

FLEXIBLE SPENDING ACCOUNTS

MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA) DEPENDENT CARE SPENDING ACCOUNT (DCSA)

**Plan Year 2020
October 1, 2019 – September 30, 2020**

Summary Plan Description

2020 Plan Administered by:



1145 Westmoreland Drive
El Paso, TX 79925
(877) 532-3778 ext.1529
www.preferredadmin.net

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BASICS OF FLEXIBLE SPENDING ACCOUNTS

What is a Medical Flexible Spending Account?

A Medical Flexible Spending Account (FSA) allows you to pay for eligible medical, dental and vision expenses using pre-tax dollars. Some examples of eligible expenses are prescription drug co-pays, office visit co-pays, planned dental work, eyeglasses, or contact lenses.

The maximum election amount for an FSA is limited to \$2,700 per benefit plan year.

Please note that Preferred Administrators cannot provide tax advice. You are responsible for making sure all expenses submitted for reimbursement are eligible. For more information, refer to IRS Publication 502 at www.irs.gov or consult your tax advisor.

What is a Dependent Care Flexible Spending Account?

A Dependent Care Flexible Spending Account (DCSA) allows eligible employees to pay for childcare or dependent care expenses using pre-tax dollars. Eligible DCSA reimbursements are those incurred solely for “employment related expenses”, as defined in IRS Code Section 21 (b) (2). You will be reimbursed for the care of “eligible dependents” by a qualified provider.

The maximum amount an employee may elect for the DCSA per benefit plan year is \$5,000 if the employee is married and filing a joint income tax return or is a single parent and \$2,500 if the employee is married but filing an income tax return separately.

For more information, refer to IRS Publication 503 at www.irs.gov or consult your tax advisor.

Important Points to Remember:

- FSA expenses are eligible for reimbursement based on the type of expense and the applicable coverage period. The current coverage period is October 1, 2019 to September 30, 2020. You can download your FSA form at www.preferredadmin.net.
- The FSA run out period is November 30, 2019. This is the last day to submit your claims incurred from the previous plan year.
- At the end of the plan year, any remaining funds in your medical FSA only, up to a maximum of \$500, will rollover into the 2020 plan year. Any unused funder over \$500 will be forfeited.
- The maximum medical FSA election for Plan Year 2020 is \$2,700.
- Eligible expenses must have been incurred for you, your spouse, children, and any other person who is your qualified dependent under the Internal Revenue Code.
- You incur expenses when the care is provided, rather than when you are billed or when you pay for the care with the exception of orthodontia.
- If you enroll mid-year, expenses incurred before your effective date are not eligible.
- Expenses incurred after your participation ends or after you terminate employment are not eligible.
- You must elect or re-elect your FSA/DCSA contributions during Open Enrollment. If no election is made during this time, your FSA/DCSA elections will not default for the next Plan year.

TAX SAVINGS EXAMPLE

You can reduce your tax burden by electing an FSA account. Payroll dollars are set aside before the Federal Insurance Contributions Act deduction. Maximize your income!

Without FSA		With FSA	
Base Salary	\$25,000	Base Salary	\$25,000
Federal Taxes	-\$2,000	Medical Costs	-\$1,500
Net Salary	\$23,000	Taxable Salary	\$23,500
Medical Costs	-\$1,500	Federal Taxes	-\$1,700
Actual Salary	\$21,500	Actual Salary	\$21,800

*All figures in this table are estimates and not based on IRS Tax Tables.

SECTION I: PLAN HIGHLIGHTS

ELIGIBILITY AND ENROLLMENT

You do not need to have insurance coverage through Preferred Administrators to be eligible for the program, as long as you are an active employee.

To be eligible, you must be:

- an active full time employee regularly scheduled to work on a consistent basis a minimum of thirty (30) hours per week; or
- an active part time employee, regularly scheduled to work on a consistent basis a minimum of twenty (20) hours per week but less than thirty (30) hours per week.

The Plan year for the FSA and DCSA accounts is from October 1st thru September 30th. You will be able to elect or re-elect your FSA/DCSA contributions during your employer's Open Enrollment. If no election is made during this time, FSA/DCSA elections will not default for the next Plan year. **You must re-enroll each year** to continue participation.

All new hire employees are eligible to make an FSA and/or DCSA election during their first 31 days of employment. All elections are effective the first of the month, following 31 days from the date of hire.

Expenses incurred after your participation ends or after you terminate employment are no longer eligible.

Changing Elections and Qualifying Events

Once the Plan year starts, changes in the elections are not allowed unless a qualified event is experienced. Your election change must be consistent with the status change event and must fall into one of the following categories:

- Marriage
- Divorce, legal separation, or annulment
- Death of a spouse or eligible dependent
- Termination or commencement of employment by employee, spouse, or eligible dependent
- Reduction or increase in hours of employment by employee, spouse, or eligible dependent.
- Change in the number of eligible dependents
- A significant change in the cost of dependent care
- A change in care provider's cessation of business
- A change in worksite of employee, spouse or eligible dependent
- Entitlement or loss of Medicare or Medicaid
- Change in the day care provider
- Change in employment status

All qualifying event changes must be made through your employer. Only claims incurred while actively participating are eligible for reimbursement.

Qualified Dependents

You can use your FSA/DCSA when expenses are incurred for yourself or eligible dependents, even if they are not covered through your employer's health plan. The following individuals would be considered eligible dependents:

- Employee
- Spouse
- Domestic Partner
- Qualifying Child
- Qualifying Relative
- Qualifying Child of a Domestic Partner, if they qualify as a dependent for federal income tax purposes.

For more information on qualifying dependents, eligible expenses and dependent care tax credit, refer to IRS Publication 503 or you can also find it at www.irs.gov.

CLAIMS PROCESSING

You have the option of submitting claims electronically via our online portal. Simply go to <https://www.wealthcareadmin.com/Participants/login.aspx> to login to your account and get started.

For paper reimbursements, the Health/Dependent Care Flexible Spending Account Claim Form is available at www.preferredadmin.net. A sample Health/Dependent Care Flexible Spending Account Claim Form is included in *Section VII: Sample Forms*.

Mail or fax claims to: Preferred Administrators- FSA/ DCSA
1145 Westmoreland Drive
El Paso, TX 79925
Fax: (915) 298-7863

Preferred Administrators will review your claim and supporting documentation. IRS regulations mandate that over-the counter drugs and medicines are not eligible for reimbursement through FSA unless a prescription or Letter of Medical Necessity (LMN) is on file from your physician. If FSA claims are submitted for services not clearly for medical care, Preferred Administrators will request additional information to substantiate the expense or medical care. A LMN from your provider might also be requested to certify the services or items are medically necessary. You will receive a written notice of any denied claims.

Claims must be received by 4:30pm on Wednesday in order to have a reimbursement check mailed that same Friday, with the exception of company approved holidays. Checks will be mailed to the address you have on file.

You must submit claims for the current Plan year by November 30, 2020. Expenses must have been incurred between October 1, 2019 and September 30, 2020 in order to be eligible for reimbursement. Expenses are incurred when you or your eligible dependent receives the care, not when you are billed, charged for, or pay for the services.

Services incurred in a different plan year but paid in the current year are not eligible for reimbursement and you can only be reimbursed for services that occurred while you are an **active** employee.

Keep your receipts and other supporting documentation related to your expenses and reimbursement requests. The IRS may request itemized receipts to verify select expenses. Credit card receipts, canceled checks, and balance forward statements do not meet the requirements for acceptable documentation.

FSA ROLLOVER

You must participate in the 2020 Medical FSA program to be eligible to carry-over up to \$500 of unused Medical FSA balance remaining at the end of the current Fiscal Year. If you do not elect the Medical FSA Plan for Fiscal Year 2020, your carry-over amount will be forfeited.

If you don't use all of the money in your FSA, you can rollover up to a maximum of \$500 of unused funds from the previous year's account and add them to the new Plan year. Rollover funds will be available on October.

Keep in mind that **all funds in excess of \$500 at the end of the run-out period are subject to the "Use-It-Or-Lose-It" rule and will be forfeited.**

The rollover does not apply to the DCSA.

How is the rollover amount calculated?

The rollover amount is determined after all expenses have been reimbursed for the Plan year at the conclusion of the run-out-period. For example, the Plan's run-out period ends on November 30th for services rendered from October 1st thru September 30th. The amount rolled over for a plan year is equal to the amount remaining in the FSA up to \$500. If the balance of the 2020 FSA account is depleted upon all claims submission, the rollover will not apply.

Can rollover amounts accumulate from year to year?

A maximum of \$500 can be rolled over from one plan year to the next. If a Participant roll over \$500 from 2019 into 2020 and then contributes another \$500 in 2020 that goes unused, he or she cannot then roll over \$1,000 into 2021. Only \$500 can be carried forward.

Will funds from the current Plan year rollover if the Participant does not elect FSA for the new Plan year?

You must participate in the 2020 Medical FSA program to be eligible to carry-over up to \$500 of unused Medical FSA balance remaining at the end of the current Fiscal Year. If you do not elect the Medical FSA Plan for Fiscal Year 2020, your carry-over amount will be forfeited.

Will the rollover amount reduce the \$2,700 maximum FSA annual contribution?

No. For example: if the full \$500 were to rollover into the following Plan year and the Participant elects to contribute the full \$2,700 in that year, they would have a total of \$3,200 available for reimbursement of eligible expenses for that new Plan year.

SECTION II: DEBIT CARD

Spending your funds on eligible expenses has never been easier! You can use your debit card to pay for things such as co-payments, deductibles, and eligible out-of-pocket-expenses with avoiding cumbersome paperwork and reimbursement delays. Your contributions are automatically deposited into your card.

You will receive your debit card at your time of initial enrollment and current cardholders who re-elect the program for the following plan year will automatically have their card reloaded with the next Plan year's election amount.

WHERE CAN THE CARD BE USED

The card can be used at Health Care Providers (based upon the Merchant Category Code) and at stores that have implemented an Inventory Information Approval System.

- **Merchant Category Codes (MCC):** The debit card will work to pay providers that have an MCC that indicates they are an approved provider (hospital, doctor, dentist, optometrist, chiropractor, etc.). An MCC is the general category that is assigned to the merchant.
- **Inventory Information Approval System (IIAS):** You may use your card for eligible expenses at retail stores that have IIAS in place. The card will work even if the MCC does not indicate it is an approved. Please note, however, that some items eligible for reimbursement may not be set up with the IIAS and you will not be able to use the card to pay for these expenses at these stores. You will have to pay with a separate form of payment and submit a claim.

PERSONAL IDENTIFICATION NUMBER (PIN)

When using your card, you may be prompted to enter a personal identification number (PIN) rather than signing. To view your PIN electronically, you need to log into the Participant Portal.

See the *ONLINE AND MOBILE ACCESS* section for instructions on registering for the portal.

When you log in, the system will request that you perform some additional authentication procedures before allowing you to view your PIN. Once authenticated, you will be able to access your PIN by clicking on the "View PIN" link that is displayed with each of your benefit cards. Primary cardholders will be able to view the PINs for all dependent cards associated with the account.

LOST/ ADDITIONAL CARDS

You must fill out the FSA Card Request Form to report your card lost or stolen and to request a new card. Additional cards for your spouse or eligible dependent may also be requested using this form. The form can be found on our website at www.preferredadmin.net. A sample FSA Card Request Form is included in *Section VII: Sample Forms*.

SECTION III: FSA EXPENSES

Most medically necessary expenses are covered through your FSA account. Below is a listing of some qualifying, non-qualifying and non-reimbursable expenses.

EXAMPLES OF QUALIFYING FSA EXPENSES

Medical supplies and products that are not considered medicines or drugs will continue to be covered without a prescription.

Category/Eligible without RX	Example of Category
Ambulance	Medical expense paid for ambulance services
Antiseptics & Wound Cleansers	Alcohol, Peroxide, Epsom Salt, Betadine Hibiclens
Baby Electrolytes	Pedialyte, Enfalyte
Baby Health Essentials	Munchkin The Medicator, Little Nose Saline Spray/Gas/Colic Relief, Be Kool Soft Gel Sheets, Nasal
Baby Teething Pain	Baby Orajel, Anbesol Baby Oral Gel
Breast Reconstruction Surgery following Mastectomy	Breast Surgery due to meeting Medical Necessity after Mastectomy
Childbirth Classes	Classes Received for Childbirth
Compound Medications	Medications Produced by Medical Professionals To Treat a Medical Condition
Copies of Medical Records	Payment of Records are Reimbursable
Contraceptives	Condoms, Female Contraceptives, Spermicidal Foam
Cord Storage	Fees for Storing Umbilical Cords for Surgery in the near
Dental Services	Artificial Teeth, Braces, Dental Treatment
Denture Adhesives, Repair, Pain Relief and Cleansers	Poligrip, Benzodent, Plate Weld, Efferdent, Night Guards
Diabetes Testing & Aids	Ascencia, One Touch, Diabetic Tussin, Insulin Spyringes; Glucose Products
Diagnostic Products	Thermometers, Blood Pressure Monitors, Cholesterol
Durable Medical Equipment/	Wheelchair & Accessories, Canes, Splints, Athletic
Medical Supplies	Braces and Supports, Nebulizers, Vaporizers, Orthopedic Shoes, Post-Mastectomy Clothing, Arches and Orthotic Inserts
Ear Care	Ear Drops, Syringes, Ear Wax Removal, Debrox,
Elastics/Athletic Treatments	ACE, Futuro, Elastic Bandages, Braces, Hot/Cold Therapy, Orthopedic Supports & Rib Belts, Compression Socks or Hoses

Eye Care	Contact Lens Care, Visine, Refresh Tears
Family Planning	Pregnancy Kits, Ovulation Kits
Feminine Care	Women Protective Underwear, Poise Pads, Maternity Support, Therma Care Menstrual Cramp Relief, Nursing Pads.
Infertility Treatments	All Treatments related to Infertility.
Fiber Laxatives	Benefiber, Fibercon, Metamucil (powder or pills)
First Aide Dressings & Supplies	Band Aide, 3M Nexcare, J & J First Aid, non-support
Foot Care Treatment	Corn & Callus Treatments, Wart Removers, Medicated, Devis, therapeutic insoles
Hearing Aide Medical Batteries	Hearing Exams
Home Health Care	Ostomy, Walking Aides, Deducbitis/Pressure Relief, Enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, wound care, wheel chairs
Incontinence Protection & Treatment Products	Attends, Depends, Goodnights for juvenile incontinence, Prevail, anti-fungals, Calmoseptine
Oral Remedies or Treatments	Mouth Sore Treatments, Dental Repair, Salivart, Anbesol, Orajel, Dentemp
Orthodontia	Braces
Prenatal Vitamins	Stuart Prenatal, Nature's Bounty Prenatal Vitamins
Practitioners/Facility	Physician and Facility co-pays, deductibles, co-insurance
Glasses	Reading and Prescribed Sun Glasses, Maintenance Accessories
Smoking Deterrents	Nicoderm, Nicorette
Sperm Storage	Temporary Storage for Infertility Treatment
Sun Screen	Sun Screen
Therapy Counseling	Includes Marriage Counseling, Physical, Occupational, and Speech
Vision	Lasik Surgery, Eye Exams, Contact Lenses, Glasses

EXAMPLES OF NON-QUALIFYING FSA EXPENSES (Rx or Letter of Medical Necessity Required)

As of January 1, 2011, to be considered eligible for reimbursement, all medicines and drugs (other than insulin) must be supported by a prescription, even if the medicine or drug is also available over the counter.

Category/RX or Medical Necessity Letter will need to be accompanied	Example of Category
Acid Controllors	Pepcid AC, Zantac, Prilosec
Acne Creams	Clearasil, OXY, Retin A
Acupuncture	Pain, Digestive, Stress, Back Pain, Neurological, Respiratory, Injury
Antifungal (Foot)	Lamisil, Lotrimin
Allergy & Sinus	Alavert, Benadryl, Claritin, Sudafed
Antibiotic Products	Bacitracin, Neosporin, triple antibiotic ointment
Anti-Diarrheal	Imodium, Kaopectate
Anti-Gas	Gas-X, Phazyme

Anti-Itch & Insect Bite Remedies	Bactine, Caldecort, Cortaid, Hydrocortisone, Lanacort, Calamine lotion, Bendadryl cream, Caladryl, Cortaid, Lamisil AT, Lotramin AF, and Micatin
Antiparasitic Treatments	Nix, Rid, Lice Treatments
Baby Formula	Formula is Covered if Baby has a Medical Condition
Baby Rash Ointments & Creams	Destin, Aveeno Baby
Cold Sore Remedies	Abreva, Herpecin
Cough Suppressants	Robitussin, Vicks 44, and Chloraseptic
Decongestant/Nasal Decongestant and Cold Remedies	Advil Cold and Sinus, Afrin, Afrinol, Aleve Cold and Sinus, Children's Advil Cold, Duration, Dristan Long Lasting, Neo-Synephrine-12 Hour, Orrivin, Sudafed, Tavist-D, Tylenol Cold and Flu, Thera-flu, Alka Seltzer Cold and Flu, Nyquil, Actidil syrup and capsules, Actifed, Allerest, Benadryl, and Clartin
Digestive Aids	Lactaid, Lactase, Beano
Ear Care	Ear Drops, Ear Water-Drying Aid, Earwax Removal
Electrolysis or Hair Removal	Due to Medical or Trauma
Feminine Antifungal and Ant-Itch	Monistat, Gyne-Lotrimin, Vagisil, Soothing Care
First Aide Burn Remedies	Dermoplast, Solarcaine
Glucosamine & or Chondroitin	Osteo-Bi-Flex, Sosamin D, Flex-a-min
Hair Loss Treatment	Keratin Complex, Rogaine, Hair Loss Treatment, Hair Transplant
Hormone Replacement Therapy	Estrogen replacement therapy, HRT, Menopausal Hormone Therapy
Hemorrhoid Preparations	Preparation H, Tucks
Laxatives (non-fiber)	Dulcolax, Ex-Lax, Miralax
Massage Therapy (RX required)	Chiropractic, Craniosacral Therapy, Stress
Motion Sickness	Dramamine, Sea-band Waistband, Bonine
Pain Relief (includes aspirin)	Advil, Aleve, Children's Motrin, Nuprin, Exedrin, Tylenol, Bayer, Midol, Pamprin, and Premysyn PMS
Respiratory Treatments and Vapor Products	Primatene, Bronkaid, Vicks, Vapor Rub, Sudacare, Breathing Strips
Sleep Aids & Sedatives	Unisom, Nytol, Sominex
Skin Treatments	Psoriasis, Dermarec Eczema, Scar Treatments
Stomach Remedies	Mylanta, Maalox, Tums
Vitamins	B12, Kids Health Vitamins, Supplements for example Fish Oil, Probiotics, and Mineral Supplements
Weight Loss Programs for obesity if prescribed by Physician	When recommended by a health care professional for preventive care (including obesity and hypertension)

LETTER OF MEDICAL NECESSITY

Expenses for OTC drugs and medications may be covered if your doctor writes a prescription for those specific medicines or fills out a LMN. The letter must be filled out by the physician and will need to include the following information:

- the medicine you (or your family member) require,
- the frequency in which it is needed (weekly, monthly, etc.),
- the diagnosis explaining the medical condition,
- the recommended treatment and how it will alleviate the diagnosis and symptoms, and
- the provider's signature and license information.

The LMN is available at www.preferredadmin.net. A sample LMN is included in *Section VII: Sample Forms*.

NON- REIMBURSABLE EXPENSES

Below are some examples of items not covered through your FSA account:

Adoption Fees
Bank Statements
Breast Enhancement Solely for cosmetic reasons
Chap stick
Clothes
Cotton Balls
Cosmetics including Cosmetic Dentistry
Coupons
Dancing Lessons
Deodorants
Face Creams, Moisturizers, Eye Creams, and Wrinkle Reducers
Facial Tissues, Antiviral
Feminine Hygiene products such as tampons and maxi pads
Food items
Hair Removal Treatments and Waxes
Premiums of any kind are not covered
Late Charges
Massage for Relaxation
Mouthwashes, Antiseptics, and Oral Anesthetics
Missed Appointment Charges
Personal Trainers
Savings Club for example, Groupon are not covered
Shaving Cream and Razors
Soap
Swimming Lessons
Tanning Lotions without Sun Protection
Teething Whitening Treatments
Toothpaste and Toothbrushes
Vision Discount Programs
Vitamins Taken to Improve Overall Health
Warranties
Weight Reduction Programs for general well-being

SECTION IV: DCSA REIMBURSEMENTS

Eligible DCSA reimbursements are those incurred solely for employment related purposes. The maximum reimbursement you may receive is equal to the current balance in your DCSA. If your reimbursement request is more than your available balance, the remaining amount will be placed in a pending status and will be paid when additional funds are posted to your account. Any funds left at the end of a plan year are forfeited.

QUALIFIED PROVIDERS AND ELIGIBLE DEPENDENTS

You will be reimbursed for the care of your eligible dependents by a qualified provider. The care provider must have a Social Security Number, Employer Identification Number (EIN), Individual Taxpayer Identification (ITIN) or a Taxpayer Identification Number (TIN). Eligible dependents include:

- a child under the age of 13 who is a dependent on your federal income tax return,
- a spouse who is incapable of self-care,
- a dependent who lives with you such as a child over the age of 13, parent, sibling, or in-law-who is incapable of self-care, has the same principal place of abode as you for more than half of the year and whom you claim as a dependent on your tax return.
- For the children of divorced/separated parents, see special rules under the final IRS rules for a “Dependent Child of Divorced or Separated Parents Who Live Apart.” The final rules provide the guidance needed for divorced/separated parents, or parents who live apart. To determine how the rules may apply, you must consult a tax advisor.

For more information on qualifying dependents, eligible expenses and dependent care tax credit, refer to IRS Publication 503 or you can also find it at www.irs.gov.

QUALIFYING DCSA EXPENSES

- day care (before-school and after-school care)
- preschool/nursery school
- extended day programs
- babysitter (amounts paid for the actual care of the dependent)
- nanny services (amounts paid for the actual care of the dependent)
- summer day camps for qualifying child under age of 13
- elder day care for a qualified individual

NON-QUALIFYING DCSA EXPENSES

- services provided by your dependents
- nursing homes or residential care centers
- education expenses
- tuition for Kindergarten and above
- food expenses (unless inseparable from care)
- overnight camp

SECTION V: ONLINE AND MOBILE ACCESS

Get account information from our easy-to-use online portal and mobile application. See your account balances in real time, file a claim for reimbursement by snapping a photo of the receipt, and check on a claim status.

PORTAL ACCESS



Follow the steps below to register for the online portal:

1. Go to <https://preferredadmin.wealthcareportal.com>
2. Participant Log In
3. Create an Account
4. Fill out required fields.
5. Please note the following for the Employee ID and Employer ID fields:
 - Employee ID field- enter your Social Security Number, not your badge number.
 - Employer ID field- UMC and El Paso First Employees must enter Employer ID: EPF001
EPCH employees must enter Employer ID: EPF002

If are an existing user and your password has expired or you don't remember your log in credentials, you will need to contact Preferred Administrators at (877) 532-3778 ext. 1529

MANAGE YOUR ACCOUNT FROM YOUR MOBILE PHONE



Receive real time information and important updates in the palm of your hand! Simply register your mobile device after you sign up for the online portal and start receiving useful text messages to help manage your account. Follow the steps below to enable your mobile device.

Step 1: Login to your Preferred Administrators online account access portal
<https://preferredadmin.wealthcareportal.com>

Preferred ADMINISTRATORS

1-877-532-3778
preferredadmin@elpasohealth.com

SIGN IN REGISTER

Click "Sign In"

Take Advantage of our Resources

- Shop for Eligible Items
- Documents & Forms
- Frequently Asked Questions
- Short Term Savings
- Calculate your Tax Savings
- About us

What Can I Buy with My FSA?

Type the name of an everyday health product and see if you can purchase it with your tax-free funds.

Search FSA-eligible items

Powered by: FSAstore



We will maintain the confidentiality of your personal information in accordance with our privacy policy.

Sign in

Username

Forgot your Username? [Let us help](#)

✓ SIGN IN



To protect your personal information, we collect your password on a separate page.

Don't have an account?

REGISTER



Step 2: On the home page, Navigate to the “Settings Icon” and click on it to go to the next page.

Preferred ADMINISTRATORS 1-877-532-3778 preferredadmin@elpasohealth.com

Accounts Games Resources Videos

Personal Dashboard

My Accounts

Plan years to show Previous Current Future

Flexible Spending Account - UMC18FSA (10-01-2017-09-30-2018)

Available \$0.00 Spent \$

Flexible Spending Account - UMC19FSA (10-01-2018-09-30-2019)

Available \$ Spent

My Alerts

Right now you're only receiving email alerts. Click below to maximize the value of your account. Link your mobile phone and get real-time balance updates!

FSA Store

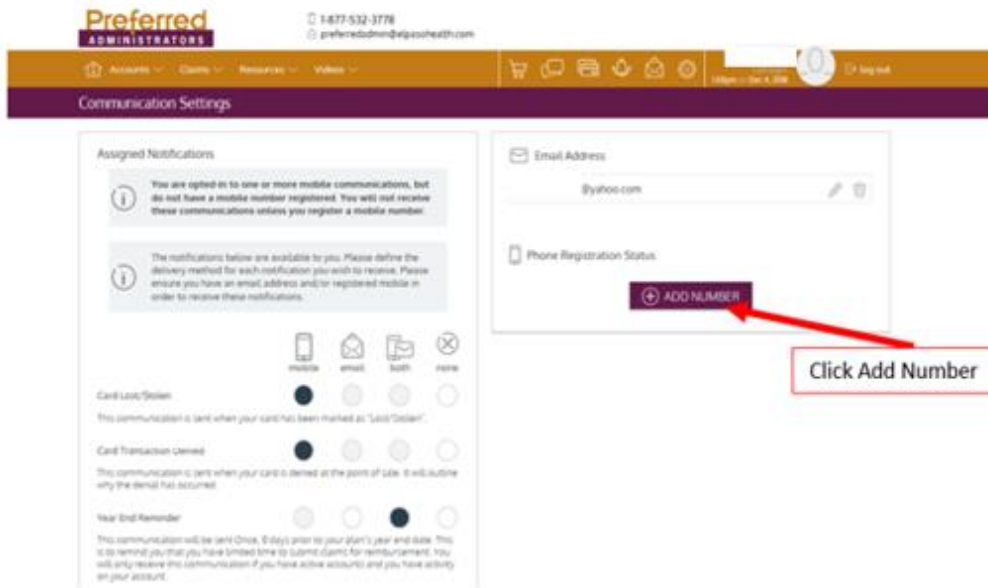
Discover Over 4,000 Eligible Products with One Click!

Shop FSA Store Now

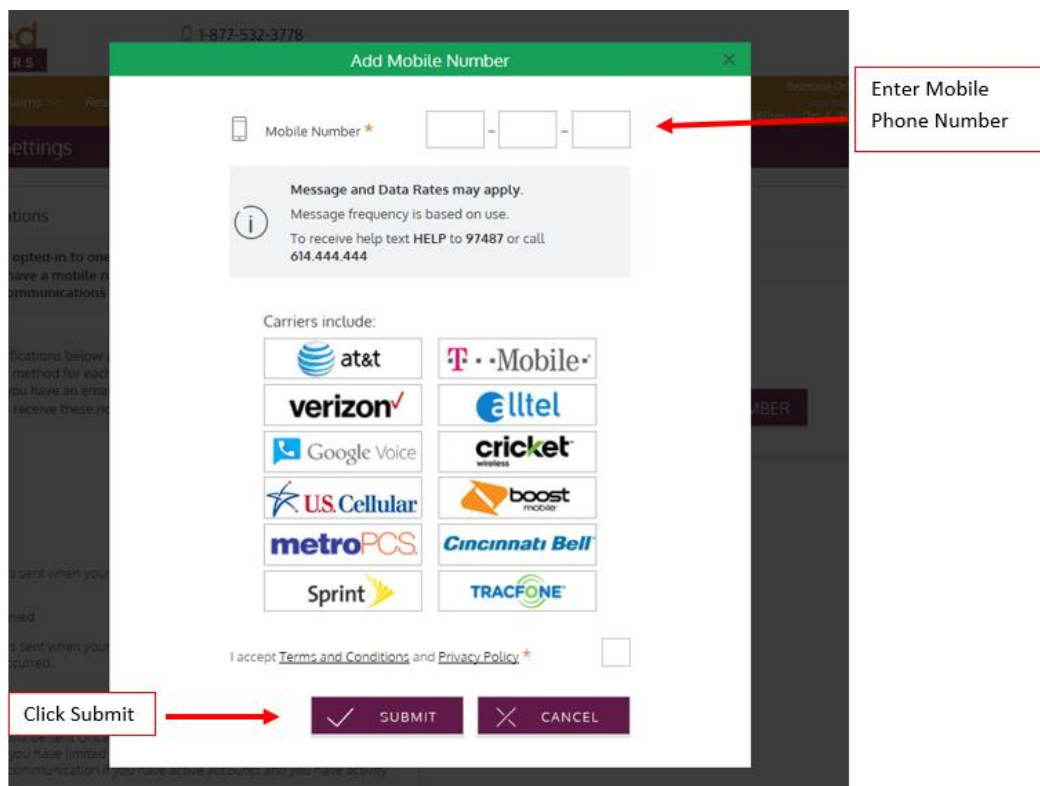
My Recent Transactions

Amount	Description	Status	Card
(\$30.00)	Flexible Spending Account	Approved	Card Nov 28, 2018
(\$15.00)	Flexible Spending Account	Approved	Card Nov 21, 2018
(\$11.00)	Flexible Spending Account	Approved	Card

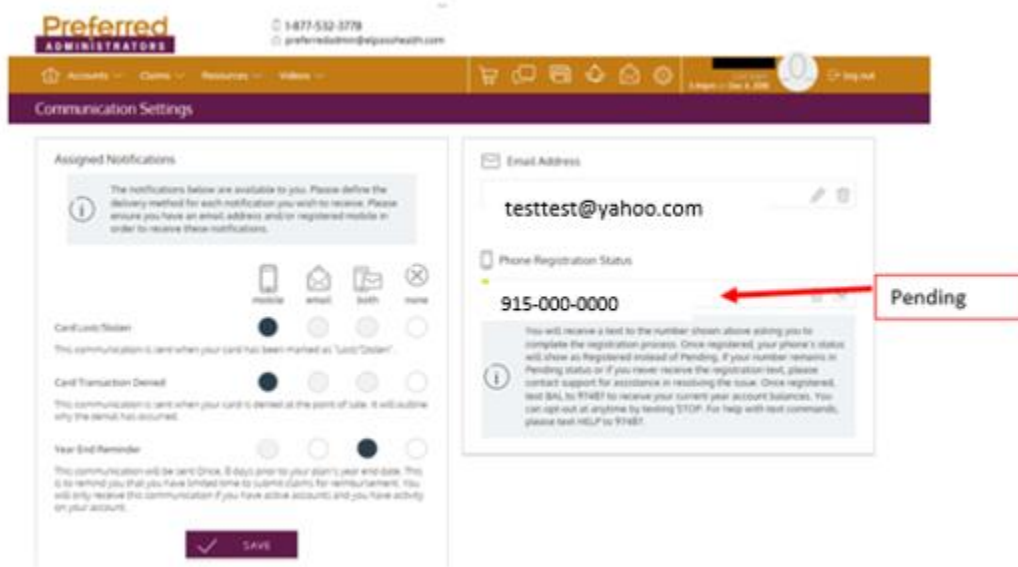
Step 3: To enter your "Mobile Phone Number" select the box "Add Number".



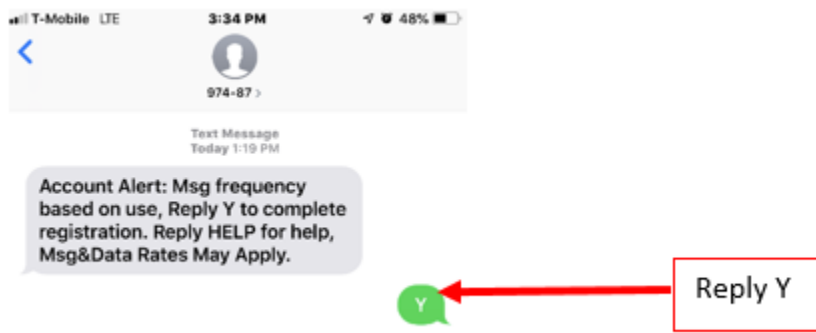
Step 4: The Add mobile phone number page will display, enter you mobile number and accepted the "Terms and Conditions" and click submit.



Step 5: It will redirect you back to the previous page and the mobile phone number will display a status of "Pending" until you complete the registration process using your mobile phone number.

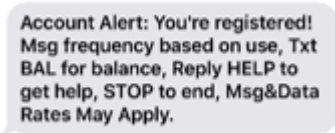


Step 6: The following text message will be sent to the mobile device.

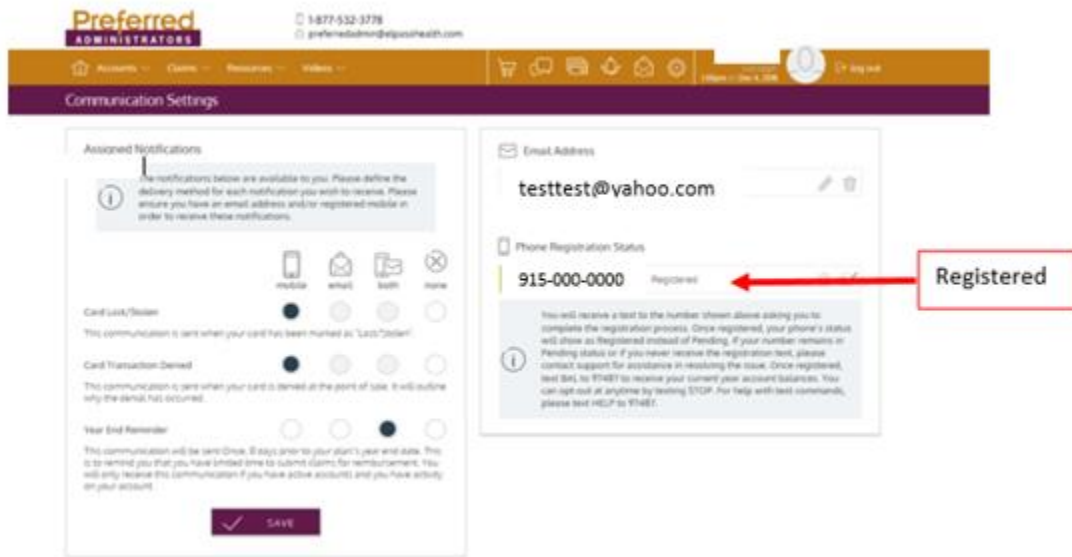


Step 7: To complete the registration steps you must reply to the text message with a "Y".

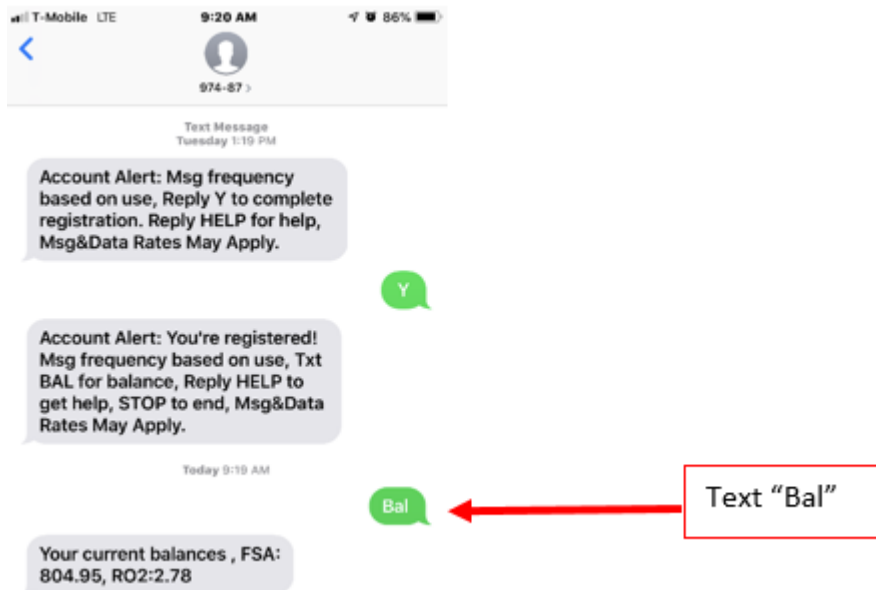
Step 8: You will next receive a text message which confirms the registration of the mobile device.



Step 9: Once you have completed all of the registration steps, the web portal status for the mobile number will change to “Registered”.



Step 9: To request your current balance, text BAL to 97487.



10. To stop receiving mobile alerts, text STOP to 97487.

11. To change or unregister your Mobile Number click: Unregister

The screenshot shows two panels. The left panel, titled 'Assigned Notifications', lists various notification types with radio buttons for delivery methods: mobile, email, both, and none. The right panel, titled 'Phone Registration Status', shows an email address 'testtest@yahoo.com' and a phone number '915-000-0000' with a status of 'Pending'. A red box highlights a checkmark icon next to the phone number, with a callout box that says 'Click to register and unregister phone'.

SECTION VI: CONTINUATION OF COVERAGE UNDER COBRA

If you terminate employment, you may continue your FSA coverage under COBRA. Additional information regarding your FSA coverage under COBRA will be included in your election notice. COBRA FSA benefits will end if any of the following occur:

- You cease paying the monthly premium;
- your remaining FSA balance is depleted, or;
- at the end of the applicable plan year.

If you wish to not elect COBRA FSA, your participation and pre-tax contributions will end on your last day of employment. Any expenses for services incurred after your last day of employment are not eligible for reimbursement.

The DCSA is not available through COBRA.

SECTION VII: SAMPLE FORMS

Attached are samples of the Health/Dependent Care Flexible Spending Account Claim Form, the FSA Card Request Form and the Letter of Medical Necessity. All three forms are available for download at www.preferredadmin.net.

Forms may be mailed or faxed to: Preferred Administrators- FSA/ DCSA
1145 Westmoreland Drive
El Paso, TX 79925
Fax# (915) 298-7863



HEALTH/DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT CLAIM FORM

MAIL TO: 1145 Westmoreland El Paso, TX 79925 (915) 532-3778 or 1-877-532-3778 FAX TO: (915) 298-7863 ATTN: FSA Dept.

Employee Name (Last, First, Middle Initial) John Smith Employee Social Security Number 123-45-6789 Employer Name University Medical Center of El Paso Daytime Phone Number (915) 555-5555

NOTE: To make an address change, please contact your employer's HR/Benefits department.

Health Care Claims (For you or your dependents)

For additional information, please visit our website at www.preferredadmin.net

- Covered by Insurance — Expenses for services or items must be submitted to your insurance company before submitting for reimbursement under your flexible spending account. When you receive the Explanation of Benefits Statement (EOB) for Dental or Vision, include a copy with this completed claim form. If you have a copay, attach an itemized statement from your service provider.
Not Covered by Insurance — For services or items, submit an itemized statement from the provider showing the provider's name and address, patient name, date the service was provided, a description of the service, and the amount charged along with this completed claim form. Balance forward statements, cancelled checks, credit card receipts or received-on-account statements are not acceptable. Orthodontia claims require an itemized statement/payment receipt, the orthodontist's receipt, the orthodontist's contract/payment agreement or monthly payment coupon.
Prescription and Over-the-Counter Drugs and Medicines — require a print-out of prescriptions from your pharmacy or must be clearly identifiable on an itemized receipt. Quantities purchased must be reasonably able to be consumed during the current plan year. Items for maintaining general good health, cosmetic purposes and dietary supplements are not eligible.

Table with 7 columns: DATE INCURRED, NAME OF SERVICE PROVIDER OR DESCRIPTION OF EXPENSE, NAME OF ELIGIBLE DEPENDENT OR "SELF", SSN, DOB, RELATIONSHIP OR "SELF", ELIGIBLE EXPENSE. Includes rows for Vision Optical and Wellness Pharmacy, and a Total Eligible Health Care Expenses row showing \$ 155.00.

Fill out this section for FSA claims.

Dependent Child or Adult Day Care Claims

For additional information, please visit our website at: www.preferredadmin.net

Complete this form and attach an itemized statement from your day care provider or have your provider complete the information below. IRS regulations allow payment of services for dependents under age 13 or otherwise satisfying the "Qualifying Person Test" as described in IRS Publication 503. Payment is only allowed for services that have already been provided, not for services to be provided in the future. You are required to report the provider's name, address and Tax Identification Number or Social Security Number on Form 2441 with your personal income tax return. If your day care provider completes and signs this form below, no other itemized statement is necessary.

Table with 6 columns: EXACT DATES OF SERVICE FROM, EXACT DATES OF SERVICE TO, DEPENDENT NAME, SSN, DOB, AMOUNT REQUESTED. Includes a row for Jacob Smith and a Total Eligible Health Care Expenses row showing \$.

Fill out this section for DCSA claims.

Day Care Provider Information:

Name Children's Daycare Provider Signature Mary Jones

I certify that these eligible expenses have been incurred by me, my spouse or eligible dependent and medical expenses are not for cosmetic purposes but for the treatment of an illness, injury, trauma, or medical condition. I understand that "incurred" means the service has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. The expenses have not been reimbursed and I will not seek reimbursement elsewhere. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

Employee Signature John Smith Date 10/17/2019

*** Make copies for yourself, since these documents will not be returned. If you FAX your claim, keep the original. ***



FSA CARD REQUEST FORM

EMPLOYEE INFORMATION

Employee Last Name: Smith Employee First Name: John
Social Security Number: 123-45-6789 Daytime Phone Number: (915) 555-5555
Address: 123 Street View Ln, El Paso, TX 79999

REASON FOR FSA CARD REQUEST

STOLEN CARD: [] LOST CARD: [] DESTROYED CARD: [] DEPENDENT CARD REQUEST: []
SPOUSE CARD REQUEST: [X] PERMISSION TO CONTINUE TO GIVE ACCES TO MY SPOUSE/DEPENDENT []

If you are requesting a card for your dependent/spouse, please fill out the section below. Please list an eligible dependent or legal spouse, as defined by IRS Code 152, to whom the Benefit Card should be issued. If you need additional cards for each dependent, please fill a separate form for each dependent.

Last Name of Dependent/Spouse: Smith First Name of Dependent/Spouse: Jane
DOB: 8/3/1965
Social Security Number: 987-65-4321
Address: 123 Street View Ln
Apt:
City: El Paso State: TX Zip Code: 79999

EMPLOYEE AUTHORIZATION

By providing dependent/spousal information and signing the FSA Card Request Form, I authorize and understand that one additional Benefit Card will be issued under the FSA System. A card will only be issued to a legal spouse as defined by IRS Code 152. Use of card will directly affect my account balance. I am fully responsible to ensure that my spouse/dependent complies with the rules and regulations regarding the use of the card as outlined in the cardholder agreement to which I agree to be bound.

Signature John Smith Date: 11/1/2018

Mail to:
Preferred Administrators
1145 Westmoreland Drive
El Paso, TX 79925
Phone: 915-298-7198
Ext. 1051 or Ext. 1073
Fax to: 915-298-7863

Indicate reason for card request.

Fill out this section for Spouse/ Dependent card requests.



Letter of Medical Necessity

Under Internal Revenue Services (IRS) rules, some health care services and products are only eligible for reimbursement from your Flexible Spending Account when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate you (or your spouse's or dependent's) specific diagnosis, the specific treatment needed, and how this treatment will alleviate your medical condition.

Preferred Administrators has developed this letter to assist you and your health care provider in providing the information we need in order to process your claims. Your provider can also submit a statement on his or her letterhead, as long as the letter includes all the information on this form.

By submitting this Letter of Medical Necessity you certify that the expenses you are claiming are a direct result of the medical condition described below, and you would not incur the expenses you are claiming if you were not treating this medical condition.

You only need to submit this submission form once, or your provider's letter containing the same information, with the first claim you submit for the service or product. However, if the treatment extends beyond the time period listed, you must submit a form or physician letter covering the new time period.

This form must be filled out by Physician.

Date:	
Patient Name:	
DOB:	SSN:
Diagnosis:	
CPT Code:	
Please describe what the recommended treatment is, how that treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.	
Sincerely, Provider Signature	Print Name
Provider License# and State	Provider Telephone

If you have any questions please contact us at (915) 298-7198 ext. 1027 or ext. 1073 from 8:00 a.m. until 5:00 p.m. You may fax your claim form to (915) 298-7863.