

FLEXIBLE SPENDING ACCOUNTS



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FLEXIBLE SPENDING ACCOUNTS

Almost 40 Million Americans
Participate in Flexible Spending
Accounts Every Year.

Flex Accounts allow you to pay for your eligible out-of-pocket medical expenses with the Health Flexible Spending Account (FSA) and dependent day care expenses with the Dependent Care Assistance Plan (DCAP) expenses using pre-tax dollars it's like . . .



... Signing Yourself Up For A Pay Raise



Flexible Spending Accounts Allow You to Set Aside Pre-Tax Dollars to Pay for Out-of-Pocket Medical (FSA) and Dependent Care (DCAP) Expenses

- For You & Your Spouse
- For Your Eligible Dependents
- Participation in your Employer's Health Plan is Not Required



It's Easy to Participate!

- Estimate Your Out-of-pocket Expenses
- Enroll as Directed by Your Employer
- Your Election Amount will be Deducted Pre-Tax from Your Paycheck in Equal Amounts throughout the Plan Year
- The Full Amount of Your Health FSA Election is Available to You from the Beginning of the Plan Year
- Dependent Care Assistance Plan (DCAP) Funds will be Available to You as they are Contributed



Examples of Qualified Health Flexible Spending Account Expenses

- Deductibles
- Co Payments
- Vision Care
- Dental Care
- Chiropractic
- Birth Control
- Hearing Care

- Acupuncture
- Orthodontia
- Counseling
- Prescription Drugs
- Medical Supplies
- Elective Surgery
 (e.g. Laser Keratotomy)



Per The CARES ACT – thousands of additional Over-the-Counter (OTC) and Menstrual items can be purchased without a prescription.

Examples:

- Diabetic management supplies
- Hearing aid supplies
- Foot therapy supplies
- Band-aids
- Contraceptives

- Pain relief medications
- Cold & Flu products
- Allergy Products
- Heartburn medications
- Menstrual products



Examples of Expenses that are not Reimbursable from Your Health Flexible Spending Account

- Vitamins or Supplements
 (unless they have been prescribed to treat a medical condition)
- Personal Hygiene Items
- Cosmetics
- Teeth Whitening
- Veneers



Dependent Care Assistance Plan

- Allows Participants who incur Child and Dependent Care Expenses to Pay up to \$5,000 per Calendar Year with Pre-Tax Dollars
- All Expenses Must be Reported on IRS Form 2441 with accompanying Form W10



Qualified Dependent Care Expenses

- Care for Children Under Age 13
- Care of a Disabled Dependent
- Daycare
- Summer Day Camp (no overnight)
- Pre-School
- After School Programs



The Following Dependent Care Expenses are not Eligible for Reimbursement

- Over Night Camps
- Educational Expenses for Kindergarten and above
- Amounts Paid to Your Dependent for Childcare



Dependent Care Eligibility

- You are a single parent; or
- You have a working spouse; or
- Your spouse is a full-time student for at least five months during the year while you are working; or
- Your spouse is disabled and unable to provide for his or her own care



Flexible Spending Accounts = Tax Savings

Employee Withholdings

Health and/or Dental Insurance	
Premium Contributions	\$2,162
Reimbursable Medical Expenses	. 2,750
Dependent Care Expenses	- <u>5,000</u>
	\$9,122
	- 10

Savings to Employee

Federal Income Taxes \$	1,000
State Income Taxes	410
FICA and Medicare Taxes	<u>580</u>
\$	1,990



The Importance of Planning

- Estimate your elections carefully. The IRS maximum for Health FSAs in 2025 is \$3,300.
- Unused funds at the end of the Plan Year will be forfeited.
- Your employer may offer you a "Grace Period" of up to 2+1/2 months after the end of the Plan Year to allow you to use any funds remaining in your account.



Flex Plan Reminders

- Expenses must be incurred during the Plan Year, after you become a participant.
- If you or your spouse are participating in an FSA, you may not contribute to an HSA unless the FSA reimburses only vision and dental expenses (Limited Purpose FSA).
- You may only change your election during the Plan Year if you have a Qualifying Status Change Event (see next screen).



Qualifying Status Change Events

- Change in Legal Marital Status
- Change in Number of Dependents
- Change in Employment Status or Work Schedule of You or Your Spouse
- Dependent Satisfies/Ceases to Satisfy Dependent Eligibility Requirements
- Entitlement to Medicare or Medicaid
- Judgment, Decree or Court Order



Reimbursement – How it Works

1. Use your Prepaid ABG Benefits Card:

Great for your cash flow:
 No paying for your medical expenses out-of-pocket first, and then waiting for your reimbursements.



- No need to file claim forms.
- Save Your Receipts:
 You must submit receipts upon request.



Reimbursement – How it Works

2. File a Manual Claim Form

- Enter Your Claim Online: Log into your secure web portal (<u>www.amben.com/WealthCare</u>) to submit your claim with receipts, or you can fax your receipts with the confirmation page from entering the claim.
- Smart Mobile App: Submit your claim in the app and upload your receipts, or take a photo of your documentation using your smart phone or tablet.
- Submit A Paper Claim: Fill out our claim form then fax, mail, or email the completed form along with your eligible receipts (see next page) to ABG.



Submitting a Manual Claim

Completed, Signed Claim Form including the following information:

- Dates the Service was Provided
- Name of the Provider of the Service
- Nature of Service Provided
- Name of the Recipient of the Service
- Copies of Receipts



Receiving Your Reimbursement

Reimbursements for manual claims are issued every Tuesday – claims must be received in our office no later than Noon (EST) on the Friday prior in order to reimburse on the following Tuesday.

- Funds will be deposited to your bank account on Wednesday; or
- A check will be mailed to you (where applicable).



Just a Swipe Away

Instantly Pay for Eligible Expenses:



- Office Visit Co-Pays
- Prescription Drugs and Co-Pays
- Vision & Dental Care Expenses
- Over-the-Counter Medications and Supplies
- Dependent Care Expenses
- 100% IIAS Compliant (See Next Slide)





What is the Inventory Information Approval System (IIAS)?

Pharmacies, supermarkets, grocery stores, discount stores, warehouse clubs, and mail-order merchants that sell medical goods are now required to maintain a card transaction system that identifies eligible medical expenses at the point-of-sale.



What Does IIAS Mean For You?

- The eligibility of all items purchased with your benefits card will be verified at the point of service.
- The purchase of ineligible items with the benefits card will be declined.
- In most cases you will not be required to submit receipts for eligible transactions.



Benefits Card Reminders

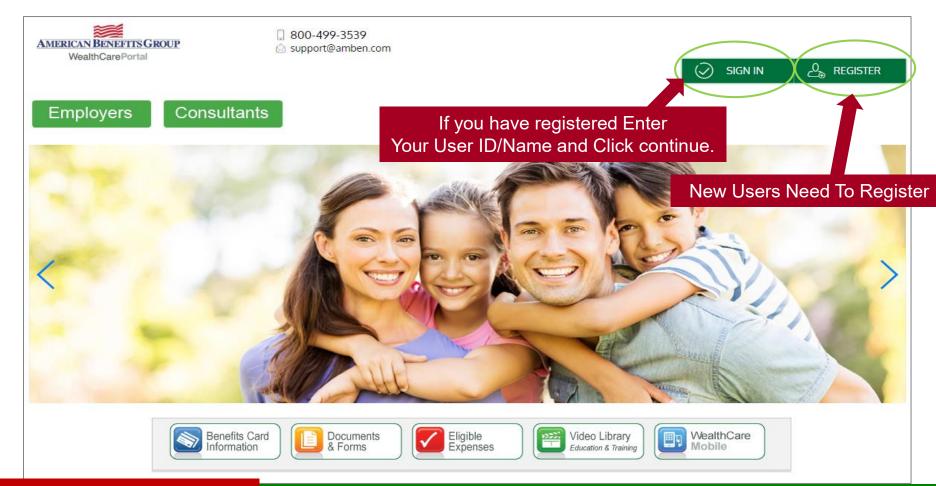
- Use Only for eligible expenses that were Incurred during your Plan Year (or the "Grace Period" if applicable).
- Keep Your Receipts: IRS Requirement!
- If asked to select "Debit" or "Credit" always choose "Credit" the card has no PIN.
- No cash advances.



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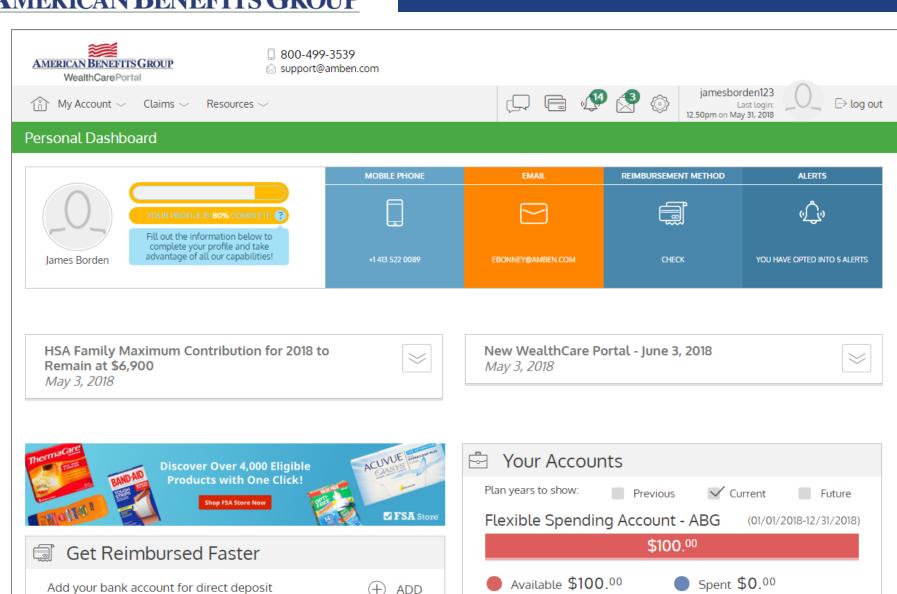
Administer Your Flexible Spending Accounts Online at

www.amben.com/WealthCare





reimbursement



Transit Benefit



Get Your Benefits On The Go!

WealthCare Mobile App

- Check Available Balances 24/7
- View Account Activity
- Submit Claims and Upload Receipt
 Images Taken With Your Mobile Device
- Available for Smart Phones and Tablets







For more information www.amben.com/WealthCareMobile



Text Messaging

Register your mobile device for text messaging in the WealthCare Portal.

Text Bal to received account balances in seconds

Automatic notifications you can receive via text message:

- ABG Benefits Card Mailed
- WealthCare Commuter Deposit Received
- Enrollee Welcome
- Year End Reminder
- Grace Period Reminder
- Run Out Reminder

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