



UPMC Consumer Advantage® offers a health care flexible spending account (FSA), a dependent care flexible spending account (DCA), and a qualified transportation account (QTA). These are IRS-approved accounts that allow you to pay for eligible expenses with a portion of your salary that is not taxed.

You do not have to be a member of UPMC Health Plan to participate in a UPMC Consumer Advantage plan. You and your eligible dependents are all qualified to use this benefit.*

Why should I participate?

Quite simply, because it may save you money! Why not pay with pretax rather than after-tax dollars for expenses you are certain to incur? For each \$100 you earn, the government takes a minimum of 15 percent for federal taxes and 7.65 percent for Social Security/Medicare taxes. State taxes, if you have them, are taken out on top of that. This leaves about \$70 for each \$100 you earn.

Spending accounts allow you to redirect the money you spend on health care, dependent care, or commuter expenses into a separate account that is not taxed. For each \$100 you earn, you get the entire \$100 to spend on these types of expenses. Participating in one of these plans could save you hundreds of dollars each year.**

*Not all employers offer the plans listed in this brochure. Please consult your employer's benefit guide or summary plan document for eligible plans to determine which plans are available to you.

**The amount you save in taxes with an FSA will vary depending on the amount you set aside in the account, your annual earnings, whether or not you pay Social Security taxes, the number of exemptions and deductions you claim on your tax return, your tax bracket, and your state and local tax regulations. Check with your tax adviser for information on how participation will affect your tax savings.



CONTENTS

FLEXIBLE SPENDING ACCOUNTS	4	
HEALTH CARE FSA (FSA)	6	
DEPENDENT CARE FSA (DCA)	6	
QUALIFIED TRANSPORTATION ACCOUNT (QTA)	7	
ACCESSING AND MANAGING YOUR UPMC CONSUMER ADVANTAGE ACCOUNT(S)	8	
FREQUENTLY ASKED QUESTIONS	10	



Flexible spending account

What is a flexible spending account?

An FSA is a tax-advantaged account that allows you to use pretax dollars to pay for qualified out-of-pocket medical or dependent care expenses.

With an FSA, you elect to have your contribution (up to the limit set by the IRS) deducted from your paycheck in equal installments throughout the year until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA does not count as taxable income, so you will have immediate tax savings. You can use FSA dollars during the plan year to pay for qualified expenses and services.



UPMC Consumer Advantage accounts

With all FSA account types, you receive access to a secure, easy-to-use consumer website where you can track your account balance, view your claim history, and submit requests for reimbursements.

You'll also receive a debit card to make it easy to pay for eligible services and products not covered by your health insurance. When you use your card, payments are automatically withdrawn from your account. Just swipe and go. It's that easy.

- Enjoy tax savings with pretax contributions and tax-free reimbursements for qualified plan expenses.
- Quickly and easily access funds using the debit card at the point of sale, or request to have funds directly deposited into your bank account online or via the mobile app.
- Reduce filing hassles and paperwork by using your debit card.
- Enjoy secure access to your accounts through the convenient UPMC Consumer Advantage website.
- Manage your FSA on the go with the easy-to-use mobile app.
- File claims easily online (when required) and let the system determine approval based on eligibility and availability of funds.
- Stay up to date on balances and action required with automated email alerts and convenient website and mobile phone messages.

The only thing you need to remember is to save your receipts! Most expenses can be validated through card transactions, but you may be prompted to provide a copy of the receipt for certain purchases, due to IRS regulations. When required, receipts can be uploaded to either the UPMC Consumer *Advantage* website or through the mobile app. It's as simple as taking a picture of the receipt using the camera on your smartphone!

Qualifying health care FSA expenses

The following is not a complete list of all eligible expenses. Purchases and expenses must fall within the legal definition of "medical care" as defined in IRS Code 213(d). Expenses and purchases can be incurred by the plan participant, spouse, or eligible dependent. Refer to your employer's Summary Plan Description for details specific to your plan. For a complete list of 213(d) expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Eligible expenses

- Acupuncture
- Alcohol use disorder treatment
- Alleray medicines
- Ambulance transportation
- Antacids
- Antibiotic ointments
- Antihistamines
- Anti-itch creams
- Arthritis gloves
- Artificial limbs
- Artificial teeth
- Aspirin
- Asthma treatments
- Bandages, elastics, and gauze pads
- Blood pressure monitors
- Braille books and magazines
- Breast pumps
- Breast reconstruction surgery following mastectomy
- Calamine lotion
- Carpal tunnel wrist supports
- Chelation therapy
- Chiropractors
- Circumcision
- Coinsurance amounts
- Cold medicines
- Contact lenses, materials, and equipment
- Copayments
- Crutches
- Decongestants
- Deductibles
- · Dental sealants
- Dental treatments
- · Dentures and denture adhesives

- Diabetic supplies
- · Diaper rash ointment and creams
- Diarrhea medicines
- Egg donor fees
- Expectorants
- Eve drops
- Eye examinations, eyeglasses, equipment, and materials
- First aid kits
- Flu shots
- Fluoridation devices or services
- Guide dogs
- Headache medications
- Hearing aids
- Hemorrhoid treatments
- Hospital services
- Immunizations
- · Insect bite creams and ointments
- · Instructional fees to address a learning disability
- Laboratory fees
- LASIK eye surgery
- Laxatives
- Medical alert bracelets or necklaces
- Medical information plan charges
- Medical monitoring and testing devices
- Medical records charges
- Menstrual pain relievers
- Motion sickness pills
- Norplant (insertion or removal)
- Obstetrical expenses
- Occlusal guards to prevent teeth grinding

- Operations
- Organ donors
- Osteopath fees
- Oxvgen
- Pain relievers
- Patterning exercises
- Physical exams
- Physical therapy
- Preventive care screenings
- Prosthesis
- Psychiatric care
- Radial keratotomy
- Sinus medications
- Sleep deprivation treatments
- Sterilization procedures
- Sunscreen with SPF 15+ and "broad spectrum" sunburn creams and ointments (over-the-counter)
- · Taxes on medical services and products
- TVs/Phones for hearing impairment
- Thermometers
- Toothache and teething pain relievers
- Transplants
- Transportation expenses for person to receive medical care
- Usual and customary charges, excess
- Vaccines
- Walkers
- Wheelchairs
- X-ray fees
- · Yeast infection medications

Is a UPMC Consumer Advantage account right for me?

We offer two types of FSAs: one to cover health care expenses (FSA) and one to cover dependent day care expenses (DCA). We also offer qualified transportation accounts (QTAs). Here's what you need to know before making your decision:



Health care FSA

A health care FSA is a prefunded account. You can use the funds in this account to pay for out-of-pocket expenses related to medical, prescription, dental, and vision costs. The entire amount you elect to put in the account for the year is available on the first day of your eligibility. You can pay for your own out-of-pocket costs or any of your dependents' costs.

A health care FSA could save you money if you or your dependents:

- Have out-of-pocket expenses like copays, coinsurance, or deductibles for health, prescription, dental, or vision plans.
- Have a health condition that requires the purchase of prescription and over-the-counter medications on an ongoing basis.
- Wear glasses or contact lenses or are planning to have LASIK surgery.
- Need orthodontic care, such as braces, or have dental expenses not covered by your insurance.

Health care FSA tips

- Be sure to estimate your health care expenses carefully, as money left unspent in your health care FSA at the end of the year will be forfeited if you do not spend it.
- To make enrolling in an FSA less risky, your employer may offer a grace period or a rollover option.
 - If your employer offers a grace period, the grace period allows you an additional $2\frac{1}{2}$ months beyond the end of the plan year to incur eligible health care expenses. In other words, you would have a total of $14\frac{1}{2}$ months to use your 12-month election. The rollover option would allow you to carry over up to \$500 of your unused health FSA balance into the next plan year.
 - Your employer can offer only one of these benefits and may not offer either. Check with your employer to see if it offers one of these options.
- The IRS requires that all FSA purchases be verified as eligible expenses. Always save your itemized receipts.
- The IRS also requires that employers make the full annual health FSA election available to employees when an eligible expense occurs, regardless of whether you have deposited enough to cover the full amount at that time.



Dependent care FSA (DCA)

A DCA provides pretax reimbursement of out-of-pocket expenses related to dependent care. This benefit may make sense if you (and your spouse, if you are married) are working or in school, and:

- Your dependent children under age 13 (whom you claim as dependents on your federal income tax return) attend day care, after-school care, or summer day camp. If you are divorced or legally separated, you must have custody for more than half of the year.
- You provide care for a person of any age who is mentally or physically incapable
 of caring for him or herself and whom you claim as a dependent on your federal
 income tax return. This person can include your spouse.

The IRS limits your DCA contribution to \$5,000 per household each plan year (or \$2,500 per person if married and filing a separate tax return). Your total contribution cannot exceed your own earned income or that of your spouse (whichever is less). Reimbursement funds become available as they are deducted from your pay.

Qualifying DCA expenses:

- Nursery care
- Preschool
- Before-school and/or after-school care
- Day camp
- Elder day care

DCA tips

- DCA expenses are eligible only up to the amount of contributions you have made at the time of your reimbursement request.
- The IRS limits your contribution to \$5,000 per household each plan year (or \$2,500 each if married, and filing a separate tax return). Your total contribution cannot exceed your own earned income or that of your spouse (whichever is less).



Qualified transportation account (QTA)

QTAs allow you to set aside pretax funds for eligible transit and parking expenses related to your commute to work, and they are governed by IRC Section 132. If you have both a parking account and a transit account, each account is entirely separate. You cannot transfer funds between them. Transit and/or parking benefits are limited to your expenses only; reimbursement for spouse or dependent transit or parking expenses is not allowed. Unlike DCAs and FSAs, you can change election amounts each month. If submitting claims for reimbursement rather than using a UPMC Consumer Advantage debit card, you must file the claim within 180 days of the date of service.

The IRS sets maximum monthly pretax deduction and spending limits. These amounts are adjusted annually. Check your benefits plan to find out how much you can put aside.

Qualified parking expenses include the cost of parking your vehicle near your work or transit location. Qualified transit expenses include the cost incurred for commuting to work by vanpool or mass transit, such as train, bus, subway, or ferry.*

QTA tips

- Parking and/or transit benefits are limited to your expenses only; reimbursement for spouse or dependent expenses is not allowed.
- Unlike DCAs and FSAs, you can change election amounts each month.
- If submitting claims for reimbursement rather than using your UPMC Consumer Advantage debit card, you must file the claim within 180 days of the date of service.

^{*}Mass transit may not be reimbursable under certain benefit plans. Please ask your employer whether it is included in your benefit plan.



Accessing and managing your UPMC Consumer *Advantage* account(s)

UPMC CONSUMER ADVANTAGE DEBIT CARD

The UPMC Consumer *Advantage* debit card is a special-purpose Visa that provides instant access to the funds in your UPMC Consumer *Advantage* account(s). You can use it for expenses associated with your FSA and QTAs. The card allows you to pay for eligible products and services at the point of sale without submitting a claim form and waiting for reimbursement.

It works like any other debit card. When you make an eligible purchase at a business that accepts Visa debit cards, you simply swipe your card. The dollar amount will be automatically deducted from the account, and the pretax dollars will be electronically transferred to the provider/merchant for immediate payment.

With UPMC Consumer *Advantage*, you will not have to routinely submit receipts verifying that you received the product or service. However, you may be required to confirm the eligibility of some card purchases to comply with IRS rules. Please keep all of your itemized receipts and be prepared to provide them if they are requested.

How the card works with your FSA

IRS regulations allow you to use the card at participating pharmacies, mail-order pharmacies, discount stores, department stores, and supermarkets that can identify FSA-eligible items at checkout and accept Visa cards. Eligible expenses are deducted from the account balance at the point of sale. You can find out which merchants participate by visiting www.sig-is.org.

How the card works with QTAs

The UPMC Consumer Advantage debit card maintains separate accounts, or "purses," for all of your spending accounts. Card transactions are directed to the appropriate purse based on the merchant category code at the point of sale. If you already have a card for your health care FSA, your QTA(s) can be stacked on the same card.

UPMC CONSUMER ADVANTAGE WEBSITE

With this secure, one-stop website, you have 24/7 access to view information and manage your FSA, DCA, and/or QTAs.

It enables you to:

- File a claim online.
- Upload receipts and track expenses.
- View up-to-the-minute account balances.
- View your account activity, claims history, and payment (reimbursement) history.
- Report a lost/stolen card and request a new one.
- Download plan information, forms, and notifications.
- Sign-on directly from MyHealth OnLine.

FSA STORE

FSA Store is the only e-commerce site exclusively focused on FSAs. FSA Store was founded to make using your FSA easy when you shop for eligible products. It cuts the guesswork out of identifying eligible products because everything on the website is FSA-eligible. You can access FSA Store through the UPMC Consumer Advantage website to easily shop for FSA-eligible products.

UPMC CONSUMER ADVANTAGE MOBILE APP

Want to check your account balances and submit receipts wherever you are? We have an app for that!

- Check available balances and account details for your FSA, DCA, and/or QTAs.
- View charts summarizing your account information.
- Set account alerts and get notifications via text message.
- · Review claims requiring receipts.
- Submit claims for your FSA, DCA, and/or QTAs.
- Snap a photo of a receipt to submit a new claim or add it to an existing claim.
- Scan items to determine their eligibility while you shop.
- Report a debit card as lost or stolen.

Download the app from the Apple App Store or Google Play today.

DIRECT DEPOSIT

Get your money faster by choosing direct deposit for your claim reimbursements! With direct deposit, your funds will be deposited directly into your personal bank account without the hassle of paper:

- It's reliable.
- It's quick.
- It's simple.

Frequently asked questions

FSAs

What does it mean to incur expenses?

The IRS considers expenses to be "incurred" at the time you receive medical care or dependent care—not when you are formally billed or actually pay for services. Only eligible expenses you incur within the plan year, including any employer-allowed grace period, are eligible for reimbursement.

How often can I request reimbursements?

Reimbursements can be requested as often as qualified expenses are incurred. Expenses must be incurred during the plan year, and the reimbursement must be requested before the end of the run-out period (or grace period, if applicable). Claims are reimbursed daily.

Can I change my election or stop contributing money to my FSA at any time during the plan year?

Federal regulations state that once you have enrolled in an FSA, you cannot change your election amount unless you have a qualifying life event. Your employer can give you a list of permitted change events.

Do I have to be enrolled in my employer's health plan to participate in an FSA?

You may enroll in an FSA plan even if you receive health insurance another way. You may use your FSA for eligible expenses for all of your tax-qualified dependents.

What expenses are not eligible for reimbursement under a DCA?

- Dependent health care expenses
- Dependent care for children age 13 or older (unless disabled)
- Overnight camps
- Babysitting during errands or activities that are not work-related
- Costs for kindergarten, primary school, or secondary school (such as tuition for private schools)
- Long-term care services (such as nursing homes)

QTAs

What types of expenses are eligible for reimbursement?

Eligible parking expenses include the cost of parking your vehicle near your work or transit location. Eligible transit expenses include public transportation passes and vanpool expenses, according to the following criteria:

- Transportation must take place between your residence and your place of employment.
- The vehicle must have a seating capacity of at least six adults (not including the driver).
- At least 80 percent of the yearly mileage must be used for travel between your home and your workplace.
- During these trips, half of the seats must be occupied (not including the driver).

What expenses are not reimbursable?

Any non-work-related parking or transit expense for yourself or your dependents.

Do I have to use the debit card for my QTA expenses?

No. Even though the debit card is the recommended method for reimbursement, you can still submit your request for reimbursement via a hard copy form, the mobile app, or an online request through the UPMC Consumer Advantage website. Receipts are not usually necessary; however, you should always ask for one in case you need it or are audited.

Per IRS guidelines, QTA claims can be reimbursed only if they are submitted within 180 days of the date of service (up to the mandated maximums).

DEBIT CARD

How many cards will I receive?

If you have an FSA and cover yourself and a spouse under a UPMC Health Plan medical plan, you will receive two cards. If you have only a QTA, one card will be issued.

Additional cards can be requested on the website for spouses and child dependents 18 or older, if applicable.

Will I receive a new card each year?

No, you will not receive a new card each year. Cards are good until the expiration date printed on them (about three years from the enrollment date). If you maintain the same spending account plan, the card will be loaded with the new FSA annual election amount at the start of each plan year or incrementally with each pay period, based on the type of account you have.

What if the card is lost or stolen?

You can call Member Services at 1-855-492-8762 (TTY: 711), email consumeradvantage@upmc.edu, or use the UPMC Consumer Advantage website or mobile app to report it lost or stolen. Your card will be deactivated, and a replacement will automatically be issued.

What are some reasons that the card might not work at the point of sale?

The most common reasons why a card may be declined at the point of sale include the following:

- Insufficient funds in the account to cover the expense
- Ineligible expenses included at the point of sale
 - Retry the transaction with the eligible expense only.
- Problems on the merchant's end, such as coding or swipe box issues
- The pharmacy, store, or supermarket's inability to identify FSA-eligible items at checkout, according to IRS rules



Nondiscrimination notice

UPMC Health Plan, on behalf of itself and its affiliates, complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

UPMC Health Plan provides free aids and services to people with disabilities so that they can communicate effectively with us. Aids and services may include:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

UPMC Health Plan provides free language services to people whose primary language is not English. Language services may include:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact the Member Services phone number listed on the back of your member ID card.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression, you can file a complaint with:

Complaints and Grievances PO Box 2939 Pittsburgh, PA 15230-2939

Phone: 1-888-876-2756 (TTY: 711)

Fax: 1-412-454-7920

Email: HealthPlanCompliance@upmc.edu

You can 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 https://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, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

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

Translation services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-492-8762 (TTY: 711).

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 1-855-492-8762 (TTY:711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-492-8762 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-492-8762 (телетайп: 711).

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-492-8762 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-492-8762 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-492-8762 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 8762-492-855-1. (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-492-8762 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-492-8762 (TTY: 711).

સુચનાઃ જો તમે ગુજરાતી બોલતા ફો, તો નિઃશુલ્ક ભાષા સફાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-492-8762 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-492-8762 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-492-8762 (TTY: 711).

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-855-492-8762 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-492-8762 (TTY: 711).

This document is for informational purposes only and should not be construed as legal or tax advice. Health savings accounts are subject to all applicable laws and regulations, including, but not limited to, the Internal Revenue Code. Restrictions and limitations may apply.

UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street Pittsburgh, PA 15219

upmchealthplan.com







