What expenses are covered under a health FSA?
Only eligible expenses can be reimbursed under the FSA. These expenses are defined by IRS rules and your employer’s plan. You can learn about your employer’s plan by reading the Summary Plan Description (SPD).

Eligible health FSA expenses are those that you pay for out of your pocket for medical care that’s provided to you, your spouse, and eligible dependents. Generally, IRS rules state that medical care includes items and services that are meant to diagnose, cure, mitigate, treat, or prevent illness or disease. Transportation that is primarily for medical care is also included. You can find a list of eligible expenses online at anthem.com.* The list of eligible expenses is based on IRS rules. Here are some other IRS rules you should know about:

- **No double dipping** – Expenses reimbursed under your health FSA cannot be reimbursed under any other plan or program. Only your out-of-pocket health care expenses are eligible for reimbursement. Plus, expenses reimbursed under a health FSA may not be deducted when you file your tax return.
- **Timing is everything** – FSAs have a start date and an end date, and the time in between is called the plan year. Expenses must be incurred during the FSA plan year. As noted in IRS guidelines, “expenses are incurred when the employee, (or the employee’s spouse or dependents) is provided with the medical care that gives rise to the medical expenses, and not when the employee is formally billed, charged for, or pays for the medical care.” This means the date of service must be within the current plan year and not when you pay for the service.

Is there a limit to how much I can contribute to my health FSA?
Yes. As a result of the Patient Protection and Affordable Care Act of 2010 (PPACA), health flexible spending account (FSA) employee contributions have been capped for plans beginning on or after January 1, 2013. The annual limit is $2,500 and you cannot contribute more than this amount. Your spouse may also elect to contribute up to $2,500 to his or her health FSA, even if you both work for the same employer. The limit does not apply to non-elective employer contributions (sometimes referred to as "flex credits") made to an employee's health FSA.

Are over-the-counter medicines eligible for reimbursement?
Yes, but they require a prescription to be an eligible FSA expense. IRS rules changed on January 1, 2011 because of health care reform legislation. The new rules state that OTC medicines and drugs are no longer eligible for reimbursement under your health FSA unless prescribed by a doctor (or another person who can issue a prescription) in the state where you purchase the OTC medicines. Any claim you submit for reimbursement that has an OTC medicine expense incurred on or after January 1, 2011 must include a Request for Reimbursement Form and one of the following types of supporting documentation:

- A written OTC prescription along with an itemized cash register receipt that includes the merchant name, name of the OTC medicine or drug, purchase date, and amount
- A printed pharmacy statement or receipt from a pharmacy that includes the patient’s name, the Rx number, the date the prescription was filled, and the amount

Please note: Prescription medicines and insulin (including over-the-counter insulin) aren’t affected by this change. You can follow the same process when buying these items and submitting FSA claims.

How do I use my FSA for orthodontic services?
These services aren’t provided the same way as other types of health care. Most of the time, orthodontic services are provided over a long period of time and may extend beyond the plan year, and services tend to be hard to match up with actual costs. As a result, the reimbursement process is different. Find more details about reimbursement for orthodontia expenses at anthem.com.*

What is a dependent care flexible spending account?
A dependent care flexible spending account (FSA) is part of your benefits package, and it lets you use pre-tax dollars to pay for eligible, employment-related dependent care expenses for your dependent children or relatives.
Who is a qualifying individual for a dependent care FSA?
A qualifying individual is:

- Your dependent child under the age of 13 who lives with you for more than half the year
- Your spouse or other qualifying dependent who is physically or mentally incapable of self-care and lives with you for more than half the year

What if I am divorced and want to have a dependent care FSA?
Having a dependent care FSA depends on if you are the custodial parent or not.

- **If you are the custodial parent** – Your child is a qualifying individual even if you don’t claim your child as a tax dependent. You can be reimbursed under a dependent care FSA.
- **If you are not the custodial parent** – You cannot be reimbursed under a dependent care FSA, even if you claim your child as a tax dependent.

What expenses are not covered under a dependent care FSA?
Ineligible expenses include the following:

- Money paid to your spouse, your child under age 19, a parent of your child who is not your spouse, or a person that you or your spouse is entitled to a personal tax exemption as a dependent
- Expenses related to care for a disabled spouse or tax dependent living outside your home
- Educational expenses (such as summer school and tutoring programs)
- Tuition for kindergarten and above
- Food expenses (unless inseparable from care)
- Incidental expenses (such as extra charges for supplies, special events, or activities unless inseparable from care)
- Overnight camp

Find a complete list of eligible and ineligible expenses at anthem.com.*

What do I need to submit along with a reimbursement request form?
If the employee and provider certifications on the reimbursement request form are filled out and signed, you don’t need to do anything else. If the provider certification is not completed and signed, you must submit an itemized statement from your dependent care provider. This statement must have the date(s) of service, the name(s) and date(s) of birth of your dependent(s), an itemization of charges, and the provider’s name, address, and Tax ID or Social Security number.

Where can I get a reimbursement request form?
This form is available online at anthem.com.* Just log in to your account to find it.

How often are reimbursements made?
Reimbursements are issued on a schedule chosen by your employer.

*If you are not enrolled in an Anthem health plan, you will need to log in to your Reimbursement Benefit Account at benefitadminsolutions.com/anthem. When logging in for the first time, please have on hand your Anthem Reimbursement Benefit Account number or Social Security number and date of birth.

Anthem Blue Cross and Blue Shield is the trade name of:
- In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc.
- In Connecticut: Anthem Health Plans, Inc.
- In Georgia: Blue Cross and Blue Shield of Georgia, Inc.
- In Indiana: Anthem Insurance Companies, Inc.
- In Kentucky: Anthem Health Plans of Kentucky, Inc.
- In Maine: Anthem Health Plans of Maine, Inc.
- In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits.
- In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada.
- In New Hampshire: Anthem Health Plans of New Hampshire, Inc.
- In Ohio: Community Insurance Company.
- In Virginia: Blue Cross and Blue Shield of Virginia, Inc.

In all states, the service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross and Blue Shield of Wisconsin (BCBSW), which underwrites or administers the PPO and indemnity policies; Compare Health Services Insurance Corporation (Compare), which underwrites or administers the HMO policies; and Compare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.