



SOME IMPORTANT THINGS YOU SHOULD KNOW, INVESTIGATE, AND / OR DO BEFORE ENROLLING IN A FLEXIBLE BENEFIT PROGRAM.

As a result of the CARES Act signed 3/27/20 EFFECTIVE JANUARY 1, 2020, over the counter medicines and drugs and menstrual care products will be eligible for reimbursement under a Medical FSA. Refer to the section at the end of this flyer for more information

Your WEX HEALTH® Card is good for three years. Check the expiration date on the front of the card. Do not destroy your card, even if you choose to not enroll in a future year. Fees will be imposed by the debit card vendor to replace your card and will deduct that fee from your account. You now have the ability to pay using a PIN (Personal Identification Number) at the point of sale in addition to the current signature process . Call (866) 898-9795 to request a PIN.

Read the listing of eligible expenses and excluded expenses. This information is included with your enrollment material as well as at www.sieba.com. This listing addresses commonly asked questions regarding eligibility of certain expenses. Refer to your Plan Document for complete Plan guidelines.

Call SIEBA regarding eligibility of expenses that are not specifically addressed, or if you have a specific expense that may need additional documentation to make it eligible. Call 607 786-3003 or 800 252-4624.

When listing your spouse/domestic partner and/or dependents other than your dependent children on your enrollment form, keep in mind that **only** your spouse according to federal law or your domestic partner or dependents other than your dependent children that you *can* claim as a dependent on your INCOME TAX RETURN at the time of service are eligible to receive pre-tax benefits from your Flexible Benefit Program, **regardless** if they are covered under your Health Benefit Plan. Dependent children that are eligible for tax free health coverage according to Section 105(b) of the Internal Revenue Code are eligible to receive pre-tax benefits from your Flexible Benefit Program. These dependent children would be your child, stepchild, adopted child, or eligible foster child through the year in which they have not yet turned 27.

If you or any of your eligible dependents are covered under a Health Benefit Plan that is not addressed on the enrollment form, please attach that information to your form when you complete it and return to your HR Department. This might be coverage for yourself from a previous employer, coverage under a State program for your children such as Child Health Plus, coverage under a different parent in a divorced or separated parent situation, or a supplemental plan purchased individually such as an AFLAC Plan for dental coverage.

If you or your spouse is covered under a High Deductible Health Plan with a corresponding HSA (Health Savings Account), you may not be eligible for your Medical Flexible Spending Account (FSA) through your employer. Call SIEBA to check eligibility options.

Check the start and ending date of the Flexible Benefit Plan's Plan Year and the date you are effective in the Plan. Only eligible expenses ***incurred*** during the Plan Year or the part of the Plan Year if enrolling mid-year, or a Grace Period, (if adopted by your Employer) are eligible to be considered for reimbursement. The incurred date of service is the date that the actual service is rendered. An incurred date of service is not the date you are billed by the provider or when you pay the bill.

Check with your employer regarding the period of time in which you have to make your flexible benefit program elections and complete the enrollment form. The enrollment form ***must*** be completed and returned to your employer BEFORE the Plan Year begins. New Plan Year enrollments ***can not*** be made after the start date of the Plan Year.

Once your election is made, you cannot change that election during the course of the Plan Year unless you have a qualifying change in status as outlined in IRC §125 and your plan document. An increase or decrease in anticipated expenses is not a change in status.

Claims **must** be submitted with completed claim forms and appropriate documentation. Refer to the back side of your claim form for details on appropriate documentation. Claims submitted without a completed and signed claim form can result in claim processing delays. Inappropriate documentation will be returned to you for insufficient information. Received on account (ROA), paid on account (POA), balance due, balance forward, and previous balance statements are not appropriate forms of documentation. A general claim form can be found at www.sieba.com. Submit claims and Substantiation documentation via our secure portal on our website, also at www.sieba.com, fax to 607-786-3437 or to PO BOX 5000, Endicott, NY 13761-5000. Please do not email personal and medical information to us.

KEEP ALL RECEIPTS. If your Plan utilizes a debit card to access your account (FSA or HRA), understand that claims still need to be substantiated, regardless of the use of the card. Some expenses such as RX co-pays, Dr visit co-pays, and some over the counter expenses CAN automatically be substantiated at the time of the debit card transaction. All other expenses such as deductibles, co-insurance, dental and vision expenses will need to be substantiated with supporting documentation after the debit card transaction. You will be notified when this is required. Failure to substantiate your claim will result in a temporary suspension of your debit card and account.

Your Flexible Benefit Program is last after all other forms of group health coverage, medical and / or dental, have paid their portion. If your Plan has an HRA, check your Plan Document for ordering of claim processing. If you have informed SIEBA that you have other coverage, the claims processor will be looking for an Explanation of Benefits (EOB) from your medical and / or dental carrier.

Reimbursement for medical expenses can be made up to the amount you elected in your flexible benefit plan at the time you enrolled regardless of your contributions made to date. Reimbursement for dependent care expenses can only be made up to the amount of contributions made to date of the claim.

Understand that medical or dependent care expenses for services that have not yet been incurred or rendered cannot be reimbursed. Dependent care expenses cannot be reimbursed before they are incurred even if you pay "ahead" to your provider.

You may NOT submit child and dependent care expenses to your dependent care account that you incurred while you are off work because of illness. They do not qualify as work-related expenses. These amounts are not incurred in order to allow you to work. This applies even if you get sick pay and are still considered an employee. This would also apply if you or your spouse were out on maternity leave, FMLA, etc. There is a limited \$5000 dependent care household maximum. Please be sure to coordinate with other family members who are enrolling in a dependent care account. Also note that in cases where there is a divorce or separation, there are other limits placed on who can enroll in a dependent care account. Please call to verify or consult with a tax specialist. Also refer to IRS Publication 503.

Know when your claims will be processed. They are always processed twice a month. However, when there are 5 Mondays in a month, there will be a longer lag between claim processing. The claim processing schedule can be found at www.sieba.com.

If you are using your unreimbursed medical account for ongoing non-cosmetic orthodontic treatment, we suggest that you call us ahead of time to go over your specific treatment plan and determine what expenses are eligible and when they are eligible. Fees for orthodontic treatment before actual placement of appliances cannot be reimbursed. Braces / appliances must be placed before reimbursement can be made. Monthly maintenance fees for ongoing orthodontic treatment are eligible for reimbursement with proof of payment made during the Plan Year for fees incurred during the Plan Year. Adult orthodontic treatment will require a letter of medical necessity.

OVER THE COUNTER MEDICATIONS/SUPPLIES CHANGES FOR 2020

On Friday March 27th the Coronavirus Aid, Relief, and Economic Security Act or the CARES Act was signed into law. The bill included a change impacting the use of funds from HSA, HRA and FSA health benefit accounts. The bill reverses the prescription requirement for Over the Counter Drugs for reimbursement and also includes eligibility for menstrual care products. The bill had a retroactive start date of 1/1/20.

Included in the new CARES Act that was signed into law on 3/27/20, were some changes to those items that are eligible for Flexible Spending Accounts and HRAs. Those changes include making over the counter medicines and drugs eligible without any additional documentation necessary. Previously a person needed to have a prescription from a doctor even if they were purchasing an item over the counter. This change does **not** apply to vitamins/minerals/herbs/supplements. Those will still require a letter of medical necessity in order to be eligible. Additionally, menstrual care products have now been classified as eligible. The CARES Act specifically identifies tampons, pads, liners, cups and sponges items that eligible

Announcement 2021-7 now allows face masks, hand sanitizer, and hand sanitizing wipes to be eligible as a §213(d) expense under your Medical FSA Account.

Please check out www.sieba.com for access to listings of eligible OTC expenses that require a prescription and those that do not by clicking on the FSASore Icon.

Please understand that we cannot answer and address all questions and situations in this type of format. Commonly asked questions and common situations only are addressed above, on the enrollment form, and the claim form. If you have any questions or concerns, PLEASE contact SIEBA. BEFORE you make elections. No question or concern is too small to ask. Our responses to your questions and concerns are based on IRC §125, IRS rulings, notices, interpretations, guidance and your Plan Document.