



Flexible Spending Accounts (FSA)

BENEFIT RESOURCE (BRI)



WHAT DOES THE BENIVERSAL FSA PROVIDE?

- Tax-free money for medical and dependent care expenses
- Convenient access to account funds through the Beniversal® Prepaid Mastercard®
- On-the-go account access with the BRIMOBILE app
- Streamlined online account support through BRIWEB
- Friendly and knowledgeable participant services representatives to assist with your questions

Flexible Spending Accounts (FSAs) are IRS-approved accounts that allow you to pay for eligible medical and dependent care expenses on a tax-free basis. When you enroll in an employer-sponsored Flexible Spending Account, your contributions are not subject to Federal, FICA and most state taxes. This means you bring home more money in your paycheck.

TERMS TO KNOW

- **Open enrollment:** The annually recurring window when you sign up for or re-enroll in your benefits.
- **Plan year:** The time frame during which your benefits are effective (generally twelve months).
- **Election:** The amount of money set aside into your FSA on a pre-tax basis.
- **Eligible expenses:** The qualified purchases you can pay for with the funds in your Medical FSA, Limited Purpose FSA (if offered) or Dependent Care FSA. See next page for sample lists.
- **Plan highlights:** A simplified outline of rules set by your employer indicating how your plan is set up, how much you can put in an account, what happens to funds at the end of the plan year, and the deadline for claim submissions. Plan highlights can be found by logging in at [BenefitResource.com](https://www.benefitresource.com) or are available from your employer's benefits representative.

FOUR FACTS YOU NEED TO KNOW ABOUT AN FSA

- You need to set an election during Open Enrollment (or when you first become eligible). Open Enrollment only happens once a year.
- You can make up to two elections—one for health-related expenses (Medical FSA or Limited Purpose FSA) and one for 'day care' expenses (Dependent Care FSA).
- You cannot change your election unless you have a qualifying life event (i.e., marriage, birth, adoption, divorce, death).
- You have a limited time period to use your FSA funds to pay for eligible expenses. Check your plan highlights for when you need to use your funds.

HOW MUCH WILL I SAVE?*

Calculate your personalized tax savings at [BenefitResource.com](https://www.benefitresource.com).

Annual income			\$50,000
Anticipated medical expenses			\$2,500
	WITHOUT PLAN	WITH PLAN	
Federal income tax paid (25%)	\$12,500	\$11,875	
State income tax paid (6%)	\$3,000	\$2,850	
FICA (7.65%)	\$3,825	\$3,634	
TOTAL TAXES PAID	\$19,325	\$18,359	
Wages after taxes	\$30,675	\$31,640	
ANNUAL TAX SAVINGS			\$966

*The figures above are for illustration purposes only. Actual savings and tax rates may vary.

The type of FSA you choose will determine what you can buy with the funds. Below are sample lists of potential eligible expenses under each account. Refer to your plan highlights to verify whether an expense is eligible.

TYPES OF ELIGIBLE EXPENSES

- **Medical FSA eligible expenses** are qualified medical products and services and over-the-counter (OTC) medical supplies and drugs/medicines (including dental and vision).
- **Limited Purpose FSA eligible expenses** are qualified dental and vision expenses.
- **Dependent Care FSA eligible expenses** are qualified child day care, nursery school and/or adult day care expenses.

Always check your plan highlights to verify if an item is eligible under your plan. To search for more eligible items, visit BenefitResource.com/eligibilitylist.

MEDICAL FSA EXPENSES

A-G

- Acne medications
- Acupuncture
- Alcoholism treatment
- Allergy and sinus medications (e.g. Benadryl, Claritin, Sudafed)
- Ambulance
- Anti-fungal medications (e.g. Lotramin AF)
- Anti-itch medications (e.g. Caladryl)
- Arthritis gloves
- Asthma devices and medicines
- Bandages
- Body scans
- Braille books and magazines
- Breast pumps
- Breast reconstruction surgery following mastectomy
- Carpal tunnel wrist supports
- Chiropractors
- Circumcision
- Co-insurance amounts
- Cold sore medications
- Co-payments
- Cough, cold & flu remedies
- Counseling, when used to treat diagnosed medical condition
- CPAP devices
- Crutches
- Decongestants
- Diabetic supplies & insulin
- Diagnostic items/services
- Diaper rash ointments
- Dizziness pills
- Drug addiction treatment
- Drug overdose, treatment of
- Durable medical equipment
- Ear supplies (e.g. wax removal)
- Flu shots
- Gastrointestinal aids (e.g. antacids, anti-diarrhea medicines, non-fiber laxatives, nausea medications)
- Guide dog

H-Q

- Hospital services
- Immunizations
- Laboratory fees
- Lactation consultant
- Lactose intolerance pills
- Lodging at hospital or similar institution
- Mastectomy-related special bras
- Medical alert bracelet or necklace
- Medical monitoring and testing devices

- (e.g. blood-pressure monitoring devices, blood-sugar test kits/strips)
- Medical practitioner's fee for online or telephone consultation
 - Medical records charges
 - Menstrual Care Products
 - Midwife
 - Motion sickness pills
 - Nasal sprays for congestion (e.g. Afrin)
 - Norplant insertion or removal
 - Obstetrical expenses
 - Occlusal guards to prevent teeth grinding
 - Operations / Surgeries
 - Organ donors
 - Orthopedic shoe inserts
 - Osteopath fees
 - Ovulation monitor
 - Oxygen
 - Pain relievers (e.g. aspirin, Excedrin, Tylenol, Advil, Motrin)
 - Physical exams
 - Physical therapy
 - Pregnancy test kits
 - Prescription drugs and medicines
 - Preventive care screenings
 - Prosthesis and artificial limbs
 - Psychiatric care

R-Z

- Radial keratotomy
- Rehydration solution
- Screening tests (including cancer screening tests)
- Sleep-deprivation treatment
- Sleeping aids
- Smoking cessation medications (e.g. nicotine gum or patches)
- Speech therapy
- Stop-smoking programs
- Suppositories
- Telephone equipment or television for hearing-impaired persons
- Toothache relievers (e.g. Orajel)
- Topical ointments for gingivitis
- Transplants
- Transportation expenses for person to receive medical care, may include car mileage or alternative transportation costs
- Vaccines and immunizations
- Walkers/Wheelchair
- Wart remover medications
- X-ray fees
- Yeast infection creams (e.g. Monistat)

OTC ITEMS

- Adult incontinence products (e.g. Depends)
- Birth control products (e.g. prophylactics)
- First aid creams
- Contact lens solution
- Denture adhesives
- First aid supplies (e.g. band-aids)
- Foot insoles
- Gauze Pads
- Hearing aids/hearing aid batteries
- Heat wraps (e.g. ThermaCare)
- Heating pads, hot water bottles
- Liquid adhesive for small cuts
- Medicine dropper/spoon
- Personal Protective Equipment (masks, hand sanitizer, sanitizing wipes)
- Pre-natal vitamins
- Rubbing alcohol
- Sunscreen (Broad Spectrum SPF 15+)
- Supports/braces (e.g. ankle, knee, wrist, therapeutic glove)
- Thermometers

LIMITED PURPOSE FSA EXPENSES

- Artificial teeth
- Dental sealants
- Dental services and procedures
- Eye examinations
- Eyeglasses
- Fluoridation services
- Laser eye surgery, Lasik
- Optometrist
- Orthodontia
- Reading glasses
- Vision correction procedures

DEPENDENT CARE FSA EXPENSES

- Adult care
- Before/after school care
- Child care & day care facilities
- In-home dependent care
- Nursery school

The two most common FSAs are a **Medical FSA** and **Dependent Care FSA**. You can have both accounts at the same time, but you must enroll in and fund separate elections for each. For individuals contributing to a Health Savings Account, you may have the option to select a Limited Purpose FSA instead of the Medical FSA.



MEDICAL FSA

(MEDICAL EXPENSES FOR YOUR FAMILY)

WHAT ARE THESE FUNDS USED FOR?

Funds can be used to pay for eligible medical expenses provided to you, your spouse, or eligible dependents.

WHEN CAN I START USING THE FUNDS IN MY ACCOUNT?

Your full plan year election is available to use on the first day of the plan year.

WHAT IS AN ELIGIBLE EXPENSE?

You can use these funds to pay for expenses that primarily prevent, treat, diagnose or alleviate a physical or mental defect or illness. Common eligible expenses include:

- Copayments, coinsurance, and deductible expenses
- Dental care (e.g. exams, fillings, crowns)
- Vision care, eyeglasses, contact lenses
- Chiropractic care
- Prescription drugs and over-the-counter drugs and medicines

WHAT ISN'T ALLOWED?

- You cannot use these funds to pay for expenses that are for personal care, cosmetic, or general health purposes.
- You cannot reimburse expenses from any other source (e.g. insurance).
- You cannot have a Medical FSA if you are enrolled in a Health Savings Account (HSA). However, a Limited Purpose FSA may be available.

WHAT HAPPENS TO FUNDS I DON'T USE?

Check your plan highlights for information about how unused funds are treated.



DEPENDENT CARE FSA

(DAY CARE EXPENSES)

WHAT ARE THESE FUNDS USED FOR?

Funds can be used for a qualified person, who is often one of the following:

- A dependent child under the age of 13 for whom you can claim a tax exemption.
- A spouse or dependent who is physically or mentally incapable of self-care and for whom you can claim a tax exemption.

WHEN CAN I START USING THE FUNDS IN MY ACCOUNT?

Dependent Care funds become available as they are deposited from payroll.

WHAT IS AN ELIGIBLE EXPENSE?

You can pay for expenses that enable you or your spouse to be gainfully employed, look for work, or attend school full-time. Common eligible expenses include:

- Before & after school care
- In-home dependent care
- Child care
- Nursery school
- Day care in a facility
- Adult care

WHAT ISN'T ALLOWED?

You cannot use these funds to pay for services provided for education, overnight camps, or services provided by the child's parent or other dependent for income tax purposes. You also cannot claim a federal tax credit for any expenses reimbursed through your Dependent Care FSA. Consult a tax professional to determine if a Dependent Care FSA or the federal tax credit would be more advantageous.

WHAT HAPPENS TO FUNDS I DON'T USE?

Expenses must be incurred within the plan year. Refer to your plan highlights for deadlines to submit claims.



MEDICAL ESTIMATE

Estimate out-of-pocket medical services for you, your spouse, and your eligible dependents.

GENERAL EXPENSES

Office visits/doctor's fees (cost if deductible or total copayments) \$ _____

Immunizations/vaccines \$ _____

Laboratory fees/X-rays \$ _____

OTC drugs & medicines \$ _____

Prescription drugs \$ _____

SUBTOTAL \$ _____

VISION

Corrective eye surgery & eye wear \$ _____

Eye exams \$ _____

Prescription glasses \$ _____

Contact lenses \$ _____

SUBTOTAL \$ _____

SPECIALTY EXPENSES

Emergency room/hospital bills \$ _____

Hearing aids \$ _____

Specialists or alternative medicine (Acupuncture, chiropractor, physical therapy, etc.) \$ _____

Surgery \$ _____

Other expenses \$ _____

SUBTOTAL \$ _____

DENTAL

Cleanings, exams, fillings, etc. \$ _____

Orthodontia \$ _____

X-rays \$ _____

SUBTOTAL \$ _____

TOTAL ESTIMATE: \$ _____

DEPENDENT CARE ESTIMATE

Estimate out-of-pocket expenses related to non-medical care for your dependents.

DEPENDENT CARE EXPENSES

Adult day care \$ _____

Day care or in-home child care \$ _____

Nursery school \$ _____

TOTAL ESTIMATE: \$ _____

TAX SAVINGS ESTIMATE

Estimate your total annual tax savings.

A. Total medical estimate (see plan highlights for the maximum limits that may apply) \$ _____

B. Total dependent care estimate (see plan highlights for maximum limits that may apply) \$ _____

C. Total expenses (line A + line B) \$ _____

D. Tax rate (enter what you pay in total for Federal, State, and Local taxes. If uncertain, use 30% of your gross salary) \$ _____

E. FICA (includes Social Security and Medicare) \$ _____

F. Total tax rate (line D + line E) \$ _____

ESTIMATED ANNUAL TAX SAVINGS (line C x line F) \$ _____

BRI PRO TIP

Use our free FSA calculator to help estimate your expenses: [BenefitResource.com](https://www.benefitresource.com)

THE BENIVERSAL MASTERCARD

The **Beniversal Prepaid Mastercard** can be used at qualified merchants providing medical products and services (doctors, dentists, medical labs, hospitals, medical supply stores, vision centers, certain drugstores, and retail merchants). A list of these merchants is available at our website. The card also allows for contactless payments through Apple Pay®, Samsung Pay® and Google Pay®.



When using your card, always save your itemized receipts. With an FSA, the IRS requires BRI to verify that 100% of transactions are for eligible expenses. Since some qualified merchants also offer services/items that are not eligible, we may contact you requesting documentation to verify a transaction. Instructions will be provided in the event of a request.



DOWNLOAD THE BRIMOBILE APP

BRIMOBILE is your on-the-go account access. View balances and recent transactions, submit claims, send receipts, or sign up for text alerts.

The BRIMOBILE app is available for both Apple and Android in your device's app store.

PARTICIPANT SERVICES

Participant Services is available to assist with your questions via phone, email and live chat. Both English- and Spanish-speaking representatives are available.

 (800) 473-9595 (M - F, 8am - 8pm (ET))

 ParticipantServices@BenefitResource.com

 Live chat is available through the participant login at BenefitResource.com

LOG IN TO YOUR BRIWEB ACCOUNT

BRIWEB is your secure participant login for managing your accounts with BRI. BRIWEB allows you to view balance and transaction information, submit claims, download plan documents and more. To get started, go to BenefitResource.com.

- Click the Employees tab and select “BRIWEB LOGIN”
- Select “register an account.” You will need to assign yourself a personal login ID and password, and you will need the company code and member ID provided to you by your employer available during registration.
- Once logged in, a dashboard will provide a quick snapshot of your account(s). To manage your FSA, navigate to the “Medical FSA” tab.

For additional resources and to learn more about your accounts, please visit the Employee Resources page on our website.

SUBMIT A CLAIM

If you are not using the Beniversal card or if you have Dependent Care expenses, you can submit a claim with your itemized receipt or supporting documentation. Claims can be submitted three ways:

- Online at BRIWEB
- Through BRIMOBILE
- By faxing/mailing a claim form

BRI PRO TIP

Direct Deposit: Set up your account on our website and get reimbursements faster!



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