FLEXIBLE SPENDING ACCOUNT PROGRAM GUIDE

The University of Iowa

2020
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The university reserves the right at any time to modify or amend, in whole or in part, or terminate the benefits provided in this booklet with respect to any individual receiving benefits. Although the university has elected to provide these benefits, no individual has a vested right to any of the benefits provided. Nothing in this booklet gives any individual the right to continued benefits beyond the time the university modifies, amends, or terminates the benefit. Anyone seeking or accepting any of the benefits provided will be deemed to have accepted the terms of the benefits programs and the university’s right to modify, amend or terminate them.

Every effort has been made to ensure the accuracy of this book; however, if statements in this book differ from applicable contracts, certificates, and riders, then the terms of those documents will prevail. All benefits are subject to change.
An FSA allows you to set aside pre-tax dollars into an account to use for reimbursement of eligible expenses. By participating in an FSA, you lower your taxable income as contributions are made on a tax-free basis.

- The Health Care FSA is used to pay for eligible out-of-pocket medical, vision, and dental care expenses for you and your eligible dependents.

- The Dependent Care FSA is used to pay for eligible dependent care expenses such as day care for a dependent child under the age of 13, or elder care for a dependent adult while you and your spouse, if married, work (or if your spouse is a full-time student or disabled).

You may choose to contribute to one or both of these accounts. You can contribute unused benefit credits and/or pre-tax dollars to your FSA(s) through payroll deductions.

Unused benefit credits automatically default into a Health Care FSA or can be designated to a Dependent Care FSA through the enrollment process. As you incur qualified expenses, you can claim amounts equal to your entire annual health care contribution from your Health Care FSA at any time during the year. You may only receive reimbursement up to the amount available in your Dependent Care FSA at the time you make the request for reimbursement.
ELIGIBILITY

Who is eligible to participate?

- Faculty and staff paid on a monthly basis, whose salary is subject to state and federal taxes.
- Benefits eligible Employed Graduate Students or Postdoctoral Scholars if paid on a monthly basis with income subject to state and federal tax withholding.

When are you eligible?

You are eligible to enroll when you are hired or become newly eligible for benefits, and during the annual benefits open enrollment period which normally takes place in November with elections effective the first of the following year.

You may be eligible to enroll or change your elections if you experience a qualifying event. A list of events that would allow you to make an enrollment change is available on our website.

ANNUAL CONTRIBUTION LIMITS

Health Care

For 2020, you may contribute up to $2,700. If you and your spouse each have a health care FSA, you may each contribute up to the annual maximum; however, you may not submit the same claims to both accounts.

Dependent Care

You may contribute up to $5,000 per household. If your tax filing status is married filing separately, you and a spouse may each contribute up to a maximum of $2,500 annually.
Eligible Faculty and Staff can enroll in the FSA program when hired into a benefits-eligible position. Enrollment must be completed within your first 30 days of employment.

You cannot enroll, change or cancel your contribution amount during the year unless you experience a qualifying event. The change must be consistent with the qualifying event. For more information, visit changes to your flexible spending account on our website.

1 PRIOR TO ENROLLING

Determine the annual contribution you want to make to a health care and/or dependent care FSA. These accounts are subject to the IRS “Use it or Lose it” rule. Contribute only the amount you are reasonably sure you will spend on qualified expenses annually.

Your expenses must be incurred by December 31 of the year the account is designated for. Any unclaimed funds in your FSA as of April 30 of the following year are forfeited. Further, you cannot transfer funds between the two types of accounts.

2 COMPLETE YOUR ENROLLMENT

Now that you have determined your annual contribution amount, you will need to complete your Benefits Enrollment through Employee Self Service. Enrollment in the FSA program may also occur during the annual open enrollment event each year.

Those who do not have access to Employee Self Service, should complete the Salary Reduction Agreement for Spending Accounts form to complete your enrollment.
Your annual contribution is split in equal amounts over 12 paychecks. If you enroll mid-year, deductions will be equally split among the remaining paychecks of the year.

The online enrollment system only allows you to enter the maximum monthly amount based on 12 months. If you are enrolling mid-year and want to contribute more than the system allows, please contact University Benefits by email at benefits@uiowa.edu.

The eligibility period begins the first of the month following your enrollment or change in benefits. Reimbursements can only be processed for expenses incurred on or after your effective date through the end of the applicable plan year are eligible for reimbursement.

**IMPORTANT**

You must re-enroll in your FSA(s) each year at open enrollment in order to participate for the upcoming year.

**Outside of open enrollment,** you can only make a change to your FSA if you have a qualifying event. A request for change must be made within 30 days of the event unless specified otherwise. Changes permitted are limited to those consistent with the reason for the change.
MAKING CHANGES TO YOUR FSA

QUALIFYING EVENTS TO MAKE CHANGES

Certain events allow you to increase or decrease your election if you are already participating. Certain events allow you to newly enroll.

HEALTH CARE FSA

- Marriage
- Divorce / Legal Separation
- Birth or Adoption (changes must be made within 60 days)
- Death of spouse or eligible dependent
- Change in employment status that affects the eligibility of an employee, spouse or dependent
- Loss or gain of health or dental coverage if change impacts your out of pocket health care costs
- Entitlement to, or loss of eligibility for, Medicare / Medicaid / SCHIP for employee or dependent

DEPENDENT CARE FSA

- Marriage
- Divorce / Legal Separation
- Birth or Adoption (changes must be made within 60 days)
- Death of spouse or eligible dependent
- Dependent no longer eligible (a child reaches age 13)
- A dependent becomes your eligible tax exemption
- Change in employment status that affects the eligibility of an employee, spouse or dependent
- Change in childcare provider / significant change in cost

You can change your FSA contribution(s) during the annual open enrollment period which is typically held in November with changes effective January 1.
EXAMPLES THAT WOULD ALLOW YOU MAKE A CHANGE TO YOUR:

**Health Care Flexible Spending Account**
1. If you cease to be married, you may decrease your election for your former spouse due to loss of eligibility. You may enroll or increase your own election only if you have lost coverage under your former spouse’s Health Care FSA plan.
2. If you gain a dependent, you may enroll in or increase your election for the new dependent. If you lose a dependent, you may decrease your election due to loss of eligibility.

**Dependent Care Flexible Spending Account**
1. You may enroll or increase your election amount to take into account the daycare expenses of new dependents.
2. You may enroll or increase your election if coverage is lost under your spouse’s Dependent Care FSA.
3. You may decrease your election or cancel coverage if dependent eligibility is lost.
4. You may increase or decrease your election consistent with a change in qualified Dependent Care expenses.

If you experience a qualifying event, submit a Benefit Change Request through Employee Self Service or submit a [Salary Reduction Agreement form](#). You will be contacted by email with next steps for updating your elections. Coverage changes become effective the first of the month following the event.

*The University of Iowa reserves the right to require documentation to verify a qualifying event at any time.*

**CONTINUATION OF FSA ENROLLMENT**

FSAs are an IRS-regulated benefit, and your FSA enrollment does not carry over from year to year. If you participate in the FSA program, you must re-enroll each year during open enrollment if you wish to continue to participate for the following tax year.

Unused credits will automatically default to a Health Care FSA. If you would like to contribute your own funds through salary reduction or designate unused credits to a Dependent Care FSA, you must actively make an election and complete your enrollment prior to the annual open enrollment deadline each year.
SUBMITTING YOUR FSA CLAIMS

WHAT YOU CAN SUBMIT

If you pay out of pocket for eligible expenses, you may file a claim for reimbursement after you or your eligible dependents receive services or make eligible purchases.

METHOD OF SUBMISSION

Online through Employee Self Service. Online submissions allow for easy tracking during the auditing process, and eliminates the need to make copies of claims as documentation is maintained in the online system.

Each claim you submit stands alone based on the supporting documentation provided with the applicable claim.

For Example: you cannot reference documentation submitted on a previous claim in lieu of attaching it to a claim submitted at a later date.

NOTE:
Claims will be returned if they are difficult to interpret or information is missing.
ONLINE CLAIM SUBMISSION PROCESS

1. Log in to Employee Self Service
2. Go to the "Benefits & Wellness" tile
3. Select "Health & Dependent Care Flexible Spending"
4. Select "Start a Health Care Claim" or "Start a Dependent Care Claim"
5. Complete the required information in the boxes provided
6. Upload your supporting documentation in .pdf or .jpg format
7. Select "Submit Claim to Benefits"

Your claim will be processed within 20 days of receipt.
PROCESSING TIMELINES

Claims are generally processed within twenty (20) business days of receipt.

Processing time may be longer during peak times (generally January through April).

Claims are processed in the order they are received. If additional information is required, reimbursement will be delayed.

Claims are processed for payment daily; because of claim volume, we cannot guarantee claims received on a certain day will be processed on that day’s payment cycle.

In addition, if the University or banking system is closed, the payment will be delayed to the next appropriate business day.

Find more information on FSA processing timelines on our website.

IMPORTANT DEADLINES

• If you terminate employment during the year, expenses must be incurred by the last day of the month in which your employment ends.

• You may file for reimbursement at any time during the year, but no later than April 30 of the next year for services received during the applicable plan year.

• Expenses must be incurred by December 31 of the year in which funds are contributed to the spending account.
To authorize the university to deposit your FSA payments directly into a bank account, you must set up direct deposit for your Benefits Spending Account which is available on Employee Self Service under the "Time & Pay" tile.

To receive reimbursement as quickly as possible, direct deposit should be set up prior to submitting your first claim.

Setting up direct deposit is required in order to submit claims. If direct deposit is not set up prior to your first claim, payment will be made to you by paper check to the home address we have on file for you and it may take up to three weeks to receive payment.

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**To Set up your Benefits Direct Deposit, follow these instructions:**

1. Log in to Employee Self Service
2. Find and select the "Time & Pay" tile.
3. Under PAYCHECK, select "Direct Deposit (Requires Two-Step Confirmation)" link.
4. Complete the two-step verification. Select Account type to be Changed “Benefits Spending Account”
5. Read and check the boxes in the yellow boxes
6. Enter the information as directed and save.
HEALTH CARE
FLEXIBLE SPENDING ACCOUNT

Qualified medical expenses can be reimbursed tax-free through your Health Care Flexible Spending Account. These expenses are defined by the Internal Revenue Code and the University of Iowa Health Care Flexible Spending Account Plan. The IRS defines qualified medical expenses as the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body. Medical care expenses must be primarily to alleviate or prevent a physical or mental defect or illness. They don’t include expenses that are merely beneficial to general health.

Participants are responsible for ensuring the expenses are acceptable per the IRS and plan guidelines, and supporting documentation includes the proper information when submitting a claim for reimbursement. University Benefits maintains records of your payroll deductions, the total amounts requested, and funds available.

You can request up to your annual pledge at any time during the year the account is designated for provided you were benefits eligible and participating in the plan during that time period. Any funds pledged to an FSA for which eligible expenses are not incurred by December 31, will be forfeited.

This program is not a “Health Savings Account (HSA)” program where a balance can be carried over. Further, there is no carry over provision to allow for a portion of funds to be carried into the next calendar year.

ELIGIBLE DEPENDENTS

You can use your account to receive reimbursement for qualified expenses for yourself, your spouse and qualifying dependent(s) under the Internal Revenue Code.

This program is not available for the reimbursement of expenses for a domestic partner who is not a qualified tax dependent. Expenses for children who graduate may continue to be submitted through December 31, if those children will be claimed as a tax dependent.
When submitting a claim for reimbursement, you are responsible for ensuring the expenses are acceptable per the IRS and plan guidelines, and appropriate supporting documentation is provided. This document is a guide. For more information, refer to the University Benefit website, IRS Publication 502, or consult your tax advisor.

Expenses that have been reimbursed or could be reimbursed under another plan are not eligible. You can only be reimbursed for expenses incurred while you are enrolled in the plan. The date you are billed or pay for the item or service is not relevant.

A list of eligible expenses can be found on our website. The list is intended to be a general guide of eligible expenses and is not all-inclusive. All expenses are subject to change in accordance with plan and IRS regulations. Further, this list does not guarantee reimbursement.

Effective Jan. 1, 2011, Federal regulations established that distributions from a Health Care FSA will be allowed to reimburse the cost of over-the-counter medicines or drugs only if they are purchased with a prescription.

"Prescription " means a written or electronic order for a medicine or drug that meets the legal requirements of a prescription in the state in which the medical expense is incurred and that is issued by an individual who is legally authorized to issue a prescription in that state.

Products and services that may be used for general health or cosmetic purposes are generally ineligible.

If a medical condition necessitates the purchase of a potentially eligible item or service, the expense may qualify for reimbursement under your Health Care FSA. In order to be considered for reimbursement, the item or service must be prescribed by a licensed healthcare provider and you must submit a Letter of Medical Necessity (LMN).

If approved, the letter is valid for 12 months from the issue date. The letter must be valid on the date the expense is incurred to be eligible for reimbursement.

The LMN must include patient name, medical diagnosis, specific product or service recommended for treatment, begin date of treatment, provider’s signature, and license number.
INELIGIBLE EXPENSES

Items or services that are purchased for personal hygiene, cosmetic, or general health purposes are ineligible expenses.

Please note that submitting a Letter of Medical Necessity for items which are ineligible does not make the item eligible for reimbursement.

University Benefits has the right to determine whether an item is considered eligible for reimbursement in accordance with IRS and plan guidelines. If an item is indicated as FSA eligible on a receipt, it does not necessarily mean that the item is eligible under the University of Iowa FSA plan.
COMMON CLAIMS & STANDARD DOCUMENTATION

CLAIMS SHOULD BE SUBMITTED USING THE FOLLOWING INFORMATION

- Please use the date of service, not the date of payment.
- Name of provider, or service, or vendor of purchase
- Name of the patient
- Amount paid for service or amount listed as patient responsibility on EOB

NOTE:

Medical expenses that can be reimbursed to you through any other source, such as group health insurance, are not reimbursable. Per IRS and plan guidelines, any expense covered by an insurance plan must be processed through that insurance plan before consideration can be given for reimbursement from a Health Care FSA. The Explanation of Benefits (EOB) from the insurance plan will be required for processing.
The following is a list of some common claims and the standard documentation required for processing.

<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>What you will need to submit to University Benefits</th>
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</thead>
</table>
| **Copay, Coinsurance, Deductible,**  | • Explanation of Benefits (EOB) from your insurance provider  
• Itemized statement for any expense listed on EOB, but not covered (denied) by insurance plan (visit expenses not covered by insurance section on the next page)                                                           |
| any expense that includes insurance  |                                                                                                                                                                                                                                                         |
| processing, or any expense covered by|                                                                                                                                                                                                                                                         |
| insurance (medical, dental, vision - |                                                                                                                                                                                                                                                         |
| including eye exams)                 |                                                                                                                                                                                                                                                         |
| **Orthodontia Service**              |                                                                                                                                                                                                                                                         |
| Documentation requirements for       | For Delta Dental Providers:  
Your first submission - submit claim by date of payment. The date of service is the date your payment was made.  
• Treatment contract (sometimes called your payment plan, financial agreement, or truth in lending statement),  
• Paid receipt showing: name of patient, name of provider, amount paid, date of payment, and description of services received  
Following submissions:  
• submit claim by date of payment with a paid receipt showing: name of patient, name or provider, amount paid, date of payment, and description of services received  
You may only request reimbursement for the dollar amount on the paid receipt.  
For Non-Delta Dental Providers:  
Your first submission - follow the steps above but you are required to submit the following:  
• Treatment contract,  
• EOB showing date of service from the same month of payment,  
• paid receipt showing: name of patient, name of provider, amount paid, date of payment, and description of services.  
Following submissions:  
• Submit claim by date of payment. You are required to submit the EOB and paid receipt showing the same stipulations above.  
You may only request reimbursement for the dollar amount on the paid receipt MINUS the payment amount received from your dental insurance. |
<p>| orthodontia claims vary based on the |                                                                                                                                                                                                                                                         |
| provider of the service.             |                                                                                                                                                                                                                                                         |
| If your insurance plan pays more than |                                                                                                                                                                                                                                                         |
| expected after you have received     |                                                                                                                                                                                                                                                         |
| reimbursement through your flexible   |                                                                                                                                                                                                                                                         |
| spending account, you are responsible|                                                                                                                                                                                                                                                         |
| for paying the “covered” portions     |                                                                                                                                                                                                                                                         |
| back to your spending account.       |                                                                                                                                                                                                                                                         |
| Please visit our site for more      |                                                                                                                                                                                                                                                         |
| information on Orthodontia Expenses. |                                                                                                                                                                                                                                                         |</p>
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| Prescription Medications            | • Rx tag from the pharmacy showing name of vendor/pharmacy, patient’s name, date of fill, cost of prescription/amount paid, insurance plan (if applicable), and name of drug  
  • Printout from pharmacy (the printout must include the above information)  
  • Prescriptions must be submitted by the fill date rather than the paid date shown on the receipt  
  • NOTE: Cash register receipts are not needed nor desired for reimbursement of prescription medications |
| Over-the-Counter (OTC) Medications   | • Valid prescription from medical provider listing first and last name of patient, date Rx was written, name of drug prescribed, the dosage prescribed, number or refills, and the provider’s information including name, address, and license number  
  • View the OTC quick guide located in the appendix for more detailed information on a valid prescription  
  • Receipt clearly showing the item was purchased |
| OTC Items (medical supplies, first aid supplies, contact solution, etc.) | • Receipt with a clear description of the item purchased, the amount paid for the item, the date of purchase, and the name of the vendor  
  • If the item is covered by insurance (e.g. wheelchairs, breast pumps, crutches, walkers, etc.) the EOB will be required for processing  
  • If item cannot be identified by the description on the receipt, a copy of the packaging will be requested. |
| Expenses Not Covered by Insurance    | • An itemized statement from the service provider, which includes patient’s name, date(s) of service, description of services, provider name, and the charges for the service.  
  • Signed statement indicating there is no insurance coverage for the service provided  
  • For contact lens fittings at UIHC Ophthalmology Department, the document is an Itemized Receipt for Flex Spending |
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| **Gym Memberships** | • Requires a statement or invoice from the gym/facility displaying the participant’s name, description of the charges, amount of the charges, and the date of the payment. Requires a Letter of Medical Necessity.  
  • If the charges are for a set period of time, the claim can be processed at the conclusion of the time period  
  • If the charges are for a number of sessions, the claim can be processed when all the sessions have concluded  
    • A document showing the dates that each class/session occurred should be included when pre-purchasing multiple sessions |
| **Online Purchases** | • Order summary  
  • Document must clearly indicate the date the item was ordered/purchased from the vendor. Claims should be filed by the date the order was placed, which may be different than the date paid or the date shipped.  
  • Letter of Medical Necessity or prescription, if necessary |
| **Mileage to and from Appointments**  
(2020 rate: $0.17 / mile) | • You will need to fill out the [mileage worksheet](#).  
  • Mileage claims require both the mileage worksheet and proof of appointment (EOB or billing invoice which shows date of service) |
| **Expenses Purchased Internationally**  
(for medical condition) | • Eligible expenses incurred internationally are reimbursable from an FSA  
  • Documents must be translated to English or otherwise be easy to interpret  
  • A document showing the currency exchange rates for the date the purchase was made is required if the expense was paid for using a foreign currency |
| **Massage Receipts**  
(for medical condition) | • Receipt must include name of person receiving massage, date of massage, description of service, massage therapist’s name and license number, and cost before gratuity  
  • Gratuity is not an eligible expense  
  • The University of Iowa does not require proof of a documented medical condition for reimbursement |
DEPENDENT CARE
FLEXIBLE SPENDING ACCOUNT

The Dependent Care Flexible Spending Account allows for tax-free reimbursement of eligible, work-related expenses for the care of a qualified individual. Expenses claimed must be for care required so that an eligible employee (and spouse if applicable) can work, look for work, or attend school on a full-time basis.

ELIGIBLE DEPENDENTS

Your dependent child(ren) under the age of 13 who are claimed as an exemption on your federal income tax return or under the age of 13 who are in your custodial care for 50% of the time or greater. Your spouse or other tax dependent who is physically or mental incapable of self-care as diagnosed by a medical professional, and lives with you for more than half the year.

QUALIFIED PROVIDERS

Qualified providers include those who are licensed or certified as childcare/daycare providers, or may be unlicensed if meeting the following criteria below. If care is provided by a foreign national, the caregiver must be eligible to work in the US and have a valid Social Security Number.

Dependent care provided by a relative MUST meet the following criteria:

- CANNOT BE A PERSON WHO WAS THE PARTICIPANT’S SPOUSE AT ANY TIME DURING THE PLAN YEAR.
- CANNOT BE A CHILD OF THE PARTICIPANT UNDER THE AGE OF 19 AT THE END OF THE YEAR, EVEN IF INDIVIDUAL IS NOT A DEPENDENT.
- CANNOT BE THE PARENT OF THE QUALIFYING DEPENDENT.
REIMBURSEMENT GUIDELINES

University Benefits maintains records of your payroll deductions and your requests for reimbursement so that you can be reimbursed up to the amount of money available in your account. Reimbursements can only be processed up to the amount you have already contributed for the calendar year.

You can request up to your annual pledge at any time during the year the account is designated for. If your request exceeds the amount of funds available you have in your Dependent Care FSA, you will continue to be reimbursed as funds become available in your account. You will not have to resubmit these expenses.

In order to comply with IRS regulations, dependent care expenses cannot be reimbursed until after the service has been provided.

Your expenses are reimbursable only if the dependent care is provided to make it possible for you, and your spouse if you are married, to work or look for work, or to attend school full-time.

When submitting a claim for reimbursement, you are responsible for ensuring expenses are acceptable per the IRS and plan guidelines and supporting documentation includes the required information. This document is a guide. For more information, refer to the University Benefit website, IRS Publication 503, or consult your tax advisor.

Special note on day camps:

- In order to comply with IRS regulations, dependent care expenses cannot be reimbursed until the service has been provided. If you pay for the entire summer and want to be reimbursed monthly, make sure the receipt is written so the charges are divided into monthly increments – otherwise you cannot be reimbursed until the camp is over.

Per IRS guidelines, camps containing an overnight component are not eligible for reimbursement, regardless of parent work schedule.

DEPENDENT CARE RECEIPTS

The University of Iowa maintains an approved receipt template (link to receipt template on the website) which may be used by a private caregiving party in lieu of an official receipt.

The following information is required to appear on each receipt:

- Dates of care, not the payment date
- Name of the provider
- Tax ID number or Social Security Number of the provider
- Total amount paid
- Signature of the provider (if receipt is not printed on company letterhead)
- Description of the childcare service received
- Indication of who made the payment
YOUR FSA...

WHILE ON A LEAVE OF ABSENCE

A participant may elect to revoke or continue his/her Health or Dependent Care FSA while on unpaid FMLA or military leave, as long as the participant remains eligible for coverage. A participant Loses coverage under the Dependent Care FSA if the person is on leave, not actively seeking other employment, and is capable of self-care.

If a participant wishes to continue coverage while on unpaid FMLA leave, the participant may pay contributions while on leave, or may catch up contributions upon return from leave. Participants may only receive reimbursement for services incurred during periods when active contributions to the account were made.

FOLLOWING TERMINATION OF EMPLOYMENT

HEALTH CARE FSA

Eligible expenses must be incurred by the end of the month in which your employment ends. You may submit claims for these expenses until April 30 of the following year. Expenses incurred after the end of the month in which your employment ends will not be reimbursable unless you continue contributions on an after-tax basis through COBRA. All funds remaining after April 30 of the following year are forfeited.

DEPENDENT CARE FSA

All services must have occurred by December 31 of the year in which your employment ends. Any funds not claimed by April 30 of the following year will be forfeited. Per IRS regulations, you can only be reimbursed up to the amount in the account at termination.
COBRA
The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) allows you to continue your Health Care FSA with after-tax contributions after losing your eligibility to participate (for example, due to termination of your employment). To submit claims for expenses incurred after you become eligible for COBRA, you must continue your FSA through COBRA. If you experience a COBRA qualifying event (such as termination of employment), COBRA information will be mailed to your home address.

SPECIAL NOTE ON DATE OF SERVICE
The accuracy of the date of service is particularly important when completing a reimbursement request. The date of service (or dates of care for dependent care FSA claims) you enter when filing a claim for reimbursement must match the date of service (or dates of care) as it appears on the documentation you attach to the claim. The same is true for the name of the patient and the name of the provider as well.

In regard to how the date of service is defined, the IRS offers the following guidance:

"...expenses are incurred when the employee (or the employee’s spouse or dependents) is provided with the medical care that gives rise to the medical expenses, and not when the employee is formally billed, charged for, or pays for the medical care."

Essentially, the date of service is the date that a billable expense has been incurred, which is not necessarily the date a payment was made. Payments made for orthodontia treatment are the only exception.
ACCESSING BALANCE

The online information is updated daily and will show your account balances and payments at that point in time. Claims and payments are processed every business day. Once your claim is processed, the payment will be reflected on Employee Self Service and you will receive an email. Please allow 2-3 business days for payments to reflect in your bank account.

You may access your account information online through Employee Self Service under Spending Account Recap/Forms.

IRS REPORTING

University Benefits maintains records of approved documents. Please keep a photocopy of the documents sent to this office for your records. The University of Iowa reports the amount of money you have set aside for the Dependent Care FSA to the Internal Revenue Service (IRS).

RETURNS AND CANCELLATIONS

According to the Internal Revenue Code, money received by an employee for claims filed under the FSA Program must be used for the purposes authorized.

If money is requested for the purchase of a product which is subsequently returned, or the order for the product is cancelled, then the money received by the employee must be returned to the university to be credited to the employee’s FSA.

The funds may be used for other eligible expenses incurred in that year.

Failure to return funds to the university in these situations is a violation of university policies and IRS regulations. Abuse of the FSA program and/or intentional fraud or misrepresentation will result in disciplinary action against the employee including possible termination, reporting of taxable income to the IRS and/or criminal charges for theft.
STOCKPILING

We urge participants to be aware of excessive “stockpiling”. Stockpiling occurs when a plan participant buys a large quantity of OTC items (typically at the end of the plan year) for the purpose of exhausting unused FSA funds.

The IRS has indicated that FSA reimbursements should be limited to a reasonable quantity for use during the plan year. The University of Iowa reserves the right to use discretion when reviewing claims to determine what a “reasonable” quantity is.

CORRECTED EXPLANATION OF BENEFITS (EOB)

- A corrected EOB issued by an insurance company is not eligible for reimbursement if the original EOB was previously processed for reimbursement.

- If a participant submits a corrected EOB that lists a dollar amount less than what they were originally reimbursed for, then they must repay the difference back to their FSA.

- A corrected EOB submitted for a dollar amount greater than what was originally reimbursed for can only be processed for the additional amount the participant is now responsible for.

ELIGIBLE AND INELIGIBLE ITEMS
PACKAGED TOGETHER

All items purchased in a package must be eligible for reimbursement. If an item in a package is ineligible, the whole package will be deemed ineligible. Items packaged together requiring mixed documentation (prescriptions or a Letter of Medical Necessity) will be reviewed on a case-by-case basis and may not meet plan criteria for reimbursement.
RESUBMISSION OF DENIED CLAIM

FSA claims that do not meet plan guidelines for reimbursement will be returned to the plan participant with an explanation of the denial. If applicable, the denial reason will include instructions on how to resubmit the claim and/or what additional documentation is required.

Resubmissions of claims

A resubmission of an online claim can typically be made using the same existing claim, although some exceptions may apply, in which case please refer to the specific denial reason. Additional documentation and comments may be attached to a claim that is eligible for resubmission. The advantage of resubmitting the existing claim is an improvement in processing time, as the claim will be moved to the front of the audit pool for review.

Please Note:

Some claims are not eligible for resubmission due to eligibility restrictions or software limitations. Pursuing reimbursement for a claim denied as an ineligible expense requires following a formal appeal process.

Visit the next page to review the Formal Claim Appeal Process
FORMAL CLAIM APPEAL PROCESS

A review may be requested if a plan participant wishes further consideration of a denied claim. The written appeal must be sent in letter or email form to the University of Iowa Benefits Office within 30 days of denial notification and must contain the following information:

- FULL NAME
- UNIVERSITY ID NUMBER
- DATE OF REQUEST
- CLAIM ID NUMBER
- A CLEAR AND DETAILED EXPLANATION OF WHY THE CLAIM DECISION IS BEING APPEALED

Upon receipt, the appeal will be reviewed by the Assistant Director of Benefits and forwarded to the Director of Benefits for final review. The decision following the review will be communicated to the appealing party within 30 days of receipt, and will include a specific reason for the denial.

All decisions made by University Benefits are final.

Contact Information:
University Benefits Office
120 University Services Building
Iowa City, IA 52242-1911
benefits-fsa@uiowa.edu
(319) 335-2676 / 877-830-4001

To find Flexible Spending Account Forms that are mentioned in this guide, please visit the FSA webpages.
APPENDIX

OTC MEDICINES AND MEDICATIONS

“Prescription” means a written or electronic order for a medicine or drug that meets the legal requirements of a prescription in the state in which the medical expense is incurred, and that is issued by an individual who is legally authorized to issue a prescription in that state.

A doctor’s prescription for the recommended OTC item must include:

• The date (which MUST predate the purchase of the item or service)
• The name of the patient for whom the OTC item is prescribed
• The name of the OTC item (if purchasing a different brand name, the prescription must indicate that substitutions are allowed)
• The dosage requirement (the potency of the item purchased must match the prescribed amount)
• The number of refills (unless it is a one-time purchase)
• The provider’s address and license

IMPORTANT:
A Letter of Medical Necessity cannot take the place of a prescription from a doctor. All prescriptions must be clearly legible.

OTC products that merely benefit your general health or are cosmetic in nature are not reimbursable. This includes products like makeup, soap, moisturizers, hand creams, hair removal, perfumes, skin bleaching creams, cosmetic procedures, and other ineligible products and services. Please contact University Benefits at benefits-fsa@uiowa.edu with any questions.

***Prescriptions are only valid for the number of refills written for. Submitting claims for additional refills is a violation of IRS guidelines.

Example:

Date: 1/9/2017

Davey & Jones, MD
999 Main Street
Mytown, USA 99999-9999
License #123456789

Patient: John Doe
Ibuprofen 100mg 11 refills
Make Davey, MD
(Signature -or- electronic signature)
Every effort has been made to ensure the accuracy of this book; however, if statements in this book differ from applicable contracts, certificates, and riders, then the terms of those documents will prevail. All benefits are subject to change.