

## **Flexible Spending Accounts Health Care Reimbursement**

If you will have medical, dental and vision expenses not covered by the Washtenaw Community College Health Plan (i.e., deductibles, co-payments, etc.), the Health Care Reimbursement Account (HRCA) is for you!

### **You may be reimbursed for such items as:**

- Office visit service fees
- Deductibles and co-payments
- Prescription co-pays
- Vision expenses
- Dental co-pays
- Hearing expenses
- Home health aids and over the counter drugs (with a prescription)

*Detailed list of eligible expenses included at the end of the document*

*NOTE: A Limited Flexible Spending Account does not cover medical expenses. This account is used in conjunction with a Health Savings Account.*

### **You WILL NOT be reimbursed for such items as:**

- Cosmetic surgery or cosmetic dental work
- Cosmetics
- Electrolysis
- Toiletries
- Non-prescription drugs for cosmetic purposes
- Vacations or recreational activities
- Health club dues

### **How the Account Works:**

The Health Care Reimbursement Account plan year runs January 1 through January 31 of the following year (13 months). If you elect coverage through the flexible spending account your contribution will be withheld from each paycheck on a tax-free basis.

- You estimate how much you think you will spend in the 13 months on eligible expenses
- Based on that estimate, you decide how much you want to contribute to the account
- The amount you choose to contribute will go into the account tax-free
- You're reimbursed for those expenses with the tax-free dollars from the account

You should estimate your reimbursement account expenses as accurately as possible, staying on the conservative side.

This is because **the Internal Revenue Service (IRS) requires you to forfeit any health care deposits you do not use by January 31<sup>st</sup>**. You will have until **March 15<sup>th</sup>** to request reimbursement for those expenses.

(Example: for the 2015 plan year, the account can be used for expenses incurred between January 1, 2015 and January 31, 2016. Reimbursement requests can be submitted until March 15, 2016.)

## **How Much You Can Deposit:**

Making the best use of your reimbursement accounts requires careful planning. The worksheet below can help you estimate your out-of-pocket health care expenses for the plan year and will give you an idea of the expenses you can put through the account.

Your reimbursement account decisions remain effective for the Plan Year.

You may increase or decrease your deposits in the account during the Plan year ONLY if you have a qualifying family event (i.e. marriage, divorce, birth, death or spouse losing or gaining employment). You must notify HR within 30 days of the event.

**You may deposit a maximum of \$2,750 to your Health Care Reimbursement Account**

## **How You are Reimbursed:**

### **Requesting Reimbursement or Using a Debit Card**

#### **Requesting Reimbursement**

WCC utilizes an outside company (Infinisource, Inc.) to process your reimbursement requests. Reimbursement request forms are available on the WCC benefit web page under Forms, Flexible Spending Account forms.

Please follow these instructions when requesting reimbursement:

- **Medical, Dental and Vision Expenses**
  - Pay the bill
  - Obtain a copy of the Explanation of Benefits (EOB) from your insurance carrier
  - Obtain an itemized bill from the provider that includes the date of service, service that was performed, patient name, amount charged and the amount the insurance covered
  - Complete a Reimbursement Request Form and attach the EOB and itemized bill
  - Mail or fax to Infinisource
  
- **Prescription Drug Expenses**
  - Pay the bill
  - Obtain a pharmacy receipt (pharmacy receipt must include the patient's name, date of service, type of prescription and your co-pay)
  - Complete a Reimbursement Request form and attach the pharmacy receipt
  - Mail or fax to Infinisource
  
- **Over the counter drugs, home health aides and hearing expenses**
  - Obtain a physician's prescription for over the counter items containing a medicine or drug
  - Pay the bill
  - Obtain an itemized bill from the provider
  - Complete a Reimbursement Request form , attach the pharmacy receipt and the physician's prescription if required
    - Prescription should include your name, over the counter item and date prescribed
  - Mail or fax to Infinisource

**Note:** Payments on account, cash register receipts, credit card receipts and cancelled check copies alone are not sufficient documentation.

**Note:** Estimated and/or anticipated insurance amounts are not considered proof of insurance payments; therefore, balances based on estimated or anticipated insurance are not eligible.

**You will be reimbursed for the full amount of your reimbursement request up to the total amount elected (even if your request exceeds the total contributed to date).**

## Using a Debit Card

Debit cards are available for use for office visit co-payments, prescription co-payments, over-the-counter drugs, and those eligible expenses not covered by insurance or benefit plans.

The debit card can only be used in the calendar year in which the expense is incurred.

IT IS IMPORTANT THAT YOU KEEP YOUR ITEMIZED RECEIPTS as Infinisource may request that they be submitted for documentation as required by the IRS.

### **Due to IRS regulations, it may be necessary to substantiate a debit card expense.**

In some cases the debit card receipt as obtained from the provider or retailer will not detail the expense transaction. Therefore, it may be necessary to provide additional documentation such as a register receipt, pharmacy receipt, itemized bill, etc., to substantiate the claim to ensure it is eligible for reimbursement.

## Keeping Track of Your Account

By keeping track of your accounts, you can avoid forfeiture.

The following are available to check your account status:

- Infinisource Flexible Spending Online portal
- My Benny website
- Infinisource 800 phone number (866.370.3040)

## Flexible Spending Account Worksheet

<b>Medical Expenses</b>		
<input type="checkbox"/> <b>Deductibles</b>	\$ _____	
<input type="checkbox"/> <b>Office Visit Service Fees</b>	\$ _____	
<input type="checkbox"/> <b>Co-payments</b>	\$ _____	
<b>Dental Co-payments</b>	\$ _____	
<b>Orthodontic Co-payments</b>	\$ _____	
<b>Prescription Co-payments</b>	\$ _____	
<b>Vision Expenses</b>	\$ _____	
<b>Hearing Expenses</b>	\$ _____	
<b>TOTAL HEALTH CARE EXPENSES</b>	\$ _____	
<b><u>Dependent Care Expenses</u></b>		
\$ _____ X _____	\$ _____	
<b>TOTAL DEPENDENT CARE EXPENSES</b>	\$ _____	
_____ + _____ = _____		
<b>HEALTH CARE EXPENSE</b>	<b>DEPENDENT CARE EXPENSE</b>	<b>TOTAL FLEXIBLE SPENDING ACCT</b>
To determine the payroll deduction amount, divide this total by 24 pays		