

FSA/ HRA Accounts Commonly Asked Questions

Q. What do I need to do to make sure the claim I am submitting will be processed?

A. When submitting receipts for office visits, prescriptions, dental services, vision services, etc., please make sure your receipt states:

- ◆ **Patient's name**
- ◆ **Date of service**
- ◆ **Specific type of service**
- ◆ **Dollar amount incurred.**

If you have dental insurance, the EOB (Explanation of Benefits) from your dental carrier is the receipt to submit since it states all four items needed for reimbursement.

If you have vision insurance, an itemized receipt with the above four items must be on your receipt plus the estimated insurance benefit received.

Over-the-Counter items purchased on or after January 1, 2011 must include the copy of the prescription for all drugs and medicines, excluding insulin, and the pre-printed receipt with the following information:

- ◆ **Provider's name** (CVS, Rite Aid, Walgreens, Wal-Mart, etc.)
- ◆ **Description of item**
- ◆ **Date of purchase**
- ◆ **Dollar amount paid** (dollar amount minus any coupons, discounts)

Finally, please make sure your claim form is filled out properly with Employer's name, your name, member ID, listing of the receipts submitted and always sign the bottom of the claim form.

Q. Who is a Qualified Dependent?

A. IRS guidelines state an employee can use Health Care FSA funds to pay for health-related expenses incurred by any of the following people – even if they are not covered by their employer's health plan:

- Yourself
- Your Spouse (as defined by IRS Section 152)
- Your qualifying dependent

NOTE: expenses for domestic partners or same-sex spouses are not eligible for reimbursement under the FSA and HRA Plans.

Q. Are cancelled checks, credit card receipts and/or statements acceptable?

A. Reimbursement from your flexible spending account is based on the date the services were rendered (incurred), not when payment was made. The IRS has determined that since cancelled checks and credit card receipts/statements do not indicate the service or the patient's name who received the service, these receipts are not acceptable forms of documentation for Flex claims.

Q. Can I submit register receipts for pharmacy prescriptions?

A. In order to receive reimbursement for prescriptions, the receipt must state the patient's name, date the prescription was filled, the type of medication or NDC number and dollar amount incurred. Since register receipts only show payments being made, they cannot be accepted as proper documentation. You may request from your Pharmacy, a computer generated report for the prescriptions filled for a specific time period which is acceptable documentation.

Q. What if I leave my employment?

A. Since you left employment prior to the end of the Plan Year, your expenses must be incurred from your Plan entry date through your termination date. You have a run out period following your termination date to submit claims for services incurred during the plan year. Please refer to your Summary Plan Document for additional information.

Q. How can I have the vitamins my physician prescribed to me covered through my Flex account?

A. Vitamins are generally not covered by the Flex Plan if they are taken to "maintain good health". However, vitamins can be reimbursed if they are needed to treat a **specific** medical condition. In this case, a letter from your physician stating the medical condition being treated by the vitamins is acceptable. The requirements of the proper documentation can be found on our website at www.rkinsurance.com

Should you have any questions regarding receipts or submitting a claim, please feel free to contact Carrie Anne Goyer at Rose and Kiernan at 518-244-4243 or by e-mail at cgoyer@rkinsurance.com. If a spouse is calling on your behalf, please remember a HIPAA authorization form must be on file in order for Rose and Kiernan to release any information regarding your account.