

The Ohio State University Flexible Spending Accounts Specific Plan Details Document

**2012 Plan Year
(January 1 – December 31, 2012)**

Office of Human Resources
Benefits Services
1590 North High Street, Suite 300
Columbus, OH 43201-2190

Retain for your records through December 2012

Contact Information

The Ohio State University
Office of Human Resources
hr.osu.edu



Customer Service Center(614) 292-1050

1590 North High Street, Suite 300
Columbus, OH 43201-2190
1-800-678-6010
Fax: (614) 292-6235

E-mail: service@hr.osu.edu

Provides information regarding:

- Certification of state service requests
- Flexible Spending Accounts
 - Dependent Care and Health Care
- Health Insurance
 - Enrollment
 - Verification of coverage
- Life Insurance
 - Change of beneficiary
 - Enrollment
- Retirement Programs
 - ARP, OPERS, STRS
- Supplemental Retirement Accounts
 - 403(b) and 457 plans
- Tuition Assistance
 - For dependents
 - For faculty and staff
- Your Plan for Health, YourPlanForHealth.com

Benefits Consultants.....(614) 292-1050

Fax: (614) 292-7813

E-mail: benefits@hr.osu.edu

Available by appointment to provide:

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- Life event coordination
- New employee benefits orientation
- Personal benefits counseling

Employee and Labor Relations.....(614) 292-2800

Provides information regarding:

- Family/medical leave, sick leave, vacation leave, medical leave, personal leave, military leave, paid parental leave, organ donation leave, jury duty/court

Integrated Disability Services.....(614) 292-3439

1-800-678-6413

Fax: 688-8120

E-mail: id@hr.osu.edu

Available by appointment to provide:

- Department presentations
- Long-Term and Short-Term Disability assistance
- OPERS/STRS Disability Retirement
- Unemployment Compensation.....(614) 688-3578
- Workers' Compensation

Payroll Services.....(614) 292-2311

E-mail: payrolloffice@osu.edu

- Credit union, direct deposit, taxation, paperless pay
- ePayroll: paperlesspay.talx.com/osu

The Work Number.....1-800-996-7566

Employment verification hr.osu.edu/payroll/verify.htm

Your Plan for Health.....(614) 292-1050

E-mail: yourplanforhealth@hr.osu.edu

- YourPlanForHealth.com....WebMD Customer Service: 1-888-860-3095
- Biometric Health Screenings
- Personal Health Assessment (PHA)
- Incentive Programs
- Personal Health Coaching Program.....1-800-678-6269
- Care Coordination Program.....1-800-678-6269
- Educational Programming
- Ohio State Employee Assistance Program (EAP).....1-800-678-6265
- Ohio State 24/7 NurseLine.....1-800-678-6269

Other Important Contacts

CareWorks of Ohio, Inc. 1-888-627-0058

- Workers' compensation claims assistance

Delta Dental Plan of Ohio.....1-800-282-0749

Customer and Claims Services

deltadentaloh.com

- Dental providers and claims assistance

toolkitsonline.com

Express Scripts.....1-866-727-5867

- Prescription drugs—retail/home delivery/claims www.express-scripts.com
- Specialty medications assistance www.curascripts.com

GlobalCare Services.....U.S. 1-866-807-6193

- Medical care coordination outside Ohio International: 01-770-667-0247

IRS Publications.....1-800-TAX-FORM (829-3676)

Tax advice.....1-800-829-1040

irs.gov

Minnesota Life Insurance Company..... 1-866-293-6047

- Life insurance administrator – conversion of coverage

NGS CoreSource.....1-866-44-BUCKS (442-8257)

- Medical claims assistance ngs.com
- Medical/prescription drug cards
- COBRA administration

Ohio State Educational Services

Bridge Program.....(614) 292-8860

Continuing Education.....(614) 292-8860

Fees and Deposits.....(614) 292-3337

Reach 1 Program.....(614) 292-1238

University Registrar.....(614) 292-8500

Ohio State Employee Assistance Program (EAP)

24/7/365 live connection1-800-678-6265

Employee Assistance Program serving faculty, staff, and their families

osuhealthplan.com/OhioStateEAP

The Ohio State University Health Plan Inc..... (614) 292-4700

- Precertification of hospital admissions and other medical services
- Provides services for YP4H 1-800-678-6265 osuhealthplan.com

Unum1-866-245-3013

Disability claims assistance

Vision Service Plan (VSP).....1-800-877-7195

- Vision providers and claims assistance

vsp.com

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Flexible Spending Accounts Plan Overview

Introduction

This Specific Plan Details document (SPD) describes The Ohio State University Flexible Spending Accounts Plan (which is hereinafter referred to as the FSA Program) allows eligible employees to reimburse themselves for eligible out-of-pocket health care and dependent care expenses through pre-tax payroll deductions. If you enroll in an FSA, you determine how much money you want to contribute to your FSA(s) for the plan year. The money is then withheld from your pay on a pre-tax basis. You will be reimbursed from your FSA(s) as you incur eligible expenses and submit claims for them. You do not have to be enrolled in the university's medical, dental or vision plans to participate in an FSA.

The FSA Program includes two separate types of accounts:

- A Dependent Care Flexible Spending Account (Dependent Care FSA), which allows you to set aside pre-tax dollars to reimburse yourself for eligible qualified dependent care expenses. These qualified dependent care expenses are described further in the Dependent Care Flexible Spending Account section of this SPD.
- A Health Care Flexible Spending Account (Health Care FSA), which allows you to set aside pre-tax dollars to reimburse yourself for eligible health care expenses. These health care expenses are described further in the Health Care Flexible Spending Account section of this SPD.

This SPD document refers to the Dependent Care FSA and the Health Care FSA collectively as the “FSAs”.

The FSA Program is intended to qualify as a “cafeteria plan” under the Internal Revenue Code and will be interpreted in a manner consistent with the requirements of Sections 105, 125 and 129 of the Internal Revenue Code and the regulations thereunder. In addition, it is intended that benefits paid or expenses reimbursed to participants under the FSAs will be excludible from their gross incomes under the Internal Revenue Code. All amounts payable under the FSAs will be paid from the general assets of the university.

About this Booklet

The information contained in this SPD is intended to be used as a summary of and a general guide to the FSA Program. This SPD does not include all FSA Program details. The university has the sole authority to interpret the terms and conditions of, and address questions that arise under, the FSA Program. If any provision of this SPD conflicts with the terms of the FSA Program, the terms of the FSA Program shall prevail over this SPD.

For More Information

If you would like additional information about the FSA:

- Access the **FSA website** at hr.osu.edu/benefits/flexiblespending. This website contains a copy of the FSA SPD, enrollment forms, reimbursement forms, FSA worksheets and a list of eligible and ineligible health care expenses. On this website is also a link to **FSA Online** which allows enrolled participants to verify account balances, payment history, and claim details.
- Access the **Office of Human Resources (OHR) website** at hr.osu.edu. This website contains information regarding your appointment classification, benefits eligibility, forms, and other general information.
- Contact the **OHR Customer Service Center** at 614-292-1050, 1-800-678-6010 or service@hr.osu.edu.
- Contact **your department human resources professional** for information regarding your appointment classification, benefits eligibility, forms, and other general information.
- Contact **your personal tax advisor** for questions regarding how participation in the FSA Program may impact your taxes.

NOTE: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Enrollment and Participation in the FSA

Eligibility for Participation	<p>Benefit-eligible faculty and staff who hold eligible appointments of at least 50% full-time equivalency (FTE), as determined by the university, are eligible to participate in the FSA. If you are unsure whether you are eligible to participate in the FSA, you should speak to your department human resources professional or go to hr.osu.edu/benefits/benefitseligibility.</p> <p>Note: You do not need to enroll or participate in the university's medical, dental, or vision plans in order to participate in an FSA.</p>
Enrolling in an FSA	<ul style="list-style-type: none"> • Enrollment may occur at the following times: <ul style="list-style-type: none"> - During an open enrollment period; - Within 31 days of employment in an eligible appointment; or - Within 31 days of a qualifying status change, as described in "Limitations on Changes to an FSA Election" below. • For each plan year, you can elect to enroll in a Health Care FSA, a Dependent Care FSA, or both by completing an FSA Election Form, available online at hr.osu.edu/oe. A plan year is the 12-month period beginning on January 1 and ending on December 31. • Participation in an FSA is completely voluntary; you decide which FSA (if any) meets your needs. If you choose to enroll, you must decide how much money you want to contribute to each FSA for the plan year and you must agree to a corresponding reduction in your pay. <p>Important: Enrollment in an FSA is NOT automatic. You must re-enroll each plan year if you would like to have an FSA.</p>
Annual Open Enrollment	<ul style="list-style-type: none"> • You may enroll in an FSA during the university's annual open enrollment period. The election you make will become effective on January 1 of the following plan year. If you enroll during the university's annual open enrollment period, you will receive a Benefits Confirmation statement by early December. This is your final opportunity to make changes to your FSA elections for the new plan year. • If you do not enroll during the annual open enrollment period, you will be deemed to have elected not to participate in an FSA for the following plan year.
Newly Eligible Employees	<ul style="list-style-type: none"> • You must enroll within 31 days of your date of hire (or the date you become employed in an eligible appointment) in order to participate in an FSA. In this case, the election you make will be in effect for the remainder of the then current plan year. • If you do not enroll within the 31-day period, you will be deemed to have elected not to participate in an FSA for the remainder of the plan year.
Qualified Status Change	<ul style="list-style-type: none"> • You must enroll within 31 days of a qualifying status change in order to participate in the FSA. In this case, the election you make will be in effect for the remainder of the then current plan year. • If you do not enroll within the 31-day period, you will be deemed to have elected not to participate in an FSA for the remainder of the plan year.
Limitations on Changes to an FSA Election	<p>Once you enroll in an FSA, you cannot stop or change your contributions during a plan year unless you have a qualifying status change. If a qualifying status change occurs, IRS rules require that changes to participation and/or contributions during the plan year must be made on account of and consistent with that status change.</p> <p>Note: You can always change your contributions during the university's annual open enrollment period. Changes made during an annual open enrollment period are effective January 1 of the following plan year.</p>
Qualified Status Change Event Examples	<ul style="list-style-type: none"> • Qualified status change events include: <ul style="list-style-type: none"> - Change in your legal marital status (marriage, death of a spouse, divorce, legal separation or annulment); - Change in the number of your dependents (birth, death, adoption or placement for adoption); - Change in your employment status or the employment status of your spouse or your dependents (termination or commencement of employment, strike or lockout, commencement of or return from an unpaid leave of absence or change in worksite); - Change in your employment status or the employment status of your spouse or dependent that results in the individual becoming eligible, or ceasing to be eligible, under any cafeteria plan or other employee benefit plan of your employer or the employer of your spouse or dependent; - Event that causes your dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age or any similar circumstances; or - Change in your place of residence or change in the place of residence of your spouse or dependent. • In addition, you <u>might</u> be able to make a change under the following circumstances: <ul style="list-style-type: none"> - Judgment, decree or order requiring you to enroll eligible dependents in health coverage (Health Care FSA only; 31-day time limit does not apply); - Certain leaves of absence; or - Significant change in cost of coverage (Dependent Care FSA only). <p>Note: Qualified status change determinations are made by the university in accordance with the FSA Program and IRS rules. Documentation of the change in status event is required and must be submitted with your FSA Election Form.</p>

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Enrollment and Participation in the FSA

If a Qualified Status Change Occurs	<ul style="list-style-type: none"> If a qualified status change occurs, you must complete an FSA Election Form, available online at hr.osu.edu/forms/#FSA, to make changes to your FSA election(s). Documentation is required for qualified status changes. The completed form must be submitted to the Office of Human Resources Customer Service Center within 31 days of the change in status. The university must approve any qualified status change. <ul style="list-style-type: none"> Changes to your coverage and contributions will be effective as of the date of the qualified status change. <p>Important: If you do not complete and submit an FSA Election Form within 31 days of the date of the qualified status change, you will not be allowed to make a change until the next annual open enrollment period or upon the occurrence of a future qualified status change.</p>
Effective Date of Participation	<p>If a timely election is made, an employee's effective date of participation in the FSA will take effect as follows:</p> <ul style="list-style-type: none"> January 1 of a new plan year, if the election is made during and as part of annual open enrollment. <ul style="list-style-type: none"> If you are enrolling during the university's annual open enrollment period, you will receive a Benefits Confirmation Statement by early December. This is your final opportunity to make changes to your FSA elections for the new plan year. Date of hire or transfer into an eligible appointment Date of a qualifying change in status
Verifying Account Status	<p>You can view your FSA current account status via FSA Online. You must have your osuname.# (last name.##) and password in order to login. You may also contact OHR Customer Service.</p>
Availability of Funds	<ul style="list-style-type: none"> Reimbursement requests for eligible expenses must total at least \$25.
Dependent Care	<ul style="list-style-type: none"> Dependent Care FSA funds: available upon deposit after payroll deduction. If an eligible request is made in an amount that exceeds your account balance, a check will be issued for you account balance. The difference will be paid when your next payroll contribution is deposited.
Health Care	<ul style="list-style-type: none"> Health Care FSA funds: annual election amount available upon effective date. If a request is made for an eligible amount that exceeds your account balance, a check will be issued for the amount of the eligible request up to the annual pledge. There does not need to be sufficient funds deposited in the account at the time the check is processed.
Reimbursement Checks	<ul style="list-style-type: none"> Checks are normally processed each Friday, typically for the claims received the prior week. They are mailed to your home address.
Termination of Participation	<ul style="list-style-type: none"> In general, your participation in an FSA will terminate on the earliest of the following: <ul style="list-style-type: none"> December 31 of the applicable plan year (i.e., the last day of the plan year for which the benefit was elected). In this case, you must re-enroll in an FSA during the annual open enrollment period to participate in an FSA during the following plan year; The date your employment with the university terminates, including due to your retirement; The date you revoke your election to participate in an FSA by submitting an FSA Election Form, available online at hr.osu.edu/forms/#FSA, to the Office of Human Resources within 31 days of a qualifying change in status; The date you transfer to an ineligible appointment or no longer meet the eligibility requirements; or The date the university terminates the FSA Program. You may submit reimbursement requests for expenses that were incurred during your employment toward the balance in your FSA until the end of the plan year in which your employment terminates.
Continuing Health Care FSA Participation Under COBRA	<p>Even if you are no longer eligible to participate in an FSA, you (and, in some cases, your dependents) can still contribute to the Health Care FSA for a limited time on an after-tax basis through the Consolidated Omnibus Budget Reconciliation Act (COBRA).</p> <p>Note: COBRA/FSA does not give you the right to continue contributing to a Dependent Care FSA.</p>
Eligibility	<p>Continued coverage under COBRA/FSA is available if your coverage ends because:</p> <ul style="list-style-type: none"> Your employment with the university terminates for any reason other than gross misconduct; Your appointment with the university drops below 50% FTE; You retire; You divorce or legally separate; You die; or You become entitled to receive Medicare benefits.
Cost of Coverage	<p>Your COBRA/FSA contributions will be the same amount you were contributing before losing coverage plus a 2% administrative fee. As mentioned above, your contributions will be made on an after-tax basis, which means they will no longer be tax-free.</p>
Termination of Coverage	<p>Your coverage through COBRA/FSA generally will end on the earlier of the last day of the plan year or on the last day of the month in which contributions are received.</p>
Payment of Contributions	<p>Your first COBRA/FSA contribution will be due within 45 days after your initial election of COBRA/FSA continuation coverage. Subsequent contributions will be due on the first day of each subsequent month for that month's coverage. All payments should be made payable to NGS and sent to NGS CoreSource, P.O. Box 72323, Cleveland, OH 44192-2323.</p>
Additional Information	<p>For more information and enrollment materials regarding COBRA/FSA, you should contact OHR Customer Service.</p>

Dependent Care Flexible Spending Accounts

<p>Overview of Dependent Care FSAs</p>	<ul style="list-style-type: none"> • A Dependent Care FSA is used to reimburse yourself with tax-free funds for qualified dependent care expenses, as described below. Your contributions to a Dependent Care FSA are deducted from your pay on a pre-tax basis. The contributions are deducted in equal biweekly or monthly deductions, consistent with your pay schedule. Amounts contributed to a Dependent Care FSA are not invested or credited with interest. • You can elect to participate in a Dependent Care FSA by submitting a timely FSA Election Form. See “Enrolling in an FSA” section of this SPD.
<p>Minimum and Maximum Contributions</p>	<p>You may choose a plan year contribution of any whole dollar amount, within the following minimum and maximum:</p> <ul style="list-style-type: none"> • Minimum plan year contribution: \$250 • Maximum plan year contribution: \$5,000
<p>Tax Savings</p>	<ul style="list-style-type: none"> • Contributions to your Dependent Care FSA are deducted from your pay on a pre-tax basis. Therefore, you do not pay taxes on these amounts. In addition, reimbursements from your Dependent Care FSA are tax-free. Note: You cannot take a tax deduction for any expenses reimbursed through your Dependent Care FSA. • A Dependent Care FSA may not provide the greatest tax advantage for all employees. You may gain greater tax savings by claiming available tax credits on your federal and state income tax returns. You should consult with your tax advisor to determine which option may be more advantageous.
<p>Using a Dependent Care FSA</p>	<p>Once you elect to participate in a Dependent Care FSA for a plan year:</p> <ul style="list-style-type: none"> • Your contributions will accumulate in your Dependent Care FSA during the plan year. • If you incur an eligible dependent care expense, you may be reimbursed from your Dependent Care FSA by submitting a timely FSA – Dependent Care Request for Reimbursement form, available at hr.osu.edu/forms/#FSA, and attaching proof of the eligible expenses. Note: You can be reimbursed only up to the then current balance in your Dependent Care FSA when you file the request for reimbursement. • Eligible dependent care expenses for which you are requesting reimbursement must be incurred during the plan year or the grace period (January 1, 2012 – February 28, 2013), subject to your eligibility to participate in the FSA. • The minimum amount for which you may request reimbursement is \$25, unless your balance is less than \$25. • The money reimbursed from your Dependent Care FSA is paid directly to you. A paper check will be sent to your home address on file with the university. It is your responsibility to pay the service provider for the incurred expense. • Requests for reimbursement from your Dependent Care FSA must be submitted no later than the March 31, 2013 following the end of the plan year. Any unused amounts remaining in your Dependent Care FSA after this deadline (March 31, 2013) will be forfeited. See “IRS Use It or Lose It Rule” section of this SPD.
<p>Nontransferable; Forfeitures</p>	<ul style="list-style-type: none"> • Calculate the amount that you contribute to your Dependent Care FSA carefully. The Flexible Spending Accounts Worksheet, available at hr.osu.edu/benefits/flexiblespending, can help you estimate your out-of-pocket qualifying dependent care expenses. • You cannot transfer funds from your Dependent Care FSA to a Health Care FSA. Furthermore, any amount remaining in your Dependent Care FSA as of the end of the reimbursement period must be forfeited. See “IRS Use It or Lose It Rule” section of this SPD.
<p>Qualified Dependent Care Expenses</p>	<ul style="list-style-type: none"> • Qualified dependent care expenses are expenses for a qualified dependent that are incurred by you or your spouse (if you are married) and that would be considered employment-related expenses under Section 21(b)(2) of the Internal Revenue Code and under the FSA Program. The expenses generally must be incurred to enable you and your spouse to be gainfully employed. • In general, a “qualified dependent” for a Dependent Care FSA is an individual who is: <ul style="list-style-type: none"> - your dependent who is under the age of 13; - your dependent who is mentally or physically incapable of caring for himself or herself and who lives with you for more than one-half of the plan year; or - your spouse (if you are married) who is mentally or physically incapable of caring for himself or herself and who lives with you for more than one-half of the plan year. • IRS Publication 503, which is available at www.irs.gov/pub/irs-pdf/p503.pdf, outlines examples of qualified dependent care expenses. These expenses may include: <ul style="list-style-type: none"> - Before and/or after school care programs. - Care provided by a private babysitter who claims the income on the federal tax returns (provider cannot be an IRS tax dependent or a dependent under the age of 19). - Home or daycare for eligible disabled IRS tax dependents who spend at least eight hours per day in your home. - Licensed day-care providers. - Summer day camps or similar programs for dependents under the age of 13, even if the camp specializes in a particular activity. - The cost of transportation to or from a place where care is provided, but only if furnished by the dependent care provider.

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Dependent Care Flexible Spending Accounts

Qualified Dependent Care Expenses, continued	<ul style="list-style-type: none">- Application fees, agency fees, and deposits required to “hold a spot” or obtain care (not reimbursable if the deposit is forfeited or care is not provided because the dependent goes to another provider).• Qualified dependent care expenses are determined by the university in its sole discretion and in accordance with the FSA Program and IRS rules.
Expenses Not Eligible for Reimbursement	<p>IRS Publication 503 also outlines examples of expenses that are not eligible for reimbursement from your Dependent Care FSA. According to the IRS, the following expenses are not eligible for reimbursement from your Dependent Care FSA:</p> <ul style="list-style-type: none">• Expenses incurred for child care for a domestic partner’s dependent child(ren) unless the individual is your tax dependent.• Non-employment related care, such as baby-sitting fees during nonworking hours.• Payments for care provided by a child’s parent or step-parent (e.g., your former spouse who is the child’s non-custodial parent).• Convalescent or nursing home expenses for a parent of a disabled spouse.• Overnight camp expenses.• Educational expenses for a child in kindergarten, first grade or above. Certain kindergarten expenses may be eligible if you can demonstrate that all or a portion of the expenses are primarily for the care of a child (and not educational in nature). Kindergarten expenses that are strictly educational in nature (and billed as tuition) are not eligible for reimbursement.• Child care expenses that enable you or your spouse to do volunteer work.• Health care expenses for your dependents.

Health Care Flexible Spending Accounts

<p>Overview of Health Care FSAs</p>	<ul style="list-style-type: none"> • A Health Care FSA is used to reimburse yourself with tax-free funds for certain eligible health care expenses, as described below. Your contributions to a Health Care FSA are deducted from your pay on a pre-tax basis. Those contributions are deducted in equal biweekly or monthly deductions, consistent with your pay schedule. Amounts contributed to a Health Care FSA are not invested or credited with interest. • You can elect to participate in a Health Care FSA by submitting a timely FSA Election Form. See “Enrolling in an FSA” section of this SPD.
<p>Minimum and Maximum Contributions</p>	<p>You may choose a plan year contribution of any whole dollar amount, within the following minimum and maximum:</p> <ul style="list-style-type: none"> • Minimum plan year contribution: \$100 • Maximum plan year contribution: \$5,000
<p>Tax Savings</p>	<ul style="list-style-type: none"> • Contributions to your Health Care FSA are deducted from your pay on a pre-tax basis. Therefore, you do not pay taxes on these amounts. In addition, reimbursements from your Health Care FSA are tax-free. Note: You cannot take a tax deduction for any expenses reimbursed through your Health Care FSA. • You should consult with a tax advisor to determine whether you should participate in a Health Care FSA.
<p>Using a Health Care FSA</p>	<p>Once you elect to participate in a Health Care FSA for a plan year:</p> <ul style="list-style-type: none"> • Your contributions will accumulate in your Health Care FSA during the plan year. • If you incur an eligible health care expense, you may be reimbursed from your Health Care FSA by submitting a timely FSA – Health Care Request for Reimbursement form, available at hr.osu.edu/forms/#FSA, and attaching proof of the eligible expenses. You can be reimbursed for expenses up to your full plan year election – even if the full amount has not been deducted from your pay and deposited in your Health Care FSA. • Eligible expenses for which you are requesting reimbursement must be incurred during the plan year or the grace period (January 1, 2012 – February 28, 2013), subject to your eligibility to participate in the FSA. • The minimum amount for which you may request reimbursement is \$25, unless the balance in your Health Care FSA is less than \$25. • The money reimbursed from your Health Care FSA is paid directly to you. A paper check will be sent to your home address on file with the university. It is your responsibility to pay the service provider for incurred expense. • Requests for reimbursement from your Health Care FSA must be submitted no later than the March 31 following the end of the plan year. Any unused amounts remaining in your Health Care FSA after this deadline must be forfeited. See “IRS Use It or Lose It Rule” section of this SPD. <p>Important: An eligible health care expense must be incurred before you can be reimbursed from your Health Care FSA. You “incur” expenses when the care is provided, rather than when you are billed or pay for the care with the exception of orthodontia expenses. A special rule applies to orthodontia expenses. You may be reimbursed for orthodontia expenses before the services are actually provided, but only to the extent you have actually made the payments in advance of the services in order to receive them. For more information regarding orthodontia expenses, see “Orthodontia Reimbursement Guidelines” Addendum to this SPD.</p>
<p>Nontransferability; Forfeitures</p>	<ul style="list-style-type: none"> • Calculate the amount that you contribute to your Health Care FSA carefully. The Flexible Spending Accounts Worksheet, available online at hr.osu.edu/benefits/flexiblespending, can help you estimate your out-of-pocket eligible health care expenses. • Calculate the amount that you contribute to your Health Care FSA carefully. You cannot transfer funds from your Health Care FSA to a Dependent Care FSA. Furthermore, any amount remaining in your Health Care FSA as of the end of the reimbursement period will be forfeited. See “IRS Use It or Lose It Rule” section of this SPD.
<p>Examples of Eligible Health Care Expenses</p>	<p>The following list, while not intended to be complete, illustrates expenses that may be reimbursed under the Health Care FSA. Restrictions may apply. For detailed explanations of these expenses, or for additional information regarding eligible health care expenses, you should review the list online at FSA Online.</p> <ul style="list-style-type: none"> • Eligible health care expenses must be primarily to alleviate or prevent a physical or mental defect or illness, and may include, but are not limited to: <ul style="list-style-type: none"> – Deductibles—expenses for which you may be required to pay under a medical, dental, vision or prescription drug plan, prior to the plan paying its portion of remaining eligible expenses. – Copayments/Coinsurance—your payments or share of the cost for medical, dental, vision, or prescription drug expenses. – Services with age or frequency restrictions—your costs for health plan services that have plan limitations. – Certain services not covered by your health plan (provided they meet the definition of an eligible expense, as stated above). – Breast pumps and supplies that assist lactation are also eligible expenses. <p>Note: OTC medications, drugs and supplies purchased on or after January 1, 2011 without a prescription will not be eligible expenses.</p>

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Health Care Flexible Spending Accounts

Examples of Ineligible Health Care Expenses

The following list, while not intended to be complete, illustrates expenses that **cannot** be reimbursed under the Health Care FSA. For detailed explanations of these expenses, or for additional information regarding ineligible expenses, you should review the information online at [FSA Online](#).

- Babysitting and child care, dependent care expenses
- Car seats
- Controlled substances (e.g., marijuana, laetrile) in violation of federal law
- Cosmetic procedures, including, but not limited to, face lifts, hair removal or transplants, electrolysis, teeth whitening and veneers
- Cosmetics and toiletries, including but not limited to: face creams, cologne, dental floss, deodorant, feminine hygiene products (tampons, etc.), hair colorants, hand lotion, lipsticks, makeup, moisturizers, mouthwash, nail polish, perfume, permanent waves, shampoos, shaving cream or lotion, skin moisturizers, soaps, toothbrush and toothpaste
- Diet food
- Drug testing kits for home use
- Ear piercing
- Expenses that have been reimbursed by personal or employer-sponsored insurance
- Founder's fees
- Funeral home expenses
- Household help, even if recommended by your doctor
- Illegal operations and treatments
- Late fees (e.g., for late payment of bills for medical services)
- Life insurance or income-protection policies
- Lodging while attending a medical conference
- Marriage counseling
- Maternity clothes, diapers or a diaper service
- Mattresses or recliner chairs
- Meals not at a hospital or similar institution
- Meals of a companion
- Meals while attending a medical conference
- Missed appointment fees
- Nursing home care, if the reason for being there is not to get medical care (i.e., custodial care)
- Nursing services for a healthy baby
- One-a day-vitamins
- Over-the-counter drugs, medications, and supplies without a prescription
- **Note: Effective for purchases on or after January 1, 2011**
- Prescription drugs and medicines obtained from other countries
- Prescription drug discount programs
- Safety glasses
- Surrogate or gestational carrier expenses
- Tanning salons and equipment
- Transportation costs of disabled individual commuting to and from work
- Travel, even if recommended by your doctor
- Uniforms
- Vision discount programs
- YMCA day camp

Qualified Reservist Distributions

If you are a member of a reserve component (the Army National Guard, the Army Reserve, the Navy Reserve, the Marine Corp Reserve, the Air National Guard, the Air Force Reserve, the Coast Guard Reserve or the Reserve Corps of the Public Health Service) and you are ordered or called to active duty for a period of 180 days or more or for an indefinite period, you may request and receive a distribution from your Health Care FSA. The maximum amount that may be distributed is the entire amount elected for the Health Care FSA for the plan year less any Health Care FSA reimbursements received (or in process) as of the date of the qualified reservist distribution request. For additional information regarding qualified reservist distributions, contact Customer Service at (614) 292-1050 or service@hr.osu.edu.

IRS “Use It or Lose It” Rule

Overview of the Rule	<ul style="list-style-type: none"> • You should carefully calculate the amount you contribute to a Dependent Care FSA and/or a Health Care FSA for a particular plan year. The Flexible Spending Accounts Worksheet, available online at hr.osu.edu/benefits/flexiblespending, can help you estimate your out-of-pocket expenses. • It is very important to plan conservatively because: <ul style="list-style-type: none"> - The IRS requires that any amount remaining in your FSA(s) at the end of the reimbursement period (January 1, 2012 through March 31, 2013) be forfeited. This is known as the IRS “use it or lose it” rule. - You cannot transfer money from one FSA to another. In other words, you cannot use your Dependent Care FSA to reimburse health care expenses and you cannot use your Health Care FSA to reimburse dependent care expenses. • There are no exceptions to these rules. 		
Important Dates and Deadlines	For FSA Plan Year 2012, subject to your eligibility to participate in the FSA Program:		
Plan Year	January 1 – December 31, 2012	Your pre-tax payroll contributions will be made during the plan year, which is a 12-month period.	
Incurred Date Window (including grace period)	January 1, 2012 – February 28, 2013	You may use the funds in your FSA(s) for incurred eligible expenses during the plan year and the grace period (January 1, 2012 – February 28, 2013). The plan year plus the grace period is a 14-month period.	
Reimbursement Period	January 1, 2012 – March 31, 2013	You may request reimbursement for eligible expenses during the reimbursement period, which is a 15-month period.	
Reimbursement Filing Deadline	March 31, 2013	All requests for reimbursement must be received by the university no later than March 31, 2013 or you will forfeit the unclaimed balance in your FSA(s).	

Appealing a Denied Claim

Notice of Denial of Claim	<p>If a claim under your Dependent Care FSA or Health Care FSA is denied in whole or in part, you will receive a written notice. The notice will be provided within 30 days after receipt of the claim and will include the following:</p> <ul style="list-style-type: none">• The reason for denial;• A reference to the pertinent FSA Program provisions on which the denial is based;• A description of any additional material or information necessary for you to perfect the claim and an explanation of why that material is necessary; and• An explanation of the claim review procedures and time limits applicable to those procedures.
Appealing a Denied Claim	<ul style="list-style-type: none">• If you wish to appeal a denied claim, you may request a review of the denial by completing a benefits appeal form within 60 days after you receive the notice described above. A decision will be made on the appeal within 31 days after the request for review is received, unless additional time is necessary in which case a decision will be made no later than 60 days after the request for review is received. Please contact the Office of Human Resources, Customer Service at (614) 292-1050 or service@hr.osu.edu if you have questions or to receive an appeal form.• All determinations by the university's FSA administrator are final and binding. You must exhaust the claims and appeal procedures of the FSA before you may file suit in court. If you exhaust those procedures and decide to file suit in court, that suit must be brought within 180 days following the date that the decision to deny your appeal was made.

Amendment or Termination of the FSA

Amendment	The university unilaterally reserves the right to amend or modify the FSA Program at any time and for any reason or no reason, except to the extent provided in a collective bargaining agreement.
Termination	The university unilaterally reserves the right to discontinue or terminate the FSA Program, or specific benefits provided by the FSA Program, at any time and for any reason or no reason, except to the extent provided in a collective bargaining agreement. Any such discontinuation or termination will be done without prejudice to claims incurred prior to the termination date.

Health Care Flexible Spending Account – Addendum

Orthodontic Reimbursement Guidelines

Orthodontic treatment is typically rendered over an extended period of time. Orthodontists typically bill for services in one of two ways: (1) upfront deposit plus monthly payments over the course of treatment or (2) upfront payment in full. In both cases, visits to the orthodontist for treatment may occur several times a month, or once every few months for adjustments.

The university allows reimbursement for pre-paid orthodontia expenses, up to your Health Care FSA election amount, regardless of the date of service. The payment must have been made during the applicable FSA plan year. Only the portion of your orthodontic payment(s) that are not paid by your dental insurance or any other plan is considered an eligible expense.

Note: Orthodontia differs from other dental procedures that require the actual service to be performed and paid for within the FSA plan year.

Initial Evaluation Fees	Initial orthodontia services, such as moldings, diagnostic records fees, consultation fees, etc., are reimbursable when performed if the expenses are separate from the contracted treatment. These expenses are typically not included in the total treatment cost for orthodontia and would require a fully completed claim form with an itemized bill. If these services are performed during the FSA plan year in which you are requesting reimbursement, they will be considered eligible expenses.
Upfront Deposit	It is a common practice for providers to require an upfront deposit before the start of orthodontia treatment. This expense is eligible for reimbursement with a fully completed claim form, an itemized bill indicating the upfront deposit and proof of payment.
Monthly Payments	<p>A monthly liability for orthodontic treatment is reimbursable from:</p> <ul style="list-style-type: none"> - An orthodontist coupon booklet indicating monthly payments. You need to include a receipt showing that payment has been made if the due date on the coupon has not yet occurred - A paid receipt indicating the payment date - A monthly statement that indicates the payment amount. You need to include a paid receipt if the date of service has not yet occurred. - A Loan Coupon¹ <ul style="list-style-type: none"> • Loan agreement where orthodontics is specified and the pay date is indicated. • Orthodontic provider contract/treatment plan that consists of total charge, banding date, and estimated treatment that can be reconciled to the payment information from the bank. <p>¹Finance charges are not eligible for reimbursement.</p>
Full Payment for Orthodontic Treatment	If payment is made in full for the orthodontic treatment, and proof of payment is included with the completed claim form, the full payment amount will be reimbursed up to your Health Care FSA election amount.