

FAQ: Healthcare FSA

What is a healthcare flexible spending account (FSA)?

-Pre-tax dollars set aside to be used for eligible medical, dental & vision expenses. These accounts are front loaded, but contributions are made on a per pay period basis. **Note:** If a spouse works for the same company, they can both elect up to the employer's plan maximum.

When can I start using my FSA funds?

-FSAs are pre-funded or front loaded with the full election amount. Contributions will be made throughout the year, but the total amount elected is available on the effective date of the plan.

What types of expenses are covered under my FSA?

-Examples include copays, deductibles, PPEs, sanitizers, menstrual products, prescription drugs, dental work, glasses, contacts, exams. For a more inclusive list, please reference Your Guide to Eligible Health Care Expenses or the IRS website.

Are over-the-counter (OTC) medications eligible for reimbursement?

-Some OTC items/medications can be covered with or without a prescription from a medical doctor or a letter of medical necessity stating a medical diagnosis. This may include vitamins and supplements.

Who is eligible to use the healthcare FSA?

-The eligible member along with his/her spouse and eligible dependents (those who qualify as tax dependents). The dependents do not have to be on the member's medical insurance.

When is an expense considered incurred?

-This is when the service is provided, not when you are billed or pay for services.

How do I use the funds in my account?

-Reimbursement from the account can be made by either submitting a manual request for reimbursement; filling out the claim form and submitting itemized statements or EOB's from insurance for the expense the reimbursement is being requested for. Payment would need to be made to the provider out-of-pocket. The provider can also be paid direct by using the FSA debit card. Verification of these expenses may be required, so hold all documentation in case needed.

Can I change my election amount mid-year?

-Elections are made for the entire plan year and can only be changed with a life event such as marriage, divorce, birth or death of a dependent. If reimbursements exceed the amount contributed, the election cannot be lowered. FSAs can only be stopped due to termination of employment. The change in election must be consistent with the life event. Ex: birth of a child would only allow for an increase in election.

What happens to my account if my employment is terminated?

-In the event of a termination from employment, the participation in the FSA ends as well. Only expenses incurred during the active coverage period can be considered eligible and must be submitted within 90 days of termination of benefits. Any services incurred after the termination date cannot be reimbursed.

What is the "run out" period?

-The run out period is a 90 day window following the end of the plan year in which you can continue to submit claims incurred during your active coverage period. Services cannot be incurred during this time.

What happens if money is left in my account by the end of the plan year?

-Sinclair does allow a carryover provision, active employees may rollover some unused funds remaining in their Health Care FSA at the end of the plan year into the next plan year. The carryover amount can be indexed by the IRS, the annual limit can be referenced in your Open Enrollment materials like the Benefit Overview. Please be aware that the permitted carryover feature does not reduce the annual Health Care FSA limit. Carryover amount and carryover limits are subject to change year over year.