



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

Flexible Spending Account Enrollment Guide



## ONEBRIDGE

for your **benefit**

170 Franklin St. | Suite 700 | Buffalo, NY 14202 | 1-888-865-1628 | [onebridgebenefits.com](https://onebridgebenefits.com)

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# OneBridge YourWay FSA

## Enrollment Guide

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# Pay **with Flexibility**

The OneBridge YourWay 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.

# 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 YourWay 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 YourWay 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 |
| Health FSA Contribution               | \$0     | Health FSA Contribution            | \$225   |
| Dependent Care FSA Contribution       | \$0     | Dependent Care FSA Contribution    | \$417   |
| Taxable Income                        | \$5,000 | Taxable Income                     | \$4,358 |
| Taxes                                 | \$1,500 | Taxes                              | \$1,307 |
| Net Pay                               | \$3,500 | Net Pay                            | \$3,051 |
| Post-Tax Medical Expenses             | \$225   | Post-Tax Medical Expenses          | \$0     |
| Post-Tax Dependent Care Expenses      | \$417   | Post-Tax Dependent Care Expenses   | \$0     |
| Monthly Income                        | \$2,858 | Monthly Income                     | \$3,051 |
| Increase in Take-Home Pay             |         | \$193 Monthly / \$2,310 Annually   |         |

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 YourWay FSA portal. When you login to **portal.yourwaybenefits.com**, you'll instantly see a full view of all your account details. Through your participant 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 portal.yourwaybenefits.com are available to you on the mobile application, plus you'll have 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.

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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 30% as .3</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 [portal.yourwaybenefits.com](https://portal.yourwaybenefits.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 included in this Enrollment Guide, can also 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 [portal.yourwaybenefits.com](https://portal.yourwaybenefits.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. The grace period cannot be greater than 2½ months after the end of the plan year, but can be shorter if elected by your employer. Health FSA plans are not required to have a grace period but are rather an employer election.

A carryover in an employer's FSA plan allows up to \$570 to be rolled into the next plan year if the funds are not used. The rollover funds are added to the available balance in the new plan year and can be used to reimburse expenses with a date of service in the new plan year. Funds that have rolled into the new plan year do not count towards the election maximum for that plan year, so the participant can elect up to the plan maximum and then have rollover funds added to the available balance. Rollover only applies to a Health FSA. Additionally, any funds over \$570 will be forfeited to the employer if not claimed.

While it is up to the employer to choose if they would like to add the grace period or rollover feature to their FSA, an employer plan cannot have both features for the Health FSA. Please refer to your Summary Plan Description provided by your employer to determine if either option is applicable to your plan.

## **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), 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.



# 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 allow 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 for 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 receive a new card to access your FSA account(s).

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



# 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.

## **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 benefits card to pay for those. If you have enrolled in a Dependent Care FSA account, the card may also 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 [portal.yourwaybenefits.com](https://portal.yourwaybenefits.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.

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



## 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 80866, Seattle, WA 98108.**

### 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** to submit your supporting documentation online.

To submit a paper form, follow instructions provided below and send to: **OneBridge FSA, PO Box 80866, Seattle, WA 98108.**

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

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| 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<br>(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<br>(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**