



# TREEHOUSE FLEXIBLE SPENDING ACCOUNT PLAN



**TreeHouse**

TaxSaver Plan

[www.taxesaverplan.com](http://www.taxesaverplan.com)

**TaxSaver Plan**

Your Satisfaction Is Our Success

FSA • FRA • COBRA Administrative Services

**WHAT** is a Flexible Spending Account?

- ) A Flexible Spending Account allows you to set aside pre-tax dollars into a Day Care and/or Health Care account. As you and your tax eligible dependents incur eligible expenses during the plan year, you receive the elected dollars back in the form of reimbursements.

**WHY** should I consider participating in a Flexible Spending Account?

- ) Each dollar set aside into the account earns you money. The dollars set aside are **never** taxed, therefore saving you 23% - 40% in taxes, depending on your tax bracket. A simplified example of this is: If you set aside \$100 of your pre-tax income into one of these accounts, you save \$23.00 automatically because you don't pay taxes on that \$100 which equals more take-home money.

**WHICH** account should I choose?

- ) That depends on the type of expenses you have. If you and your spouse are employed (or you are a single parent) and you have child care expenses for your children under the age of 13, you would choose a Day Care FSA.
- ) If you and your eligible dependents have out-of-pocket (services insurance doesn't pay for) expenses, such as co-pays, prescriptions, deductibles and co-insurance or health-care eligible over the counter items, then you would choose a Health Care FSA.
- ) You may participate in both accounts or choose only one.

**HOW** do I receive my dollars once I elect a Flexible Spending Account?

- ) You may use your FSA Debit Card that will be issued shortly after you become eligible to participate in the Plan. This special FSA Debit Card will work at health-care eligible providers, including most pharmacies, assuming the providers have an eligible Merchant Category Code.
- ) If you do not wish to use the FSA Debit Card, you may submit itemized receipts from your provider along with a completed claim form.
- ) In order to receive your plan dollars, claims must be incurred during the plan year and submitted by 04/30 of each year to TaxSaver Plan.

**WHERE** do I go to sign up for a Flexible Spending Account?

- ) Please refer to the Treehouse enrollment material for this information.

**WHAT** else do I need to know?

- ) The maximum you may contribute to the Health Care FSA is \$2,700.00 per plan year.
- ) The maximum you may contribute to the Dependent Care FSA is \$5,000.00 per calendar year, per family.
- ) The plan year is 01/01 – 12/31 of each year. Expenses must be provided or purchased during the designated plan year. Orthodontia expenses have special rules; please contact TaxSaver Plan's Customer Care Department for more information.
- ) You may only enroll in the FSA Plan after you have met eligibility requirements or during open enrollment. Mid plan year enrollments may be allowed due to a qualified event as defined by the IRS. Please contact TaxSaver Plan's Customer Care Department for more information.
- ) Reimbursements are processed on Wednesdays.
- ) The claims processing scheduled is below:

| Claim received:           | Claim processed:      |
|---------------------------|-----------------------|
| Monday before 3:00 CST    | Wednesday by 5:00 CST |
| Tuesday before 3:00 CST   | Thursday by 5:00 CST  |
| Wednesday before 3:00 CST | Friday by 5:00 CST    |
| Thursday before 3:00 CST  | Monday by 5:00 CST    |
| Friday before 3:00 CST    | Tuesday by 5:00 CST   |
| Saturday & Sunday         | Wednesday by 5:00 CST |

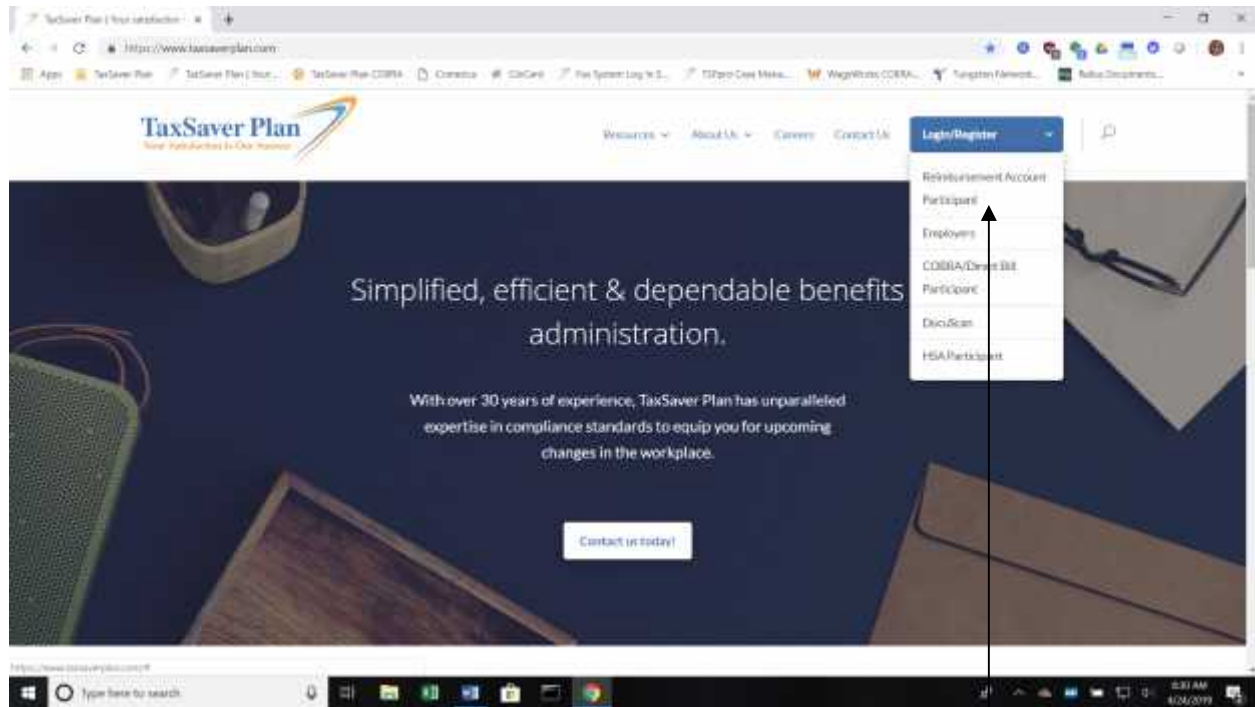
- ) Your reimbursements will be sent in the form of direct deposit if you enroll in this option on TaxSaver Plan's website. You do not have to enroll each year; your account information will carry forward from one plan to

the next. You may update your bank information on line as well.

- ) BCBS, Delta Dental and VSP will send TaxSaver Plan your claims history to verify your FSA Debit Card transactions. If additional information is needed from you, TaxSaver Plan will contact you after the end of the claims run out period. So, please keep your receipts for any services not covered by insurance, just in case TaxSaver requests them after the Plan Year ends.
- ) Your employer will send TaxSaver Plan your email address, if you have one. All communications from TaxSaver Plan will be sent electronically if your email address is on file.

### How much money can I really save?

The average tax savings is \$0.23 on each dollar contributed to a FSA. A simple tax example would show that if you contributed \$1000.00 to a Health FSA, your annual tax savings would be \$230.00.



Your account balance information and claims history is also available online. Please log into your account on TaxSaver Plan's website. You may also access TaxSaver Plan's mobile App for Android and iPhone.



## ELIGIBLE GENERAL PURPOSE FSA EXPENSE LIST:

---

### Items Typically Eligible

Acupuncture  
Alcoholism Treatment Programs  
Ambulance Services  
Artificial Limbs  
Birth Control  
Braille Books and Magazines  
Breast Pumps  
Chiropractor Services  
Christian Science Practitioners  
Contact Lenses  
Contact Lens Solution  
Crutches/Canes  
Dental Services  
Diagnostic Services  
Drug Treatment Programs  
Eyeglasses/Exams  
Guide Dog  
Hearing Aids (and batteries)  
Hospital Services  
Immunizations  
Insulin  
Laboratory Services  
Medical Services  
Nursing Services  
Osteopathic Physician Services  
Over-the-Counter Items\*  
Over-the-Counter Medications\*\*  
Oxygen  
Prescription Drugs  
Psychiatric Services  
Transplants  
Transportation for Eligible Services Rendered  
Wheelchairs  
X-Rays

### Items Typically Ineligible

Cosmetic Procedures/Drugs of any nature  
Food Costs  
Hair Removal  
Health Club Memberships  
Insurance Premiums  
Marriage Counseling  
Medical Marijuana Use

### Items That Typically Require a Medical Determination Letter to be Completed by a Licensed Practitioner:

Alternative Medicines and Procedures  
Breast Reconstruction after mastectomy  
Car Modifications  
Dietary Supplements  
Dyslexia Treatments  
Exercise Equipment or Programs  
Fitness Programs  
Home Improvements  
Lodging (as related to medical services provided)  
Massage Therapy  
Orthopedic Shoes and Inserts  
Reconstructive Surgery (following accident /injury)  
Special Schools (as applies to mental and physical disabilities)  
Swimming Lessons (as applies to treatment of medical condition)  
Special Class Tuition (as applied to specific medical condition)  
Vitamins  
Weight Loss Programs (food excluded)

---

**\*A list of eligible over-the-counter items is available**

**\*\*A list of eligible over-the-counter items that requires a prescription to accompany the request for reimbursement is available**

*Please note that an expense is only considered eligible for FSA reimbursement if it is deemed medically necessary to treat a specific medical condition, disease or diagnosis. A Letter of Medical Determination may be requested at any time for additional clarification. This list is meant to be used as general guidance for eligible FSA expenses and not meant to be all-encompassing.*

## Over-the-Counter Eligible Items List:

---

### Items Typically Eligible

Bandages  
Birth Control  
Blood Pressure monitors and kits  
Cholesterol Test kits  
Condoms  
Contact Lens solutions and cleaning kits  
Crutches, Canes, Walkers, etc.  
Diabetic monitors and test kits  
Eye Patches  
Fertility monitors and test kits  
First aid kits  
Hearing aid batteries  
Incontinence supplies  
Insulin testing kits  
Medical monitoring and testing devices  
Occlusal Guards  
Orthotics  
Pregnancy Tests  
Reading Glasses  
Wheelchairs

### Items Typically Requiring a Prescription

Acne medications/treatments  
Allergy and Sinus medications/products  
Antacids  
Antibiotic ointments/creams  
Aspirin and other pain relievers  
Asthma medications/treatments  
Canker and cold sore treatments  
Chest rubs  
Cold and flu medicines  
Corn removal products  
Cough drops and sore throat lozenges  
Cough syrups  
Diaper rash treatments  
Ear drops  
Eye drops  
Laxatives  
Lice treatments  
Motion sickness/anti-nausea medicine  
Oral (teething) pain treatment  
Sleep aid medication  
Stomach Upset medicine/digestive aids  
Vitamins/Supplements

---

*Please note that an expense is only considered eligible for FSA reimbursement if it is deemed medically necessary to treat a specific medical condition, disease or diagnosis. A Letter of Medical Determination may be requested at any time for additional clarification. This list is meant to be used as general guidance for eligible Over-the-Counter FSA expenses and not meant to be all-encompassing.*

**ELIGIBLE DAY CARE FSA EXPENSE LIST:**

---

**Items Typically Eligible**

After School Programs  
Au Pair  
Babysitters  
Before School Programs  
Extended Care  
Housekeeper who cares for children (only portion of wages eligible as it pertains to the care of the children)  
Late Pick Up Fees  
Montessori School Tuition (Pre-School Only)  
Nanny Services  
Nursery School  
Payroll taxes related to the cost of eligible care  
Pre-School Tuition  
Registration Fees (when required for care and applied to the care)  
Summer Day Camp  
Transportation to and from eligible care when provided by your care provider

*\*Your Child must reside with you at least 8 hours a day and be considered your legal tax dependent to qualify for reimbursement for Child Care*

**ELDER CARE ELIGIBLE EXPENSES**

Adult Day Care Center  
Custodial Elder Care

*\*Your Elder must reside with you at least 8 hours a day and be considered your legal tax dependent to qualify for reimbursement for Elder Care*

**Items Typically Not Eligible**

Activity Fees (separated on invoice as a line-item)  
Educational Classes  
Field Trips  
Kindergarten (and above) Tuition Fees  
Late Payment Fees  
Meals, Food, Snacks  
Registration Fees (when required for care and not applied to the care)  
Sleep Away Camp  
Transportation to and from eligible care when *not* provided by your care provider

**ELDER CARE INELIGIBLE EXPENSES**

Medical Care  
Nursing Home Care

---

*Please note that in order to participate in the Day Care FSA, you and your spouse must be employed your spouse must be a full-time student or disabled. Child Care expenses for children that are 13 or older are not eligible for Day Care FSA reimbursement.*

### Health Care FSA Debit Card

Once you become eligible to participate in the Plan, you will automatically receive 2 cards in the mail to be used for Health Care FSA expenses.

The cards will **NOT** have the same card numbers but will have the primary participant's name on both of the cards.

During the year, you will not be asked to submit receipts when you use your FSA Debit Card to pay for expenses, as long as you are enrolled in the Treehouse health insurance plan with BCBS.

If you are not enrolled in the Treehouse health insurance plan with BCBS, you may still use the FSA Debit Card but you will be asked to submit receipts each time you use the card (exceptions apply when the card is used at most pharmacies).

### What is True Up 60?

True Up 60 is designed to reduce the number of receipt requests a FSA participant receives during the year, while following IRS regulations.

You do not have to do anything to participate in True Up 60. If you are enrolled in our health insurance plan, you will automatically be enrolled in True Up 60.

The insurance carriers (medical, Rx dental and vision) will send TaxSaver Plan your claims history electronically on a regular basis. This information will be placed into a "claims bank" for each participant. TaxSaver Plan will use this data to attempt to match up the FSA debit card transactions. If an exact match is not possible, any eligible claims will apply towards your FSA Debit Card "claims bank" of transactions to approve or off-set the transactions.

If the dollar amount of electronic claims in your FSA Debit Card "claims bank" does not match or exceed the FSA Debit Card transactions, TaxSaver Plan will request additional documentation to verify those transactions over 60 days old.

Once you receive your request for additional documentation (sent via email from [claims@taxsaverplan.com](mailto:claims@taxsaverplan.com) or mailed to your home address), you are provided 45 days to submit the documentation. Documentation can be any of the following:

- a) An Explanation of Benefits from another insurance company;
- b) Itemized statement from the provider, including the date of service, type of service and amount charged for the service; no credit card receipts, please.
- c) An Explanation of Benefits from our insurance company – maybe a mistake has been made in the file.

If you do not have the documentation to support the FSA Debit Card transaction, you will be asked to reimburse the Plan because the expense is not deemed eligible under IRS regulations. TaxSaver Plan will assist you with this process. You may contact their CSR Department at 800-328-4337 or email [csr@taxsaverplan.com](mailto:csr@taxsaverplan.com).

Hint: If you typically use your FSA Debit Card to pay for eligible expenses for a Dependent NOT COVERED under our insurance benefits, you may choose to submit the documents for the Dependent's expenses prior to notification from TaxSaver Plan to avoid receipt requests later in the year.

Another Hint: If you use the FSA Debit Card to pay for an expense not covered under insurance, such as Lasik surgery, you may choose to submit the receipts for the expense prior to receiving notification from TaxSaver for receipt requests later in the year.

If you do wish to submit a claim to verify the FSA Debit Card transactions during the year, please submit your claims online or via the Mobile App to identify yourself as a True Up participant OR you may obtain the True Up Claim Form on TaxSaver's website at [www.taxsaverplan.com](http://www.taxsaverplan.com), under Helpful Forms.

Additional questions about this benefit should be directed to TaxSaver Plan at 214-559-0472 or 800-328-4337. You may also email your questions to [csr@taxsaverplan.com](mailto:csr@taxsaverplan.com).

### Worksheet to Determine Your Eligible Out of Pocket Expenses

| Type of Expense  | Number of Times Incurred in 12 Months | Multiplied By | Amount of Expense | Total For 12 Month Period |
|--|---------------------------------------|---------------|-------------------|---------------------------|
| Office Visits  |                                       | X             |                   |                           |
| Prescriptions  |                                       | X             |                   |                           |
| Annual Well Woman  |                                       | X             |                   |                           |
| Annual Mammogram   |                                       | X             |                   |                           |
| Chiropractic Care  |                                       | X             |                   |                           |
| Therapist Visits   |                                       | X             |                   |                           |
| Routine Lab Work   |                                       | X             |                   |                           |
| Maternity Care   |                                       | X             |                   |                           |
| Infertility Treatments   |                                       | X             |                   |                           |
| Dermatologist Visits   |                                       | X             |                   |                           |
| Eligible OTC products  |                                       | X             |                   |                           |
| Speech Therapy Visits  |                                       | X             |                   |                           |
| Physical Therapy Visits  |                                       | X             |                   |                           |
| Out of Network Provider Fees   |                                       | X             |                   |                           |
| Dental Exams   |                                       | X             |                   |                           |
| Cavities & Sealants  |                                       | X             |                   |                           |
| Crowns/Dentures  |                                       | X             |                   |                           |
| Orthodontia Fees   |                                       | X             |                   |                           |
| Eye Exams  |                                       | X             |                   |                           |
| Contact Lenses   |                                       | X             |                   |                           |
| Frames & Lenses  |                                       | X             |                   |                           |
| Lasik Procedures   |                                       | X             |                   |                           |
| Total Health FSA:  |                                       |               |                   |                           |
|  |                                       |               |                   |                           |
| Day Care Costs for Children ages 0-5 (or eligibility for kindergarten) |                                       | X             |                   |                           |
| Baby Sitter/Nanny Fees   |                                       | X             |                   |                           |
| Before & After School Care   |                                       | X             |                   |                           |
| Activity Programs/Camps  |                                       | X             |                   |                           |
| Summer Day Camps   |                                       | X             |                   |                           |
| Total Day Care:  |                                       | X             |                   |                           |
| Additional Expenses Not Listed:  |                                       |               |                   |                           |
|  |                                       |               |                   |                           |
|  |                                       |               |                   |                           |
|  |                                       |               |                   |                           |
| Grand Total:   |                                       |               |                   |                           |