



# Save on predictable healthcare expenses.

## How a Healthcare FSA Works

Flexible spending accounts (FSAs) reduce your taxable income by setting aside pre-tax dollars to pay for eligible healthcare expenses.

You can contribute up to \$2,700 annually to your flexible spending account. This annual election amount will be deducted evenly out of each pay check on a pre-tax basis and put into your FSA. You can then use the funds to pay for eligible expenses. Changes to the annual election amount are only permitted due to a change of status such as marriage or birth of a child.

A big perk to an FSA is that it is pre-funded, meaning that you will have access to your full annual election amount at the very beginning of the plan year, regardless of the amount contributed to date. That is like having a tax-free, interest-free loan to help you pay for healthcare expenses. So go ahead and schedule that laser eye surgery in January!

Your plan may allow for a maximum of \$500 of unused funds to be rolled over to the next year. The rollover amount can be used to pay or reimburse healthcare expenses incurred during the entire plan year to which it is carried over.

## Who's Covered

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

## What's Covered

For a complete list of eligible expenses see IRS Publication 502: Medical and Dental Expenses.

Examples of eligible expenses:

- ▶ Acne Treatments\*\*
- ▶ Allergy Medicine\*\*
- ▶ Antacids\*\*
- ▶ Bandages
- ▶ Chiropractic Care
- ▶ Cold Medicine\*\*
- ▶ Condoms
- ▶ Contact Lenses & Cleaners
- ▶ Copays, Co-Insurance & Deductibles
- ▶ Dental Care
- ▶ Diabetic Supplies
- ▶ Eyeglasses
- ▶ Hearing aids
- ▶ Laser Eye Surgery
- ▶ Orthodontia
- ▶ Pain Relievers\*\*
- ▶ Pregnancy Tests
- ▶ Prescription Drugs
- ▶ Smoking Cessation Programs\*\*
- ▶ Sunscreen

\*\*Over-the-counter (OTC) drugs and medicines (except insulin) are only eligible for reimbursement when prescribed by a physician.



## Benefits Debit Card

Spending your FSA funds on eligible expenses has never been easier. The card allows you to avoid out-of-pocket expenses, cumbersome paperwork and reimbursement delays. One card can manage multiple account types, such as a dependent care FSA, health savings account, or commuter account.



## Online & Mobile Access

Get account information from our easy-to-use online portal and mobile application. See your account balance in real time, file a claim for reimbursement by snapping a photo of the receipt, and check on a claim status.

## Advantages *of an* FSA

- ▶ Increase your spendable income by reducing your taxable gross income
- ▶ Budget for planned healthcare expenses
- ▶ No waiting for reimbursement when you use your benefits debit card



## What is a Healthcare FSA?

A flexible spending account is an employer-sponsored benefit that allows you to pay for eligible medical expenses on a pre-tax basis. If you expect to incur medical expenses that won't be reimbursed by another plan, FSAs are a great way to save money while covering those costs.

## How Does It Benefit Me?

An FSA saves you money. The contributions you make to an FSA are deducted from your pay before your federal, FICA and state taxes are calculated and are never reported to the IRS. The end result is that you decrease your taxable income and increase your spendable income. You can save hundreds.

| Federal Tax Rate | Annual FSA Contribution | Annual Tax Savings* |
|------------------|-------------------------|---------------------|
| 15%              | \$1,550                 | \$429               |
| 15%              | \$2,700                 | \$733               |
| 25%              | \$1,550                 | \$584               |
| 25%              | \$2,700                 | \$998               |
| 33%              | \$1,550                 | \$708               |
| 33%              | \$2,700                 | \$1,210             |

\*For illustrative purposes only. Savings calculations are based on the federal tax rate listed in the table, a state tax of 5%, and 7.65% FICA. Your tax situation may be different. Consult a tax advisor.



# Maximize your income with a healthcare FSA

P.O. Box 161690  
Austin, TX 78716  
800-845-7519  
baybridge.wealthcareportal.com



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# Employee FAQ:

## Flexible Spending Accounts

### What is an FSA?

A healthcare flexible spending account (FSA) is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible medical expenses.

### 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. You can increase your spendable income by an average of 30% of your annual contribution with the tax savings.

### How do I contribute money to my FSA?

Your annual election will be divided by the number of pay periods in your plan year. This amount will be deducted from your paycheck before taxes are assessed.

### How much can I contribute to my FSA?

Annual contributions may not exceed \$2,700 per year, as determined by the IRS.

### Who is eligible under an FSA?

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

### What expenses are eligible for reimbursement?

Health plan co-pays, deductibles, co-insurance, eyeglasses, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502).

### How do I determine the date my expenses were incurred?

Expenses are incurred at the time the medical care was provided, not when you are invoiced or pay the bill.

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

If you have a benefits debit card, simply swipe it at the register. Otherwise, just file a claim including the receipt documenting the type, amount and date. Once approved, your reimbursement check will be mailed or deposited into your bank account.

### What happens if I don't spend all of my FSA by the end of the plan year?

Be sure to only allocate dollars for predictable medical expenses. Any unused funds at the end of the plan year are typically forfeited, also called the use-it-or-lose-it rule. However, if your employer has elected the carryover provision you may rollover, as decided by your employer, up to \$500 of unused funds into the following plan year.

### How soon can I start spending my FSA funds?

With a healthcare FSA, your entire annual election amount is available on the first day of the plan year even though you have not yet contributed that amount.

### Can I change my election amount mid-year?

Elections can only be altered if you experience a change in status as defined by IRS regulations, such as marriage, divorce, birth, or death in your immediate family.

### What happens to my FSA if my employment is terminated?

Participation in your FSA is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

### What is the deadline for submitting claims?

You can submit claims for reimbursement at any time during the same plan year that you incur the expense. You may also have a grace period at the end of the plan year. Check the summary plan document your employer provided.

### Can I still deduct healthcare expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed from your FSA.

### Are over-the-counter (OTC) medications eligible for reimbursement?

Yes. OTC medications are eligible with a doctor's prescription. You will need to submit a claim with the receipt for the OTC medicine along with the prescription from your doctor that includes the diagnosis and course of treatment to receive reimbursement.

### **What is a Letter of Medical Necessity?**

The IRS mandates that eligible expenses be primarily for the diagnosis, treatment or prevention of disease or for treatment of conditions affecting any functional part of the body. For example, vitamins are not typically covered because they are used for general wellness, but your doctor may prescribe a vitamin to treat your medical condition. The vitamin would then be eligible if your doctor verified the necessity in treatment.



**For more information, call 800-845-7519**



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# Employee FAQ: Dependent Care FSA

## What is a dependent care FSA (DCA)?

A DCA is a flexible spending account that allows you to contribute a portion of your paycheck before taxes are taken out to pay for qualified dependent care expenses so that you can work or look for work.

## Why should I participate?

Since contributions to the account are deducted from your paycheck before income taxes are assessed, your taxable income is reduced. Participants enjoy a 30% average tax savings on the total amount they contribute to the account.

## How do I contribute money to my DCA?

Once you make your annual election during open enrollment, your employer will deduct this amount from your paycheck before taxes are assessed in equal amounts throughout the year.

## How much can I contribute?

The IRS limits annual contributions to \$5,000 on income tax returns for single or married filing jointly, and \$2,500 for married filing separately.

## Who qualifies as a dependent?

You can use your DCA to pay for care for children under age 13 that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support).

## What type of care is eligible?

Eligible expenses must be for the purpose of allowing you to work or look for work. Services may be provided at a child or adult care center, nursery, preschool, after-school, summer day camp, or a nanny in your home.

## What type of care is not eligible?

Care expenses that are not eligible to be paid with DCA funds include care for a child over age 13, overnight camp, babysitting that is not work related, school fees for kindergarten and higher grades, and long-term care services.

## Do I have access to my entire DCA election amount at the beginning of the year?

No, you will only have access to DCA funds that have already been deducted from your paycheck.

## Are there any rules about who can care for my dependents?

Yes. You cannot use funds to pay for care provided by a spouse, a person you list as a dependent for income tax purposes, or one of your children under the age of 19.

## How do I use the funds in my account?

Pay out-of-pocket and then file a reimbursement claim with your expense documentation.

## What happens if I don't spend all of my DCA funds by the end of the plan year?

It is essential to estimate conservatively during elections. Any unused funds at the end of the plan year are forfeited, also called the use-it-or-lose-it rule.

## Can I change my election amount mid-year?

Typically, you cannot change your contribution mid-year. However, if you experience a qualifying event, such as the birth of a new child, or if your child care provider significantly increases their rates, you may be eligible to adjust your contribution.

## What happens to my account if my employment is terminated?

Participation in the plan is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

## Can I still deduct dependent care expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed. If your total expenses were \$7,000 and you were reimbursed \$5,000 from your DCA, you may only claim the \$2,000 difference.

For more information, please call 800-845-7519



# Save up to \$800 on dental and vision expenses this year!

Participating in a limited-purpose flexible spending account (FSA) is like receiving a 30% discount from your dental and vision providers.

## How does a limited-purpose FSA work?

A limited-purpose FSA is a flexible spending account that allows you to set aside pre-tax dollars for dental and vision expenses for you and your dependents, even if they are not covered under your primary health plan. You are eligible to open a limited-purpose FSA if you are enrolled in a health savings account (HSA).

You choose an annual election amount, up to \$2,700. At the beginning of the plan year, your account is pre-funded and your full contribution is immediately available for use. Your election amount is then deducted from your paychecks in equal installments throughout the year.

## Why should I enroll in a limited-purpose FSA?

Almost everyone has some level of predictable and non-reimbursable dental and vision needs.

If you are enrolled in an HSA and expect to incur dental and vision expenses this year, you'll want to take advantage of the savings this plan offers. By using your limited-purpose FSA, you will be able to preserve your HSA funds for other purposes, including saving for the future. And just like an HSA, money contributed to a limited-purpose FSA is free from federal and state taxes and remains tax-free when it is spent on eligible expenses. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving up to \$800 per year on dental and vision expenses!



## How do I use my limited-purpose FSA to pay for dental and vision expenses?

You can use your benefit debit card to pay your providers for eligible dental and vision expenses, or pay with your personal funds and submit a claim for reimbursement.

## Qualifying expenses

### What qualifies?

Limited-purpose FSA funds can cover costs for:

- Dental exams, x-rays, fillings, crowns, orthodontia
- Vision exams, frames, contact lenses, contact lens solution, laser vision correction

### What doesn't qualify?

Certain expenses are not eligible, for instance:

- Expenses incurred in a prior plan year
- Dental products for general health
- Any medical expense

## Online & mobile access

Get instant access to your account with the **Bay Bridge Member Portal** and **Bay Bridge Mobile Benefits App**.

- View your account balance and transaction history
- Submit and view claims
- Upload and store receipts
- View important alerts and communications
- Sign up for direct deposit
- Sign up for text message alerts



Register for the Bay Bridge Member Portal at <https://baybridge.wealthcareportal.com>



Download the Bay Bridge Mobile Benefits App at Apple App Store or Google Play Store

## Helpful hints

- Your full election amount is available on the first day of the plan year, which means you'll have access to the money you need, when you need it.
- You can't change your election amount during the plan year, unless you experience a change in status or qualifying event.
- Save your receipts when you spend your limited-purpose FSA dollars. You may need itemized invoices to verify the eligibility of expenses or for reimbursement requests.
- The easiest way to manage your account is online at <https://baybridge.wealthcareportal.com> or through the Bay Bridge Mobile Benefits App.
- Any unused funds that remain in your account at the end of the year will be forfeited. Plan carefully and use all the money in your limited-purpose FSA by the end of the plan year.
- You may carry over up to \$500 of unused limited-purpose FSA dollars to the next plan year, allowing you to enjoy tax savings without risk.



# Powerful, yet pocket-sized

management tool for your consumer-driven health accounts.

Gain real-time access to your health savings account (HSA), and/or flexible spending account (FSA) with Bay Bridge Administrators.



Download Bay Bridge Administrators from the Apple App Store or Android Marketplace today!



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## Account access as mobile as you are.

Have the account information you need, right when you need it most. Our mobile app makes it easy to manage your benefit accounts on the go. Our secure mobile app gives you access to your FSA, HRA, and/or HSA with the following features:

- ▶ Free application available for any Apple or Android smartphone or tablet
- ▶ Gain instant access by entering the same username and password from WealthCare Portal
- ▶ View account balances and transaction history
- ▶ Attach receipts by taking a photo
- ▶ Safely fund your HSA account
- ▶ Add or edit text message alerts
- ▶ Contact the administrator for assistance

# Section 125 Cafeteria Plan Medical Reimbursement Request Form

Employer \_\_\_\_\_ Plan Year Start Date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ SSN \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Instructions:** Please utilize this form to request the reimbursement for eligible medical expenses under the Section 125 Cafeteria Plan. Please sign and date this form and submit to Bay Bridge Administrators (BBA) using the contact information at the bottom of this form.

| Type of Service<br>(Office Co-pay, RX, etc.) | Date of Service | Name of person<br>receiving service | Relationship if<br>other than you                                     | Total Expense |
|--|-----------------|-------------------------------------|---|---------------|
| 1.) _____                                    | _____           | _____                               | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | _____         |
| 2.) _____                                    | _____           | _____                               | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | _____         |
| 3.) _____                                    | _____           | _____                               | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | _____         |
| 4.) _____                                    | _____           | _____                               | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | _____         |
| 5.) _____                                    | _____           | _____                               | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | _____         |
| 6.) _____                                    | _____           | _____                               | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | _____         |
| Total:                                       |                 |                                     |   | _____         |

To the best of my knowledge and belief, my statements in this Medical Reimbursement Request Form are complete and true. I certify that the services described above were received on the dates indicated, that the expenses qualify as valid medical services under the Plan, and that I have not been reimbursed previously under the Plan or any other health plan, nor do I expect any of these expenses to be reimbursable elsewhere. If the reimbursement is requested for prescribed drugs, I certify that such drugs are not prescribed for cosmetic purposes. I understand that these expenses may not be used to claim any federal income tax deduction or credit. I also acknowledge that should the actual annual expenses claimed be less than the amount available, such balance shall remain with the employer at the end of the Plan year.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Bay Bridge Administrators, LLC., P.O. Box 161630, Austin, TX 78716  
Phone: 800-845-7519 Fax: 800-982-8140 [www.bbadmin.com](http://www.bbadmin.com)  
Email: [125@bbadmin.com](mailto:125@bbadmin.com)



# Section 125 Cafeteria Plan Dependent Care Reimbursement Request Form

\_\_\_\_\_  
Employer

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Instructions:** Please utilize this form to request the reimbursement for eligible dependent care expenses under the Section 125 Cafeteria Plan. Please sign and date this form and submit to Bay Bridge Administrators (BBA) along with supporting documentation using the contact information at the bottom of this form.

| Date of Service | Name of Dependent | Name of Provider | Tax ID # or SSN of Provider | Total Expense |
|-----------------|-------------------|------------------|-----------------------------|---------------|
| 1.) _____       | _____             | _____            | _____                       | _____         |
| 2.) _____       | _____             | _____            | _____                       | _____         |
| 3.) _____       | _____             | _____            | _____                       | _____         |
| 4.) _____       | _____             | _____            | _____                       | _____         |
| 5.) _____       | _____             | _____            | _____                       | _____         |
| 6.) _____       | _____             | _____            | _____                       | _____         |
| 7.) _____       | _____             | _____            | _____                       | _____         |
| 8.) _____       | _____             | _____            | _____                       | _____         |

Total: \_\_\_\_\_

To the best of my knowledge and belief, my statements in this Dependent Care Reimbursement Request Form are complete and true. I understand that these dependent care expenses may not be used to claim any Federal Income Tax deductions or credit (including the Dependent Care Tax Credit). I agree to file IRS form 2441 with my tax return and provide any taxpayer identification number required thereon. I also acknowledge that should the actual annual expenses claimed be less than the amount available, such balance will be forfeited and will remain with the employer at the end of the Plan Year.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Bay Bridge Administrators, LLC., P.O. Box 161630, Austin, TX 78716  
Phone: 800-845-7519 Fax: 800-982-8140 [www.bbadmin.com](http://www.bbadmin.com)  
Email: [125@bbadmin.com](mailto:125@bbadmin.com)



# ***Section 125 Cafeteria Plan Direct Deposit Authorization Agreement***

\_\_\_\_\_  
Employer

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Account No.

\_\_\_\_\_  
Routing/Transit No.

Account type:  Checking  Savings

\_\_\_\_\_  
Bank Address: Street, City, State, Zip

\_\_\_\_\_  
Name(s) on Bank Account

Please Attach Voided Check Here

I (we) hereby authorize Bay Bridge Administrators, LLC hereinafter call "Company" to initiate credit entries to my (our) account indicated above at the depository financial institution named above, hereinafter called "Bank," and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

*(Signature must match signature card on account)*

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