as a dependent on tax return
- ❖ Expenses are reimbursed up to amount currently in your account at the time of the claim submission
- ❖ Eligible expenses are outlined in IRS Publication 503
- ❖ There is a federal maximum election of \$5,000 per household filing single or married filing jointly
- ❖ Reimbursement goes directly to you

### HOW MUCH SHOULD YOU ELECT?

#### Health FSA:

When making your decision on how much money to put into your HFSA, you should start by planning around predictable expenses such as eyeglasses or prescription copays. We've provided a worksheet on the next page for you to come up with an estimate.

Keep in mind that each plan year:

- ❖ The money set aside in your HFSA is for expenses incurred during that plan year.
- ❖ Most groups have a 90-day run-off period to submit claims (period is stated in Group Summary Plan Description).
- ❖ If after the run-off period you have not used all the funds, the unused funds will be forfeited.
- ❖ Medical expenses paid through an HFSA cannot also be itemized on your tax return.
- ❖ There is a \$2,500 limit per employer plan for the HFSA set by the The Patient Protection and Affordable Care Act.

#### Dependent Care FSA:

When considering whether to utilize a DCFSA with a \$5,000 per household federal maximum vs the federal child tax credit, you should review the IRS Child and Dependent Care Expenses publication at <http://www.irs.gov/pub/irs-pdf/p503.pdf>.

### QUESTIONS

Our Flex Benefit Team is available to answer phone calls and respond to e-mails:

Regular Office Hours:  
Monday through Friday  
8:00am to 4:30pm

Extended Phone Hours:  
Tuesday & Thursday  
4:30pm to 5:30pm

Phone: 1 888 227-9745

Email: [flexiblebenefits@combinedservices.com](mailto:flexiblebenefits@combinedservices.com)



# HOW TO ENROLL & SUBMIT A CLAIM

## HOW TO ENROLL

To participate in your employer's FSA program, you need to complete your employer's enrollment form. On the enrollment form you will need to list your contact information, your dependents and the amount you would like to elect for your plan. The amount you elect will be withheld from your paycheck in equal installments during the plan year. You can obtain an enrollment form from your personnel department.

Once you have made your election, you cannot change your election unless you have a status change. Below is a list of status changes that would allow you to modify your election. You may change your benefits when you experience a:

- ❖ Change in Marital Status
- ❖ Change in Number of Dependents
- ❖ Change in Employment Status
- ❖ Legal Decree Orders Change in Coverage
- ❖ Loss of Insurance Coverage for Spouse/Dependent

## DIRECT DEPOSIT OPTION

Some plans allow for a direct deposit option. If your employer's plan has that option, you can elect to have your FSA reimbursements deposited directly to your checking or savings account.

## HEALTH FSA 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, glasses) .....\$ \_\_\_\_\_
  - e. Routine exams (Ob-Gyn, 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 total health care expenses.....\$ \_\_\_\_\_**

This amount is an estimate of the amount of dollars you should put into a Health FSA to get the most out of your pre-tax dollars.

## HOW TO REQUEST REIMBURSEMENT

To request reimbursement for your qualified expense, you need to complete and submit a reimbursement request with supporting documentation.

### A completed request should include the following:

- ❖ Date of service within the plan year or grace period (if applicable)
- ❖ The recipient of the service and relationship to you
- ❖ The type of service rendered or item purchased
- ❖ Where the service was rendered or item was purchased
- ❖ The expense for the service or item
- ❖ Your signature

### Included with your request should be:

- ❖ Documentation for services rendered or items purchased (should show item or service; where the item was purchased or services were rendered; and the cost)
- ❖ Substantiation for items or services that require additional documentation by IRS

## MORE WAYS TO SUBMIT A CLAIM

- 1. Consumer Portal:** Upload your scanned documentation with your electronic reimbursement request.
- 2. Mobile Application:** Snap a photo of your documentation with your mobile device and submit a claim through our mobile application.
- 3. Fax, Mail, Secure Email:** Complete our FSA reimbursement request form and submit copies of your documentation to our office.

**Combined Services LLC - Flexible Benefits Department**  
Mail: PO Box 1320, Concord, New Hampshire 03302-1320  
Fax: 1 603 224-0230  
E-Mail: flexiblebenefits@combinedservices.com

## ON-LINE ACCOUNT INFORMATION

You can login onto the Consumer Portal from [www.combinedservices.com](http://www.combinedservices.com) to check on your account, setup direct deposit or scan documentation and submit a claim for reimbursement 24/7/365.

### HOW MUCH CAN YOU SAVE?

Check out our Flex Calculator in the FSA Section of our website at [www.combinedservices.com](http://www.combinedservices.com) to see how much an FSA could save you.



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# WHEN CAN YOU USE YOUR FSA?

## EXAMPLES OF ELIGIBLE HEALTH CARE EXPENSES

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

- Acupuncture
- Alcoholism
- 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 or to recuperation home, 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



## EXAMPLES OF ELIGIBLE OVER-THE-COUNTER ITEMS

Over-the-counter (OTC) medicines (except insulin) are not 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 by the FSA or HRA.

### ELIGIBLE WITHOUT A PRESCRIPTION

- Bandages
- Blood Pressure Monitor
- Carpal Tunnel Support
- Contact Lens Solution
- Crutches
- Ear Care
- Eye Care
- Eye Drops (non-medicated)
- First Aid Supplies
- Hearing Aid Batteries
- Personal Test Kits
- Pinworm Treatments
- Pregnancy Tests
- Reading Glasses
- Wound Care (e.g. Gauze)

### ITEMS THAT REQUIRE A PRESCRIPTION

- Acid Controllers
- Allergy & Sinus medicine
- Antibiotics
- Anti-Diarrheals
- Anti-Gas Products
- Anti-Itch & Insect Bite
- Anti-Parasitic Treatments
- Baby Rash Ointments/Creams
- Cold Sore Remedies
- Cough, Cold & Flu
- Digestive Aids
- Feminine Anti-Fungal/Anti-Itch
- Hemorrhoidal Preps
- Laxatives
- Motion Sickness
- Pain Relievers
- Respiratory Treatments
- Sleep Aids & Sedatives
- Stomach Remedies

Combined Services LLC is here to help you use the Flexible Spending 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. Combined Services LLC will accept copies of these records with your reimbursement requests.



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