



UltraBenefits, Inc.

A Fallon Community Health Plan Company

Town of Boxborough

Flexible Spending Account (FSA)

Flexible Spending Accounts (FSA) are tax advantaged plans that allow employees to set aside money from their pay on a pre-tax basis that can be used for reimbursement of unreimbursed medical and dental expenses as well as certain dependent care expenses on a *tax-free* basis according to sections 125, 129 and 213 of the Internal Revenue Code. FSA's can save employees significant tax dollars and increase spendable income.

We make it easier by offering your FSA on a debit card platform which allows you to only pay once! Your entire annual election will be pre-loaded onto the card and will be available to you at the start of plan year. You will then contribute to this account on pre-tax basis through your payroll deductions.

Here are the highlights of the Town of Boxborough's Flexible Spending Accounts (FSA) Plan:

Plan Year: June 1st – May 31st

Open Enrollment Period: April of each year – This is the only time to join the plan for the next year.

Eligibility: Full time & Part time employees who work at least 20 hours per week. You do not have to participate in The Town of Boxborough's Medical Plan in order to participate in the FSA Plan.

Health Care FSA Maximum Contribution:	\$2,000
Dependent Care FSA Maximum Contribution:	\$5,000

The administration is being provided by UltraBenefits, Inc. in Worcester, MA. Any questions you have should be directed to Jan Fontaine at UltraBenefits (toll free: 866-858-7223, ext. 115).

All claims for reimbursement from the plan should be sent to:

UltraBenefits, Inc.
P. O. Box 763
Westborough, MA 01581

Claim forms are available from your Human Resources Department or you can make copies of the sample form enclosed for claim submissions.

FLEXIBLE SPENDING ACCT

Town of Boxborough



UltraBenefits, Inc.

(PLEASE COMPLETE ALL APPLICABLE INFORMATION)

NEW ENROLLMENT

STATUS CHANGE

EFFECTIVE DATE:

PART 1 - EMPLOYEE INFORMATION (please print clearly)

Full Name: _____

Home Address: _____ City _____ ST _____ Zip _____

Social Security # _____ Home Phone (____) _____ Work Phone (____) _____

Employee Date of Birth (mm/dd/yy) _____/_____/_____

Please list the names and dates of birth for your eligible dependents:

Name _____ D.O.B _____ Name _____ D.O.B _____

Name _____ D.O.B _____ Name _____ D.O.B _____

PART 2 - ELECTION INFORMATION

I wish to participate in the health care and/or dependent care reimbursement account(s) by making the following pay period contribution(s):

HEALTH CARE Annual Election \$ _____

OR I elect NOT to participate in the health care reimbursement account

DEPENDENT CARE Annual Election \$ _____

OR I elect NOT to participate in the dependent care reimbursement account

PART 3 - WAIVER OF ELECTION

My signature certifies that I do NOT wish to enroll in either the Health Care Spending Account or the Dependent Care Spending Account.

Employee Signature: _____ Date Signed: _____

PART 4 - AUTHORIZATION AND SIGNATURE

I authorize any deductions from my earnings that result from my elections. I understand that my annual contribution is within the legal limit of my tax filing status, and that my contributions can only be used to reimburse eligible expenses under each account. I understand that I cannot change the above amount(s) except in the case of a qualifying event. I understand that my Social Security Benefits may be reduced since Social Security taxes are not paid on my contributions. I also understand that any UNUSED BALANCE remaining in my reimbursement account(s) will be forfeited at the end of the reimbursement period.

Employee Signature _____ Date Signed _____

Administered by:
UltraBenefits, Inc.
Employee Benefit Plan Administrators
P.O. Box 763
Westboro, MA 01581

Website: www.UltraBenefits.com

Phone: (508) 438-0007
(866) 858-7223

Fax: (508) 438-2519



Know Your Health Care FSA Eligible & Ineligible Expenses

Maximize the Value of Your Reimbursement Account - Your Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

Eligible Expenses

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

MEDICATIONS

- Insulin
- Prescription Drugs

OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doula*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

HRA ELIGIBLE

- Insurance Premiums
- Long Term Care Premiums

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

The IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs or HRAs, as they are not prescribed by a physician for a specific ailment.

Ineligible Expenses

- Contact Lens or Eyeglass Insurance
- Cosmetic Surgery/Procedures
- Electrolysis
- Insurance Premiums and Interest (FSA Ineligible Only)
- Long Term Care Premiums (FSA Ineligible Only)
- Marriage or Career Counseling
- Personal Trainers
- Sunscreen (spf less than 30)
- Swimming Lessons

Note: This list is not meant to be all-inclusive.

Please Note: The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA or HRA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your benefits card for these purchases.

Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- Acid controllers
- Acne medications
- Allergy & sinus
- Antibiotic products
- Antifungal (Foot)
- Antiparasitic treatments
- Antiseptics & wound cleansers
- Anti-diarrheals
- Anti-gas
- Anti-itch & insect bite
- Baby rash ointments & creams
- Baby teething pain
- Cold sore remedies
- Contraceptives
- Cough, cold & flu
- Denture pain relief
- Digestive aids
- Ear care
- Eye care
- Feminine antifungal & anti-itch
- Fiber laxatives (bulk forming)
- First aid bum remedies
- Foot care treatment
- Hemorrhoidal preps
- Homeopathic remedies
- Incontinence protection & treatment products
- Laxatives (non-fiber)
- Medicated nasal sprays, drops, & inhalers
- Medicated respiratory treatments & vapor products
- Motion sickness
- Oral remedies or treatments
- Pain relief (includes aspirin)
- Skin treatments
- Sleep aids & sedatives
- Smoking deterrents
- Stomach remedies
- Unmedicated nasal sprays, drops & inhalers
- Unmedicated vapor products

OTC items that are not medicines or drugs remain eligible for purchase with FSAs and HRAs. You can use your benefits card for these items.

Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

- **Baby Electrolytes and Dehydration**
Pedialyte, Enfalyte
- **Contraceptives**
Unmedicated condoms
- **Denture Adhesives, Repair, and Cleansers**
PoliGrip, Benzodent, Plate Weld, Efferdent
- **Diabetes Testing and Aids**
Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products
- **Diagnostic Products**
Thermometers, blood pressure monitors, cholesterol testing
- **Ear Care**
Unmedicated ear drops, syringes, ear wax removal
- **Elastics/Athletic Treatments**
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts
- **Eye Care**
Contact lens care
- **Family Planning**
Pregnancy and ovulation kits
- **First Aid Dressings and Supplies**
Band Aid, 3M Nexcare, non-sport tapes
- **Foot Care Treatment**
Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles
- **Glucosamine &/or Chondroitin**
Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements
- **Hearing Aid/Medical Batteries**
- **Home Health Care (limited segments)**
Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs
- **Incontinence Products**
Attends, Depend, GoodNites for juvenile incontinence, Prevail
- **Prenatal Vitamins**
Stuart Prenatal, Nature's Bounty Prenatal Vitamins
- **Reading Glasses and Maintenance Accessories**

For additional information, please contact UltraBenefits