

ARC OF WASHINGTON COUNTY, INC.

Plan Year: January 1, 2027 to December 31, 2027

The **Health Care Spending Account (FSA)** and **Dependent Care Account (DCA)** allow employees the ability to set aside pre-tax dollars to pay for out-of-pocket health care and dependent care (day care) expenses incurred by both the employee and their qualified dependents.

Employee Eligibility: All benefit eligible employees working 20 or more hours per week are eligible to enroll in the Flexible Spending Account benefit. Employees are not required to be enrolled in the Company sponsored health plan to participate in the Flexible Spending Account benefit. New hires must satisfy the standard waiting period (first day of the month following 60 days of employment).

Qualified Dependents – Coverage includes qualified family members (i.e., spouse and children). Dependent children are covered up to their 26th birthday (end of the month).

Benefit Changes – Election remains in effect until the end of the plan year. An election change is only permitted if you experience a qualifying event (i.e., birth, adoption or death of a dependent; marriage or divorce; or if you or your spouse experience a change in employment or medical insurance coverage). Additional changes for a DCA include a significant increase or decrease in the cost of day care services. A qualifying event may allow for an increase or decrease of your benefit amount consistent with the event. Changes to benefits must be made within 30 days of the date of the qualifying event.

Health Care Spending Account (FSA) Maximum Election \$3,500.00 [Employee Funded]

FSA 75-Day Grace Period – Allows reimbursement from remaining **Health Care Spending Account (FSA)** balance for expenses incurred during the first 75 days of the new plan year; benefit card transactions are seamless. *[Note: The Grace Period does not apply to terminated employees.]*

Health Care Spending Account (FSA) – Eligible expenses include all qualified medical expenses not reimbursed by other insurance, including vision expenses, non-cosmetic dental expenses, over-the-counter (OTC) medicines, menstrual care products (tampons and pads), PPE personal protective equipment (face masks, hand sanitizer, and sanitizing wipes), and medical supplies. Expenses paid out of pocket may also be submitted for manual claim reimbursement.

Dependent Care Account (DCA) Maximum Election \$7,500.00 [Employee Funded]

If you are married and file a separate return, the maximum DCA election amount is \$2,500.00

Dependent Care Account (DCA) – Coverage includes day care expenses for dependents thru age 12 and disabled/elder dependents (regardless of age). Eligible expenses include adult/child day care centers, providers of care outside of the home, providers of care who come to your home, before/after school care, and summer day camps. Expenses for a child in nursery school, pre-school, or similar programs for children below the level of kindergarten are eligible. Expenses to attend kindergarten or a higher grade, summer school, overnight camps, and tutoring are not eligible expenses. Enrolling in the Dependent Care Account will require you to complete IRS Form 2441 as part of your annual income tax return filing process.

Online Account Access – **CareFlex** provides electronic access to your plan information, plan design, account balance, transactions history, online claim filing, and more through the **CareFlex Participant Portal** and **CareFlex Mobile App**. Once you register, the same Username and Password is used to access your account through both the portal and the mobile app.

CareFlex Participant Portal – to access the portal, go to the **Portal** web page: <https://mycareflex.wealthcareportal.com>.

CareFlex Mobile App – **CareFlex** offers a free mobile app for ultimate “on the go” convenience. Simply search for **CareFlex Mobile App** in the Apple App Store or Google Play.

Flexible Spending Accounts (FSA & DCA)

Important Plan Information

Paying for Qualified Expenses.....Health FSA (Benefit Card and/or Manual Claim) / Dependent Care FSA (Manual Claim ONLY)

Benefit Card Payment Best Practices – When paying for health care, be sure to always present your medical ID card first to ensure proper processing of your services. Always compare your Explanation of Benefits (EOB) to the provider bill to verify the amount being charged is the same as the patient responsibility on the EOB.

What to Expect When You Use Your Benefit Card – Documentation will be required to be submitted for review for all card transactions except pharmacy expenses approved at the point of sale. CareFlex provides various methods of communicating information with us. For example, the [CareFlex Participant Portal](#) identifies and lists on the homepage transactions under review allowing members to attach the requested documentation directly to the transaction. We also offer a convenient [CareFlex Mobile App](#) with the same key features that also allows participants to snap a picture of their documentation and upload the picture to the transaction.

75-day Grace Period – To help eliminate the effect of the “use it or lose it” rule, your employer has adopted a Grace Period that allows payment from remaining **Health Care Spending Account (FSA)** funds for expenses incurred during the first 75-days of the new plan year. Benefit card transactions are seamless. During the Grace Period, previous plan year FSA balances will be exhausted before funds will be deducted from the new plan year. Once the Grace Period has ended, do not use your benefits card to pay previous plan year expenses; your benefit card will only recognize new plan year funds. After the Grace Period ends, you have an additional 15 days remaining in the Run Out Period to submit claims for payment from previous plan year funds. All reimbursement requests received after the run-out period ends will be denied. *[Note: The Grace Period does not apply to terminated employees or the Dependent Care (daycare) benefit.]*

Do not use your CareFlex Benefits Card to pay for previous plan year expenses. Your benefit card only recognizes current plan year funds. Once a new plan year begins, do not use your benefit card to pay for dates of services incurred in the previous plan year. Expenses are eligible based on the date of service, not the date of payment. If you receive an invoice during the new plan year for dates of service in the previous plan year, pay with another form of payment and submit a manual claim to [CareFlex](#) for reimbursement from previous plan year funds.

Manual Claims / Manual Reimbursements – Participants have two options to submit eligible expenses for reimbursement: **Online Claim Filing** (<https://mycareflex.wealthcareportal.com>): Log on to the [CareFlex Participant Portal](#) to file a manual claim. Attach appropriate documentation to your online claim; or email, fax, or mail the documentation to [CareFlex](#).

Paper Claim Submission: Email, fax, or mail a manual reimbursement request to [CareFlex](#). Reimbursement forms can be downloaded from the [CareFlex Participant Portal](#) FSA Resources section. Reimbursement request forms must be completed and signed and include appropriate documentation to process the claim.

Appropriate proof of service/purchase documentation includes: an itemized prescription label (containing the pharmacy name, patient name, prescription number, and prescription amount), an itemized provider statement [must include the provider name, patient name, date of service, description of service, charges, medical insurance adjustment/payment (if applicable), and patient responsibility], or an Explanation of Benefits (EOB) obtained from the insurance carrier.

Important Notes: (1) cancelled checks, credit card receipts, and/or non-itemized receipts or statements are not acceptable proof of services, and (2) remember to send copies of documentation and keep the originals for your records.

Run-Out Period:..... 90-Days from Last Day of Plan Year
Allows time after the last day of the plan year to submit manual claims for dates of services incurred during the plan year – expenses are eligible based on the date of service, not the payment date.

Termed Employees – Coverage Ceases **Last Day of the Month**
Benefit Card Deactivated..... Last Day of the Month
Term Run-Out Period..... Same as Active Participants (90 Days from Plan Year End)