FLEXIBLE SPENDING ACCOUNTS

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

Plan Year 2027
October 1, 2026 – September 30, 2027

Summary Plan Description

2027 Plan Administered by:

1145 Westmoreland Drive
El Paso, TX 79925
(877) 532-3778 ext.1507
www.preferredadmin.net

Table of Contents

	Page
Basics of Flexible Spending Accounts	3
Tax Savings Example	3
Section I: Plan Highlights	4
Eligibility and Enrollment	4
Rehires/Departures/Leave of Absence	4
Changing Elections and Qualifying Events	4
Qualified Dependents	5
Claims Processing	5
Fraudulent Claims	6
FSA Rollover	6
Section II: Debit Card	**7**
Where can the card be used	7
Personal Identification Number (PIN)	7
Lost/ Additional Cards	7
Section III: FSA Expenses	**8**
Examples of Qualifying FSA Expenses	9
Examples of Non-Qualifying FSA Expenses	11
Letter of Medical Necessity	11
Non-Reimbursable Expenses	11
FSA Substantiation	12
Section IV: DCSA Reimbursements	**13**
Qualified Providers and Eligible Dependents	13
Qualifying DCSA Expenses	13
Non-Qualifying DCSA expenses	13
Section V: Online FSA Portal and Mobile Access	**14**
Portal Access	15
Manage your account from your mobile phone	15
Section VI: Continuation of Coverage under COBRA	**19**
Section VII: Sample Forms	**19**
Health/Dependent Care Flexible Spending Account Claim Form	20
FSA Card Request Form	21
Letter of Medical Necessity	22

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 $3,400 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 $7,500 if the employee is married and filing a joint income tax return or is a single parent and $3,750 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, 2026 to September 30, 2027. You can download your FSA form at www.preferredadmin.net .
- The FSA run out period is December 31st . 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 $680, will rollover into the 2026 plan year. Any unused funds over $680 will be forfeited.
- The maximum medical FSA election for Plan Year 2027 is $3,400.
- 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 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 also 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 30th.

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.

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) 225-1174
Email: FSAPreferredAdmin@elpasohealth.com
Phone: (915) 532-3778 ext. 1507

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.

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.

Claims must be received by 4:00pm 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. All other claims after Wednesday will processed the following week.

You must submit claims for the current Plan year by November 30, 2026. Expenses must have been incurred between October 1, 2026 and September 30, 2027 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.

FRADULENT CLAIMS

If Preferred Administrators believes that false or fraudulent claims have been submitted, Preferred Administrators will investigate the submitted claims and forward all findings to your employer for further investigation. In the interim, your claims will be denied and your card will be temporarily inactivated until the investigation has been finalized.

FSA ROLLOVER

You must participate in the 2027 Medical FSA program to be eligible to carry-over up to $680 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 2027, 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 $680 of unused funds from the previous year's account and add them to the new Plan year. Rollover funds will be available on October 2026.

Keep in mind that **all funds in excess of $680 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?

There is no DCA rollover. Any unused funds from DCA, will be subject to "Use-It-Or-Lose-It' rule and will be forfeited at the end of the of the run-out period.

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 $680. If the balance of the 2026 FSA account is depleted upon all claim's submission, the rollover will not apply.

Can rollover amounts accumulate from year to year?

A maximum of $680 can be rolled over from one plan year to the next. If a Participant rolls over $680 from 2026 into 2027 and then contributes another $500 in 2026 that goes unused, he or she cannot roll over $1,180 into 2027. Only $680 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 2027 Medical FSA program to be eligible to carry-over up to $680 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 2027, your carry-over amount will be forfeited.

Will the rollover amount reduce the $3,400 maximum FSA annual contribution?

No. For example: if the full $680 were to rollover into the following Plan year and the Participant elects to contribute the full $3,300 in that year, they would have a total of $4,080 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 our-of pocket-expenses with avoiding cumbersome paperwork and reimbursement delays. Your contributions are automatically deposited into your card.

New card users will receive their debit card within 7-10 business days from the initial enrollment. 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.
- **UMC Gift Shops and UMC Cafeteria are not approved stores for FSA.**

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*. All FSA cards requested will be mailed out within 7-10 business days from the date requested.

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
Acid Controllers	Pepcid AC, Zantac, Prilosec
Acne Treatments	AcneFree, Bye Blemish, Clearasil, OXY, Retin A,
Acupuncture	Pain, Digestive, Stress, Back Pain, Neurological,
Allergy & Sinus	Actifed, Alavert, Benadryl, Chlor-Trimeton,
Ambulance	Medical expense paid for ambulance services
Antibacterial	Hand Sanitizer
Antibiotics, Topical	Bacitracin, Neosporin, triple antibiotic ointment
Anti-Diarrheal	Imodium A_D, Kaopectate, Pepto-Bismol
Antifungal (Foot)	Lamisil AT, Lotrimin AF, Micatin
Anti-Gas	Gas-X, Phazyme
Anti-Itch & Insect Bite Remedies	Bactine, Caldecort, Cortaid, Hydrocortisone,
Antiparasitic Treatments	Nix, Rid, Lice Treatments
Antiseptics & Wound Cleansers	Alcohol, Peroxide, Epsom Salt, Betadne
Baby Electrolytes	Pedialyte, Enfalyte
Baby Health Essentials	Munchkin The Medicator, Littile Nose Saline Spray/Gas/Colic Relief, Be Kool Soft Gel Sheets, Nasal Aspirator
Baby Teething Pain	Baby Orajel, Anbesol Baby Oral Gel
Baby Rash Ointments & Creams	Destin, Aveeno Baby
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
Cold Sore Remedies	Abreva, Herpecin
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

Cord Storage	Fees for Storing Umbilical Cords for Surgery in
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,
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/ Medical Supplies	Wheelchair & Accessories, Canes, Splints, 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, Deducbitis/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, Bayor, 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, Dermares 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)

Category/RX or Medical Necessity Letter will need to be accompanied	Example of Category
Baby Formula	Formula is Covered if Baby has a Medical
Electrolysis or Hair Removal	Due to Medical or Trauma
Hair Loss Treatment	Keratin Complex, Rogaine, Hair Loss Treatment,
Hormone Replacement Therapy	**Estrogen replacement therapy, HRT,**
Massage Therapy (RX required)	Chiropractic, Craniosacral Therapy, Stress
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. 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
UMC Gift Shop
UMC Cafeteria
Warranties
Weight Reduction Programs for general well-being

FSA SUBSTANTATION

- IRS requires that health care FSA expenses be substantiated.
- If the claim cannot be auto-substantiated, the employee is required to submit documentation to support the claim.
- A daily process is run to auto-substantiate debit card claims using the specific methods set up for the employee, These methods include co-pay substantiation recurring auto-substantiation, and carrier substantiation.
- If substantiation of a debit card transaction is required, employees will be notified by email or an alert will be displayed on the FSA and reimbursement accounts portal page.
- If required receipts are not submitted in a timely manner, FSA debit cards may be suspended until receipts are received f. If the item purchased is not an eligible expense, the FSA balance on the card may be suspended until the employee repays the amount charged.

Documentation can be submitted a number of ways:

1. Upload your documents online by logging in to https://preferredadmin.wealthcareportal.com/Page/Home and navigate to sign in to my accounts, then upload receipts. If you don't have an account, you can navigate to register your account.

2. You may also mail or fax the information to us.
   ATTN: TPA Department, 1145 Westmoreland El Paso, TX 79925

3. Fax this letter and any documentation (receipts, bill, or explanation of benefits) to FSA Preferred Administrators 915-225-1174.
4. Email: **fsapreferredadmin@elpasohealth.com**

5. Phone: 915-532-778 ext. 1507 from 8 am – 5 pm Monday to Friday (MT Time)

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

Note: Under IRS rules, expenses for preschools, nursery schools, and similar programs below the level of kindergarten automatically are considered non-educational. The facility may include some educational activities, but the primary purpose should be for the child's "well-being and protection," similar to baby-sitting. On the other hand, if the facility charges tuition or educational fees in addition to the cost of child care, the extra charges likely do not qualify for reimbursement.

For detailed information about expenses eligible for dependent care FSA reimbursement, the IRS provides a helpful guide Publication 503 "Child and Dependent Care Expenses".

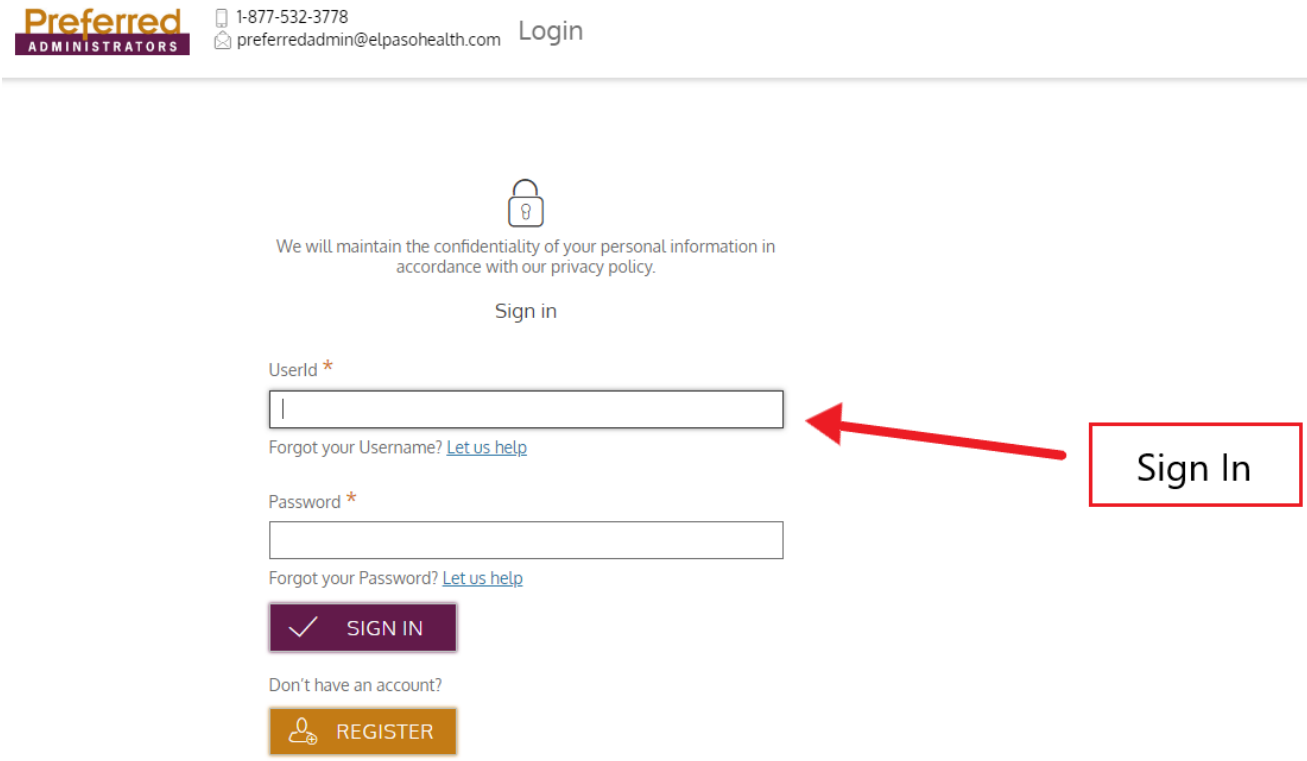
NON-QUALIFYING DCSA EXPENSES

- 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: ONILINE FSA PORTAL 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. Register Account
4. Follow the Registering steps #1- #6

Note for New User:
Employer ID as stated below:

- UMC enter EPF001
- EPCH enter EPF002

Employee ID:

- This is your Social Security Number (no dashes)

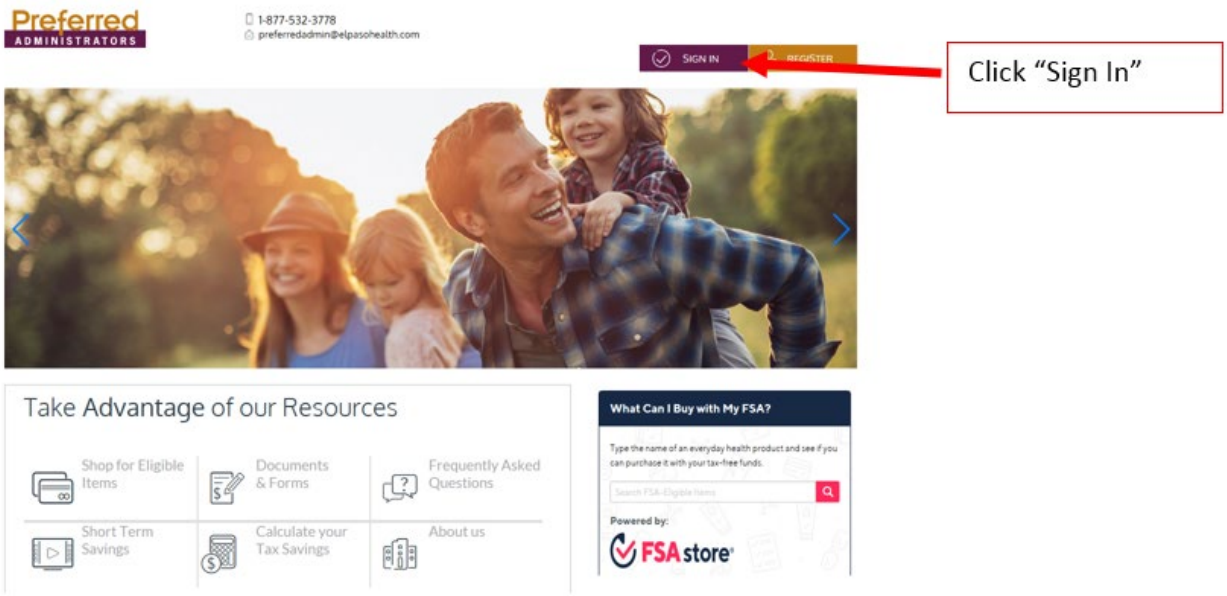
*Passwords: A valid password must contain between 8 and 16 characters. A password must contain 3 of the following types of characters (upper case letter, lower case letter, special character (%, !, @, etc., and a number). **Passwords are case sensitive and will expire every 90 days.**

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. 1507.

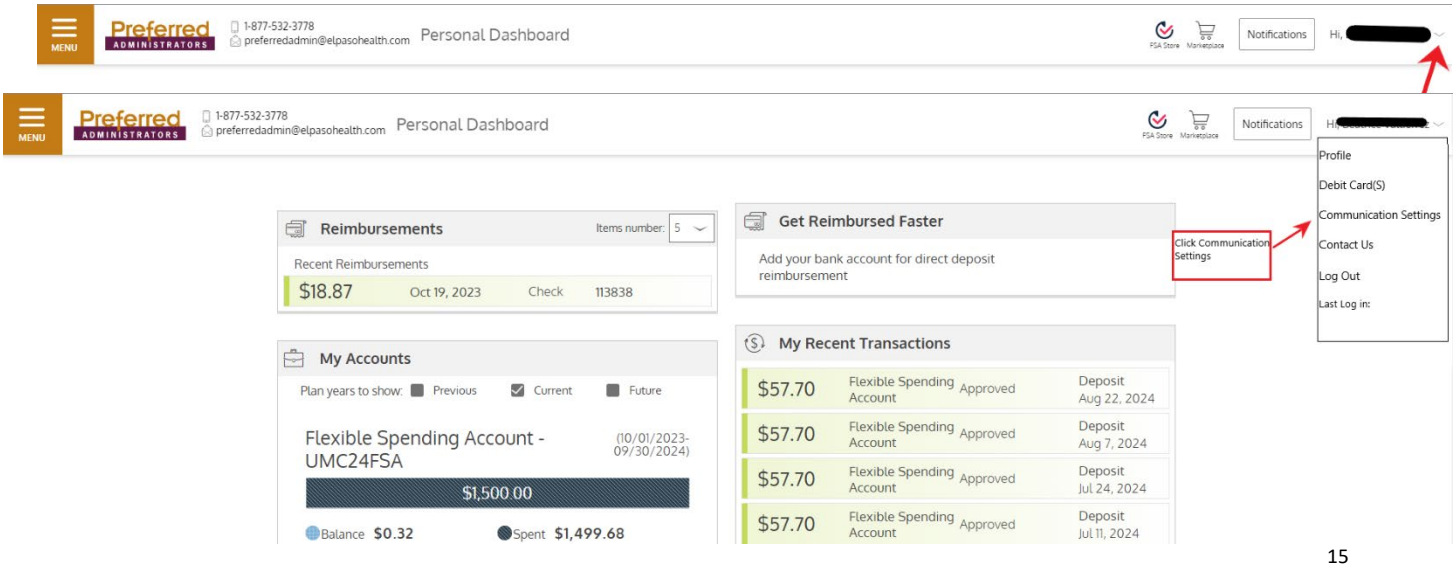
MANAGE YOUR ACCOUNT FROM YOUR MOBILE PHONE

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.

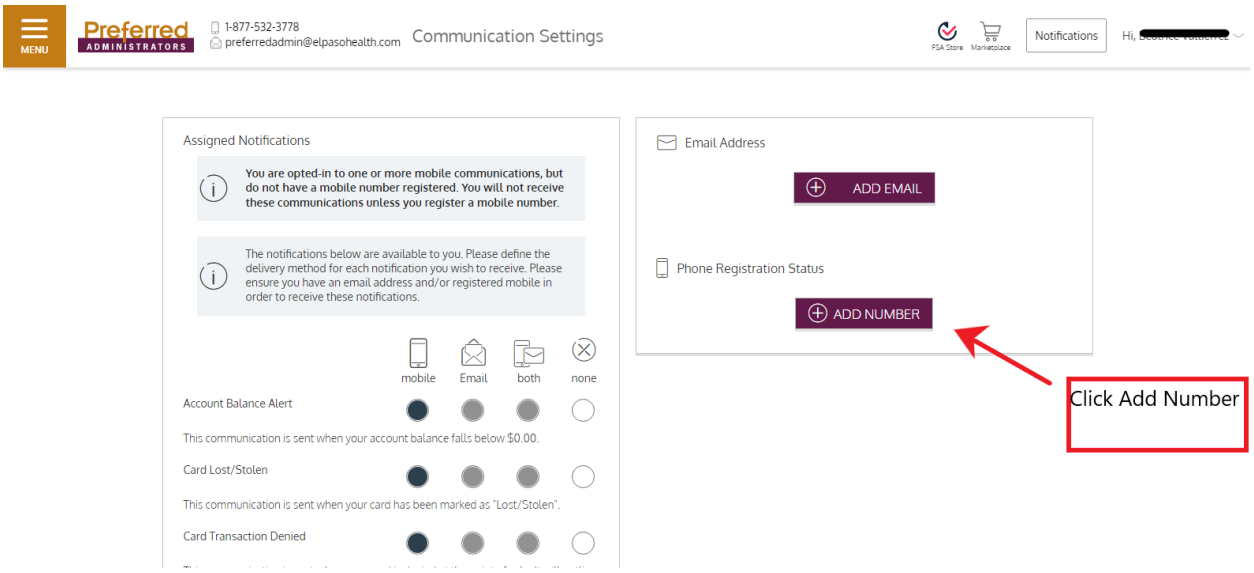
Step 1: Login to your Preferred Administrators online account access portal
https://preferredadmin.wealthcareportal.com



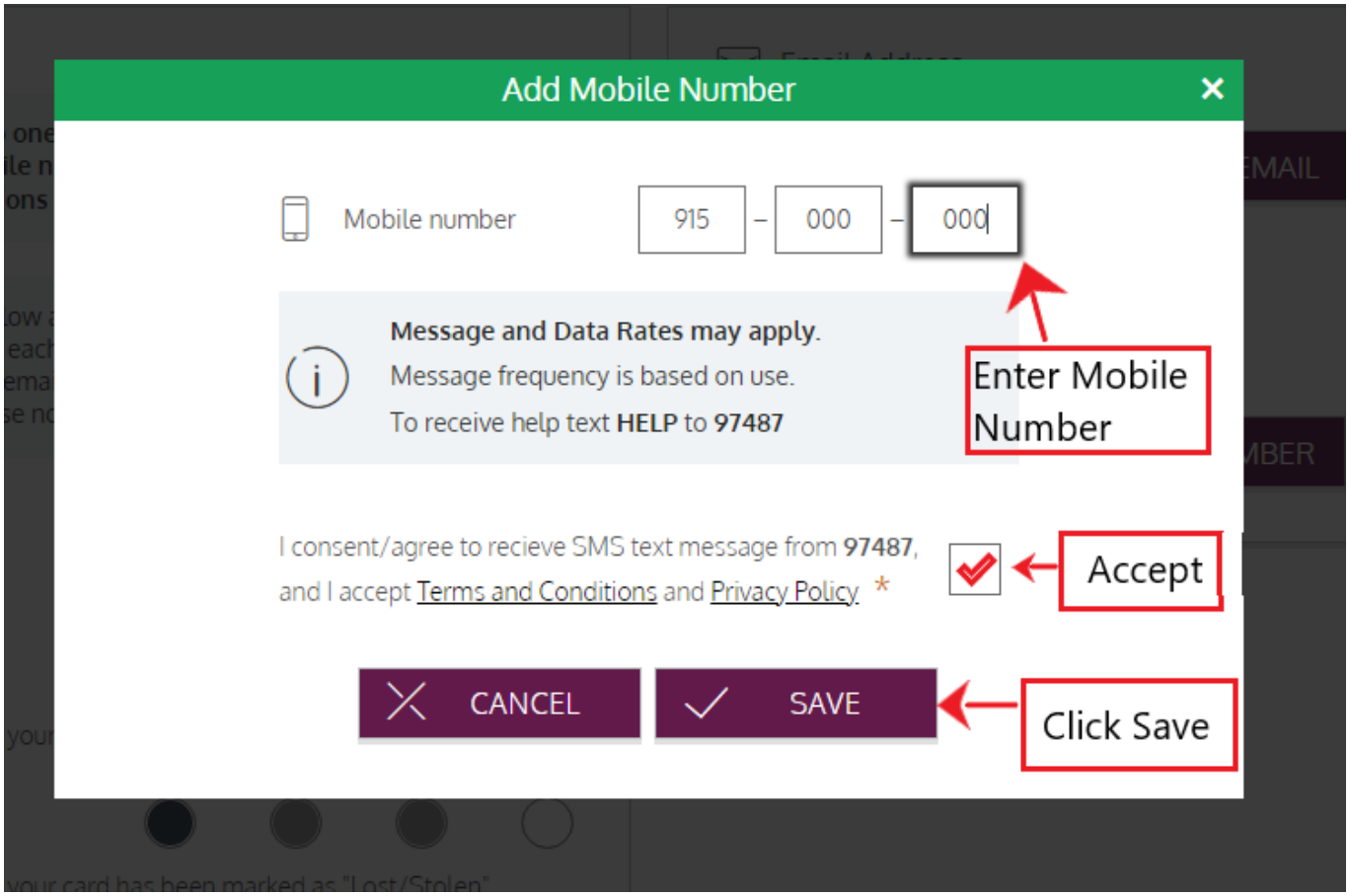
Step 2: On the home page, Navigate to the drop down arrow to access the "Communication settings"..



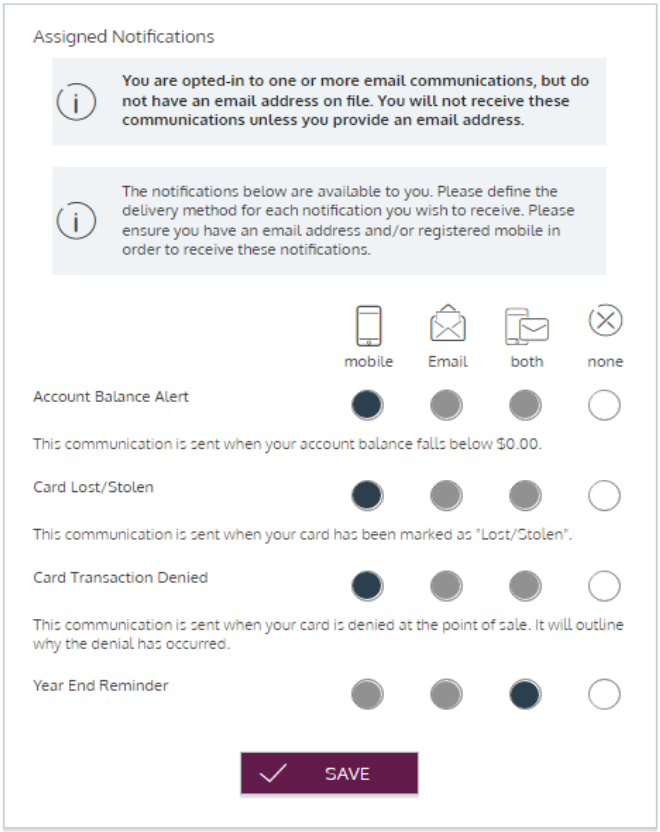
Step 3: To enter your “Mobile Phone Number” select the box “Add Number”.

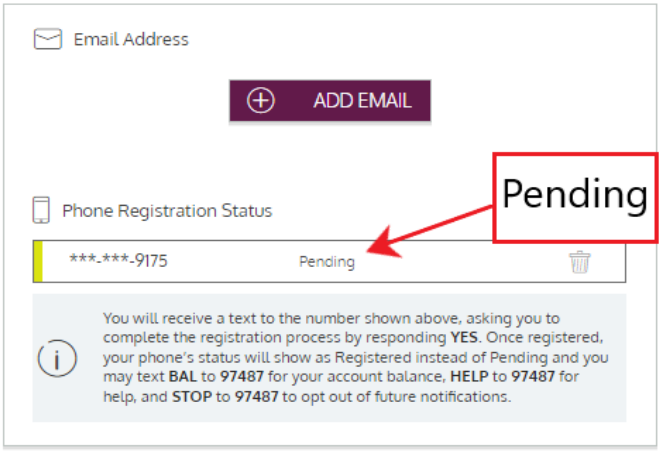


Step 4: The Add mobile phone number page will display, enter your mobile number and accept the “Terms and Conditions” then click save.

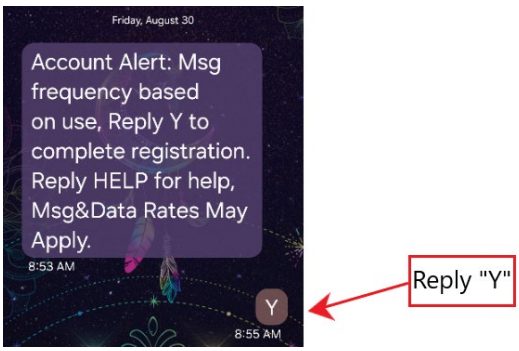


Step 5: It will redirect you back to the previous page and the mobile phone number will display a status of “Pending” until you complete the registration process using your mobile phone number.



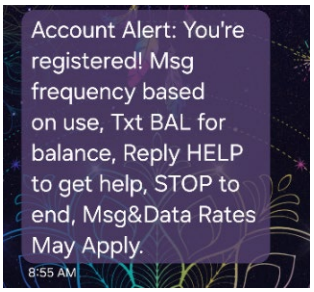


Step 6: The following text message will be sent to the mobile device.



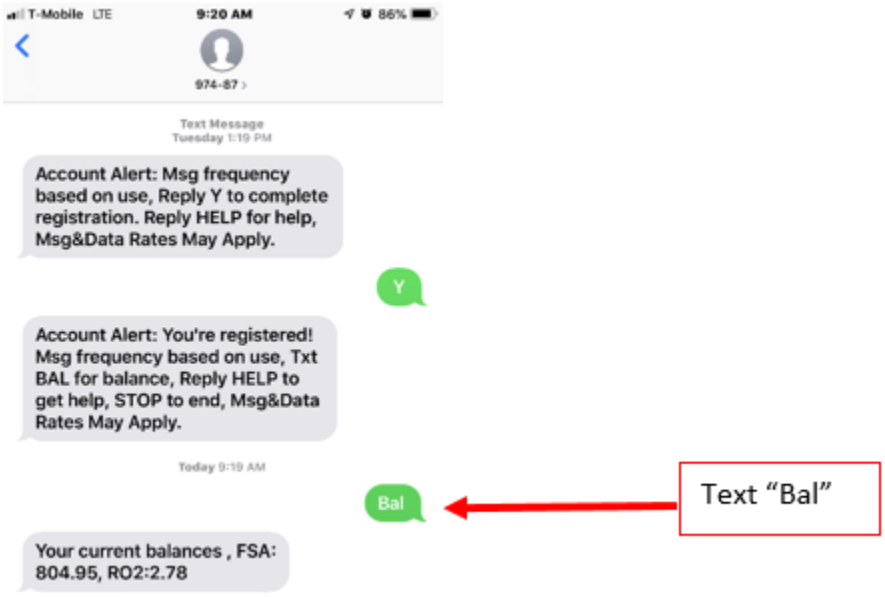
Step 7: To complete the registration steps you must reply to the text message with a “Y”.

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

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
Email: fsapreferredadmin@elpasohealth.com
Fax# (915) 225-1174
Phone: 915-532-3778 ext. 1507

Preferred ADMINISTRATORS

HEALTH/DEPENDENT CARE
FLEXIBLE SPENDING ACCOUNT CLAIM FORM
MAIL TO: 1145 Westmoreland El Paso, TX 79925
(915) 532-3778 ext.1529 or 1-877-532-3778
FAX TO :(915) 225-1174 ATTN: TPA Dept

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

Fill out this section for FSA claims.

DATE INCURRED	NAME OF SERVICE PROVIDER OR DESCRIPTION OF EXPENSE	NAME OF ELIGIBLE DEPENDENT OR "SELF"	SSN	DOB	RELATIONSHIP OR "SELF"	ELIGIBLE EXPENSE
10/1/24	Vision Optical	SELF	123-45-6789	1/7/64	SELF	$130.00
10/5/24	Wellness Pharmacy	Jane Smith	987-65-4321	8/3/65	SPOUSE	$25.00
					Total Eligible Health Care Expenses	$

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.

Fill out this section for DCSA claims.

EXACT DATES OF SERVICE FROM	TO	DEPENDENT NAME	SSN	DOB	AMOUNT REQUESTED
10/1/24	10/15/24	Jacob Smith	111-23-4567	05/10/14	$240.00
				Total Eligible Health Care Expenses	$

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 10/01/2024

FLEXIBLE SPENDING ACCOUNT CARD REQUEST FORM (FSA)

Indicate Reason for Card Request

Fill out this section for Spouse/Dependent Card Request

EMPLOYEE INFORMATION

Employer: University Medical Center of El Paso ☐ El Paso Children's Hospital ☐

Member Last Name: Smith **Member First Name:** John

Social Security Number: 123-45-6789 **Daytime Phone Number:** 915-555-5555

Address: 123 Street View Ln, El Paso, TX 79999 **Email Address:**

REASON FOR FSA CARD REQUEST

STOLEN CARD: ☐ **LOST CARD:** ☐ **DESTROYED CARD:** ☐

DEPENDENT CARD REQUEST: ☐ **SPOUSE CARD REQUEST:** ☒

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: Jane **First Name of Dependent/Spouse:** Smith

DOB: 08/03/1965 **SSN:** 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:** 11/01/2020

Mail to:
Preferred Administrators
1145 Westmoreland Drive
El Paso, TX 79925
Phone: 915-532-3778
Fax to: 915-225-1174
Email: fsapreferredadmin@elpasohealth.com

Preferred ADMINISTRATORS

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.

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

This form must be filled out your by Physician.

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.