



Employee Benefit Plan Information

Health Care Reimbursement Account - HCRA

Why Participate?

You can save taxes! Employees have the opportunity to participate in comprehensive medical and dental plans but may still be responsible for copays, deductibles, coinsurance, prescription costs, vision care and orthodontia.

The **Health Care Reimbursement Account** (HCRA) allows you to take advantage of current tax laws (IRC Section 125) to pay for these expenses with **pre-tax dollars**. Your tax savings can be significant, but maximizing your benefits requires understanding the plan and some planning.

How Does This Work?

- Elect to make pre-tax payroll contributions into an account, during open enrollment or as a new hire.
- After the plan year begins (or coverage as a new hire), you, your spouse or your dependent incur qualifying medical expenses.
- Access funds in your account:
 - Use your FSA Debit Card to pay the medical provider, or
 - File a claim and provide the appropriate supporting documentation as indicated.

Note: The full amount you elect to deposit in your HCRA for the year is available to you at any time after January 1st (or coverage effective date for new hires).

Managing Your Account

You will have a unique secure account with Tri-Star, available on Tri-Star's website **FSA.help/login** where you can:

- File claims & upload documentation,
- Sign up for Direct Deposit for claims payments (**Once established, direct deposit information is retained from year to year.**),
- Update your email address to receive all communications from Tri-Star,
- View previous claims & payments,
- View your available balance,
- Upload support for FSA debit card transactions.



Account Access - Mobile

You can manage your account from any smart phone or device.

Go to **FSA.help/login** and save the website URL for quick access any time. After you Login:

- Click on the account name/balance,
- File claims,
- Upload Documentation to share your supporting documentation (upload a picture with your phone),
- You'll receive a payment notice via email when your reimbursement is on it's way to you!
- View all claims you have filed against your account,
- See payment details,
- Review your account summary.

Use your profile in the top right corner for more options!



Internal Revenue Code Regulations

- You must enroll each Plan Year to participate (electing up to \$3,400).
- Expenses claimed from your account must be incurred during the Plan Year (January 1 - December 31).
- Funds must be claimed by March 31 following the end of each Plan Year.
 - Up to \$680 of funds remaining on March 31 roll to the next plan year.
 - Remaining funds in excess of \$680 are forfeited.
 - Funds remaining less than \$5 will not roll over if you do not enroll and contribute to the account for the new plan year.
 - Rollover funds only roll to the immediately following plan year unless you continue to enroll and contribute to the account in succeeding plan year.
- Your contributions each pay period must remain the same all year unless you experience a “qualifying change in status event” and change your election, as allowed by the Plan Document.
- You may not claim any expense reimbursed from this account as an itemized deduction on your tax return.

More Information

Refer to IRS Publication 502, Medical and Dental Expenses at www.irs.gov for more details on potential eligible health care expenses.

Obtain the Summary Plan Description from your employer for plan specifics on eligibility, termination, changes in status, etc.



Estimating Your Expenses

We recommend you review the deductible and coinsurance provisions of your medical and dental plans, and look at your out-of-pocket medical expenses over the past year or two to plan your annual election. Expenses incurred by you or your dependents qualify regardless of whether you participate in any of your employer’s medical or dental plans.

Many expenses like orthodontia payments, drug copayments and physicals are easily predictable. Others, like eyeglasses and hearing aids may be deferred or accelerated from one plan year to another depending upon the balance of your account.

Health Care FSA Debit Card

Using the FSA debit card pays your medical provider with funds available in your account. Your provider is paid when the transaction is approved. However, you may be required (under IRS regulations) to support this transaction with a statement showing the services provided.

Use of the card is optional and may eliminate some substantiation requirements. Please read about how and where the card works by reviewing the flyer "Using My FSA Debit Card."

Participants should retain cards they already have from Tri-Star since these are good for 5 years, until the card expiration date. New participants will receive cards after they enroll and must activate it prior to using it for the first time. Always keep your service statements in case they are required by Tri-Star or by the IRS.

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