

Haddon Township Board Of Education

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FSA Employee Guide

This brochure is designed to give you only the highlights of your Plan with OCA. For a complete description of the terms and conditions, please refer to the Summary Plan Description/Plan Information Summary which is the legal document governing this plan.



Oca

Office of
Compliant
Administration

What is a Flexible Spending Account

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A Flexible Spending Account (FSA) is an IRS approved benefit that allows you to set aside money on a **TAX-FREE** basis to pay for unreimbursed healthcare expenses.

- **Healthcare FSA** allows you to use pre-tax dollars for out-of-pocket medical, dental and vision expenses. FSA will usually include the deductible, coinsurance or copayment amounts for your health plan, eye glasses or contact lenses, dental work and orthodontia, medical equipment, hearing aids and chiropractic care. **Be sure these expenses are not reimbursed thru another source.**

Making FSA Contributions...

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What are the maximum amounts that can be contributed each year to the Flexible Spending Plans?

- **Healthcare FSA annual limit is \$2,750** (\$500 annual minimum to participate)
- Your plan runs from **January 1st through December 31st**
- Contributions are deducted in **equal installments** from your paycheck during the plan year. Deductions will be taken pre-tax and will reduce your FICA, State (NJ doesn't allow for state tax deduction) and Federal income tax!

Use it or lose it and the 75 Day Grace Period...

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Your FSA runs calendar year. Any eligible purchases you make during the plan year are reimbursable. You will have 90 days from the plan end date to submit any claims that were incurred during the prior plan year. This is your run out period.

- The FSA benefit does have a 75 day Grace Period at the end of the plan year. This will allow you to incur new expenses during the 75 days and use any remaining funds from the previous plan year. Your plan year ends on December 31st, which means you have until March 15th to incur new expenses, and until March 31st to submit any outstanding claims for the prior plan year.
- To participate, you simply need to complete the OCA enrollment form and determine your annual election. Once enrolled in the FSA, you and all of your tax dependents are automatically included.

Sample Eligible FSA Expenses

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Acupuncture	Eye examinations and eyeglasses	Physical therapy
Alcoholism treatment	Home health and/or hospice care	Psychiatric care, psychologists, psychotherapists
Allergy shots and testing	Hospital services	Radial keratotomy
Ambulance (ground or air)	Insulin	Sexual dysfunction treatment
Artificial limbs	Laboratory fees	Smoking cessation
Blind services and equipment	LASIK eye surgery	Surgical fees
Car controls for handicapped*	Medical alert (bracelet, necklace)	Therapy treatments*
Chiropractor services	Medical monitoring and testing	Vaccinations
Coinsurance and deductibles	Devices*	Vitamins (prescription only)*
Contact lenses	Nursing services	Weight loss programs*
Crutches, wheelchairs, walkers	Obstetrical expenses	X-rays
Deaf services -- hearing aid, etc.	Operations and surgeries (legal)	
Dental treatment	Optometrists	
Dentures	Orthodontia	
Diagnostic tests	Orthopedic services	
Drug addiction treatment & facilities	Osteopaths	
Drugs (prescription)	Oxygen/oxygen equipment	

Effective January 1, 2011, OTC medications require a doctor's prescription to be eligible for FSA/HSA reimbursement.

As a result, OTC medications cannot be purchased using the mySource card unless dispensed by a pharmacy the same as a standard prescription. If a manual claim is submitted for purchase on or after 1/1/11 of an OTC medication, a copy of the prescription and the purchase receipt must both be included with the claim in order to receive reimbursement.

Non-medicated OTC products (gauze pads, diabetes test strips, saline solution, etc.) are not affected by this change in the law. You can continue to receive FSA/HSA reimbursement for such items in the same manner you did prior to 1/1/11.

Mid-Year Election Changes...

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IMPORTANT: Participants enrolled in the FSA or DCA program cannot change their election during the plan year unless they have a qualifying life event.

- A participant may change his or her pre-tax election(s) under certain **Qualified Life Event** conditions as outlined in your Summary Plan Description/Plan Information Summary, as well as in accordance with the I.R.S. consistency rules.
- Only certain events would allow an individual to amend their election. Here are some events that may allow the participant to make a change: **marriage, death of a spouse, divorce, legal separation or annulment, birth of a child, adoption or placement for adoption of a dependent, or death of a dependent.**
- Election changes must be made within 30 days of the event or during the annual election period by completing a Change of Status form.

Magic Formula

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ESTIMATE ALL KNOWN EXPENSES FOR THE PLAN YEAR (Medical, Dental, Vision)	ESTIMATE ALL ANTICIPATED EXPENSES FOR THE PLAN YEAR	
a) Health insurance deductibles	\$ _____	\$ _____
b) Co-insurance (% not paid by insurance)	\$ _____	\$ _____
c) Vision care (eye exams, contacts, glasses)	\$ _____	\$ _____
d) Exams (OB-GYN, school physicals, etc)	\$ _____	\$ _____
e) Travel costs related to medical care	\$ _____	\$ _____
f) Prescription drugs	\$ _____	\$ _____
g) Medically required equipment	\$ _____	\$ _____
h) Wheelchairs, crutches, medical appliances	\$ _____	\$ _____
i) Dental exams, cleanings, x-rays, etc.	\$ _____	\$ _____
j) Braces, retainers, fillings, etc.	\$ _____	\$ _____
k) Orthodontics, implants, inlays, other	\$ _____	\$ _____
l) Other	\$ _____	\$ _____
TOTAL (A):	\$ _____	TOTAL (B): \$ _____
(Use 100% of this number)		(Use 50% of this number)

You'll receive the OCA Debit Card

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You will have a convenient OCA debit card to use for qualified healthcare expenses for you and your eligible dependents. The credit card is linked to your FSA program. You may also submit claims via our paper claim form, online claim form, or mobile app called OCA Mobile.

IMPORTANT – SAVE YOUR RECEIPTS AND EXPLANATION OF BENEFIT STATEMENTS (EOBs)



- Federal regulations require that every FSA OCA credit card transaction be substantiated in order to confirm that the transaction was for a qualified expense under the benefit plan.
- Depending on which merchant, you may or may not be required to submit a claim form and EOB (or RX stub if it's a prescription) to validate the swipe.
- Watch for emails from OCA that will indicate if supporting documentation needs to be submitted.

Finding the best drug prices...

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GoodRx [How GoodRx Works](#) [Discount Card](#) [More](#) [Help](#) [Sign In](#)

Amoxicillin Generic Amoxil

Amoxicillin (Amoxil) is an inexpensive drug used to treat certain kinds of bacterial infections. This drug is more popular than comparable drugs. It is available in generic and brand versions. Generic amoxicillin is covered by most Medicare and insurance plans, but some pharmacy coupons or cash prices may be lower. The lowest GoodRx price for the most common version of amoxicillin is around \$3.88, 76% off the average retail price of \$16.48. Compare [penicillin antibiotics](#).

Prescription Settings: generic | capsule | 500mg | 30 capsules | [SAVE](#) | [SHARE](#)

Prices and coupons for 30 capsules of amoxicillin 500mg

Lowest prices near **Hamilton Township, NJ**

Walmart	\$13 est cash price	\$3.88 with free discount	GET FREE DISCOUNT
Walgreens	\$17 est cash price	\$5.00 with membership	MORE INFO
CVS Pharmacy	\$15 est cash price	\$7.82 with free coupon	GET FREE COUPON
Target (CVS)	\$15 est cash price	\$7.82 with free coupon	GET FREE COUPON
Costco	\$13 est cash price	\$8.51 with free coupon	GET FREE COUPON
Wegmans		\$8.51 with free coupon	GET FREE COUPON
ShopRite	\$10 est cash price	\$8.51 with free coupon	GET FREE COUPON

Need a script for amoxicillin?
\$25 online

To use GoodRx.com:

- Enter the name of the drug in the search bar on the top of the page.
- Enter your location by clicking the link highlighted in this example.
- GoodRx.com will then inform you of the best drug prices in your area.
- GoodRx.com will also provide information on the drug you are taking.

How to submit a claim to OCA?



Paper Claim Form

Mail, fax, or email the copy of your Explanation of Benefits (EOB) with a completed OCA claim form. This can be mailed to 3705 Quakerbridge Rd, Suite 216, Mercerville, NJ 08619. It can also be faxed to 609-514-2778 or emailed to claims@oca125.com



Online Claim Form

Employees can file/submit claims directly through OCA's secure portal.



Mobile Claim Form

Employees can file/submit claims using OCA's mobile app. It's available in the iTunes Store and Google Play. Simply take a photo of the EOB and file your claim within seconds!

Create Your Online Account!



Step 1: Go to www.oca.healthcareportal.com and click register. You'll need to create a username and password. You'll also be required to enter in your Employee ID (this is your SSN) followed by your OCA card number.



Step 2: You will then be need to complete our secondary authentication process by answering 4 unique questions. For security purposes, you'll be asked to answer two of those questions when you log in each time.



Step 4: You'll then be asked to verify all of the information you entered. If correct, please click submit set up information to access your account.

Access your benefits online!

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Employees will be able to view their reimbursement history, review debit card activity, submit an online claim, and more!

The image displays three overlapping screenshots of the OCA (Office of Compliant Administration) employee benefits portal. The top-left screenshot shows the 'Personal Dashboard' with 'My Accounts' section. It features two accounts: 'Health Reimbursement Arrangement (Sample)' with a total of \$2,000.00 (Available: \$1,580.80, Spent: \$419.20) and 'Flexible Spending Account' with a total of \$2,650.00 (Available: \$1,811.41, Spent: \$838.59). The bottom-left screenshot shows 'My Recent Transactions' with a table of recent activity.

Amount	Account	Status	Card/Type	Date
(\$35.00)	Health Savings Account	Posted	Card	Sep 6, 2018
(\$35.00)	Health Savings Account	Posted	Card	Sep 6, 2018
(\$7.00)	Flexible Spending Account	Denied	Claim	Sep 6, 2018
(\$4.00)	Health Reimbursement	Posted	Claim	Sep 6, 2018

The middle screenshot shows a 'Transaction Event' for a Health Savings Account debit card transaction of \$35.00. It includes details such as Date of Service (Sep 6, 2018), Description (CARD - POST), Claimant (Sample Employee), and Payment Details (Total: \$35.00, Approved: \$35.00, Ineligible: \$0.00).

The rightmost screenshot shows the 'Submit claim for reimbursement' form. It includes a 'Claim Form Instructions' section with a warning about submitting claims independently. The form has several required fields: Claimant (Sample Employee), Reimbursement Method (Check), Service Start Date, Service End Date, Service Type, Claim Amount (\$0.00), and Pay provider. There are also checkboxes for 'Would you like to submit this as a recurring payment?' and 'Pay provider?'.

OCA Mobile



Download “OCA Mobile” in the google play or Apple Store!

OCA Mobile allows you to do the following:

- Ask Emma, the CDH industry’s first voice-activated intelligent assistant, that provides answers to questions about benefit accounts
- View account balances and transaction history
- Submit claims & upload supporting receipt documentation via camera phone
- Display receipt notification, manual claim, and reimbursement letters as pop-up messages prompting consumers to take immediate required actions
- Receive & view real time alerts and important account-related communications
- Perform administrative updates to profile information
- Manage communication and reimbursement settings
- Secure, innovative access that includes the ability to leverage smart phone touch ID technology to easily and securely access the app without typing login credentials



Notes

Questions?



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We should be contacted whenever questions arise regarding processing of claims, how to submit claims, how your benefit plan works or relate to your existing insurance plans, debit cards, web access portal, ClaimsExpress, or just general knowledge/guidance questions.

OCA's Contact Information:

Phone Number: 609-514-0777 or Toll Free at 1-855-OCA-0777

Fax Number: 609-514-2778

Emails:

Service@oca125.com (**Questions/Inquiries**) – Any questions or inquiries regarding your claims history, card activity, balances, etc., please email OCA's client service email.

claims@oca125.com (**Claims Processing**) – For participants choosing to email – rather than fax or use the online web portal or mobile app methods of remitting claims.