



# Flexible Spending Accounts (FSAs)

# Why FSA?

- To save on taxes!
- When you elect to put money into an FSA, your election will be deducted from your paycheck on a pre-tax basis.
- This lowers your taxable income.
- Use the money to pay for expenses you know you will have to pay.



# Tax Savings Example

Anticipated medical expenses

\$2,000

Annual Income

\$35,000



## Without an FSA

## With an FSA

Taxes paid\*

\$10,850

\$10,230

Take home pay

\$22,150

\$22,770

**Annual Savings**

**\$620**

*\*Assumes 25% Federal tax and 6% state tax*

# How does it work?

- Make your election for each type of account.

Medical FSA



Dependent Care FSA



- Your election will be deducted from your pay in equal amounts throughout the year.
- Your entire Medical FSA election will be available on the first day of the plan year.
- You have 90 days after the plan year ends to submit claims.
- A Dependent Care FSA (DCA) is a “Cash Balance” account

**Deductions – Prior Payments = Available Balance**

- DCA claims must be submitted within the designated time period for your plan.
- Claims will not be paid until the service has been provided.

# Important Plan Information

- Plan Limits:
  - Medical FSA: Maximum **\$2,750 (for 2021)**
  - Dependent Care FSA: Maximum **\$5,000**
  - Runout Period: There is a **90 Day Runout Period** after the end of the plan year to submit any claims for reimbursement incurred during the plan year.
  - Once that period is closed, you are able to **Roll Over up to \$500** of unused **medical FSA funds** into the next plan year.



# Eligible Medical FSA Expenses

Reimbursable Expenses	Non-Reimbursable Expenses
Co-pays	Items for General Health
Deductibles	Vitamins
Dental Expenses	Gym Dues
Over the counter medication WITH a prescription	Over the counter medication without a prescription
Prescription eyeglasses	Teeth whitening
Orthodontia	Cosmetic treatments
Contact lens supplies	Sun tan lotion
Orthotics	

And much more

OTC Lists and Eligible Expense Lookup Table available at:  
[www.BenefitResource.com](http://www.BenefitResource.com)





# Eligible Dependent Care FSA Expenses

- Care must be for dependents under age 13, or an adult dependent incapable of self-care.
- Care must enable you (and your spouse if you're married) to work, look for work, or attend school full-time.
  - Child Care
  - Nursery School
  - Before/After School Care
  - Summer Day Camp (No overnight camp)
  - Adult Care
  - In-Home Dependent Care



# Before you Enroll

## Determine how much you will elect

- Understand what election limits apply
  - Medical Flexible Spending Account - \$2,650
  - Dependent Care Flexible Spending Account - \$5,000
- Estimate what you spend on health care and dependent care expenses
- Be conservative
  - Don't elect more than you're sure you will spend during the Plan Year.
  - For the Medical FSA any unused funds over \$500 are forfeited.
  - For the Dependent Care FSA all unused funds are forfeited.





# Once Enrolled: You will receive a Beniversal® Prepaid MasterCard® to use for eligible medical expenses.



- Your card will be mailed to your home address.
- Activate your Beniversal Card by calling the number on the activation label or online at [www.BenefitResource.com](http://www.BenefitResource.com).
- Use your card at the doctor's office, pharmacy, or other medical provider.

The Beniversal Card is issued by The Bancorp Bank pursuant to license by MasterCard International Incorporated.  
The Bancorp Bank; Member FDIC. MasterCard is a registered trademark of MasterCard International Incorporated.

# Save all Receipts and Documentation

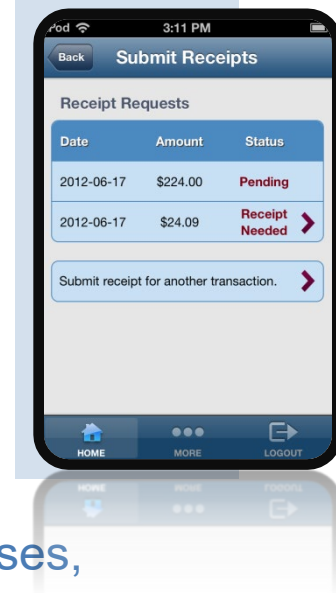
---

- Always retain receipts and supporting documents (e.g. invoices, statements, explanation of benefits).
  - The IRS requires Benefit Resource to verify that all funds are used for eligible expenses. A series of rules and processes allow Benefit Resource to verify certain transactions. When a transaction cannot be verified, a receipt will be requested.
- An itemized receipt or documentation must contain:
  1. Name of Provider
  2. Patient Name
  3. Type of Service
  4. Date of Service
  5. Out of Pocket cost after any insurance

Note: Your Explanation of Benefits (**EOB**) from insurance carrier is sufficient. You can obtain these online if you are registered with the carrier.

# How to Submit a Claim

- When you use the Beniversal card your will receive an e-mail or letter asking to submit your receipt.
- To resolve receipt requests:
  - Through BRiWeb (*Options to upload receipts, submit a substitute claim or repay an expense*)
  - Through BRiMobile (*Wait for a request or submit receipts in real-time*)
  - By mail or fax
- When the Beniversal Card is not used or for Dependent Care expenses, you will pay for an eligible expense with another form of payment (e.g. cash, check).
- Submit a reimbursement claim.
  - Use online claim submission tool
  - Use BRiMobile app for iPhone, iPad, or Android devices
  - Mail/fax claim forms with appropriate documentation to BRI
- Receive your reimbursement by direct deposit or check.



# Online Participant Resources



- **BRiWeb Participant Login**

- Review account balance(s) and transaction detail
- Submit claims
- Resolve receipt requests
- Set up direct deposit
- Update email address
- Download resources and forms
- Search list of eligible expenses

- **Go online at [www.BenefitResource.com](http://www.BenefitResource.com)**

- Click on **Participants** under the **Secure Login**
- Enter the following information:

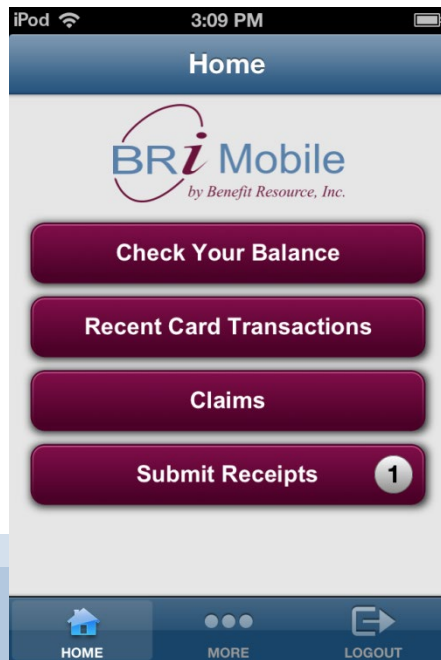
- **COMPANY CODE: NVRPA**
- **MEMBER ID:** SSN or unique 9-digit ID#
- **Personal Information for Registration:**
  - First name, last name, date of birth, zip code, etc.



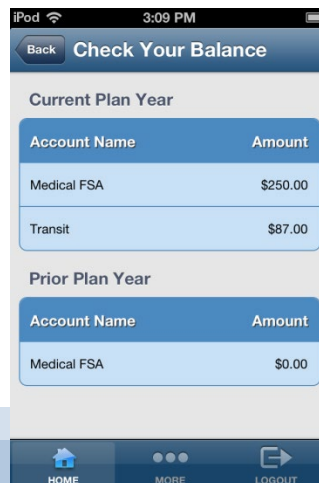
# Account access on-the-go

## ■ BRiMobile

Download the BRiMobile app for Apple and Android devices.



### Check Balance



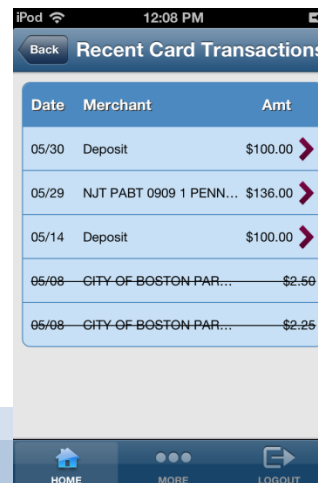
The 'Check Your Balance' screen displays a table for the current plan year and a section for the prior plan year.

Account Name	Amount
Medical FSA	\$250.00
Transit	\$87.00

Prior Plan Year

Account Name	Amount
Medical FSA	\$0.00

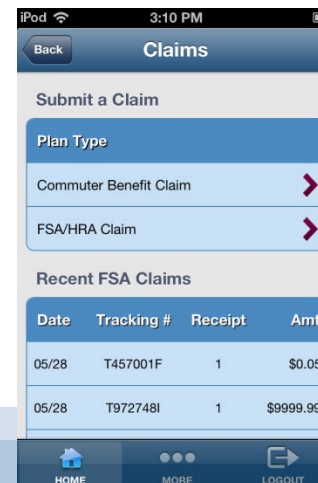
### Recent Transactions



The 'Recent Card Transactions' screen displays a table of recent transactions.

Date	Merchant	Amt
05/30	Deposit	\$100.00
05/29	NJT PABT 0909 1 PENN...	\$136.00
05/14	Deposit	\$100.00
05/08	CITY OF BOSTON PAR...	\$2.50
05/08	CITY OF BOSTON PAR...	\$2.25

### Submit Claim



The 'Submit a Claim' screen includes a section for submitting a claim and a table for recent FSA claims.

Submit a Claim

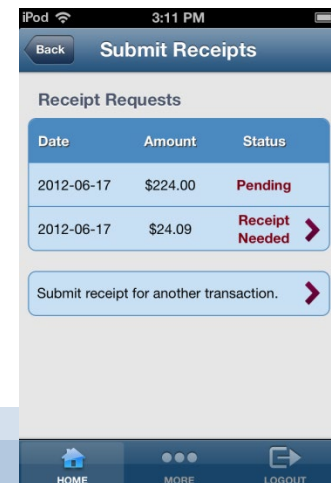
Plan Type

Commuter Benefit Claim	
FSA/HRA Claim	

Recent FSA Claims

Date	Tracking #	Receipt	Amt
05/28	T457001F	1	\$0.05
05/28	T972748I	1	\$9999.99

### Submit Receipt



The 'Submit Receipts' screen displays a table for receipt requests and a button to submit a receipt for another transaction.

Receipt Requests

Date	Amount	Status
2012-06-17	\$224.00	Pending
2012-06-17	\$24.09	Receipt Needed

Submit receipt for another transaction.

# Convenient Participant Support

---



**Phone:** (800) 473-9595

Monday - Friday, 8am - 8pm (Eastern Time)

*Bilingual representatives (English and Spanish)*



**Email:** [participantservices@BenefitResource.com](mailto:participantservices@BenefitResource.com)



**Online Live Chat:**  
**[www.BenefitResource.com](http://www.BenefitResource.com)**

Monday - Friday, 8am - 5pm (Eastern Time)

(available through participant login)





# Enjoy Using Your Beniversal® FSA Account!

