



## General Information

---

As a newly hired employee, you are eligible to participate in the Vita Flexible Spending Account (FSA) plan. You have 30 days from the date you satisfy Fremont Union High School District's eligibility requirement to enroll in either the Health FSA or the Dependent Care FSA.

Both the Health FSA and Dependent Care FSA plans allow you to reduce your salary to pay for certain eligible health-related and dependent care expenses on a pre-tax basis. Once you incur an eligible expense, you may submit the claim to Vita with complete documentation and you will be reimbursed for the expense from your available account balance on a tax-free basis.

### Health Flexible Spending Account

This account is used for medically necessary health care expenses *not* fully reimbursed by an insurance plan or any other source.

You can claim expenses incurred by you, your spouse or any of your eligible dependents (*regardless of whether you or your dependents are covered under the medical plan offered by your employer*).

### Dependent Care Flexible Spending Account

This account allows you to pay for out-of-pocket, work-related day care costs for your eligible dependents.

### Who Qualifies as a Dependent?

- A child under the age of 13 whom you support.
- A spouse or dependent (age 13 or older) who is physically or mentally unable to provide for his or her own care.

\*Please see reverse side for guidelines on common eligible and ineligible expenses. For more complete information, please visit [help.vitacompanies.com](http://help.vitacompanies.com) or call the Vita Concierge at (650) 966-1492 or (800) 424-3052.

## Election Information

---

### How to Make an Election for 2024

#### Online via Ease

- Go to <https://fea.ease.com>
- Contact your HR representative for instructions on how to complete your enrollment.
- Complete enrollment within 30 days of satisfying Fremont Union High School District's eligibility requirement.

## Additional Information

---

**Health FSA Rollover** If you do not incur sufficient expenses to exhaust your entire Health FSA election, you will be eligible to roll over your balance to the following year, up to 20% of the Federal Maximum for 2024 elections. If your Health FSA balance after the claim submission deadline is greater than the allowed rollover limit, the amount in excess of the limit will still be forfeited under the "Use It or Lose It" rule.

**Claim Submission Methods** Vita FSA claims may be incurred and/or submitted using any of the following methods:

- Debit Card
- Online
- Fax
- Mobile App
- Email
- US Mail

**Reimbursement Options** All Vita FSA reimbursements are issued either via direct deposit or a paper check. All claims received and approved by Tuesday of each week will be deposited into your personal bank account the following Friday. If a personal bank account is not provided, a paper check will be mailed to your home address instead.

**Payroll Contributions** Your Vita FSA election will be divided by the total number of remaining payroll dates in the year to determine your per paycheck deduction amount. Each pay period you will have the same amount deducted from your paycheck until the full election amount is reached.



## Documentation of Expenses

---

The IRS requires third party documentation to substantiate all health claims.

Do not include expenses that cannot be appropriately documented in your election amount, as they cannot be reimbursed. For specific requirements, see the Vita Flex Claim Instructions handout or visit our website at [help.vitacompanies.com](http://help.vitacompanies.com).

## Health Expense Guidelines

---

### Common Eligible Medical Expenses

#### Medical Services

- Coinsurance, Copayments, Deductibles
- Office Visits
- Lab Work and Radiology
- Hospital, Surgical and Ambulance Expenses

#### Dental Services

- Dental Exams and Basic Care
- Orthodontia
- Implants

#### Vision Services

- Vision Exams
- Corrective Contact Lenses and Eyeglasses
- Laser Eye Surgery

#### Therapeutic Services

- Physical Therapy
- Speech Therapy
- Chiropractic and Acupuncture
- *Psychotherapy, Massage Therapy, Occupational Therapy are eligible only with a Statement of Medical Necessity*

#### Over-the-Counter Items

- Allergy Medications
- Cold & Sinus Relief
- Pain Relievers and Wound Ointment

#### Over-the-Counter Supplies

- Bandages, Gauze, ACE Wraps, Hot/Cold Packs
- Contact Lens Solution, Reading Glasses
- Menstrual Supplies

### Common Ineligible Health Expenses

#### Over-the-Counter Items

- Anti-Aging and Beauty Products
- Vitamins and Herbal Supplements
- Toiletries

#### Personal Care/Well Being

- Childrearing Classes
- Counseling for Personal Growth
- Massage Therapy for General Health
- Nursing Care of Healthy Newborn

#### Dental Services

- Cosmetic Dentistry
- Teeth Whitening
- Orthodontia payments made outside of the Plan Year

#### Other Services

- Health Insurance Premiums
- Marijuana or Illegal Substances
- Parking or Transportation Fees
- Long Term Embryo or Sperm Storage

## Dependent Care Expense Guidelines

---

**Restrictions on Participation:** You must be at work while your eligible dependent is receiving custodial care for expenses to be eligible.

### Eligible Dependent Care Expenses

- Expenses paid to a dependent care center (must be licensed in the applicable state) or dependent care provider.
- Expenses paid to an in-home dependent care provider.
- Expenses paid for education of a pre-school child because they are considered primarily custodial in nature.
- Expenses paid to an adult day care or dependent care provider for care of a spouse or other dependent that lives with you and is physically or mentally incapable of self care.
- After school care and summer day camp programs that are primarily custodial or recreational in nature as opposed to educational in nature.

### Ineligible Dependent Care Expenses

- Tutoring programs
- Late payment fees
- Language classes
- SCORE
- Gymnastics lessons
- Piano lessons
- Sports classes or leagues
- Overnight camps (even if camp breaks out the day expense from the night expense)