

Frequently Asked Questions About Flexible Spending Accounts



Q: What is a Flexible Spending Account (FSA)?

A: An FSA is an Internal Revenue Service (IRS)-approved, tax-favored account that allows you to pay for eligible medical and/or dependent care expenses. Each pay period, a portion of your pre-tax salary is deposited into your FSA. You are then reimbursed from this account for your eligible expenses. This allows you to save on income and Social Security taxes.

Q: What are the eligibility guidelines for an FSA?

A: Your medical expense FSA may be used to reimburse eligible expenses incurred by:

- Yourself
- Your spouse
- Your qualifying child
- Your qualifying relative

Additional qualifying criteria for a spouse, child, or relative may be acquired from the IRS.

Q: What is the turnaround time for reimbursement request processing?

A: The normal turnaround time for reimbursement requests processing is five business days from the date a reimbursement request is received. For more information, please refer to your benefit enrollment materials.

Q: What is needed for reimbursement?

A: The items needed in order to process a medical reimbursement request are:

- A completed and signed reimbursement request form
- A copy of an explanation of benefits form, statement, bill, or receipt showing the type of service, date of service, and amount of service provided.

The items needed in order to process a dependent care reimbursement request are:

- A completed and signed reimbursement request form
- A copy of a receipt, invoice, or bill from the provider showing the name and address of the provider, the beginning and ending dates of the provided services, the cost of the services, and the age, grade, and name of the IRS-eligible dependent for whom the services were provided.

Q: Do I need to send original documentation with my reimbursement request form?

A: No. Copies of statements, bills, or receipts are sufficient.

Q: When can I start submitting requests for reimbursements?

A: If you are an existing employee, requests for reimbursement can be submitted after the start of your plan year. For example, if your plan year starts on January 1, you can start sending charges incurred from that date. Most FSAs are set up so that the entire amount you elect to have deducted for the year is made available for use in the first day of the plan year; you don't have to wait for the cash to accumulate in your account. However, if you are a new hire, you can submit requests incurred from your effective date forward

Q: What is the last day to submit reimbursement requests?

A: Most FSAs require that all requests for reimbursement must have services incurred by the last date of your plan year. For example, if your plan year is January 1 through December 31, all dates of service must be incurred by December 31; however, most FSA plans have a "run-out" period, giving you up to 90 days from the end of your plan year to submit requests.

Q: Is there a mileage allowance for transportation to obtain medical care?

A: Yes. As of January 1, 2010, the IRS has established the mileage rate as \$0.165 (16.5 cents) per mile. You also may seek reimbursement for parking and toll fees incurred as a result of travel for your medical appointment.

Q: What type of documentation is required to obtain reimbursement for mileage, parking, and toll fees for doctor or pharmacy visits?

A: A receipt, statement, or bill validating your doctor visit must be submitted with your mileage statement and your toll and/or parking fee receipts.

Q: What is the standard manner in which to calculate mileage for reimbursement?

A: Calculate the mileage on the actual bill/receipt detailing the round-trip mileage multiplied by the mileage rate for the time period of the mileage. On the claim form, include the name of the provider visited.

Note: This information is general in nature. All responses may not apply to all FSAs. Patients are urged to refer to their plan documents and enrollment materials, or to contact their provider for more details.