



# FREQUENTLY ASKED FLEXIBLE BENEFITS QUESTIONS

## *Scripps 2022 FSA Plan*

### **1. What is the Scripps FSA?**

The Scripps flexible spending account (FSA) is an employer-sponsored benefit that allows you to contribute pre-tax dollars into either a health care spending account and/or a dependent care spending account. The health care spending account is to be used for eligible medical expenses and the dependent care spending account is to be used for eligible work-related dependent care expenses.

### **2. Why should I participate in an FSA?**

Contributions to the FSA are deducted from your paycheck on a pre-tax basis, reducing your taxable income. With the tax savings, you can increase your spendable income of your annual contribution amount by an average of 25-30%.

### **3. How do I contribute money to my FSA?**

Contributions are made through pretax payroll deductions. To determine the amount to be deducted, your annual election will be divided by 24, which represents the number of deductions made during the plan year - (First two paychecks of each month).

### **4. How much can I contribute to my FSA?**

For 2022, the medical FSA annual contribution may not exceed \$2,750 per member and the dependent care annual contribution may not exceed \$5000 per family. To participate in either plan, you must elect a minimum of \$120.

### **5. Who is eligible under an FSA?**

An FSA covers eligible expenses for you and your dependents, even if they are not covered under your primary health plan.

### **6. What expenses are eligible for reimbursement?**

Health plan co-pays, deductibles, co-insurance, vision care, dental care, babysitting and summer day camp are a few of the types of covered expenses. (See IRS Publication 502 – Medical and Dental Expenses & IRS Publication 503 – Child and Dependent Care Expenses for more information)

### **7. How do I get the funds out of my FSA?**

You can choose one of the following payment options –

- **Auto Pay:** HealthComp's claims processing system for your health and dental plans are integrated with the flexible benefit system. This means that when a medical claim is fully or partially unpaid, HealthComp will automatically check to see if the unpaid balance is eligible to be reimbursed by your flexible spending account. This saves you from having to wait for an EOB in order to submit a claim for reimbursement out of your flexible benefit spending account. If you select the Auto Pay option, you may not have a debit card for your account. In addition, with this option vision claims will need to be manually submitted for reimbursement.
- **Debit Card:** You can elect to have a debit card to use for qualified expenses. If you select the debit card option, you may not sign up for Auto Pay, but you can submit manual claims if necessary.
- **Manual Claims:** This option allows for manual claims only. When submitting manual claims, you must complete a reimbursement request form and attach the appropriate receipts. Any claim submitted that is less than \$10 will be processed and pended until the minimum is met.

**8. How do I submit a manual claim in order to be reimbursed?**

You can:

- Submit your claim through the HCOonline portal at <https://hconline.healthcomp.com/>
- Email your claim to [HealthComp\\_Receipts@alegeus.com](mailto:HealthComp_Receipts@alegeus.com)
- Fax your claim to 1-855-898-2719
- Mail your claim to HealthComp, P.O. Box 45018, Fresno, CA 93718-5018
- Mobile app

**9. Can I change my election amount mid-year?**

Elections for your medical FSA can only be changed mid plan year if you experience a change in status as defined by the IRS regulations, such as marriage, divorce, birth, or death in your immediate family.

Dependent care FSA elections may be changed mid plan year in accordance with any of your dependent care expense changes. In either case, election changes cannot be made retroactively.

**10. What happens to my FSA if my employment terminates?**

Participation in your FSA is also terminated. This means that medical FSA expenses that were incurred prior to your termination date are eligible for reimbursement. If you have a positive balance, (contributions exceed reimbursements), you will be offered Cobra for your medical FSA account. If you have a dependent daycare account, you will be able to submit claims for reimbursement through the remainder of the plan year and runout period.

**11. What is the Temporary Carryover Rule?**

Participants as of the last day of the 2021 plan year are permitted to carryover all unused funds from their 2021 dependent care and health care FSA plan year accounts to their 2022 plan year accounts. Funds carried over from 2021, must be used in 2022.

**12. How does the Debit Card work?**

It works like a MasterCard® with the balance of your account(s) stored on it. When you have eligible expenses at a business that accepts MasterCard, you simply use your card. The amount of the eligible purchases will be automatically deducted from your account and the pre-tax dollars will be electronically transferred to the provider or merchant for payment.

**13. Is the Debit Card just like other MasterCard® Cards?**

No. The Debit Card is a special-purpose MasterCard that can be used only for eligible health care/benefits expenses. If you attempt to use the debit card for non-qualified expenses, the transaction will be declined.

**14. How many Debit Cards will I receive?**

Each member that chooses the debit card option will initially receive one card. You can request additional cards for your other family members at open enrollment or during the plan year. Members will not receive a new card each year. Your card will be loaded with the new elected amount at the start of each plan year.

**15. What if the Debit Card is lost or stolen?**

You should call HealthComp to report a card lost or stolen as soon as you realize it is missing. HealthComp will turn off your current card(s) and issue replacement card(s). There is a \$10 fee for each replacement card.

**16. Where can I use the Debit Card?**

IRS regulations allow members to use their cards at medical facilities, hospitals, pharmacies, mail-order pharmacies, and retail stores that can identify FSA-eligible items at checkout and accept MasterCard® prepaid cards.

**17. If asked, should I select “Debit” or “Credit”?**

Your Debit Card is a prepaid card and you should select “credit” when you make a purchase. You do not need a PIN and cannot get cash with your Debit Card.

**18. Why do I need to save my itemized receipts?**

You should always save itemized receipts for FSA purchases made with the Debit Card. You may receive a letter asking you to submit receipts to verify that your expenses comply with IRS guidelines. Each receipt must show the merchant or provider name, the service received or the item purchased, the date, and the amount of the purchase. The IRS requires that itemized receipts must be submitted in order to validate expense eligibility. If you do not submit the receipts within the time allowed in the letter, your card will be deactivated.

**19. What if I swipe my card for something that is later determined to be not eligible?**

In the event that an expense is ineligible, you will receive a letter requesting a refund. You can send a check or money order to HealthComp for the amount indicated in the letter so it can be credited back to your FSA account.

**20. Can I use the Debit Card for prescriptions ordered prior to activating the Card?**

No. The card must be activated prior to the order and/or purchase date of prescriptions. In some cases, members need to wait one business day after activating the card to purchase prescriptions at their pharmacy.

**21. Can I use the Debit Card if I receive a statement with a Patient Due Balance for a medical service from a provider?**

Yes. As long as you have money in your account for the balance due, the services were incurred during the current plan year, and the provider accepts MasterCard® debit cards, you can simply write the card number on their statement and send it back to the provider.

**22. You may be asked for the CVV when paying the balance due or when placing an order by phone or online. What is this and where is it found?**

CVV stands for “Card Verification Value.” It is a 3-digit number that can be found on the back of the card to the right of the signature panel.

**23. How do I know how much is in my account?**

You can visit HealthComp’s HCOOnline or call HealthComp at (877) 552-7247.

**24. What are some reasons that the Debit Card might not work at point of sale?**

The most common reasons why a card may be declined at the point of sale are:

- The card has not been activated.
- The card has been used before the 24-hour waiting period after the card is activated.
- You have insufficient funds in your benefit account to cover the expense.
- Non-eligible expenses have been included at the point-of-sale. (Retry the transaction with the eligible expense only.)
- The merchant is encountering problems (e.g. coding or swipe box issues).
- The pharmacy or retail store cannot identify FSA-eligible items at checkout according to IRS regulations.

**25. Who do I call if I have questions about the Debit Card?**

Call HealthComp at (877) 552-7247.