



How to use your Flexible Spending Account (FSA) or other reimbursement accounts

Understanding your health plan doesn't have to be hard. We're here to help you understand how everything works and get the most from your plan and reimbursement account.



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What is a flexible spending account (FSA) or reimbursement account?

A health care FSA and other reimbursement accounts are a benefit sponsored by your employer. You get to set aside money with a deposit from your salary before taxes are taken out. This lowers the pay you're taxed on and the taxes you owe, which increases your take-home pay. Then, you can use the pre-tax money to pay for eligible expenses like:

- Health care
- Vision and dental care
- Dependent care
- Transportation and parking

The type of reimbursement account you have determines what expenses are eligible. For example, you might be able to use it for your out-of-pocket medical expenses with a health care FSA, or for child care needs with a dependent care account. Depending on your health plan and what spending accounts your employer offers, you could have more than one account.

How much can I put in?

One thing to think about when you sign up for a reimbursement account, or when you are starting a new plan year, is how much you should put in. Contribution amounts are limited by law and include any money your employer may put in too. The limits for 2024 are:

- Health care or limited-use FSA – \$3,200
- Dependent care reimbursement account (DCRA) – \$5,000 for a single person or married filing jointly, and \$2,500 for married filing separately
- Transportation account – \$315 per month
- Parking account – \$315 per month

Your plan's contribution limits may vary. Check with your employer or look at your plan documents to find out if your limits are different.

How do I figure out how much to put in?

Grab your health care statements, day care invoices and other eligible expense receipts from the last year. Add up what you spent, and think about any changes you plan on in the coming year. Are you having a baby and will need day care? Or planning a surgery? Those are expenses you can plan for and save some money. Based on what you spent last year and any changes you expect, choose the amount you'd like to put in your reimbursement account.

What if I have a health plan with a health savings account (HSA) or health reimbursement account (HRA)?

A reimbursement account can be offered with any medical or dental plan. However, according to IRS rules, if you contribute to an HSA you can only sign up for a limited-use FSA; not a health care FSA. A limited-use FSA only reimburses expenses for vision and dental services.

Your employer might let you sign up for a reimbursement account even if you don't have your company's health plan. You just need to meet any of your employer's eligibility requirements for the account.

My spouse and I work for the same company. How does this work?

You can use the same reimbursement account for multiple people in your family. If you and your spouse work at the same company, and you use automatic submission for your health care FSA, there is one thing to think about: the same person should be the account holder for both the health care FSA and the health plan. For example, if you are the account holder for the medical plan, you should also be the account holder for the reimbursement account.

I have reimbursement account with HealthPartners. Now what?

If you haven't already, create a healthpartners.com online account. With an account, you can submit your expenses for reimbursement, check your reimbursement account balance, sign up for direct deposit, and get information on your HealthPartners medical plan, if you have one. Go to healthpartners.com and select *Sign in*. Or download and log on to the HealthPartners mobile app.

After signing up for a reimbursement account, you'll get a summary plan description (SPD) that explains the details of your plan. You can always call Member Services with any questions at **952-883-7000** or **866-443-9352**.

Can I change my annual election amount?

You may be able to change your elected amount during the plan year if you have a change in employment status or family status like marriage, divorce or birth of a child. Contact your employer to determine if you have an eligible change. Election changes must be made within 30 days of the event.

What happens to the money in my account if I don't use it all in one year?

The IRS has a "use it or lose it" rule for reimbursement accounts. This means you'll lose any unused money that's still in your account at the end of the plan year. Your employer might let you roll over your unused money or allow a grace period where you can use your health care FSA money in the next year. Check with your employer or plan documents to see if your plan offers one of these options.

What happens to my account if I leave my job?

There's an option to continue the same health care coverage after you leave your job. This is called COBRA. If you qualify for COBRA on your health FSA, you can still use it for eligible expenses. If you don't, all expenses need to take place before you leave your job. Check with your employer for more information on your plan options if you leave your job.

Dependent care and transportation reimbursement accounts can't be continued through COBRA. However, you may be able to get back any money in your account for eligible expenses that happened before you left your job. Check with your employer for their rules on claims submissions.

What can I use my reimbursement account for?

There are different kinds of reimbursement accounts. Depending on what is available to you, you could use your reimbursement account for medical expenses, vision, dental, child care or even parking and transportation expenses. Not all plans offer all of these accounts, so be sure to check to see what you can sign up for.

Health care FSA

For an FSA that covers your medical expenses, an eligible expense is an expense you pay for your health care needs. Prescriptions, copays, coinsurances and deductibles are all eligible expenses.

Here are some examples of eligible expenses. More information is available at healthpartners.com/myfsa.

- Doctor visits
- Prescriptions
- Glasses, contacts or laser eye surgery/LASIK
- Medical equipment that you use at home

Dental care and vision care that aren't covered by a health plan are also eligible. Generally, deductions that qualify as medical expenses on your federal income taxes can be reimbursed through your FSA. You can log on to healthpartners.com/myfsa to view a list of common qualified expenses.

Limited-use FSA

If you contribute to a health savings account (HSA), you can still use an FSA. It's called a limited-use FSA, and you can use it for dental and vision expenses.

Dependent care reimbursement account (DCRA)

Child care is expensive. By signing up for a DCRA, you can reduce some of those costs by paying for them with pre-tax dollars. Here are some examples of expenses you can use a DCRA for:

- In-home child care
- Licensed day care and preschool
- Before or after school programs
- Elder care

There are some rules from the IRS about who can qualify as a dependent. They need to be one of the following:

- Your dependent and under the age of 13.
- A spouse or dependent who can't physically or mentally care for themselves, who has also lived with you for more than half the year.

If your child turns 13 this year, you can only submit expenses that happened before your child turned 13.

Transportation and parking reimbursement accounts

If you need to commute or park for your job, your employer may provide a reimbursement account option for you. Some eligible expenses include:

- Bus and light rail fares
- Train and subway tickets
- Parking ramps, lots or meters

Can I use my FSA for OTC medicine?

Yes, the IRS allows certain over-the-counter (OTC) medications to be reimbursed from a health care FSA without a prescription. Although not common, employers can still require a prescription for OTC medications. Check with your employer or look at your plan documents to learn how your plan works.

Do I need to wait for my contributions to be deposited before I can use my money?

If you have a health care FSA, the full amount that you decide to contribute will be deposited in your account at the beginning of the year. For example, if you decide to add \$100 each month, your account will have \$1,200 at the beginning of the year. That's the total amount that you have for the year as you submit a claim or use your card.

If you have a dependent care, parking or transportation reimbursement account, money is added to your account as it's taken out of your paycheck. For example, if you decide to put in \$200 every month, or \$2,400 a year, you'll have to wait until your payroll deductions are made before the money's added to your account. You can only be reimbursed for expenses if there's money in your account. You might have to wait until a payroll deduction is made before you get your money back.

How do I submit my expenses?

So how do you actually use your reimbursement account? There are a few easy ways to pay for expenses. Your employer may choose automatic submission, which means your medical expenses are sent from your doctor to your FSA without any paperwork needed from you. Or your plan may include a debit card to use when you need to pay. You can also manually submit expenses in the app, online, by mail or fax. Please note that only health care FSAs may include a debit card. Check with your employer to find out what options you have.

Automatic submission – how does it work?

If you have medical expenses (and HealthPartners insurance), medical claims are sent to HealthPartners for processing. If you have to pay some of the costs, then it's automatically sent to your health care FSA. The money is deducted from your reimbursement account and you don't have to do anything else.

You can't use automatic submission if:

1. You have a limited-use, dependent care, transportation or parking reimbursement account
2. You have dual health plan coverage through your spouse
3. You have a dependent covered under your health plan who doesn't qualify as a tax dependent under the federal tax code

You can opt out of the automatic submission feature online or by calling Member Services.

App submission – how does it work?

In less than two minutes, you can submit your expenses from your account in the HealthPartners mobile app. You should submit your expenses in the app or online if you don't have automatic submission for medical expenses, or have a limited-use, dependent care, transportation or parking reimbursement account.

1. Download the HealthPartners mobile app. Then log on with your username and password. You'll need to sign up for an account if you haven't already.
2. Select *Submit a new claim* from the Home screen.
3. Follow the steps to fill out the form and take or attach a photo of your document. If you have dependent care, you might need to get a signature from your provider.
4. After you've uploaded a photo and completed the form, select *Submit*. Your claim form with attachment will be sent automatically to HealthPartners for processing.

Online submission – how does it work?

You can submit your expenses online in your account at healthpartners.com. You should submit your expenses online or in the app if you don't have automatic submission for medical expenses, or have a limited-use, dependent care or transportation reimbursement account.

1. Visit **healthpartners.com** and sign in with your username and password. You'll need to create an account if you haven't already.
2. Go to the *My plan* tab. Under *Spending*, select *Spending accounts*. If you have multiple accounts, select the one you're submitting an expense for.
3. Select *Submit a new claim*.
4. Follow the steps to fill out the form and attach your documents. If you have dependent care, you might need to get a signature from your provider.
 - » Select the *Choose File* button to select a document you have previously scanned or saved to your computer. Attachments need to be a PDF, TIFF, PNG, JPG or BMP file type.
5. After you've attached the document and completed the form, select *Review and send request*. Your claim form with attachments will be sent to HealthPartners for processing.

Mail or fax submission – how does it work?

For eligible expenses, you fill out a reimbursement expense claim form and send it to HealthPartners. Forms are online at **healthpartners.com/myfsa** or you can call Member Services.

When you submit by mail or fax, include documents like:

- A health care Explanation of Benefits (EOB). If you have HealthPartners health insurance, you can find this online when you sign in to your account. If you don't have HealthPartners health insurance, you should follow your health insurance company's process for obtaining EOBs.
- Detailed receipts
- Payment plan for regular expenses (like braces)
- Statement signed by the provider (for dependent care)

Fax your form to **952-883-5026** or **877-624-2287**. Or mail it to the address at the bottom of the form.

Before you send your form – check for these common mistakes:

- Did you sign and date the form?
- Did you include all your documentation? If there's more than one expense listed on a receipt, be sure you circle each one. Don't highlight the expense items.
- Did you fill out the claim form completely?
- Does the documentation match the amount you're asking for?
- Did you keep a copy of your claim form?
- Did you send copies of your receipts? You'll want to keep the original receipts for your records.

Why does HealthPartners need proof of expenses/receipts?

Federal law requires that we make sure all reimbursement account expenses are eligible. If the IRS sees that an ineligible expense was reimbursed, the entire group could be taxed on the money they contributed to reimbursement accounts, not just the account that had an ineligible expense. That extra step can prevent you from potentially paying more on your taxes.

When do I have to submit documentation?

If you submit your expenses in the app, online, by mail or fax, you'll need to send documentation. If your account has automatic submission or you use a debit card, you usually won't need to give additional documentation. Sometimes, we aren't able to verify these expenses and then you'd need to send documentation. We'll let you know if that happens.

What kinds of documentation can I send?

For eligible health care expenses, send a copy of your receipt with your claim form. You'll also need to send one of the following:

1. A copy of your Explanation of Benefits (EOB) – the statement you get each time a medical or dental claim is sent to your health plan.
2. An itemized statement or receipt with:
 - » Type of services provided (including prescription name)
 - » Date of the service
 - » Name of the person who received the service
 - » Provider's name
 - » Amount due after insurance

These types of documentation can't be used to verify your claims:

- Credit card receipts
- Canceled checks
- Billing statement showing a previous balance or amount due

For some expenses, additional information is needed from your doctor. This is required when the same service can be an eligible or non-eligible FSA expense based on if it's medically needed. If it's needed, you'll need to provide a Letter of Medical Necessity (LMN) from your doctor. You can find this form on healthpartners.com/myfsa. Common expenses that require an LMN include chiropractic care, massage therapy, some over-the-counter (OTC) items, and weight loss programs.

What happens if I submit for expenses and I don't have enough money in the account?

You should submit the total expense for services or dates that have already taken place. For medical expenses, HealthPartners will reimburse you up to the amount you chose to contribute for the year.

If you have a dependent care, parking or transportation reimbursement account, you'll be reimbursed up to the amount in your account. If you have expenses that are higher than what's available in your account, that money will be reimbursed once there's a payroll deduction. If you continue to submit expenses, the amount pending will continue to increase. Since deductions are based on your payroll dates, you may need to wait until the next pay period to get your reimbursement. Claim submitted by 12 p.m. on Thursday are typically reimbursed the following week when funds are available in your account.

Tips for submitting documentation:

- Keep all receipts.
- Read all letters and emails from HealthPartners. We'll let you know when documentation is needed.
- Send in documentation right away. Your account could be suspended if you wait too long.
- If you don't have a HealthPartners medical plan, make sure you have access to your Explanation of Benefits (EOB) for your medical claims.

In this example, we chose to deduct \$192 biweekly (26 pay periods) for a total of \$4,992 in the dependent care account. Day care charges are \$200 each week, and \$800 each month.

Day care reimbursement example

January day care charges (submitted at the end of the month)	\$800
January payroll deductions (2 deductions of \$192 each)	\$384
Amount reimbursed at the end of the month	\$384
Amount remaining in account	\$0
Amount remaining on submission	\$416

How and when is my reimbursement coming?

Save time and money by enrolling in direct deposit through your online account at healthpartners.com. Direct deposit is free of charge and gives you convenient access to your funds immediately, without having to wait for the mail. A \$5 fee per check payable by members will apply for check reimbursements. Forms and directions are also available on healthpartners.com/myfsa. Requests are processed and paid on a weekly basis. When HealthPartners gets the reimbursement request, it can take five business days to pay, pend or deny the request.

If you have a dependent care, transportation or parking reimbursement account, you may need to wait for your payroll deductions to take place before you get a reimbursement. In those cases, how fast you get your reimbursement depends on your payroll schedule.

You can keep up with your current balances and reimbursement requests in your HealthPartners app or online account at healthpartners.com.

Why haven't I gotten my reimbursement yet?

Your reimbursement request could be declined or postponed if you don't have enough money in your reimbursement account. There are a few reasons this could happen. You may have already spent all of the money you elected to set aside. For health care FSAs, the full amount is added at the beginning of the year, but once you've spent it all, it's gone.

If you have a dependent care, parking or transportation reimbursement account, requests are only reimbursed up to the amount that's been deposited. Deposits are made with each payroll, so you might need to wait until your next payday to get reimbursed.

Your account may have a \$50 minimum for reimbursement. If it's less than this, your reimbursement request will be held until you meet this amount. For example, if a prescription is \$45, you'll need to submit another \$5 or more in eligible expenses to get your reimbursement. This doesn't apply if you have a debit card – you can use your card for any amount and it will be deducted from your account as long as money is available.

Be sure to check your online account for messages. We'll also send an email to your personal email address when you have a new message. These messages may be used when requesting additional documentation or if there's an issue with a claim.

We're here to help. Call Member Services Monday through Friday from 7 a.m. to 6 p.m. CT at **952-883-7000** or **866-443-9352**.

Additional support for accounts with a debit card

Check with your employer – some health care spending accounts include a prepaid debit card. The prepaid card is a Mastercard® that gives you an easy, automatic way to pay for eligible expenses.



Watch the mail – your card will come in an envelope from HealthPartners.

You can use the card to pay when you get care, pick up a prescription or for other eligible expenses. Your card works just like a Mastercard. If Mastercard is accepted, you can just swipe your card or write the number on the bill (if you get a bill for care). The amount of the eligible purchases will be deducted automatically from your account and the pre-tax dollars will go to the provider or merchant for payment. Please note that only health care FSAs may include a debit card.

How do I activate the card?

When you get your card, just call the toll-free number on the activation sticker on the front. You'll get two cards in the mail – you only need to activate one. Just like any card, be sure to sign your name on the back. If someone else on your plan wants to use the second card, have them sign their own name on the back, even if your name is on the front.

Do I need a new prepaid card each year?

No, you don't need a new card each year. The health care FSA card will be loaded with the new contribution amount at the start of each plan year. The card will have an expiration date on it and a new card will be sent to you about 30 days before the old card expires. The amount and it will be deducted from your account as long as money is available.

Where can I use the card?

The card can be used to pay for eligible expenses where Mastercard® is accepted. Be sure to check your plan documents or visit healthpartners.com/myfsa for a complete list of eligible expenses.

If your card isn't accepted, you can submit claims in the app, online or by mail or fax. You can find forms at healthpartners.com/myfsa or by calling Member Services.

Be sure to save your receipts for reimbursement account purchases made with your debit card. In some cases, you may be asked to verify that your expenses comply with IRS rules. Receipts must show:

- The merchant or provider name
- The service or item received
- The date and amount of purchase

If more information is needed, HealthPartners will send you a letter detailing the transaction and what additional documents are needed.

How will the card work in participating pharmacies, discount stores, department stores and supermarkets?

Using the card is as simple as any other debit or prepaid card you may have used. It can only be used for eligible expenses, so if you have other items that aren't covered, you'll be asked for a different payment method for them.

1. Bring prescriptions and other purchases to the register.
2. Use your card for payment.
3. If the transaction is approved (there needs to be enough money for reimbursement account eligible items), the amount is deducted from your account.
4. If you have non-FSA items, you'll need to pay for them a different way.
5. If the transaction is declined, the clerk will ask for another form of payment for the total amount of the purchase.
6. Keep your receipt. It will identify the reimbursement account eligible items and may also show a subtotal of the eligible purchase.

These transactions are validated based on the provider's system. If the card is used at a provider with an eligible code, the transaction will go through and be considered valid by the IRS. If a provider's system can't validate the expense, your card won't work and you'll need to submit that expense either in the app, online, by mail or fax.

The card is actually a prepaid card. But, since there is no "prepaid" selection available, select "Credit" if you are asked. You don't need a PIN number and you can't get cash with the card.

How long do I have to use my debit card for this year's expenses?

You can't use your debit card for expenses once the plan year has ended. For example, you can't use the card in 2024 for 2023 expenses. If you still have 2023 expenses to submit in 2024, you'll need to do it in the app, online, by mail or fax.

Why do I have to submit documentation for expenses at my doctor, dentist or pharmacy?

When the usual processes can't verify your expense, additional documentation is needed. Some reasons are:

- Delay in information to verify purchase
- Missing information on a claim
- Debit card purchase at a provider that can't verify an expense

Why do you request an EOB when I have HealthPartners insurance?

We attempt to automatically validate expenses using your EOBs. When you use your debit card to pay, the amount needs to match the EOB exactly. If they don't match exactly, or if you paid more than 90 days after the service, it may not validate automatically. In that case, we may ask you for the EOB. All of your EOBs are available online in your [healthpartners.com](https://www.healthpartners.com) account. You can also contact Member Services to request an EOB.

What if my card isn't accepted at a location?

The card won't be accepted at locations that don't offer the eligible health care services, such as hardware stores, restaurants, bookstores, gas stations and home improvement stores.

The most common reasons why a card may be declined are:

- The card hasn't been activated.
- There isn't enough money in the reimbursement account to cover the expenses.
- Non-qualified expenses have been included in the transaction. (Try again with only the qualified expense.)
- The merchant is encountering system problems.
- The pharmacy, discount store, department store or supermarket can't identify reimbursement eligible items at checkout according to IRS rules.

Why isn't my debit card working?

If a debit card purchase works at the point of sale, the purchase might still need to be verified as an eligible expense. If a debit card purchase can't be verified as a valid reimbursement expense, HealthPartners will notify you for more documentation. The account will be suspended if documentation isn't received within 30 days after two requests for documentation.

It could also be suspended if an ineligible expense was paid for with your card. If this happens, you'll need to pay back the reimbursement account (or it will be deducted from a future reimbursement).

How do I un-suspend my debit card account?

A debit card account can be un-suspended once you provide the requested documentation for the purchase in question. If an ineligible expense was paid for, it will be un-suspended once the reimbursement account is paid back.

What if I lose my receipts or I accidentally swipe the card for something that's not eligible?

Usually the service provider can recreate an account history and provide a replacement receipt. In rare cases when a receipt can't be located, recreated, or if the expense is ineligible for reimbursement, you may need to pay back the reimbursement. You can send a check or money order to HealthPartners for the amount so it can be credited back to your reimbursement account. The ineligible amount may be taken out of future claim reimbursements too.

What if I lose my debit card?

If you lose your card or it's stolen, call HealthPartners as soon as you realize it's missing. HealthPartners can turn off your current card and issue a replacement. There is no fee for a lost or stolen card. If we're notified within two business days, you won't be responsible for any charges made to the card. If you don't let us know that the card was lost or stolen within two days, you might be responsible for a portion of the charges (if any were made).

What if I need more than two debit cards?

You can order additional cards for a small fee, which will be deducted directly from your account. Just call Member Services.

We're here to help. Call Member Services Monday through Friday from 7 a.m. to 6 p.m. CT at **952-883-7000** or **866-443-9352**.

