

FSA's Explained

To get started, select a topic:



1

What's an FSA?

2

How much should I contribute?

3

How do I enroll?

4

How do I get reimbursed?

It pays to plan ahead.



QUICK LINKS

What's an FSA?

How much should I contribute?

How do I enroll?

How do I get reimbursed?

An FSA, or Flexible Spending Account, is a benefit you can choose during Open Enrollment. By contributing pre-tax dollars to an FSA, you can save an average of 30 percent on health care and dependent care costs. The money you contribute is not subject to payroll taxes, which can result in substantial tax savings!

QUICK NOTES

- An FSA is like a savings account for health care and dependent care expenses.
- It saves you an average of 30 percent because you contribute pre-tax dollars!

Two to choose from *(or choose both!)*

Health Care FSA

Choose this FSA to pay for medical, prescription, dental and vision expenses you or your family incur.

Eligible expenses:

Eyeglasses

Co-pays

Prescriptions

LASIK

Dental work

Orthodontia

And MUCH more!

Dependent Care FSA

Use this FSA to cover expenses for a dependent child or parent.

Eligible expenses:

Adult or child care

Pre-school

Day camp

Before/after school care

Elder care

And MUCH more!

VIEW ALL HEALTH CARE EXPENSES: www.myceridian.com/hfsa-expenses

VIEW ALL DEPENDENT CARE EXPENSES: www.ceridian.com/myceridian/client-support/compliance/dfsafsa-expenses.pdf

VIEW MORE DETAILS: [Details Section](#)

QUICK LINKS

What's an FSA?

How much should I contribute?

How do I enroll?

How do I get reimbursed?

2

How much should I contribute?

Calculate how much you need with our online calculator. This handy tool will suggest how many pre-tax dollars you may want to contribute. You can get started by estimating your expenses below.

Health Care FSA:

Type of expense	Examples	Estimated annual cost
Deductibles	Medical, dental, vision	\$ _____
Co-payments/co-insurance	The amount not covered by your health plan	\$ _____
Prescriptions	Antibiotics, blood pressure medication, etc.	\$ _____
Vision	Glasses, contacts, solution, exams, etc.	\$ _____
Dental	Cleanings, orthodontics, crowns, etc.	\$ _____
Health care mileage	Trips to and from doctor, dentist, etc.	\$ _____
Total expenses		\$ _____

Dependent Care FSA:

Type of expense	Examples	Estimated annual cost
Child care expenses	Day care, before/after school care, day camp, preschool	\$ _____
In-home care	In your home or someone else's	\$ _____
Elder care services	Adult day care center	\$ _____
Total expenses		\$ _____

ONLINE CALCULATOR:

www.ceridian.com/myceridian/fsacalculator

VIEW MORE DETAILS:

[Details Section](#)

3



QUICK LINKS

[What's an FSA?](#)

[How much should I contribute?](#)

[How do I enroll?](#)

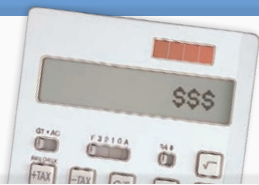
[How do I get reimbursed?](#)

It's easy. You can enroll in an FSA during your company's Open Enrollment period. Once you've enrolled, you'll receive confirmation of your election amount. And you can start saving!

Step 1: Use one of the tools below.

Step 2: Enroll in an FSA during Open Enrollment.

TOOLKIT



ONLINE CALCULATOR: www.ceridian.com/myceridian/fsacalculator



VIEW ALL HEALTH CARE EXPENSES: www.myceridian.com/hfsa-expenses

VIEW ALL DEPENDENT CARE EXPENSES:
www.ceridian.com/myceridian/client-support/compliance/dfsaf/dfsaf-expenses.pdf



FOR MORE INFORMATION: www.ceridian-benefits.com

VIEW MORE DETAILS: [Details Section](#)

QUICK LINKS

What's an FSA?

How much should I contribute?

How do I enroll?

How do I get reimbursed?

Remember to save your receipts! When you incur an eligible expense, just send in your eligible expense receipt or Explanation of Benefits with the necessary form. For the quickest access to your money, you can submit your claims online! It's that simple.

Step 1: Incur a health or dependent care expense.

NOTE: If you use your Ceridian Benefits Card to pay for an eligible *health care* expense, you can skip steps 2-4.



IMPORTANT TIPS

- The quickest way to access your Health Care FSA balance is to use your Ceridian Benefits Card to pay for eligible health care expenses.
- Always keep your original receipt or Explanation of Benefits.

Step 2: Submit claim online and print confirmation page.



www.ceridian-benefits.com

Step 3: Send in receipts with your confirmation page.



Step 4: Get reimbursed!

DON'T FORGET TO KEEP YOUR RECEIPTS!

VIEW MORE DETAILS:

[Details Section](#)

RECEIPT

YOUR RECEIPT MUST CONTAIN:

- DATE OF SERVICE
- AMOUNT DUE
- PROVIDER NAME
- TYPE OF SERVICE OR SERVICE DESCRIPTION

QUICK LINKS

[What's an FSA?](#)

[How much should I contribute?](#)

[How do I enroll?](#)

[How do I get reimbursed?](#)

More on eligible expenses

What health care expenses are covered?

The list of eligible expenses is too large to print in its entirety here, but the following is a sample of covered expenses. This list may be amended at any time of the year without notice. For a comprehensive list visit the links at the bottom of the page.

Health care expenses

Acupuncture

Chiropractic care

Contact lenses

Co-pays

Dental expenses
(excluding whitening)

Dermatologist fees

Diagnostic tests

Durable medical expenses
(e.g., wheelchair or crutches)

Flu shots

Guide dog expenses

Glucose kits

Hearing aids and batteries

Immunizations

Infertility treatments

Lamaze classes

LASIK

Midwife services

Optometrist and
ophthalmologist fees

Orthodontia

Over-the-counter drugs
(starting 1/1/2011, the
purchase of over-the-counter
medicines will require additional
documentation)

Oxygen

Physical therapy

Pregnancy tests

Prenatal care

Prescription drugs

Prescription eyeglasses,
sunglasses and reading glasses

Psychiatric fees

Smoking cessation programs

Substance abuse treatment

X-rays

Dependent care expenses

Day care

In-home care

Nursery or preschool

After school care

Au pair services

Day camp

Elder care services

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VIEW ALL DEPENDENT CARE EXPENSES:

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QUICK LINKS

What's an FSA?

How much should I contribute?

How do I enroll?

How do I get reimbursed?

Understanding the rules

If I don't use the money in my FSA, do I lose it?

It's true. The IRS mandates that if you don't use up your FSA account balance by the end of the plan year, you lose the money. So make sure to access your account online to see your balance, claim filing deadline, claim submission deadline and claim information.

When can I change my contributions?

Certain life changes allow you to enroll in an FSA or make changes to your current FSA contribution. When you get married or have a child, you are able to start contributing to an FSA or alter your contribution amount in order to accommodate the health care and dependent care expenses of your growing family.

What happens to my FSA if I terminate employment?

Participation in the FSA ends if you terminate employment. You may submit a claim for reimbursement of eligible expenses after your participation ends. The expenses must have been incurred prior to the plan termination date and they must be submitted within the run-out period.

What is the run-out period?

The run-out is a specified period of time after the end of the plan year in which you may continue to submit claims incurred during your period of coverage. This is not a period when you are able to continue to incur new expenses, but rather it allows you time to gather and submit expenses before forfeitures are applied.

How do changes in Health Care Reform affect me?

One of the biggest changes that will affect your Health Care FSA is eligibility for over-the-counter (OTC) expenses. Starting 1/1/2011, OTC medicines will only be reimbursed by an FSA if they are prescribed by a doctor, and you will not be allowed to use your Ceridian Benefits Card for these purchases. This change only applies to OTC medicines. Supplies, such as contact lens solution and bandages, are not affected by the change. In addition, Insulin remains eligible without a prescription.

Effective 1/1/2013, individual employee contributions to a Health Care FSA will be limited to \$2,500 per year. For more information on changes in Health Care Reform, visit www.ceridian-benefits.com and click on **Health Care Reform**.

QUICK LINKS

[What's an FSA?](#)

[How much should I contribute?](#)

[How do I enroll?](#)

[How do I get reimbursed?](#)

More on getting reimbursed

How do I submit a claim?

If you use your Ceridian Benefits Card for eligible health care expenses, you do not have to submit a claim. In cases where you can't use your Benefits Card or for dependent care expenses, all you have to do is incur an eligible expense, log onto your account and file your claim online. Then print out the confirmation page and email, mail or fax it to us, along with your receipts or insurance carrier's Explanation of Benefits. If you don't have access to the online forms, you can request one from Ceridian. Once your claim is approved, you will be reimbursed according to your employer's scheduled reimbursement dates.

How do I make sure my claim isn't denied?

In order to process your reimbursement, the IRS requires that you provide a copy of your receipt or an Explanation of Benefits from your insurance company. Whichever document you send, it should include the following pieces of information:

- Date of service
- Amount due (i.e., patient responsibility amount)
- Provider name
- Type of service or service description (e.g., "Cleaning" or "Crown" are valid descriptions; "Dental" is not.)

When will I get reimbursed?

Eligible Health Care FSA expenses paid with the Ceridian Benefits Card do not involve reimbursement since they are paid directly from your FSA to the merchant or provider. Ceridian may require documentation to ensure the expense was eligible, so make sure you keep your original receipts! With a Dependent Care FSA, you will be reimbursed once your contributions cover your expenses.

QUICK LINKS

[What's an FSA?](#)

[How much should I contribute?](#)

[How do I enroll?](#)

[How do I get reimbursed?](#)

The Ceridian Benefits Card

What is the Benefits Card?

The Benefits Card can be used to pay health care expenses directly from your FSA. It works just like a bankcard, except that it's linked to your FSA available balance. The best part? When you use your Card on eligible health care expenses, you don't have to pay out-of-pocket, file a claim or wait to get reimbursed. You will automatically receive your card by mail a few weeks after you enroll in a Health Care FSA.

Generally, your Card can be used to pay for:

- Pharmacy prescription co-payments
- Co-payments at your doctor's office
- Coinsurance, deductible or other out-of-pocket expenses for medical, dental and vision expenses

What is the balance on my card when I receive it?

At the beginning of the plan year, the balance of your new Benefits Card will be equal to your annual Health Care FSA election.

How many Benefits Cards will I receive?

One Benefits Card will be issued to you. You can contact Ceridian to request additional cards.

How do I use my Benefits Card?

You can use your card to pay most health providers right at the time of purchase. Simply swipe your card at the point of sale. You will select "credit" when asked "credit or debit", as no PIN is required. The amount of the purchase is deducted directly from your Health Care FSA account balance and paid to your health care provider.

Will anyone accept my Benefits Card?

Most medical providers (including doctors' offices, dental and vision care providers and hospitals) will accept the Benefits Card if they display the MasterCard® logo. Your Benefits Card will only be accepted at qualified health care establishments. It will not be accepted at convenience stores, gas stations or restaurants. In addition, your Benefits Card cannot be used to pay your dependent care provider.

QUICK LINKS

What's an FSA?

How much should I contribute?

How do I enroll?

How do I get reimbursed?

The Ceridian Benefits Card (continued)

What if my Benefits Card is not accepted or declined?

Give the clerk another form of payment for the total amount of your purchase. Then you can submit your claim online and send in your receipt with the claim confirmation page to request reimbursement for your FSA-eligible items.

Are there times when I *do not* have to submit a receipt?

Yes, there are times when it is not necessary to submit a receipt when using your Benefits Card. These include:

- When your expense equals your employer's insurance plan's co-pay
- When you have a recurring transaction of the same amount and at the same merchant as another transaction that Ceridian has previously approved within the past year
- When you purchase eligible items at an establishment that has an Inventory Information Approval System

You can always access your account online to see if your card transaction requires a receipt.

Do I still need to keep my receipts?

Yes. You must *always* keep your original receipts for all Benefits Card transactions in the event of an IRS audit. There may also be some cases in which Ceridian may request additional documentation. So if you use your card, remember to save your receipts. Your receipt must have the following information:

- Date of service
- Amount due (i.e., patient responsibility amount)
- Provider name
- Type of service or service description (e.g., "Cleaning" or "Crown" are valid descriptions; "Dental" is not.)

How will I know if I need to submit additional documentation?

You will be notified by mail or email in approximately 45 days after your purchase. You will be provided with details of the transaction, what information to submit and specific instructions on how to submit the necessary information. If the requested information is not received within 60 days, your Benefits Card may be temporarily deactivated.

Can I pay for dependent care with my Benefits Card?

With a Benefits Card, you cannot pay for dependent care or non-health care related items.