

Sign up **NOW**  
for the  
2020–2021  
Plan Year!

# Flexible Spending Benefits

## Town of Concord

### One of the Few Gifts the IRS Gives!

Discover the benefit that SAVES YOU MONEY. This perk allows you to set aside a portion of your pay—**BEFORE TAXES**—to cover out-of-pocket expenses in these categories:

- ◆ **HEALTH CARE.\*** Eligible expenses and services include: non-cosmetic medical, dental, and vision care services; orthodontics, prescription medications; prescription eyeglasses, contact lenses, laser eye surgery, alternative health therapies (e.g. chiropractic, acupuncture), mental health services, and **MORE!**

**Max. Annual Health Care Election: \$2,750.**

— OR —

- ◆ **LIMITED PURPOSE HEALTH CARE** for those ineligible for the Health Care FSA (see **HSA Ineligibility** note below). For non-cosmetic dental and vision services only. **Max. Annual Limited Purpose Election: \$2,750.**

Make Your  
Money Go  
UP  
TO **30%**  
Further!  
depending on your  
tax status

#### Who's Covered on a Health Care or Limited Purpose Health Care FSA?

You, your legal spouse, and your dependents, as defined by the Internal Revenue Service, including those claimed on your tax return and adult children under age 26.

**Rollover Option.** Health Care FSA balances—**up to \$500**—will roll over to the next plan year as long as you re-enroll for the new plan year. Funds roll over after the prior plan year's 90-day run-out deadline.

**HSA Ineligibility.** If you or your spouse have a Health Savings Account ("HSA"), you may only enroll in the *Limited Purpose Health Care FSA*.

- ◆ **DEPENDENT CARE.\*\*** For dependent children under age 13, elderly dependents, and dependents with special needs. Eligible expenses include day care, pre-school, before/after school care, day camp, and elder day care. **Max. Annual Dep. Care Election: \$5,000. per family.**

**Track Your Account and File Claims 24/7!** Log in to your **employee portal** via our website ([www.CPA125.com](http://www.CPA125.com)), or use our **app: CPA Flex Mobile.**

\* Not all Health Care expenses are FSA-eligible, such as cosmetic procedures or products *even if performed or dispensed by a doctor* (e.g. Botox, teeth whitening, veneers, etc.), couples/family counseling, general health/wellness expenses (i.e., toothbrushes, non-prescription sunglasses, gym dues, etc.), and federally non-permissible products. Effective 1/1/2020, non-prescription/over-the-counter medications are eligible. Some expenses, such as medical equipment and some services, may be FSA-eligible with a physician's Letter of Medical Necessity. Visit <https://fsastore.com/FSA-Eligibility-List> and search the "Eligible Products and Services List" for more info.

\*\* Overnight camp and school tuition are not FSA-eligible; day camp is eligible when utilized as childcare in order for the parent(s)/guardian(s) to be able to work; extra-curricular and enrichment programs/activities that aren't daycare/childcare-based are not eligible; monies paid to a provider who doesn't report childcare income on his/her taxes aren't eligible.

**Enroll by 4/30/2020**  
for the  
**6/1/2020 - 5/31/2021**  
Plan Year

**Complete** an "Authorization for Pre-Tax Payroll Reduction" form and send it to **Cafeteria Plan Advisors** by the deadline above.

**Already in the plan?** Log-in to your employee **account portal** via our website ([www.cpa125.com](http://www.cpa125.com)) by the deadline above to enroll for the new plan year.

**Note: Re-enrollment is not automatic.**

#### ★ JUST ANNOUNCED ★

**Over-the-counter 'medicines' are now allowed without a prescription** (*not vitamins & supplements*), retroactive to 1/1/2020.

For a list of eligible items, visit the link to the FSA Store on our website!

**Benefit Cards.** For employer plans that offer the benefit card, new Health Care FSA enrollees will receive **2 cards** that can be used at most medical facilities, dental offices, optical shops and pharmacies for eligible expenses. **Keep your cards!** They will reload each plan year that you enroll.

*FSA Administrative fee: \$3.00 per-pay period or \$2.50 if Dependent Care only*