



Medical Flexible Spending Accounts With Health Savings Accounts (HSAs)

If you participate in a High Deductible Health Plan and open an HSA (Health Savings Account) you may still enroll in a "Limited Purpose" Medical Flexible Spending Account if offered by your employer.

- IRS rules require that the Limited Purpose Medical FSA is available for Vision, Dental and Preventive Care expenses only. **Please note that over-the-counter medical expenses are not reimbursable until you have satisfied the requirements for "Post-Deductible" medical coverage (see below.)**
- Some participants may wish to allow their HSA money to accumulate for future health care needs and take advantage of the additional pre-tax dollars from the Limited Purpose Medical FSA to cover preventive care, vision or dental expenses that are predictable for the current plan year.
- Be sure to complete the section of your Flexible Benefit Enrollment form that indicates "Limited Purpose" Medical Flexible Spending Account.
- GDI provides a Limited Purpose Reimbursement Request Form for your use with this type of account.

"Post-Deductible" expenses: After you have incurred the federally mandated amount of deductible expenses, the IRS permits you to use flexible spending account dollars toward general medical expenses. The mandated amounts are \$1300 if you are enrolled in your health plan as a single, and \$2600 if you are enrolled with any dependents*.

Here is how you tell GDI that you have met your minimum deductible:

- Submit an Explanation of Benefits (EOB) from your health insurance carrier which indicates that you have incurred the required deductible. See the GENERAL MEDICAL section on the claim form provided. You will need to check a box on that form and sign the date the form.
- **Using the GDI debit card with your FSA?** If your Limited Purpose FSA includes a GDI debit card, remember, the card will only work for dental and vision services even after you are eligible for general medical reimbursement. You can use the traditional paper claim process for post-deductible medical and qualified preventive care claims.

It is important to note that it is your responsibility as a participant in a Flexible Spending Account and a Health Savings Account to follow IRS regulations.

*HSA Statutory Minimum Annual Deductible, indexed annually.

"Limited Purpose" Medical Flexible Spending Account

for Participants enrolled in HSA programs

- All services must be provided by licensed practitioner.
- Stockpiling of supplies is prohibited by the IRS.
- Services must be rendered or items purchased during the plan year.

ELIGIBLE DENTAL SERVICES:

- Crowns
- Bridges
- Dentures
- Denture Adhesive
- Implants
- Orthodontia
- Cleanings
- Fluoride Treatments
- Fillings
- X-rays
- Extractions

ELIGIBLE VISION SERVICES:

- Eye Exams
- Eye Glasses (Frames & Lenses)
- Prescription Sunglasses
- Safety Glasses
- Reading Glasses (OTC)
- Contact Lenses & Contact Lens Solution
- LASIK Surgery

PREVENTIVE CARE SERVICES:

- Periodic Health Examinations
- Tests & Diagnostic Procedures in conjunction w/evaluation
- Well-baby care
- Immunizations for adults and children
- Tobacco Cessation
- Weight Loss treatment with a diagnosis of obesity

POST DEDUCTIBLE EXPENSES:

- All IRS code 213 eligible medical expenses after you have incurred the statutory HSA deductible limit. A statement from your health carrier showing limits have been met is required.

INELIGIBLE SERVICES

INELIGIBLE DENTAL SERVICES:

- Teeth Whitening or bleaching
- Perishables supplies - e.g. toothpaste, toothbrush, floss
- Electronic toothbrushes/cleaning systems (even if recommended by a dentist)
- Pre-payment of services not yet received
- Otherwise eligible items that will be fully or partially reimbursed from another source

INELIGIBLE VISION SERVICES:

- Contract fees for maintenance or replacement of contact lenses or eyeglasses
- Pre-payment of services not yet received
- Otherwise eligible items that will be fully or partially reimbursed from another source

A Word of Caution about Receipts

The IRS requires that you have an ITEMIZED RECEIPT of services received.

AN ITEMIZED RECEIPT CONTAINS THE FOLLOWING:

Provider's Name / Patient Name / Date of Service / Description of Service / Cost of Service.

Credit card slips are not sufficient.

EMPLOYEE INFORMATION

Employee Name:	Bates ID Number
Employer:	Plan Year:

DEPENDENT CARE (Child Care, Elder Care)

Provider Name	Provider SS# or Tax ID#	Services For (Name)	Relationship/Age	Date(s) of Service	Amount

TOTAL:

DEPENDENT CARE PROVIDER *If you do not have a receipt, this section must be completed*

Provider's Name _____	Provider SS/Tax ID#: _____		
Provider's Address _____			
Address _____	City _____	State _____	Zip _____

I certify that I have provided the services as listed above.

 Provider's Signature Date

VISION, DENTAL & PREVENTIVE CARE EXPENSES ONLY

Please note: As a participant in a Health Savings Account program, you are only eligible to be reimbursed for qualified vision, dental, and/or preventive care expenses until you have incurred the mandatory statutory deductible.

Provider Name	Service/Item Purchased	Services For (Name/Relationship)	Date(s) of Service	Amount

TOTAL:

GENERAL MEDICAL EXPENSES (Eligible for reimbursement only after statutory deductible has been met)

I have attached documentation from my health insurance provider indicating that I have met the mandatory statutory deductible. **NOTE: IRS regulations prohibit reimbursement of otherwise eligible medical expenses until this deductible limit has been met.**

Provider Name	Service/Item Purchased	Services For (Name/Relationship)	Date(s) of Service	Amount

Mileage Reminder	Reimbursement for mileage to/from an eligible medical appointment	# miles x \$0.235 =	
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TOTAL:

I request reimbursement for my dependent care expenses and/or medical care as itemized above. Enclosed are receipts which state: Date of service, provider name, type of service, and fee charged for the service. My signature below acknowledges my understanding of the following: 1) The expenses listed above have not been reimbursed nor will I seek reimbursement for these expenses from any other source. 2) The expenses must qualify for reimbursement under the Internal Revenue Code. 3) Reimbursed expenses cannot be claimed as credits or deductions on my personal income tax. 4) I have retained copies of the documentation submitted with this claim as these materials will not be returned to me.

SIGNATURE REQUIRED: _____ **Date:** _____

Reimbursement requests must be received before 12 Noon (ET) on Tuesdays for processing that week. Requests received after this time will be processed the following week.