



FLEXIBLE SPENDING ACCOUNTS ~ MOST FREQUENTLY ASKED QUESTIONS

How do I get reimbursed from this plan?

- You need to send in a claim form (instructions are on page three) and receipts for eligible expenses.

How do I know if my expenses are eligible for reimbursement?

- A partial list of eligible expenses is included in this packet.

What information needs to be included on receipts for reimbursement?

- Attach all receipts to the claim form before sending to EBS. Receipts MUST include the following information:
 - Name of the patient (you, your spouse or dependent) unless expense is an OTC purchase;
 - The date the service was provided or the date the item was purchased;
 - The name of the service provider or the merchant;
 - Description of the service or item purchased;
 - A prescription from your health provider if it is an OTC purchase; and
 - The amount/cost of the item or service provided.
- All over-the-counter (OTC) expenses must be accompanied by proper documentation from your health provider. The receipt for OTC expenses must include a description of the product, the date of the purchase, the name of the service provider (drugstore, doctor, etc.) and the amount of the item. Effective January 1, 2011, all OTC expenses must be accompanied by a prescription from your provider to be eligible under your FSA plan.

Why is a description of service required on my receipts?

- The IRS determines eligible expenses and the documentation required to claim a reimbursement from this plan. A documented description of services or products is required to prove that your incurred expense is eligible for reimbursement under the guidelines set by the IRS for this plan.

Why would EBS deny my claim?

- The most common reasons claims are denied are:
 - Missing or illegible information;
 - Submission of ineligible expenses;
 - Receipts are lacking a description of service / items purchased;
 - Expenses have been incurred outside the plan year; and
 - Expenses have already been submitted (duplicate claims) or paid by your Take Care debit card.

How long does it take EBS to process claims?

- All claims are processed within three to five business days after receipt of complete information. Reimbursements could be timed differently depending on your employer. If you have questions on the timing of your claim, please call our Customer Service from 8AM to 5PM PST, Monday through Friday at 888.327.2770.

May I fax my claim to EBS?

- Yes – claims should be faxed to 925.460.3929.

If I fax a claim, do you need originals in the mail?

- No, please keep the original receipts for your records.



What is the deadline for submitting claims?

- Please contact Customer Service from 8AM to 5PM PST, Monday through Friday at 888.327.2770 for submission deadlines for your specific plan.

Why would the reimbursement I received be less than the claim I sent?

- You may have exceeded the amount available to you. Medical FSA reimbursements are limited to your annual election (the amount you elected to set aside at the beginning of the plan year). Reimbursements are paid up to the annual election amount at any time during the plan year but cannot exceed this amount. Dependent Care reimbursements are limited to the amount in your account at the time of your claim.

For example, if you have made three contributions of \$50 each, you would have an account balance of \$150. If you sent in a claim for \$200, you will receive only the \$150 until further contributions are made. As soon as we receive further contributions to the plan, the balance of the claim (in this case \$50) will be paid up to the amount in the account, not to exceed your annual election amount for that plan.

- A portion of your claim may have been denied. If so, you will receive a letter in the mail explaining why that portion of your claim was denied. If you have questions on the rejection of your claim, please call our Customer Service from 8AM to 5PM PST, Monday through Friday at 888.327.2770.

What if I need to change my annual elections?

- You may only change your annual elections during the plan year if you qualify for a "change in family status". To qualify, you must experience a life-changing event such as marriage, divorce, birth or adoption of a child, death of a spouse or dependent, or change in spouse's employment, etc. These changes are defined by the IRS and outlined in your plan communication materials. If you have a question about your status, you should consult your employer.

What happens if I don't claim all the money in my account?

- According to the IRS guidelines, funds that are not claimed during the plan year are forfeited to the plan. This is called the "use it or lose it" clause. Funds are not transferable from one plan year to another and they are not available for other benefits. The unused funds are retained by your plan sponsor and are often used to offset administrative costs of the plan.

What information does EBS report to the IRS?

- EBS does not supply information to the IRS related to your FSA. Your plan sponsor may be required to file an IRS form 5500 which includes participation and total disbursement information (does not include individual FSA account information) and your participation in the Dependent Care Assistance program will be reported on your W2 at the end of the year by your employer.

Tips for a successful claim submission

- Verify all expenses were incurred during the plan year before submitting;
- Verify the expenses were not previously submitted;
- Make sure that all of the information provided on the claim form is clearly legible – claim forms that cannot be read will not be processed;
- Make sure each receipt and each expense / purchase is itemized; and
- Make sure all expenses / purchases have a description on the receipt or Explanation of Benefits.

How can I find out what my account balance is or when EBS sent me a claim reimbursement?

- You can call the EBS automated systems at 800-EBS-FLEX (800.327.3539).
- You are able to logon through the Member Center at www.ebsbenefits.com for online account balance information and information on claims paid.
- EBS representatives are available from 8AM to 5PM PST, Monday through Friday at 888.327.2770 or you can e-mail EBS Customer Service at custserv@ebsbenefits.com. Please do not include any confidential information, such as your Social Security number, in your email for security reasons.



ELIGIBLE MEDICAL FSA ELIGIBLE EXPENSES

The IRS has established a list of medical, dental and vision care expenses that are eligible for reimbursement under this plan. You may request reimbursement for eligible expenses for yourself, your spouse or your dependents. If you incur an expense that is not listed here and you would like to know whether or not it is an eligible expense under this plan, please contact EBS Customer Service from 8AM to 5PM PST, Monday through Friday at 888.327.2770. You may also refer to IRS Publication 502 "Medical and Dental Expenses." You can order this publication by calling the IRS at 800-829-3676.

Eligible Medical Care Expenses (partial list)

Acupuncture	Laboratory fees
Ambulance	Orthodontia
Artificial Limbs	Orthopedic shoes
Braille books & magazines	Physical therapy fees
Chiropractors' fees	Prescription drugs
Coinsurance	Psychiatrists' / Psychologists' fees
Contraceptive prescriptions	Psychotherapists' fees
Co-payments	Routine physicals
Crutches	Seeing-eye dog
Diabetic supplies	Skilled nurses' fees
Gynecologists' fees	Speech therapists' fees
Health insurance deductibles	Smoking cessation treatments & prescriptions
Hearing aids / batteries	Sterilization fees
Hypnosis for medical reasons	Treatment for substance addiction
Immunizations / vaccinations	Wheelchairs
Insulin	Weight loss treatments (prescribed by a physician)
Mileage / travel costs related to an eligible expense	

Eligible Dental Care Expenses (partial list)

Dentists' fees (other than for cosmetic services)
Dentures
Orthodontia
Periodontist fees

Eligible Vision Care Expenses (partial list)

Eye exams
Laser / Lasik eye surgery
Prescription eyeglasses and / or contact lenses
Radial keratotomy / ortho keratology

Ineligible Expenses

This partial list includes medical, dental or vision expenses that are considered not eligible for reimbursement from your Medical Care Reimbursement Account:

- Cosmetic surgery or procedures of any kind
- Health club memberships
- Insurance premiums
- Lens replacement insurance
- Marriage counseling
- Over-the-counter expenses without a prescription
- Physical therapy for general well-being
- Supplements prescribed by an alternative provider (i.e. acupuncturist)
- Union dues

If you are concerned about an expense not listed, please contact EBS Customer Service.



ELIGIBLE DEPENDENT CARE EXPENSES

A Dependent Care Reimbursement Account allows you to set aside part of your salary each pay period on a pre-tax basis to reimburse eligible expenses incurred for the care of your child, disabled spouse, elderly parent or other dependent who is physically or mentally incapable of self-care, so that you (and your spouse, if applicable) can work.

Eligible Dependents

- Your child age 12 or younger of whom you have custody and for whom you are entitled to claim a deduction on your federal tax return. For children of divorced or separated parents, only the parent with custody (rights to claim the child for tax purposes) can consider the child an eligible dependent under this plan.
- Your child of any age who is physically or mentally unable to care for him/herself, even if he/she does not entitle you to a deduction on your federal tax return.
- Your spouse who is physically or mentally unable to care for him/herself, even if he/she does not entitle you to a deduction on your federal tax return.

Guidelines for Eligible Dependent Care Expenses

- Only care provided inside or outside your home by anyone other than your spouse, a person you list as your dependent for income tax purposes or one of your children under age 19 would be eligible.
- If your dependent is in first grade or higher (through age 12), the cost of schooling must be separated from the cost of care submitted for reimbursement.
- If your dependent is in a grade before first grade and the cost of care and the cost of schooling can be separated, then only the cost of care is reimbursable. However, if the cost of schooling cannot be separated from the cost of care, the total cost is reimbursable.
- A dependent care center or child care center would be eligible for reimbursement (if the center cares for more than six children, it must comply with all applicable state and local regulations).
- A housekeeper, au pair or nanny whose services include, in part, providing care for a qualifying dependent would be eligible for reimbursement.
- To qualify for reimbursement, you must provide your dependent care provider's tax ID number or social security number on your federal tax return (IRS form 2441). If you fail to provide this information, your reimbursements may not be eligible and may be reclassified as taxable income by the IRS.
- You are responsible for making sure that the expenses you submit for reimbursement are considered eligible expenses by the IRS. If you are not sure whether an expense is eligible, please contact EBS Customer Service from 8AM to 5PM PST, Monday through Friday at 888.327.2770. You may also refer to IRS Publication 503: Child and Dependent Care Expenses which is available by calling the IRS at 800-829-3676 or through the IRS website in the Forms and Publications section.