



Flexible Spending Accounts Specific Plan Details Document

2024 Plan Year (January 1 – December 31, 2024)

Retain for your records



THE OHIO STATE UNIVERSITY
HUMAN RESOURCES



CONTACT INFORMATION

THE OHIO STATE UNIVERSITY

Office of Human Resources

HR Connection | 614-247-myHR(6947)

1590 North High Street, Suite 300

Columbus, OH 43201-2190

800-678-6010

Fax: 614-292-6235

E-mail: HRConnection@osu.edu

hrconnection.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(b) plans
- Tuition Assistance
 - For dependents
 - For faculty and staff
- Your Plan for Health, yp4h.osu.edu

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 Absence Management and Vocational Service

614-292-3439

800-678-6413

Fax: 614-688-8120

E-mail: id@hr.osu.edu

Available to provide consultation on:

- Department presentations
- Long-term and short-term disability
- OPERS/STRS disability retirement
- Unemployment compensation, 614-688-3578
- Transitional work
- Workers' compensation

YOUR PLAN FOR HEALTH

614-292-4700 or 800-678-6269 (OSU Health Plan)

E-mail: yp4h@osu.edu or visit yp4h.osu.edu

- Biometric Health Screenings
- Educational Programming
- Personal Health & Well-Being Assessment (PHA)
- Incentive Programs
- Personal and Group Health Coaching Program
- Care Coordination Program

Ohio State Employee Assistance Program (EAP) . . . 800-678-6265

- 24/7/365 live connection osuhealthplan.com
Serves faculty, staff and their families

Other Important Contacts

Care Works of Ohio, Inc. 888-627-0058

- Workers' compensation claims assistance

Delta Dental Plan of Ohio 800-524-0149

- Customer and Claims Services
- View claims, find dentist, print ID cards toolkitsonline.com

Express Scripts 866-727-5867

- Prescription drugs–retail/home delivery/claims . . . express-scripts.com
- Print prescription drug ID cards

Ohio State Travel Assistance

U.S. 866-807-6193

International 01-770-667-0247

Medical care coordination outside Ohio

Ohio State University Health Plan, Inc. 614-292-4700

. 800-678-6269

. osuhealthplans@osumc.edu

- Prior authorization of required services and admissions, provider network inquiries and other medical services
- General benefit information and questions . . . osuhealthplan.com

HealthEquity/WageWorks (Flexible Spending Account and HRA Administrator) Customer Support 877-924-3967

Trustmark Health Benefits. 800-678-6269

- View medical claims myTrustmarkBenefits.com
- Print medical ID cards
- COBRA administration

Unum 866-245-3013

- Disability claims assistance

Vision Service Plan (VSP) 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 provisions of The Ohio State University Flexible Benefits Plan applicable to the Health Care Flexible Spending Account Program and Dependent Care Flexible Spending Account Program (hereinafter referred to, collectively, as the FSA Program). 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 a flexible spending account (FSA), you determine how much money you want to contribute to your FSA(s) for the plan year, up to certain limits established by law and the university. The money is then withheld from your pay on a pre-tax basis. You will generally 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 for eligible qualified dependent care expenses. These qualified dependent care expenses are described further in the Dependent Care Flexible Spending Accounts section of this SPD.
- A Health Care Flexible Spending Account (Health Care FSA), which allows you to set aside pre-tax dollars for eligible health care expenses. These health care expenses are described further in the Health Care Flexible Spending Accounts section of this SPD.

This SPD 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.

HealthEquity|WageWorks is the university's third-party administrator for the FSA Program.

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 The Ohio State University Flexible Benefits Plan, the terms of the Plan shall prevail over this SPD.

FOR MORE INFORMATION

If you would like additional information about the FSAs:

- 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. You can also find a copy of the FSA SPD, enrollment information, the reimbursement claim form and a list of eligible and ineligible health care expenses.
- Once you are enrolled, access the My FSA/HRA/LSA portal available through **Workday** at workday.osu.edu. Click on the My FSA/HRA/LSA link under Benefits to check balances or submit online claims.
- Contact HealthEquity|WageWorks, the university's third party administrator: **HealthEquity Customer Support** at 1-877-924-3967 for questions related to your FSA(s).
- **HR Connection** at 614-247-myHR(6947), 800-678-6010 or HRConnection@osu.edu for enrollment questions.
- 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.

DISCRIMINATION IS AGAINST THE LAW

The Ohio State University complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Ohio State University does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Ohio State University:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact The Ohio State University's affirmative action and EEO coordinator.

If you believe that The Ohio State University has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Affirmative Action and EEO Coordinator

1590 N. High St., Suite 300

Columbus, OH 43201-2190

Phone: 614-292-2800

Fax: 614-292-6199

Email: aa-eeo@osu.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the affirmative action and EEO coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HMI Building

Washington, D.C. 20201

1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

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DISCRIMINATION IS AGAINST THE LAW

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-264-1552, Access Code# 80014189.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-264-1552, Código de acceso # 80014189.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-264-1552，访问代碼 # 80014189

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-264-1552, Zugangscode # 80014189.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 2551 462 008 1. رمز الدخول 98141008

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-264-1552, Toegangscod # 80014189.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-264-1552, Код доступа # 80014189.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-264-1552, Code d'accès # 80014189.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-264-1552, mã số truy cập # 80014189.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-264-1552, Access Code# 80014189.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-264-1552, 액세스 코드 # 80014189, 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-264-1552, Codice d'accesso # 80014189.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-264-1552，访问代碼 # 80014189，まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-264-1552, Toegangscod # 80014189.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-264-1552, Код доступу# 80014189.

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-264-1552, Cod de acces # 80014189.

ENROLLMENT AND PARTICIPATION IN THE FSA

ELIGIBILITY FOR PARTICIPATION

Faculty and staff who hold eligible regular or term appointments of at least 50% full-time equivalency (FTE), as determined by the university, are eligible to participate in the FSA Program. If you are unsure whether you are eligible to participate in the FSA Program, you should speak to your department human resources professional or go to hr.osu.edu/benefits.

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.

ENROLLING IN AN FSA

- Enrollment may occur at the following times:
 - During an annual open enrollment period;
 - Within 30 days of appointment in an eligible position as reflected in the university's human resource system (Workday); or
 - In connection with a qualifying status change, as described in "Limitations on Changes to an FSA Election" below.
- You can elect to enroll in a Health Care FSA, a Dependent Care FSA, or both by using **Workday** at workday.osu.edu or by completing an **FSA Election Form**, available at hr.osu.edu/wp-content/uploads/form-fsa.pdf.
- The plan year is the 12-month calendar year, 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 (up to the applicable limit) and you must agree to a corresponding reduction in your pay.

Important: Enrollment in an FSA is NOT automatic. You must enroll each open enrollment period if you would like to have an FSA for the following plan year.

Annual Open Enrollment

- 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 Summary following the annual open enrollment period. This is your final opportunity to verify your FSA elections before the new plan year begins.
- If you do not enroll in an FSA during the annual open enrollment period, you will be deemed to have elected not to participate in that FSA for the following plan year.

Newly Eligible Employees

- You must enroll within 30 days of appointment into an eligible position as reflected in the university's human resource system (Workday) 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 30-day period, you will be deemed to have elected not to participate in an FSA for the remainder of the plan year.

Qualifying Status Change

- You must enroll within 30 days of a qualifying status change in order to participate in the FSA (except as noted below). 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 30-day period (except as noted below), you will be deemed to have elected not to participate in that FSA for the remainder of the plan year.

LIMITATIONS ON CHANGES TO AN FSA ELECTION

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 generally require that changes to participation and/or contributions during the plan year must be made on account of and consistent with that status change.

Note: You can change your contributions to an FSA during an annual open enrollment period; changes made during an annual open enrollment period are effective January 1 of the following plan year.

Qualifying Status Change Event Examples

- Qualifying status change events include:
 - 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 (as defined in the Internal Revenue Code) or placement for adoption);
 - Change in your employment status (termination of employment, commencement of employment, strike, lockout, commencement of an approved family medical (FML) leave of absence, return from an approved family medical (FML) leave of absence or change in worksite), or the employment status of your spouse or your dependents that results in the individual becoming eligible, or ceasing to be eligible, under any cafeteria plan or other employee welfare benefit plan of your employer or the employer of your spouse or dependent;

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ENROLLMENT AND PARTICIPATION IN THE FSA

- Event that causes your dependent to satisfy or cease to satisfy the requirements for dependent 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 impacting eligibility.
- In addition, you might be able to make a change under the following circumstances:
 - Judgment, decree, or order requiring you to enroll eligible dependents in health coverage (Health Care FSA only; 30-day time limit does not apply);
 - Commencement or Return from Approved Family Medical Leave (FML).
 - Change in dependent care provider (Dependent Care FSA only).

Note: Qualifying status change determinations are made by the university in accordance with the FSA Program and IRS rules. For questions about what constitutes a qualifying status change, contact HR Connection at 247-myHR (6947), 800-678-6010 or HRConnection@osu.edu or refer to the Life Events section of the OHR website at hr.osu.edu/life-events.

Coverage Election for Rehires

- If your employment with the university terminates and you are rehired into a benefits-eligible position within 30 days after that termination, you will be reinstated with the same elections you had under the FSA Program immediately before your termination.
- If your employment with the university terminates and you are rehired into a benefits-eligible position more than 30 days after that termination, you may be able to make new elections under the FSA Program. If you are rehired more than 30 days after your termination, but within the same plan year, your new election may not be (i) less than the amount you contributed during the plan year prior to your termination, or (ii) more than the difference between the annual contribution limit (for 2024, \$3050) and the amount of your annual election made for the plan year in which you terminated employment.

If a Qualifying Status Change Occurs

- If a qualifying status change occurs, you must make an election by using **Workday** at workday.osu.edu or by completing an **FSA Election Form** available at hr.osu.edu/wp-content/uploads/form-fsa.pdf to make changes to your FSA election(s). Documentation may be required for qualifying status changes. The university must approve any qualifying status change.
- You may make an election in the following ways:
 - Use **Workday** at workday.osu.edu. The election and any required documentation must be submitted through Employee Self Service within 30 days of the qualifying status change (except as otherwise noted).
 - Complete an **FSA Election Form**, available at hr.osu.edu/wp-content/uploads/form-fsa.pdf. The completed form and any required documentation must be submitted to HR Connection within 30 days of the qualifying status change (except as otherwise noted).
- Changes to payroll deductions will be effective as of the date of the qualifying status change.

Important: If you do not complete and submit an **FSA Election Form** or make an election via **Workday** at workday.osu.edu within 30 days of the date of the qualifying status change (except as otherwise noted), you will not be allowed to make a change until the next annual open enrollment period or upon the occurrence of a future qualifying status change.

EFFECTIVE DATE OF PARTICIPATION

If a timely election is made, an employee's effective date of participation in the FSA will take effect as follows:

- January 1 of a new plan year, if the election is made during and as part of annual open enrollment.
 - If you are enrolling during the university's annual open enrollment period, you will receive a Benefits Summary following the annual open enrollment period. This is your final opportunity to verify your FSA elections before the new plan year begins.
- Date of hire or transfer to an eligible appointment as reflected in the university's human resource system (Workday).
- Date of a qualifying status change.

ACCOUNT ACCESS

- **Online Access:** You can access your FSA account online 24 hours a day, seven days a week. From your online account, you can check your account balance, track expenses, file a manual claim and set up communication preferences. To access your account, log in to **Workday** at workday.osu.edu using your Ohio State user name and password. Click on the My FSA/HRA/LSA link under Benefits.
- **EZ Receipts mobile app:** With the EZ Receipts mobile app, you can file and manage your reimbursement claims and Health Care Card usage paperwork on the spot, with a click of your mobile device camera, from anywhere. Download the free app via the Apple App Store or Google Play.
- **Call HealthEquity|WageWorks Customer Support:** 1-877-924-3967.

AVAILABILITY OF FUNDS

Dependent Care

- Dependent Care FSA funds: Available upon deposit after payroll deduction.
- The maximum reimbursement you can get is equal to the then current account balance in your Dependent Care FSA. If an eligible request for reimbursement is made in an amount that exceeds your account balance, the remaining amount will be paid to you when additional funds are available in your account.

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ENROLLMENT AND PARTICIPATION IN THE FSA

Health Care

- **Health Care FSA funds:** Annual election amount available upon effective date of participation.
- Your entire annual election amount is available for reimbursement from the first day of participation. There does not need to be sufficient funds deposited in the account at the time of reimbursement.
- In a situation where an incurred medical expense could be reimbursed from either the Health Care FSA or the university's Health Reimbursement Account (HRA), the Health Care FSA will pay first. All Health Care FSA funds must be exhausted before HRA funds will be used. See the Faculty and Staff Health Plans Specific Plan Details document for more information on the HRA.

REIMBURSEMENT OPTIONS

- When you pay for an eligible healthcare and dependent care expense, you want to put your FSA to work right away. You have several options to use your money the way you choose.
 - **HealthEquity Health Care card:** Present your HealthEquity Health Care card to pay providers and pharmacies for eligible expenses
 - **Pay Me Back:** File a claim online, via the EZ Receipts mobile app or paper claim along with supporting documentation and request reimbursement be sent directly to you via direct deposit or check.
 - **Pay My Provider:** File a claim online, via the EZ Receipts mobile app or paper claim along with supporting documentation and request reimbursement be sent directly to your provider.

TERMINATION OF PARTICIPATION

- In general, your participation in an FSA will terminate on the earliest of the following:
 - December 31 of the applicable plan year (i.e., the last day of the plan year for which the benefit was elected). You must re-enroll in an FSA during the annual open enrollment period to participate in that FSA during the following plan year;
 - The date your employment with the university terminates, including due to your retirement (as reflected in the university's human resource system (Workday));
 - The date you revoke your election to participate in an FSA by submitting elections via **Workday** at workday.osu.edu or an **FSA Election Form** available at hr.osu.edu/wp-content/uploads/form-fsa.pdf to the Office of Human Resources **within 30 days** of a qualifying status change;
 - The date you transfer to an ineligible appointment or no longer meet the eligibility requirements (as reflected in the university's human resource system (Workday));
 - The date the university terminates the **FSA Program**; or
 - The date as of which you fail to pay any required contributions to the FSA (after taking into account any applicable grace period).
- You may submit reimbursement requests for expenses that were incurred during your period of participation toward the balance in your FSA until the end of the plan year in which your participation terminates.
- Your participation in the Dependent Care FSA will terminate during any leave of absence (i.e., an absence from work that is greater than 30 days). Dependent care expenses incurred during any such leave of absence will not be eligible for reimbursement. You may re-enroll in the Dependent Care FSA upon return from leave. In such case, your new election may not be less than the amount you contributed during the plan year prior to your leave of absence.

CONTINUING HEALTH CARE FSA PARTICIPATION UNDER COBRA

Even if you are no longer eligible to participate in a Health Care FSA, you (and, in some cases, your dependents) can continue to contribute to the Health Care FSA for a limited time on an after-tax basis under a federal law known as COBRA (Consolidated Omnibus Budget Reconciliation Act).

Note: You cannot continue contributing to a Dependent Care FSA under COBRA.

Eligibility

Continued coverage under Health Care FSA COBRA is available if your or your dependent's coverage ends because:

- Your employment with the university terminates for any reason other than your gross misconduct;
- You no longer hold a qualifying appointment, as determined by The Ohio State University;
- You divorce or legally separate from your spouse; or
- You die.

Cost of Coverage

Your Health Care FSA COBRA 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.

Termination of Coverage

Your coverage under Health Care FSA COBRA generally will end on the earlier of the last day of the plan year or on the last day of the month in which final contributions are received.

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ENROLLMENT AND PARTICIPATION IN THE FSA

Payment of Contributions

Your first Health Care FSA COBRA contribution will be due within 45 days after your initial election of Health Care FSA COBRA 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 WageWorks, INC and sent to WageWorks, INC, P.O. Box 660212, Dallas, TX 75266-0212.

Notification

- In the event of divorce or legal separation, you (or your dependent) are required to notify WageWorks, INC within 60 days of the date the event occurs. If such notice is not provided within 60 days, the affected individuals will lose their right to elect coverage continuation under the Health Care FSA with respect to such event.
- When WageWorks, INC is notified that one of these events has happened, or if any other qualifying event occurs, then WageWorks, INC will notify you and your dependents of the right to choose coverage continuation.

Additional Information, including Enrollment

For more information and enrollment materials regarding Health Care FSA COBRA, you should contact WageWorks, INC Customer Service at 1-888-678-4881.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

OVERVIEW OF DEPENDENT CARE FSAs

- 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 using **Workday** at workday.osu.edu or by completing an **FSA Election Form**, available at hr.osu.edu/wp-content/uploads/form-fsa.pdf. See "Enrolling in an FSA" section of this SPD.

MINIMUM AND MAXIMUM CONTRIBUTIONS

You may choose a plan year contribution of any whole dollar amount, within the following minimum and maximum:

- Minimum plan year contribution: \$250
- Maximum plan year contribution: \$5,000 or \$2,500 if you are married and file your Federal income tax return separately from your spouse.

POTENTIAL TAX SAVINGS

- 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.

USING A DEPENDENT CARE FSA

Once you elect to participate in a Dependent Care FSA:

- Your contributions will accumulate in your Dependent Care FSA during the plan year (or, if less, the portion of the plan year during which you participate in the Dependent Care FSA).
- If you incur an eligible dependent care expense, you may be reimbursed from your Dependent Care FSA by:
 - Filing out a **Reimbursement Form** and faxing it to HealthEquity|WageWorks at 1-877-353-9236 or mail it to Claims Administrator, P.O. Box 14053, Lexington, KY, 40512 with copies of appropriate receipts.
 - Filing a claim online: log on to **Workday** at workday.osu.edu, click on the My FSA/HRA/LSA link under Benefits. Scan and upload appropriate receipts.
 - Filing a claim using the **EZ Receipts** mobile app and using your mobile device to take a photo of appropriate receipts.
- **Note:** You can only be reimbursed 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 (for the 2024 plan year, the grace period is January 1, 2024 – March 15, 2025), subject to your participation in the FSA.
- The money reimbursed from your Dependent Care FSA is paid directly to you. For additional information about available reimbursement methods, please see the "Reimbursement Options" section of this SPD. Requests for reimbursement from your Dependent Care FSA must be submitted no later than March 31, 2025. **Any unused amounts remaining in your Dependent Care FSA after this deadline (March 31, 2024) will be forfeited.** See the "IRS 'Use It or Lose It' Rule" section of this SPD.

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DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

NONTRANSFERABILITY; FORFEITURES

- Calculate the amount that you contribute to your Dependent Care FSA carefully.
- 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 the “IRS ‘Use It or Lose It’ Rule” section of this SPD.

QUALIFIED DEPENDENT CARE EXPENSES

- 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:
 - 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.

QUALIFIED DEPENDENT CARE EXPENSES, CONTINUED

- **IRS Publication 503** (available online at hr.osu.edu/benefits/fsa) outlines examples of qualified dependent care expenses. These expenses may include:
 - Before and/or after school care programs.
 - Care provided by a private babysitter who claims the income on the federal tax returns (the babysitter cannot be your IRS tax dependent or your 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.
 - 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

IRS Publication 503 also outlines examples of expenses that are not eligible for reimbursement from your Dependent Care FSA. Under IRS guidance, the following expenses are not eligible for reimbursement from your Dependent Care FSA:

- 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.
- Expenses paid for care services provided by a child (within the meaning of Section 152(f)(1) of the Internal Revenue Code) who is under age 13 who does not spend at least eight hours a day in your household.
- 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.
- Expenses for care of a qualifying individual where you are married and your spouse is not (A) gainfully employed, (B) actively looking for gainful employment, (C) a full-time student, or (D) incapable of self-care.
- Expenses for care that otherwise constitute qualifying employment-related expenses but for which you fail to provide to the plan administrator the name, address, and tax identification number of the care provider performing services (or, if the care provider is an organization described in Section 501(c)(3) of the Internal Revenue Code and exempt from tax under Code Section 501(a), the name and address of the care provider performing service(s)).
- Expenses that would cause the FSA Program to exceed nondiscrimination benefit limits as established pursuant to Section 129 of the Internal Revenue Code or regulations thereunder.

In addition to the above, expenses incurred at a time when you are not a participant in the Dependent Care FSA (including, for example, while you are on a leave of absence) are not eligible for reimbursement from your Dependent Care FSA.

HEALTH CARE FLEXIBLE SPENDING ACCOUNTS

OVERVIEW OF HEALTH CARE FSAs

- A Health Care FSA allows you to pay for eligible health care expenses with tax-free funds. 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 using **Workday** at workday.osu.edu or by completing an **FSA Election Form**, available at hr.osu.edu/wp-content/uploads/form-fsa.pdf. See the “Enrolling in an FSA” section of this SPD.

MINIMUM AND MAXIMUM CONTRIBUTIONS

You may choose a plan year contribution of any whole dollar amount, within the following minimum and maximum:

- Minimum plan year contribution: \$100
- Maximum plan year contribution: \$3,200. For 2024, the Health Care Flexible Spending Account (FSA) maximum is expected to increase to \$3,200. The final amount for the maximum 2024 contribution is pending release by the Internal Revenue Service (IRS), and our plan will allow you to elect up to the finalized IRS maximum amount.

POTENTIAL TAX SAVINGS

- 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 your tax advisor to determine whether you should participate in a Health Care FSA.

USING A HEALTH CARE FSA

Once you elect to participate in a Health Care FSA:

- Your contributions will accumulate in your Health Care FSA during the plan year (or, if less, the portion of the plan year during which you participate in the Health Care FSA). However, your entire annual election amount is available for reimbursement from the first day of participation.
- If you incur an eligible health care expense, you may be reimbursed from your Health Care FSA by:
 - Paying for the expense using your HealthEquity Health Care card. See the “HealthEquity Health Care card” section below for more details.
 - Filling out a **Reimbursement Form** and faxing it to HealthEquity|WageWorks at 1-877-353-9236 or mail it to Claims Administrator, P.O. Box 14053, Lexington, KY, 40512 with copies of appropriate receipts.
 - Filing a claim online: Log on to **Workday** at workday.osu.edu, click on the My FSA/HRA/LSA link under Benefits. Scan and upload appropriate receipts.
 - Filing a claim using the **EZ Receipts** mobile app: Use your mobile device to take a photo of appropriate receipts.
- You can be reimbursed for expenses up to your entire annual election amount for the plan year, even if the full amount has not yet been deducted from your pay and deposited in your Health Care FSA.
- In a situation where an incurred medical expense could be reimbursed from either the Health Care FSA or the university’s Health Reimbursement Account (HRA), the Health Care FSA will pay first. All Health Care FSA funds must be exhausted before HRA funds will be used. See the Ohio State University Faculty and Staff Health Plan Specific Plan Details Document for more information on the HRA.
- Eligible expenses for which you are requesting reimbursement must be incurred during the plan year or the grace period (for the 2024 plan year, the grace period is January 1, 2024 – March 15, 2025), subject to your participation in the FSA.
- The money reimbursed from your Health Care FSA is paid directly to you (except when you pay for eligible health care expenses using your HealthEquity Health Care card or use the Pay My Provider for direct payment to your provider). For additional information about available reimbursement methods, see the “Reimbursement Options” section of this SPD (page 8). Requests for reimbursement from your Health Care FSA must be submitted no later than March 31, 2025. **Any unused amounts remaining in your Health Care FSA after this deadline (March 31, 2025) will be forfeited.** See the “IRS ‘Use It or Lose It’ Rule” section of this SPD.

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 the “Orthodontia Reimbursement Guidelines” Addendum to this SPD.

HEALTHEQUITY HEALTH CARE CARD

If you have a Health Care FSA, present your HealthEquity Health Care card at the point-of-service to directly access your Health Care FSA funds when paying for eligible expenses for you and your eligible dependents. You should retain your receipts for the expenses that you pay for with your HealthEquity Health Care card, as you may be required to substantiate those expenses. If documentation for expenses is requested and you do not supply documentation upon that request, the expenses will be considered ineligible and you will have to repay that expense to your Health Care FSA. In such case, your HealthEquity Health Care card will be inactive until your account is reimbursed.

Important: Your HealthEquity Health Care card is valid for a three-year period. You should retain your card for future plan years if you plan on re-enrolling in the Health Care FSA during the annual open enrollment period.

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HEALTH CARE FLEXIBLE SPENDING ACCOUNTS

NONTRANSFERABILITY; FORFEITURES

- Calculate the amount that you elect to 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 the “IRS ‘Use It or Lose It’ Rule” section of this SPD.

EXAMPLES OF ELIGIBLE HEALTH CARE EXPENSES

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 go.osu.edu/fsa-hra-expenses.

- 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:
 - Breast pumps and supplies that assist lactation.
 - Copayments/coinsurance – your payments or share of the cost for medical, dental, vision, or prescription drug expenses.
 - Diabetic supplies, including blood-sugar test kits and test strips, glucose-monitoring equipment and insulin.
 - Laboratory fees when they are part of medical care.
 - Vision correction procedures, including laser procedures such as Lasik and radial keratotomy.

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 go.osu.edu/fsa-hra-expenses.

- Babysitting and child care, dependent care expenses
- 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, hair colorants, hand lotion, lipsticks, makeup, moisturizers, mouthwash, nail polish, perfume, permanent waves, shampoos, shaving cream or lotion, skin moisturizers, soaps, toothbrush and toothpaste
- Surrogate or gestational carrier expenses

In addition to the above, expenses incurred at a time when you are not a participant in the Health Care FSA are not eligible for reimbursement from your Health Care FSA.

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 in excess of 180 days or for an indefinite period, you may request and receive a “qualified reservist distribution” from your Health Care FSA. A qualified reservist distribution is a distribution made during the period beginning on the date you are ordered or called to active duty and ending on the last day that reimbursements for eligible health care expenses could otherwise be made for the 2024 plan year. The amount of a qualified reservist distribution is the amount contributed to the Health Care FSA as of the date of the qualified reservist distribution request 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 **HR Connection** at 614-247-myHR(6947), 800-678-6010 or HRConnection@osu.edu.

IRS “USE IT OR LOSE IT” RULE

OVERVIEW OF THE RULE

- You should carefully calculate the amount you contribute to a Dependent Care FSA and/or a Health Care FSA for a particular plan year.
- It is very important to plan conservatively because:
 - **The IRS requires that any amount remaining in your FSA(s) at the end of the reimbursement period (January 1, 2024, through March 31, 2025, with regard to the 2024 plan year) be forfeited. This is known as the “IRS ‘Use It or Lose It’ Rule” 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 2024, subject to your eligibility to participate in the FSA Program:

Plan Year	January 1 – December 31, 2024	Your pre-tax payroll contributions will be made during the plan year, which is a 12-month period.
Incurred Date Window	January 1, 2024 – March 15, 2025	You may use the funds in your FSA for eligible expenses incurred during the plan year and the grace period (January 1, 2024 – March 15, 2025). The plan year plus the grace period is a 14½ -month period.
Reimbursement Period	January 1, 2024 – March 31, 2025	You may request reimbursement for eligible expenses incurred within the incurred date window during the reimbursement period, which is a 15-month period.
Reimbursement Filing Deadline	March 31, 2025	All requests for reimbursement must be received by the university no later than March 31, 2025, or you will forfeit the unclaimed balance in your FSA(s).

APPEALING A DENIED CLAIM

NOTICE OF DENIAL OF CLAIM

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 from HealthEquity/WageWorks. The notice will be provided within 30 days after receipt of the claim and will include the following:

- 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

If you feel your claim was denied in error, you have the right to file an appeal by writing a letter that explains why you believe the claim should be approved.

Your appeal may be submitted in writing and mailed to:

HealthEquity Claims Appeal Board
PO Box 14034
Lexington, KY 40512

Or, your appeal may be faxed to:

Fax Number: 1-877-220-3248

Your appeal must be received within 180 days of the date you receive the notice of your claim being denied.

You are welcome to submit additional information related to your claim along with your appeal, such as written comments, documents, records, a letter from your health practitioner indicating medical necessity of the denied product or service, and any other information you feel will support your claim.

You can request copies of all documents and information related to your denied claim. These will be provided at no charge.

APPEALING A DENIED CLAIM

APPEAL REVIEW PROCESS

Your appeal will be reviewed by a person who was not involved with the initial claim denial and who is not a subordinate of any person who was.

The review will be a fresh look at your claim and appeal without deference to the initial denial and will take into account all information submitted with your claim and/or appeal.

You will be notified of the decision regarding your appeal in writing by HealthEquity within 30 days of receipt of your written appeal. All determinations by the university's FSA administrator (HealthEquity) 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 one year 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. However, 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. You may present your HealthEquity Health Care card at the point-of-service to directly access your Health Care FSA funds when paying for eligible orthodontic 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. You may present your HealthEquity Health Care debit card at the point-of-service to directly access your Health Care FSA funds when paying for eligible orthodontic expenses.

MONTHLY PAYMENTS

A monthly liability for orthodontic treatment is reimbursable from:

- You may present your HealthEquity Health Care debit card at the point-of-service to directly access your Health Care FSA funds when paying for eligible orthodontic expenses
- 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
- 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.

¹ Finance charges are not eligible for reimbursement.

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. You may present your HealthEquity Health Care debit card at the point-of-service to directly access your Health Care FSA funds when paying for eligible orthodontic expenses.



THE OHIO STATE UNIVERSITY

HUMAN RESOURCES