

# **FLEXIBLE SPENDING ACCOUNTS**

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

**Plan Year 2022  
October 1, 2021 – September 30, 2022**

### **Summary Plan Description**

2022 Plan Administered by:



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## UPDATE: IRS FSA Amendment

The IRS has released “**ADDITIONAL RELIEF FOR CORONAVIRUS DISEAS (COVID-19) UNDER § 125 CAFETERIA PLANS - Notice 2021-15**”, which provides temporary special rules for health flexible spending arrangements (health FSAs) and dependent care assistance programs under § 125 cafeteria plans. This is also regarding the rollover of funds which could not be used in the plan year ending September 30, 2021 due to the COVID-19 pandemic. These notices provide increased flexibility with respect to grace periods to apply unused amounts in health Flexible Spending Accounts (FSA) to medical and dependent daycare care (DCA) expenses.

University Medical Center of El Paso will amend the following to the FSA plan to incorporate the IRS COVID-19 Guidance as it relates to medical care expenses and dependent daycare care expenses:

- Employees will be permitted to use FSA or DCA amounts remaining from plan year 2020-2021 to receive reimbursement for expenses incurred from October 1, 2020 through the end of the designated COVID-19 pandemic period with an additional two-month grace period extension. For example, if the pandemic declaration ends on June 30, 2022, employees will be able to use any remaining funds from plan year 2020 for claims incurred through August 31, 2022.
- Any remaining funds from plan year 2020-2021 will pre-funded into your current FSA card. Your FSA card will have funds from your rollover and unused funds, if any. The FSA card will also have your newly-elected amount for plan year 2021. Employees who had forfeitures (amounts in excess of the \$550, not rolled over) may still use those funds through submission of a paper claim (see below).
- The FSA medical carryover amount is \$550 from plan year 2021 to plan year 2022; the amount will be carried over only if a member has elected an FSA for plan year 2022 and is an active employee. If an active member did not elect FSA for the 2022 plan year, they can still use any remaining funds from plan year 2021 under this amendment by submitting a paper claim. You will need to complete the attached **FSA/DCA COVID-19 Claim Form**. You can also find these forms at [www.preferredadmin.net](http://www.preferredadmin.net) under FSA.
- For Dependent Daycare, you will be able to carry over all your Dependent Care balance into the new plan year. The 2021 plan year carryover funds will be available for active employees for the remainder of the COVID-19 pandemic period.

This is a temporary change in response to the COVID-19 pandemic, and not a permanent implementation of unlimited carryover for DCA and FSAs.

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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 \$2,750 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](http://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](http://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, 2021 to September 30, 2022. You can download your FSA form at [www.preferredadmin.net](http://www.preferredadmin.net).
- The FSA run out period is November 30, 2021. 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 2022 plan year. Any unused funder over \$550 will be forfeited.
- The maximum medical FSA election for Plan Year 2022 is \$2,750.
- 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 1<sup>st</sup> thru September 30<sup>th</sup>. 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 30 days of employment. All elections are effective the first of the month, following 30 days from the date of hire.

### **Rehires and Departures**

Employees rehired or recalled within the same plan year who had an FSA must maintain their original Annual Election Amount, unless there is a qualifying event. Employee's contributions will be recalculated accordingly.

Terminated employees will have their FSA/DCA terminated the last day of work and their FSA card and dependents FSA card will be inactivated.

A terminated employee is not eligible for reimbursement of claims for services that occurred after their separation. However, if the employee incurred expense prior to the separation from service, those claims are eligible for reimbursement if they are deemed to be eligible expenses and claims are submitted prior to the end of this Plan's run out period, November 30<sup>th</sup>.

### **Leave of Absence**

Employees who are placed on a leave of absence will have full use of FSA as if they were active. Employees must make up any missed contributions upon returning to work. This is calculated by HR and Payroll.

### **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](http://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](http://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, 2022. Expenses must have been incurred between October 1, 2021 and September 30, 2022 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 2022 Medical FSA program to be eligible to carry-over up to \$550 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 2022, 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 \$550 of unused funds from the previous year's account and add them to the new Plan year. Rollover funds will be available on October 2021.

Keep in mind that **all funds in excess of \$550 at the end of the run-out period are subject to the "Use-It-Or-Lose-It" rule and will be forfeited.**

### **Is there a DCA rollover?**

Under Internal Revenue Service guidance, employers may temporarily allow all unspent funds from the 2021 Dependent Care Spending Account (DCSA) plan year to be carried over to the 2022 plan year. University Medical Center of El Paso has adopted this change for FY2022. Any unused funds from an eligible employee's 2021 DCA will carry over to a 2022 DCSA. There is no action required by an active employee to initiate this rollover.

### **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 30<sup>th</sup> for services rendered from October 1<sup>st</sup> thru September 30<sup>th</sup>. The amount rolled over for a plan year is equal to the amount remaining in the FSA up to \$550. If the balance of the 2021 FSA account is depleted upon all claims submission, the rollover will not apply.

### **Can rollover amounts accumulate from year to year?**

A maximum of \$550 can be rolled over from one plan year to the next. If a Participant rolls over \$550 from 2021 into 2022 and then contributes another \$500 in 2022 that goes unused, he or she cannot then roll over \$1,000 into 2022. Only \$550 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 2022 Medical FSA program to be eligible to carry-over up to \$550 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 2022, your carry-over amount will be forfeited.

### **Will the rollover amount reduce the \$2,750 maximum FSA annual contribution?**

No. For example: if the full \$550 were to rollover into the following Plan year and the Participant elects to contribute the full \$2,750 in that year, they would have a total of \$3,300 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](http://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**

Acid Controllars  
Acne Treatments  
Acupuncture  
Allergy & Sinus  
Ambulance  
Antibacterial  
Antibiotics, Topical  
Anti-Diarrheal  
Antifungal (Foot)  
Anti-Gas  
Anti-Itch & Insect Bite Remedies  
Antiparasitic Treatments  
Antiseptics & Wound Cleansers  
Baby Electrolytes  
  
Baby Health Essentials  
  
Baby Teething Pain  
Baby Rash Ointments & Creams  
Baby Teething Pain  
Breast Reconstruction Surgery following Mastectomy  
Childbirth Classes  
Cold Sore Remedies  
Compound Medications  
  
Copies of Medical Records  
Contraceptives  
Cord Storage  
Cough Suppressants

#### **Example of Category**

Pepcid AC, Zantac, Prilosec  
AcneFree, Bye Blemish, Clearasil, OXY, Retin A, Pain, Digestive, Stress, Back Pain, Neurological, Actifed, Alavert, Benadryl, Chlor-Trimeton, Medical expense paid for ambulance services  
Hand Sanitizer  
Bacitracin, Neosporin, triple antibiotic ointment  
Imodium A\_D, Kaopectate, Pepto-Bismol  
Lamisil AT, Lotrimin AF, Micatin  
Gas-X, Phazyme  
Bactine, Caldecort, Cortaid, Hydrocortisone, Nix, Rid, Lice Treatments  
Alcohol, Peroxide, Epsom Salt, Betadine  
Pedialyte, Enfalyte  
Munchkin The Medicator, Little Nose Saline Spray/Gas/Colic Relief, Be Kool Soft Gel Sheets, Nasal Aspirator  
Baby Orajel, Anbesol Baby Oral Gel  
Destin, Aveeno Baby  
Baby Orajel, Anbesol Baby Oral Gel  
Breast Surgery due to meeting Medical Necessity after Mastectomy  
Classes Received for Childbirth  
Abreva, Herpecin  
Medications Produced by Medical Professionals To Treat a Medical Condition  
Payment of Records are Reimbursable  
Condoms, Female Contraceptives, Spermicidal Fees for Storing Umbilical Cords for Surgery in 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,
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,
Durable Medical Equipment/	Wheelchair & Accessories, Canes, Splints,
Medical Supplies	Athletic Braces and Supports, Nebulizers, Vaporizers, Orthopedic Shoes, Post-Mastectomy Clothing, Arches, Medical Gloves and Orthotic Inserts
Ear Care	Ear Drops, Syringes, Ear Wax Removal,
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.
Fiber Laxatives	Benefiber, Fibercon, Metamucil (powder or pills)
First Aide Dressings & Supplies	Band Aide, 3M Nexcare, J & J First Aid, non-
Foot Care Treatment	Corn & Callus Treatments, Wart Removers, Medicated, Devis, therapeutic insoles
Glasses	Reading and Prescribed Sun Glasses, Maintenance Accessories
Glucosamine & or Chondoitin	Osteo-Bi-Flex, Sosamin D, Flex-a-min
Hearing Aide Medical Batteries	Hearing Exams
Home Health Care	Ostomy, Walking Aides, Deduchitis/Pressure Relief, Enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, wound care, wheel chairs
Hemorrhoid Preparations	Preparation H, Tucks
Incontinence Protection & Treatment Products	Attends, Depends, Goodnights for juvenile incontinence, Prevail, anti-fungals, Calmoseptine
Infertility Treatments	All Treatments related to Infertility.
Laxatives (non-fiber)	Dulcolax, Ex-Lax, Miralax

Mask	N95 Mask, Medical Disposable Face Mask, CPAP Mask, Nebulizer Mask
Motion Sickness	Dramamine, Sea-band Waistband, Bonine
Oral Remedies or Treatments	Mouth Sore Treatments, Dental Repair, Salivart, Anbesol, Orajel, Dentemp
Orthodontia	Braces
Pain Relief (includes aspirin)	Advil, Aleve, Children's Motrin, Nuprin, Exedrin, Tylenol, Bayer, Midol, Pamprin, and Premysyn PMS, Pain Creams
Practitioners/Facility	Physician and Facility co-pays, deductibles, co-insurance
Prenatal Vitamins	Stuart Prenatal, Nature's Bounty Prenatal
Respiratory Treatments and Vapor Products	Primatene, Bronkaid, Vicks, Vapor Rub, Sudacare, Breathing Strips
Skin Treatments	Psoriasis, Dermarec Eczema, Scar Treatments
Sleep Aids & Sedatives	Unisom, Nytol, Sominex
Smoking Deterrents	Nicoderm, Nicorette
Stomach Remedies	Mylanta, Maalox, Tums
Sperm Storage	Temporary Storage for Infertility Treatment
Sun Screen	Sun Screen
Therapy Counseling	Includes Marriage Counseling, Physical, Occupational, and Speech
Transportation	Reimbursements for the cost of a rental car, bus, taxi, train, airplane or ambulance transportation services are eligible if the transportation is essential to medical care. Parking fees and tolls may also qualify. The medical care or service must be an eligible medical care expense.
Vision	Lasik Surgery, Eye Exams, Contact Lenses,
Vitamins	B12, Kids Health Vitamins, Supplements for example Fish Oil, Probiotics, and Mineral Supplements

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

<b>Category/RX or Medical Necessity Letter will need to be accompanied</b>	<b>Example of Category</b>
Baby Formula	Formula is Covered if Baby has a Medical Due to Medical or Trauma
Electrolysis or Hair Removal	Keratin Complex, Rogaine, Hair Loss Treatment,
Hair Loss Treatment	<b>Estrogen replacement therapy, HRT,</b>
Hormone Replacement Therapy	Chiropractic, Craniosacral Therapy, Stress
Massage Therapy (RX required)	
Weight Loss Programs for obesity if prescribed by Physician (RX required)	When recommended by a health care professional for preventive care (including obesity and hypertension)

## **LETTER OF MEDICAL NECESSITY (LMN)**

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](http://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  
Chapstick  
Clothes  
Cotton Balls  
Cosmetics including Cosmetic Dentistry  
Cosmetics procedures not Medically Necessary  
Coupons  
Dancing Lessons  
Deodorants  
Face Creams, Moisturizers, Eye Creams, and Wrinkle Reducers  
Facial Tissues, Antiviral  
Food items  
Hair Removal Treatments and Waxes  
Premiums of any kind are not covered  
Late Charges  
Massage for Relaxation  
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  
Vision Discount Programs  
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](http://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:

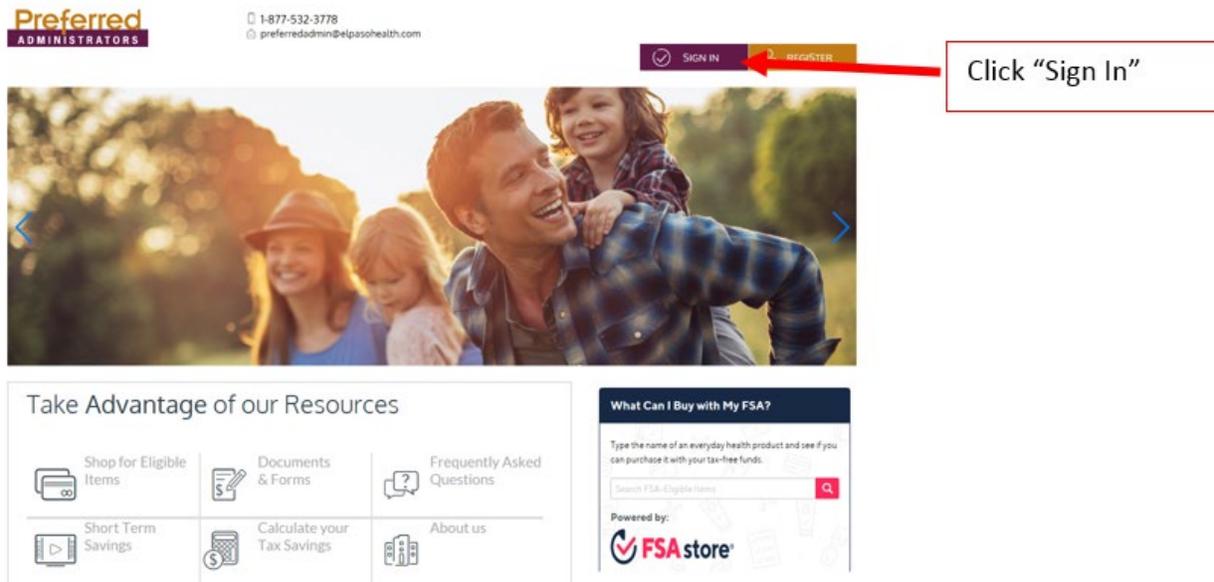
1. Go to <https://preferredadmin.wealthcareportal.com>
2. Participant Log In
3. Create an Account
4. Fill out required fields.
5. Please note the following for the Employee ID and Employer ID fields:
  - Employee ID field- enter your Social Security Number, not your badge number.
  - Employer ID field-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



The screenshot shows the Preferred Administrators website homepage. At the top left is the logo for Preferred Administrators. To the right of the logo are the phone number 1-877-532-3778 and the email address preferredadmin@elpasohealth.com. In the top right corner, there are two buttons: a purple "SIGN IN" button with a checkmark icon and a yellow "REGISTER" button with a plus icon. A red arrow points from a text box on the right that says "Click 'Sign In'" to the "SIGN IN" button. Below the navigation bar is a large banner image of a family (a man, a woman, and two children) smiling outdoors. Below the banner is a section titled "Take Advantage of our Resources" with six icons and labels: "Shop for Eligible Items", "Documents & Forms", "Frequently Asked Questions", "Short Term Savings", "Calculate your Tax Savings", and "About us". To the right of this section is a search bar titled "What Can I Buy with My FSA?" with a search input field and a search button. Below the search bar is the FSA store logo.



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, Claims, Resources, Videos

Personal Dashboard

Settings

### My Accounts

Plan years to show: Previous **Current** Future

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

Available \$0.00 Spent \$

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

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

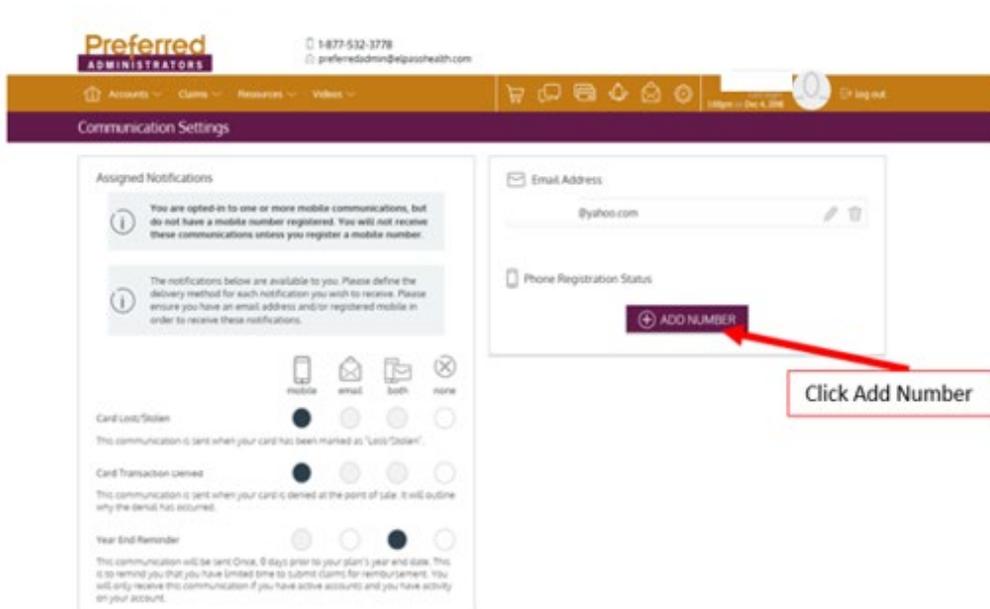
Discover Over 4,000 Eligible Products with One Click!

Shop FSA Store Now

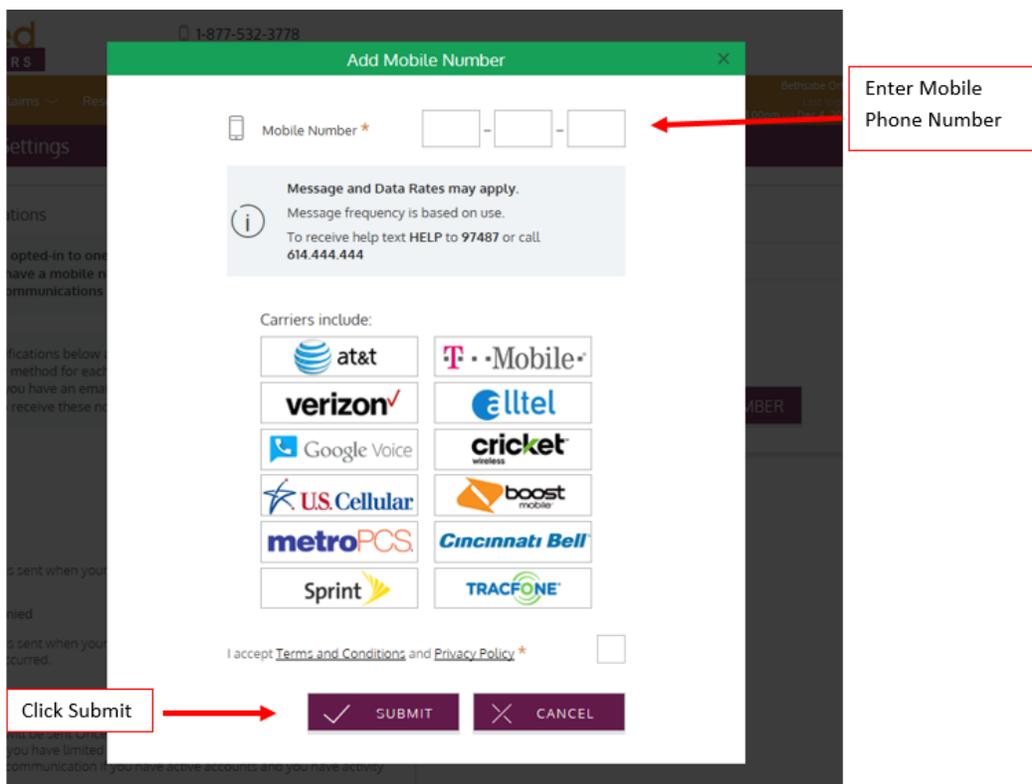
### My Recent Transactions

(\$30.00)	Flexible Spending Account	Approved	Card Nov 26, 2018
(\$15.00)	Flexible Spending Account	Approved	Card Nov 27, 2018
(\$11.00)	Flexible Spending Account	Approved	Card

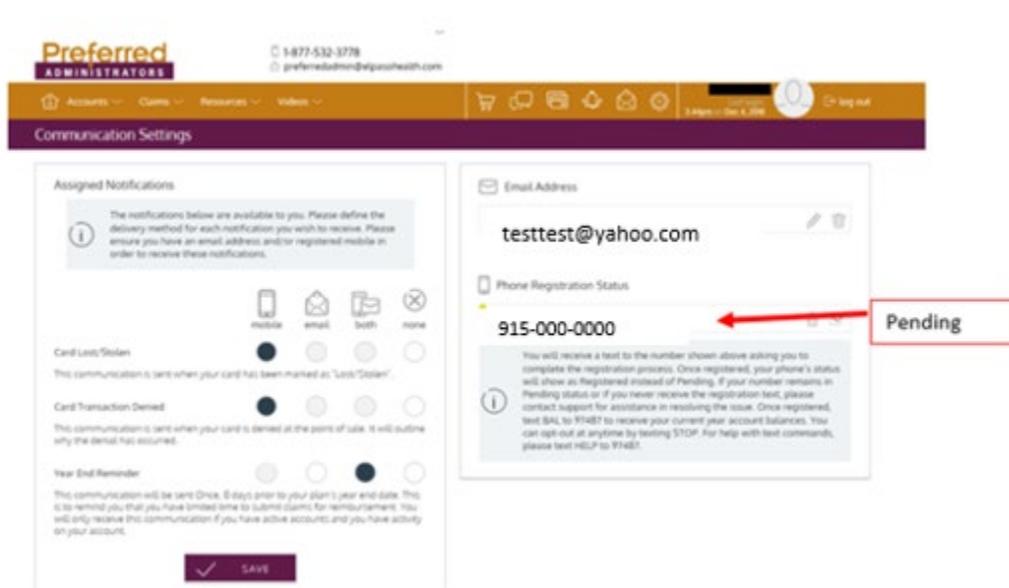
Step 3: To enter your "Mobile Phone Number" select the box "Add Number".



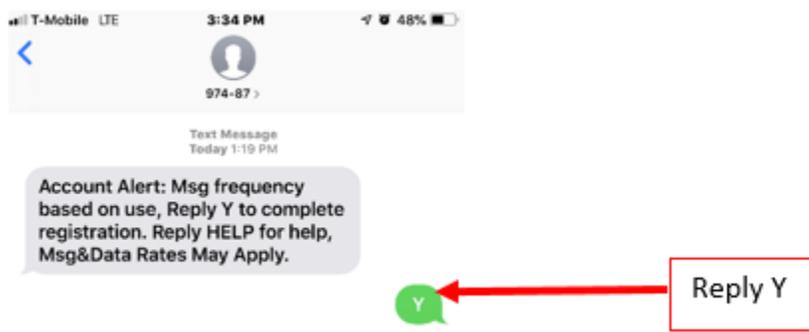
Step 4: The Add mobile phone number page will display, enter you mobile number and accepted the "Terms and Conditions" and click submit.



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.

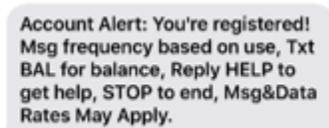


Step 6: The following text message will be sent to the mobile device.

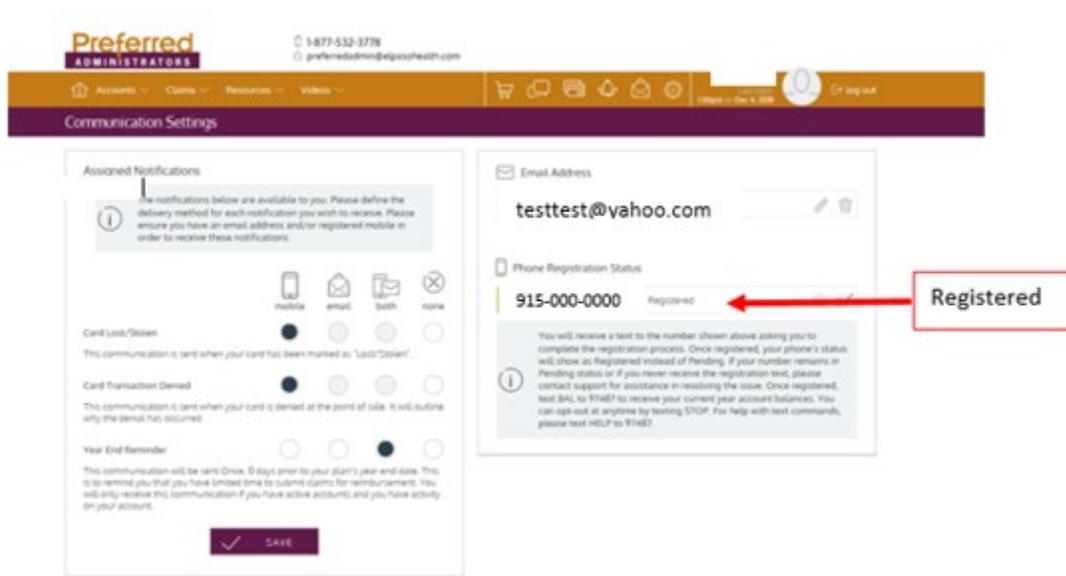


Step 7: To complete the registration steps you must reply to the text message with a "Y".

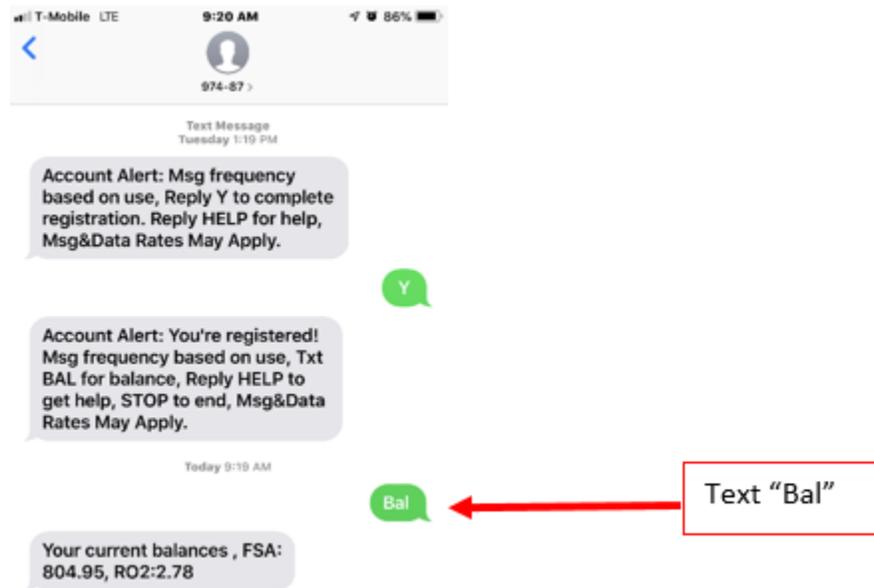
Step 8: You will next receive a text message which confirms the registration of the mobile device.



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

**Assigned Notifications**

The notifications below are available to you. Please define the delivery method for these notifications. If mobile number and/or email is not an available delivery method, please make sure you have an active email address and registered mobile number listed on the right.

	mobile	email	both	none
Account Balance Alert	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Account Deductible Met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing Address Change	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Card Mailed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Card Transaction Approved	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Card Transaction Denied	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completed HSA Payment Notice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Deposit Received	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enrollee Welcome Email	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failed HSA Payment Notice	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manual Claim Entered	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Password Change	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year End Reminder	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

SAVE

**Email Address**  
testtest@yahoo.com

**Phone Registration Status**  
915-000-0000 Pending

You will receive a text to the number shown above asking you to complete the registration process. Once registered, your phone's status will show as Registered instead of Pending. If your number remains in Pending status or if you never receive the registration text, please contact support for assistance in resolving the issue. Once registered, text 866-974827 to receive your current year account balances. You can opt-out at anytime by texting STOP. For help with text commands, please text HELP to 974827.

**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](http://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 10/17/2020

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



FSA/DCA COVID-19 CLAIM FORM FOR PRIOR YEAR FUNDS  
 MAIL TO: 1145 Westmoreland El Paso, TX 79925  
 915-532-3778 ext. 1529 or 1-877-532-3778  
 FAX TO: 915-298-7863 ATTN: TPA Department

Use this claim form to receive reimbursement for qualified medical and dependent daycare expenses incurred from October 1, 2020 through the end of the designated COVID-19 pandemic period with an additional two-month grace period extension.

Employee Name (Last, First, Middle Initial)	Employee Social Security Number
Employer Name	Daytime Phone Number

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](http://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.

DATE INCURRED	NAME OF SERVICE PROVIDER OR DESCRIPTION OF EXPENSE	NAME OF ELIGIBLE DEPENDENT OR "SELF"	SSN	DOB	RELATIONSHIP OR "SELF"	ELIGIBLE EXPENSE
<b>Total Eligible Health Care Expenses</b>						<b>\$</b>

**Dependent Child or Adult Day Care Claims**

For additional information, please visit our website at: [www.preferredadmin.net](http://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.

EXACT DATES OF SERVICE FROM	TO	DEPENDENT NAME	SSN	DOB	AMOUNT REQUESTED
<b>Total Eligible Health Care Expenses</b>					<b>\$</b>

**Day Care Provider Information:**

Name \_\_\_\_\_ Provider Signature \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* 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:  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: 11/1/2020

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 your 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.