

Flexible Spending Account Enrollment Guide



What is an FSA?

A health Flexible Spending Account (FSA) allows individuals to use pre-tax dollars to pay for medical expenses not covered by insurance. A Dependent Care FSA (DCFSA) allows individuals to use pre-tax dollars for daycare or dependent care expenses. The dependent care FSA (DCFSA) cannot be used to pay for medical expenses. Individuals elect to contribute a portion of their paychecks pre-tax to a Health FSA or Dependent Care FSA and then can use those funds for eligible expenses.

Know the Rules:

Health (medical) FSA

The IRS maximum for 2025 is \$3,300. Employers may set a lower limit.

Participants may claim and be paid out their entire annual election at any time.

Every expense must be substantiated. Participants must be able to provide receipts, statements or bills for all expenses if substantiation is requested. Documents must include the date, amount and description of the expense or service.

Only eligible expenses can be reimbursed. Medical expenses are defined by IRS rules. Expenses generally include items and services for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body. See IRS Publication 502.

All over-the-counter drugs are eligible along with all menstrual care products.

Only "out-of-pocket" medical expenses are eligible for reimbursement. Medical expenses covered by insurance or any other plan or program are not eligible for reimbursement.

Expenses for personal use or cosmetic surgery are not eligible for reimbursement. See IRS Publication 502.

Medical expenses reimbursed under the health (medical) FSA may not be used to claim a federal income tax deduction.



Health FSA and Dependent Care FSA

- Contributions are subject to the IRS "use-it-or-lose-it" rule. However, for the health FSA, the employer may adopt a provision allowing up to a \$660 (2025) carry over of unclaimed monies. Unclaimed monies not carried over are forfeited at the end of the plan year.
- Elections cannot be changed during the plan year, unless the participant has a change of status. IRS Regulations define a change of status.
- Expenses must be incurred by a participant, spouse or eligible dependents during the current plan year and while participating. Expenses are incurred when the medical care is provided and not when the expense is billed, the bill is due or when the bill is paid.
- Every employer sets the deadline when claims and documentation must be submitted after the end of the plan year. It is usually 60 or 90 days after the end of the plan year.

Limited Purpose (dental & vision) FSA

- Employees contributing to a HSA may only participate in a "limited" health FSA not a "general" health FSA. A limited health FSA can only be used to pay for "out of pocket" dental and vision expenses.
- Please note when using the debit card for the Limited Purpose FSA it must be at a dental or vision facility that their MCC code is registered as a dental or vision facility. Otherwise it may pull from your HSA.

Dependent Care FSA

- Participants may only be paid what they have contributed at any point in time.
- Participants must be ready to provide receipts for dependent care expenses.
- Dependent care expenses reimbursed by the dependent care FSA may not be used to claim the day care credit.

Tax Savings Examples:

Dave, a single taxpayer, earns \$27,000/year and has eligible medical expenses of \$1,200/year.

Dave's annual savings realized by participating in the FSA is **\$327**.

Michael and Sharon, working parents, earn a total of \$48,000/year. They have \$5,000 in child care expenses and \$1,000 per year in eligible medical expenses.

Their annual savings realized by participating in the FSA is **\$1,637**.

Assumptions are based off of 15% Federal, 4.63% State, and 7.65% FICA tax

Eligible Expenses



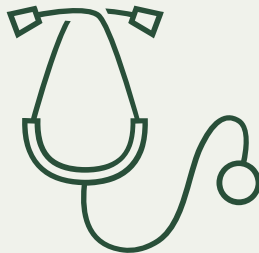
Common Eligible Medical Expenses:

- Eyeglasses, eye exams, sunglasses (prescription)
- Over-the-counter drugs
- Menstrual care products
- Eye surgery
- Fertility enhancement
- HMO expenses
- Hearing aids, batteries, and exams
- Hospital services
- Immunizations, vaccines, flu shots
- Laboratory fees
- LASIK eye surgery
- Medicines (prescribed)
- Obstetric services
- Optometrist
- Orthodontia
- Prescription drugs
- Psychiatric care
- Psychologist
- Speech therapy
- Stop smoking programs
- Surgery/operations
- Therapy
- Vasectomy
- Wheelchair
- X-rays

Dual Purpose Expenses That Potentially Qualify:

The expense must be for a specific medical reason and be accompanied by a **prescription**.

- Massage therapy
- Vitamins
- Supplements
- Herbal supplements
- Natural medicines
- Aromatherapy
- Weight-loss program
- Health club dues



Ineligible Expenses:

- Cosmetic surgery
- Long term care
- Hair transplant/re-growth
- Maternity clothes
- Nutritional supplements
- Personal use items: such as toiletries, cotton swabs, toothbrush, toothpaste, facial care, shampoo
- Teeth whitening
- Drunk driving classes

Health Care Reform & Over-the-Counter Items:

Over-the-Counter Medicine and Drugs **do not** require a prescription to be eligible for reimbursement under the plan.

- Allergy medications
- Antacids
- Anti-diarrhea medicine
- Bug-bite medication
- Cold medicine
- Cough drops and throat lozenges
- Diaper rash ointments
- Hemorrhoid medication
- Incontinence supplies
- Laxatives
- Muscle/joint pain products/rubs
- Nicotine medications, gum, patch-es
- Pain relievers
- Sinus medications, nasal sprays, nasal strips
- Sleep aids
- Wart removal medication



These are only examples and this list is not all-inclusive -- it only provides some of the more common expenses.
Additional information is available in IRS Publication 502 and on our website: <https://www.rockymountainreserve.com>

Over-The-Counter Items:

- Band-aids/bandages
- Cold/hot packs for injuries
- Condoms
- Contact lens solutions
- Diabetic supplies
- First aid kits
- Medical alert bracelets/necklaces
- Pregnancy test kits
- Thermometers

Dependent Care Eligible Expenses:

- A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you. The care must be necessary for you or your spouse to be gainfully employed or to go to school. Care may be provided by anyone other than your spouse or your children under the age of 19. Expenses for schooling, kindergarten, over-night care, and nursing homes are not reimbursable. **See IRS Publication 503.**
- The maximum you can elect, in a calendar year, is equal to the smallest of the following:
 - \$5,000 – Married and filing federal taxes jointly or a single parent
 - \$2,500 – Married and filing separate federal tax return
- The amount contributed year-to-date, is available for reimbursement.