



Nye County Flexible Spending Account Overview 2025-2026 Plan Year

What is a Flexible Spending Account?

A Flexible Spending Account (FSA) is an employer sponsored benefit that enables employees to set aside pre-tax dollars to pay for eligible out of pocket health and dependent care expenses during the plan year. There are two types of FSAs: Healthcare (medical) and Dependent Care (childcare).

The Healthcare FSA is a pre-funded account that reimburses participants for out of pocket medical expenses for the costs of diagnosis, cure, mitigation, treatment, or prevention of disease affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness and not merely for general well-being. Participants have access to their full annual election amount at the beginning of the plan year regardless of the amount contributed to date. **The Nye County maximum annual election amount for Healthcare FSA is \$2,850.**

The Dependent Care FSA is a NON pre-funded account that reimburses you for out of pocket childcare expenses so you may be gainfully employed and your spouse gainfully employed, looking for work, self-employed or a full time student. Participants will only be reimbursed up to the amount that has been contributed to their account. **The maximum annual election amount for Dependent Care FSA is \$5,000 per household (\$2,500 if married, filing separately).**

Whose Medical/Dependent Care Expenses Can You Include?

Qualifying medical expenses can be incurred by yourself, your spouse and anyone claimed as a dependent on your federal income tax return, even if they are not covered by your medical coverage.

Qualifying dependent care expenses include expenses for your dependent children under age 13 and/or a person of any age whom you claim as a dependent on your federal income tax return and who is physically or mentally incapable of caring for themselves.

How Do I Enroll in a Flexible Spending Account?

Employees are required to enroll in the flexible spending accounts each year during your employer's open enrollment period. Employees will need to determine an annual election amount to set aside into their Healthcare/Dependent Care FSA. This annual election amount will be deducted evenly out of each pay check on a pre-tax basis. **The 2025-2026 plan year will begin July 1, 2025, and will end June 30, 2026.**

It's very important to make a knowledgeable decision regarding the amount you set aside for your FSA. You only want to set aside dollars you know that you will spend within your plan year. You are not allowed to make any changes after the plan year starts unless you have a change of status such as: Birth, death, adoption, marriage, divorce and loss or gain of coverage.

Money left in the account at the end of the claim submission period cannot be refunded to you. This is referred to as the use-it or lose-it rule.

What Are The Advantages of a Flexible Spending Account?

Under Section 125 of the Internal Revenue Code, amounts contributed to an FSA are not subject to federal tax, state income tax or social security tax. Employees who participate benefit by reducing their taxable income in order to increase their level of "take-home" pay. The average savings is approximately 25% – 30%.

Example:

Bob earns \$36,000 annually and has out of pocket costs for deductibles and co-pays on his medical & dental plans.

<u>Without</u> Healthcare FSA:		<u>With</u> Healthcare FSA:	
Gross(taxable) Pay	\$36,000	Gross(taxable) Pay	\$36,000
Taxes @ 24.5%	-\$8,820	Pre-Tax Health Care Deduction	-\$2,400
Net Take Home	\$27,180	Taxable Pay	\$33,600
Out of Pocket Health Care Costs	\$2,400	Taxes @ 23.8%	-\$7,997
Spendable Income After Health Care Costs	\$24,780	Spendable Income After Health Care Costs	\$25,603

Bob has increased his take home pay by \$823 per year (approximately \$69 per month) by participating in a healthcare flexible spending account.

Submit a Claim *Online*

Log In

1. Go to www.ebcflex.com.
2. Click “Log In” at the top of the page and choose “Participants.”
3. Log in to My Account Assistant with your Username and Password. To create an account, click on the “Register” button.

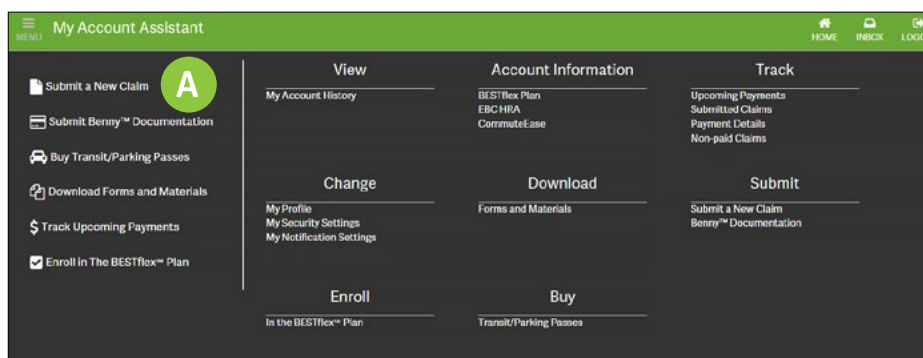
Submit a New Claim

1. Open the menu and select “Submit a New Claim” **A**.
2. Complete the form **B** for an expense.

EBC HRA note: If your insurance carrier submits your claims automatically, HRA will not be listed under Plan Type.

Benefits Card note: Please do not file a claim for an expense you paid for with the Benefits Card.

3. Click “Add Claim Line” **C** when done. Enter as many claim lines as you need.
4. Click “Upload Documentation” **D** to attach a scanned receipt, Explanation of Benefits (EOB), or other document that shows each expense is eligible. Your files must be less than 10 MB each. Click the “x” to remove a document.
5. Click “Next.”
6. Review your claim lines and supporting documentation for accuracy.
7. Click “Submit” when ready.
8. Accept the Claim Submission Terms & Conditions in the pop-up box to finish.



Questions?

If you have any questions, feel free to contact Participant Services at **800 346 2126**, or email participantservices@ebcflex.com.

Benefits Card



10 Essential *Tips*

Be sure to remember these important tips when you use the Employee Benefits Corporation Benefits Card.

Tip 1 Secondary Card

You will be able to request a secondary card in a dependent's name, at no cost. You will receive one card in the mail. You may request a second card by logging in to your Account and clicking on "Secondary Benefits Card" under the "Manage" category.

Tip 2 Activated on First Use

Your card will be activated the first time you use it. There is no need to call to activate. Use your Benefits Card for its first purchase to activate it!

- Select "**CREDIT**" if offered a choice at the point of sale terminal.

Tip 3 Sign Back of Card

Sign the back of your card before using it

Tip 4 Eligible Products & Locations

Not all products are eligible with the card. It is also important to know where you can use your card. Click the links below to learn which products are eligible and ineligible for purchase with the Benefits Card.

Products: <https://sig-is.org/eligible-product-list2/eligible-product-list-criteria>

Locations: <https://www.sig-is.org/card-holders/store-locator>

Tip 5 Save your Documentation

If your card transaction is not approved automatically at the point of sale, and you didn't manually document it, you will receive a *Documentation Request* asking for your expense documentation.

Tip 6 Documentation Information

Your documentation must contain 4 pieces of important information for us to substantiate your expense:

1. Date of Service
2. Type of expense
3. Amount of the expense incurred
4. Name of Service Provider

Tip 7 Dental and Vision Purchases

Transactions made with the card at offices of dental or vision practitioners are often **not** automatically substantiated like they are at retailers or pharmacies that use the IIAS. In those cases, you will more likely be required to provide manual substantiation of the transaction.

Tip 8 Card Cancellations

There are a few reasons why your card may be cancelled:

- Your Health Care FSA or EBC HRA terminates
- You've used the card inappropriately for ineligible expenses too many times

Tip 9 Card is Declined

There are a few reasons why your card may be declined, if it hasn't already been cancelled:

- The merchant does not accept the Benefits Card
- Your purchase is not eligible
- The card was temporarily suspended for an ineligible expense

Tip 10 Download Our Mobile App

With our app, **My Mobile Account Assistant**, you can take a photo of your documentation (receipt) using your phone or tablet's camera and send it to us to substantiate the expense.

If you don't have a smartphone, you can take a picture with your phone or camera, save it to your computer, and upload it to us through your account using **My Account Assistant**.

Employee
Benefits
Corporation
We make it easy.

P: 800 346 2126 | 608 831 8445

F: 608 831 4790

P.O. Box 44347

Madison, WI 53744-4347

An employee-owned company

www.ebcflex.com

Questions about the Benefits Card?

Contact us at **800 346 2126** or email participantservices@ebcflex.com.

Standard Health FSA Eligible Expenses



There are two types of Health Care FSAs: a standard health FSA and a limited health FSA. Your **standard health FSA** allows you to pay for eligible medical, vision, and dental expenses that are not covered by another health plan.

Examples of Eligible Expenses for Standard Health FSAs:

■ Dental Expenses

- Dental X-Rays
- Exams/Teeth Cleanings, Gum Treatments
- Fillings, Crowns/Bridges
- Oral Surgery, Extractions, Dentures
- Orthodontia/Braces

■ Vision Expenses

- Contact Lenses, Contact Lens Solution and Cleaners
- Eye Examinations
- Eyeglasses, Reading Glasses, Prescription Sunglasses
- Laser Eye Surgeries, Radial Keratotomy/LASIK

■ Out-of-Pocket Uncovered Medical Care Expenses

- Copays, Coinsurance, Deductible Expenses
- Prescribed Medication (*including insulin and birth control*)
- Prescribed Vitamins

■ Lab Exams/Tests

- Blood Tests, Spinal Fluid Tests, Urine/Stool Analyses
- Cardiographs
- Diagnostic Fees, Laboratory Fees
- X-Rays

■ Medical Treatments/Procedures

- Acupuncture, Chiropractor
- Hearing Exams, Hearing Aids and Batteries
- Inpatient treatment for addiction to alcohol/drugs
- Infertility, In-vitro Fertilization
- Physical Therapy, Speech Therapy
- Sterilization, Vasectomy and Vasectomy Reversals
- Vaccinations and Immunizations
- Well Baby Care

Continued



■ Over the Counter (OTC) Products

- Allergy, Anti-Itch, Antihistamine Medicines, Eye Drops
- Anti-Fungal Medications like Athletes Foot Creams and Powders and Yeast Infection Treatments
- Anti-Nausea Medications, Motion Sickness Pills
- Cold and Flu Medications, Cough Drops & Syrups, Decongestants, Nasal Sinus Sprays, Sore Throat Spray, Sinus Medications, Throat Lozenges, Vapor Rubs
- Cold Sore Remedies
- Digestive Tract Relief Medications, Antacids, Anti-Diarrhea Medications, Laxatives
- First Aid Creams, Diaper Rash Ointments/Burn Ointments, Rubbing Alcohol
- Hemorrhoid Medications and Creams
- Lice and Scabies Treatments
- Menstrual Pain and Cramp Relief Medication
- Menstrual Products, including Tampons and Pads
- Pain Relievers, Analgesics, Aspirin, Fever Reducers, Muscle/Joint Pain Relievers
- Smoking Cessation Products, Nicotine Gum/Patches
- Sunscreen greater than SPF 14

■ Medical Supplies and Services

- Abdominal/Back Supports, Arch Supports/Orthopedic Insoles (*not for general comfort*) or Diabetic Shoes
- Blood Pressure Monitors
- Breast Pumps and Lactation Supplies
- Compression Hosiery above 30 mmHg
- Contraceptives, Norplant Insertion or Removal
- Counseling (*except for Marriage and Family*)
- Crutches, Wheelchair, Oxygen Equipment
- Guide Dog (*for visually/hearing impaired person*)
- Hospital and Ambulance Services
- Insulin Supplies, Syringes
- Mastectomy Bras, Prosthesis
- Medical Miles, Tolls, Parking, or Transportation Expenses (*essential to medical care*)
- Pregnancy Tests, Pre-Natal Vitamins
- Splints/Casts

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please contact us if you have any questions.

Examples of *Ineligible* Expenses for Standard Health FSAs:

- Canceled Appointment Fees
- Drugs or treatments that are illegal under Federal law
- Cosmetic Surgery, Treatments, or Procedures
- Toiletries or Sundry Items
- Vitamins or Supplements for General Health
- Food and meals that replace regular nutritional requirements
- Product Warranties

Personal care items or services for general health are not usually eligible, but if your health care provider recommends an otherwise personal product or service to treat a specific diagnosis, you can submit the expense for reimbursement with a *Letter of Medical Necessity*. This is a letter from your health care provider that includes a recommendation of the item or service to treat your diagnosis, and the duration of the recommendation. Depending on the expense, you may have to provide additional documentation to show the expense would not have been incurred “but for” the medical condition.

Sometimes a personal or general use item may be specialized for the specific purpose of treating or alleviating a medical condition. In this case, only the excess cost of the specialized item over the non-specialized item can be reimbursed. A *Letter of Medical Necessity* may be requested for these items as well.