Flexible Spending Account (FSA) Questions and Answers

2016 FSAs

❖ How do I know if I have a balance remaining in my 2016 FSA?
You can view your account history in PeopleSoft by logging into https://ibridge.partners.org and navigating to:

HRMS Production > Main Menu > Self Service > eBenefits > FSA Express

Click on the Flexible Spending Accounts choice to view your account history. You can also contact the Partners Benefits Office at 617-726-8133 or e-mail flexiblespendingaccounts@partners.org for questions about your 2016 FSA.

The Benefits Office encourages all employees to check their 2016 FSA balance prior to using their new Benefit Strategies debit card in 2016. (If you work for CDHC, please check with EBPA regarding your 2016 FSA balance; if you work for MVH, NCH, or WNR, please check with Cafeteria Plan Advisors.)

❖ What are “grace period” claims?
You have 2 ½ extra months each year to spend down any money you have remaining in your FSA from the previous Plan Year – so you may apply eligible claims that you incur between January 1, 2016 and March 15, 2016 to your remaining 2016 FSA balance. These are known as “grace period” claims.

❖ I have a balance remaining in my 2016 FSA. During the grace period (January 1-March 15, 2016), how do I submit claims for reimbursement if I want those claims to be applied to my 2016 FSA?

  o Please submit any grace period claims for reimbursement from your 2016 FSA to the Partners Benefits Office using FSA Express in PeopleSoft. If you work for CDHC, please submit your 2016 FSA claims to EBPA. If you work for MVH, NCH, or WNR, please submit your 2016 FSA claims to Cafeteria Plan Advisors. Partners Community Physicians Organization employees only should submit their 2016 FSA claims to Benefit Strategies.

  o Please note that you cannot submit claims for the same services to both your 2016 and 2016 FSAs – so you should not use your Benefit Strategies debit card if you plan to submit claims for reimbursement from your 2016 account.
2016 FSAs

Enrolling in Your 2016 FSA

Do I have to participate in my employer’s health care plan to take advantage of a Health Care or Dependent Care Account?
No. You are eligible to participate in both a health care and dependent care account even if you declined your employer’s health insurance.

How do I enroll in a FSA for 2016?
You will enroll through PeopleSoft during open enrollment (November 2-24, 2016) using your open enrollment event. To enroll, log on to PeopleSoft and navigate to:

HRMS Production > Main Menu> Self Service > eBenefits > Enrollment > Benefits Enrollment

Choose the select button next to the open enrollment event. This will bring you to the Benefits Enrollment Page. Review your election options for 2016. If you would like to enroll in an FSA, edit those plans now. If you have no further changes, scroll down to the bottom of the page and hit the submit button. You will be prompted to hit submit a second time, which will send your elections to the Benefits Office.

You must submit your elections by the end of open enrollment on November 24, 2016. If you have questions about enrolling, please contact the Partners Benefits Office at 617-726-8133 or ibenefits@partners.org.

How much money can I contribute to my 2016 FSA?
The maximum you can pledge for the Health Care Account is $2,550. The Dependent Care Account has a household maximum of $5,000 which you can pledge if you are married and filing jointly, or $2,500 if you are married and filing separately.

Can I change my pledge during the Plan Year?
You cannot change your pledge during the Plan Year unless a qualified life event occurs. Examples of qualified life events include: marriage, birth of a child, spouse employment changes, divorce, death or change in coverage. Contact the Partners Benefits Office at 617-726-8133 or ibenefits@partners.org if you have a question about a qualified life event.
I am not sure which is better for me – the Dependent Care Account or the Child Care Tax Credit. Can you help me decide?

A handy calculator is located here:

Please contact your tax advisor if you need further guidance.

My spouse and I both elected the Dependent Care Account with a pledge of $5,000 each and are now in excess of the household maximum. Can I cancel or adjust my pledge so we do not exceed the $5,000 maximum?

No; you are locked into your FSA elections unless you experience a qualified life event. While you and your spouse will have your total household salary reduced by the amount of your combined elections, you will also probably receive that full amount in reimbursements. We encourage you to work with your tax advisor to fix this when filing your taxes.

Getting Information about Your 2016 FSA

Who should I contact with questions about my 2016 FSA account?
Benefit Strategies in New Hampshire will be administering the FSA plan starting in 2016. You can reach Benefit Strategies by phone at 1-888-401-FLEX (3539) or via email at info@benstrat.com. Their website (https://benstrat.com/participants_fsa.php) also has a live chat option.

There is a problem with my 2016 FSA deductions. Who should I contact?

- Please contact the Partners Benefits Office at 617-726-8133 or ibenefits@partners.org with any enrollment issues you may have.

- If you have a question about a denied claim or reimbursement related to your 2016 FSA, please contact Benefit Strategies in New Hampshire at 1-888-401-FLEX (3539) or info@benstrat.com.

My claim was denied. Why can’t the Benefits Office assist me as they have in the past?
The Partners Benefits office will no longer have access to your claim information and will not be able to review it. You will need to contact Benefit Strategies at 1-888-401-FLEX (3539) for assistance.
How will Benefit Strategies communicate with me?
Benefit Strategies will communicate with you primarily through email. If you have enrolled in your 2016 FSA by November 24, 2016, you will receive an email at your work email address with instructions on how to register for your online account. Once you have registered, you will receive communications from Benefit Strategies via email, in the Communication Center online, and in the mobile app, so check your online profile frequently.

Can I sign up for text alerts?
Yes! You can sign up for a text alert system through Benefit Strategies. You can register for text alerts in your user profile in your mobile app. Available alerts include receipt reminders, claim confirmations and denials.

Will I need to change my online password?
You will need to update your Benefit Strategies online password about every 6 months.

I tried logging in to my Benefit Strategies online account but got locked out. What do I do?
Please contact Benefit Strategies at 1-888-401-FLEX (3539) or info@benstrat.com so they can reset your username and password.

Where do I find my account balance?
You can find your account balance either on the mobile app or when you log in at https://benstrat.com. Your online account will also be updated with monthly statements.

Where can I find a list of eligible expenses?
https://benstrat.com/participants_fsa.php

Submitting Claims and Documentation

How do I submit a claim and receive reimbursement for an eligible expense?
When you have a qualifying expense, you can use your new debit card, use the mobile app, submit online at https://benstrat.com or submit a Reimbursement Claim Form (available online at https://bestrat.com) to the Benefit Strategies in New Hampshire office. Reimbursement will happen at point of sale (if using the debit card), or by either direct deposit or paper check 3-5 business days after the processing date.
How often does Benefit Strategies process reimbursements?
They make payments three times a week on Tuesday, Thursday and Friday. Direct deposit is the fastest way to receive your reimbursements.

Where do I find a Letter of Medical Necessity for a potentially eligible Health Care Account expense?

What do I need to submit with a claim for an Over-The-Counter (OTC) drug?
Make sure you submit a written prescription from your doctor for each OTC drug claim.

What documentation is needed for the Dependent Care Account?
Each claim must include a completed and signed provider certification (noted on the reimbursement form). If you do not have a provider certification, complete the reimbursement form and submit an itemized statement from the dependent care provider that includes:

- start and end dates of service;
- dependent’s name and date of birth;
- itemization of charges; and
- provider’s name, address, and tax ID or Social Security Number.

Credit card receipts, cancelled checks, and balance forward statements do not meet the requirements for acceptable documentation.

How will I know if Benefit Strategies wants more documentation?
Benefit Strategies will email you if they require any additional documentation. There will also be a note in the Message Center on the home page once you log in at https://benstrat.com.

Downloading and using the mobile app

Where can I find the mobile app?
If you have an iPhone or Android phone you can download the application by searching “Benefit Strategies Reimbursement Plan” in the Apple App Store or Google Android Market. The app is free.

How do I register on the mobile app?
Go to https://benstrat.com and choose the participant login. First time users will have the option to create a unique username and password using basic demographic information. Once logged in
online you will see the selection called “New Mobile Apps”. Click on “Learn More” button and the system will walk you through the process. **You must register online first before you use the mobile app.**

- **What are advantages to using the mobile app?**
  The mobile app will tell you your available balance, the final service date to incur expenses, the deadline to submit claims, and customer service information. You can also submit a reimbursement claim and take pictures of your receipts.

- **What is the difference between the File Claim and Expenses section online and on my app?**
  - File Claim is when you want to submit a claim for reimbursement.
  - The Expenses section is a virtual “shoebox” which allows you to save receipts to submit for later. It is important to note that receipts uploaded here do not mean you filed a claim.

### Using Your 2016 FSA Debit Card

- **When will I receive my 2016 debit card from Benefit Strategies?**
  If you have submitted your open enrollment election to the Partners Benefits Office by November 24, 2016, you should receive 2 debit cards from Benefit Strategies in your home mail by the end of December 2016. Make sure to look out for an envelope like this and do not throw it away:

  ![Envelope Image]

  The debit cards will look like this:

  ![Debit Card Image]
When can I begin to use my 2016 debit card from Benefit Strategies?
You can begin using your card as of January 1, 2016.

How many debit cards will I receive?
You will receive a set of 2 debit cards. The cards will have the employee’s name on them. Family members over 18 years old need to sign the back of the card they will be using. You can order additional cards from Benefit Strategies in New Hampshire at an additional cost of $5 per set of 2 cards.

Does Benefit Strategies submit data to the national credit companies?
No. The debit card is not tied to any credit companies and its use will not affect your credit rating.

Why does my debit card have an expiration date on it?
Your card renews each year you enroll in the FSA. It is important you do not throw away your card once you have maxed out for the plan year. Hold on to it as you can use it next year if you enroll.

Is using the debit card a paperless process?
No. Even though you are not required to submit paper claims, the IRS still requires you to maintain your receipts and itemized statements for the full Plan Year. In some instances, you may be required to submit documentation to substantiate the expenses.

Is there a daily limit if I use my debit card to pay for Dependent Care Account expenses?
Yes. The debit card will only work for an amount that does not exceed the available balance in your Dependent Care Account on that day.

My childcare provider does not accept a debit card. What do I do?
You will need to submit a claim via the mobile app, online, or a Reimbursement Claim Form.

I was enrolled in the FSA after open enrollment ended. How long will it take to get my debit card?
You should receive your debit card in the mail within 7-10 business days.

I accidentally threw away my debit cards or did not receive them. How do I order new cards?
You will need to contact Benefit Strategies in New Hampshire to order a new debit card. Benefit Strategies can be reached at 1-888-401-FLEX (3539) or info@benstrat.com.

My card was stolen and used by someone else. What should I do?
There is fraud protection built into the debit card. Please contact Benefit Strategies at 1-888-401-FLEX (3539) to file a fraud claim and reorder cards.
I went to use my debit card and it was declined. What happened?
You will need to contact Benefit Strategies at 1-888-401-FLEX (3539) or info@benstrat.com. It is possible you have either maxed out your account or are not enrolled in the plan.

Why is my debit card suspended?
If you used the card for an ineligible expense and it was denied, Benefit Strategies will request either a repayment of the amount or an eligible expense that hasn’t been submitted yet to take its place. They will normally send you two emails. Failure to respond can lead to the suspension your debit card. If you have questions about a denied claim, please contact Benefit Strategies at 1-888-401-FLEX (3539).

If You Have Money Left in Your 2016 FSA

What happens if I have money remaining in my 2016 FSA at the end of the Plan Year?
In compliance with IRS regulations, contributions that are not used by the end of the Plan Year cannot be returned to you. You should carefully estimate your expenses prior to deciding how much to contribute to your account and remember to check your account balances online at https://benstrat.com before the plan year ends.

Will we have a $500 rollover?
No; the IRS allows for either the rollover or the grace period but not both. We decided, based on our employees’ participation history to keep the grace period.

What happens if I terminate employment? Will I still be able to file claims?
Yes; however, you will only be able to submit claims for eligible expenses with a date of service no later than the date of termination (for the DCA you can submit claims after your last date of employment but only up to what you put into the plan). Claims submitted with a date of service after your date of termination will be denied. You will not be able to use your debit card and will have to submit claims manually (paper form, online, or mobile app).

I currently work for Massachusetts General Hospital and will be transferring to Brigham and Women’s Hospital halfway through the Plan Year. What happens to my FSA?
If you want to stay enrolled in the plan you will need to re-elect the benefit. You should pledge the same exact amount and we will then override your deduction balance so you do not exceed your pledge for the year. Your FSA account and debit card will not be re-activated until you re-enroll. If you choose not to re-enroll in the plan you will be limited to submitting only for those expenses while you were active at the previous hospital.