ConnectYourCare - Employee FSA (FAQs)

1. **What is a Flexible Spending Account?**
   A Flexible Spending Account (FSA) is a tax-effective way to pay for non-reimbursed medical and child care expenses with pre-tax dollars. Under Section 125 of the IRS Code, eligible employees can allocate pre-tax dollars to one or two reimbursement funds to pay for non-reimbursed medical and child care expenses.

2. **Where do these pre-tax dollars come from and where do they go?**
   The pre-tax dollars are deducted from your paycheck based on the estimates you request to be taken from your pay to cover your non-reimbursed medical and child care expenses. Once deducted from your paycheck, the money is deposited into your FSA where it stays until you file a claim for an eligible expense.

3. **What is the procedure for getting my money out?**
   After you incur an eligible dependent care or medical expense, you submit a request for reimbursement online at ConnectYourCare. See Step-by-Step on Claim Reimbursement for detailed instructions. Once the request is submitted, you are prompted to submit documentation or a copy of an explanation of benefits. ConnectYourCare, upon substantiating your expense, will then issue a check from your FSA account, reimbursing you for this expense.
   Automatic Rollover: You can elect for automatic payment of our NCAS medical plan claims which allows ConnectYourCare to automatically transfer most eligible expenses for reimbursement (such as deductibles, copayments and amounts in excess of the reasonable and customary allowance) from the medical claims system to your flexible spending account without you having to file a claim. To elect automatic rollover, you can either sign-up online or by calling our Customer Service Center 24 hours a day, 7 days a week.

4. **Who is eligible to participate?**
   Check with your Human Resources Department for their eligibility rules for participating in the FSA plan.

5. **When can I join?**
   Employees are eligible to join the first of the month coinciding with or following date of hire. If you don't enroll when you're first eligible, you can join during open enrollment (December) or when your family status changes. A family status change is marriage, divorce, birth, adoption, or loss of spouse's employment. Generally the effective date would be January 1.

6. **If I join; may I change or discontinue my contributions?**
   You are able to change or discontinue your contributions if your family status changes. Other than that, you can only make changes or stop participating once a year during the open enrollment period.

7. **How much can I contribute?**
   Each year your employer will announce the maximum amount you can contribute to each fund. Check with your Human Resources Department for the annual maximum you can contribute to the medical reimbursement account. Up to $5,000 can be contributed on an annual basis to the dependent/child care account. Keep your calculations conservative because contributions that are not used by year end must be forfeited.

8. **What expenses are eligible?**
   The IRS regulations apply. A list of eligible expenses will be included in the FSA Summary Plan Description. You can also visit the IRS website, www.irs.gov and request Publication 502 for a comprehensive list of covered expenses. You are responsible for compliance.

9. **Can my medical expense fund pay for my dependent/child care expenses and vice versa?**
   No. Federal Law requires that these funds be kept separate and that they not be used interchangeably.

10. **How often can I submit a reimbursement voucher form to the Plan Administrator?**
    You can submit claims as often as you wish. Reimbursements will be issued via check or direct deposit on a daily basis. You cannot submit a claim until the service has actually been rendered.

11. What happens if the voucher form I submit exceeds the amount of money in my account?

Under the dependent care account, your reimbursement cannot exceed the balance in your dependent care account. You will continue to be reimbursed from the money that is accumulating in your account as the result of continuing payroll deductions. This process will continue until you are fully reimbursed.

Under the medical reimbursement account, you can be reimbursed for more than what is in your account, provided it does not exceed your total annual election amount. Pre-tax dollars will continue to be deducted from your pay and returned to your employer.

12. Can unused contributions be carried over from one plan year to the next?

No. Federal Law prohibits the carryover of unused contributions to the subsequent plan year. It also prohibits the use of contributions from one plan year to reimburse expenses incurred in a subsequent plan year.

13. What happens if I do not use all the money in my account by year end?

The Plan Administrator will allow you to submit bills up to three months following the end of the year for that year's expenses. IRS regulations state that any unused funds remaining in your account after that period must be forfeited.

14. Where does the forfeited money go?

It is used to help defray the costs of administering the Plan.

15. What happens if I terminate my employment?

For a Dependent Care FSA, your deductions will end when your employment ends. You are eligible to be reimbursed only for services that were received before your termination date. Deductions for your Healthcare FSA will also end when your employment ends unless your employer offers you COBRA continuation and you elect this option. If you choose not to elect COBRA, you will receive reimbursement for expenses incurred while you were employed and the account was active. You have until March 31st of the following year to submit your claims that were incurred prior to your termination date.

16. What records do I keep for tax purposes?

You maintain the same record-keeping procedures that you currently use for preparing your year-end tax return.

17. How much can I contribute to my FSA?

There is no statutory limit on the amount of money you or your employer can contribute to an FSA, however, at the beginning of the plan year, your employer has a maximum amount that can be contributed to your health FSA. Please consult your Human resources office for more information.
For a Dependent Care FSA, you may not contribute more than $5,000 for Single or married filing jointly, the limit per year for married filing single is $2,500.

18. How can I find out my account balance and review transactions?

Account Balance and Claims Status information is available three ways:
Log on to your online account at www.connectyourcare.com at any time for balance information. Your online account is secure and updated in real time. If it is your first time visiting the site, choose **New User Registration** to select your user name and password. If you already have a username and password. Select "Personal CDH Portal" and you will see your available balance.
-Call the Customer Service line at 888-870-7929 at any time for automated balance information or e-mail service@connectyourcare.com
-Customer Service representatives are available to assist you via phone at 877-292-4040, Monday – Friday (8 AM – 8 PM).

19. Can I make changes to my FSA?

Once an election for the FSA(s) has been made, you cannot change the amount unless you terminate employment with your company or there is an appropriate change in status. Valid changes in status for both Healthcare and Dependent Care accounts include:

-Legal marital status change - marriage, divorce, death of spouse, legal separation or annulment
-Change in number of dependents - birth, adoption, death of a dependent

-Employment - change in employment status of employee, spouse or dependent to include termination, switching from part-time to full time or vice versa, return from an unpaid leave of absence
-Residence - change in the residence of employee, spouse or dependent that changes the service area in which you are located
-Dependent eligibility - situations where a dependent satisfies or ceases to satisfy the rules for eligible dependents due to the attainment of age, student status, or similar circumstances as provided in the plan
-Annual election changes for changes in cost of coverage

20. When can I request reimbursement from my FSA?
You have access to the account when your plan becomes effective.

21. If my child turns 13 during the plan year, may I still use my Dependent Care FSA through the end of the plan year?
No. You are no longer eligible to be reimbursed for care for a child as of age 13, unless they are physically or mentally incapable of caring for themselves. Having a child attain age 13 is a qualifying event and a reason to terminate your participation in the plan.

22. How will I receive my reimbursement?
You are eligible to receive funds by check or direct deposit. For quicker reimbursements, sign up for direct deposit in your online account.

23. How do I set up direct deposit?
-Select "Personal CDH Portal"
-Select "My Account"
-Choose "Direct Deposit"
-Complete the short, secure form. (Be sure to have your bank account and routing numbers on hand)
-Choose Direct Deposit as your preferred method of Claim Reimbursement and click the "Confirm button"

24. What information needs to be included on receipts for reimbursement?
Receipts must include the following information
-Name of the patient (you, your spouse or dependent)
-Date the service was provided
-Name of the service provider
-Description of the service
-Amount/cost of the item or service provided
*****Credit card receipts, non-itemized cash register receipts and cancelled checks are not acceptable forms of documentation

25. 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.

26. How will I know if I need to submit a receipt to ConnectYourCare for substantiation?
You can review if your claim requires receipts online by logging into your account and visiting the Claim Center. You need to submit receipts if you see a notice.

27. What happens if I do not submit my receipts?
You must provide the receipts within the time request, or the transaction will be deemed ineligible.

28. Why would my claim be denied?

Claims are denied for missing or illegible information, receipts that are for expenses that are not eligible, expenses incurred outside the plan year, expenses that have already been submitted, or expenses that are not qualified for the plan that you are participating in. In the instance of a denied claim, participants have the opportunity to submit the correct information and resubmit the claim for reimbursement.
Be sure all the expenses were incurred during the Plan Year before submitting.
Be sure the expenses were not previously submitted
Make sure that all of the information provided on the receipt you are submitting.
Remember that credit card receipts, non-itemized cash register receipts and cancelled checks are not acceptable forms of documentation.
If your claim cannot be processed, you will be notified in writing, explaining the reason and requesting the necessary information needed to process your claim.

29. How long will it take for my reimbursements to be processed?

Most reimbursement requests filed online are processed within 2 - 4 business days. Reimbursements are timed differently for various clients. You can see the date of your next reimbursement by selecting "View reimbursement schedule" from the online Claim center. Check with Customer Service or your benefits administrator if you have any questions about the timing for your company.

30. Can I mail in my claim?

Yes, however, we prefer to receive claims by fax. The option to mail is available but we have found that claims processing takes longer and there is always the chance of your claim getting lost in the postal system.

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

If a claim is sent by fax, it is not necessary to send the same claim by mail. This creates duplicate claims to process and could lengthen the processing time for all participants.

32. What is the deadline for submitting claims?

An employee can send in as many claims as they like, as often as they like, throughout the plan year, not to exceed the annual election amount or plan limits.

33. How do log on to ConnectYourCare as a new user?

-Select "Login"
-Select "New user registration"
-Enter "Your Social Security number"
-Enter "Your birth date"
-Choose a "Username"
-Choose a "Password"

34. How do I enter a new claim?

-Log into your online account
-Select "Personal CDH Portal"
-Select "Claim Center"
-Choose "Add New Claim"
-Follow the four easy steps on the screen to enter information about your claim
-Print your Claim Form and then fax it along with your receipts to the number shown on the form

35. How do I change my password?

-Select "Personal CDH Portal"
-Select "My Account"
-Choose "Password"
-Change "Password"