



The Difference Card

BENEFITS CARD

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Difference Card Guide: Flexible Spending Accounts

What is an FSA?

A healthcare flexible spending account (FSA) is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible medical expenses.

Why should I participate in an FSA?

Contributions to the FSA are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can increase your spendable income by an average of 30% of your annual contribution with the tax savings.

How do I contribute money to my FSA?

Your annual election will be divided by the number of pay periods in your plan year. This amount will be deducted from your paycheck before taxes are assessed.

Who is eligible under an FSA?

An FSA covers eligible expenses for you and all of your dependents, even if they are not covered under your primary health plan.

What expenses are eligible for reimbursement?

Health plan co-pays, deductibles, co-insurance, eyeglasses, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502). [Visit FSAStore.com](https://www.fsastore.com) to see a list of [eligible items](#).

How do I determine the date my expenses were incurred?

Expenses are incurred at the time the medical care was provided, not when you are invoiced or pay the bill.

How do I get the funds out of my FSA?

If you have a Difference Card, simply swipe it at the register. If you do not have your card on hand, you can submit for a reimbursement against your FSA for eligible out of pocket expenses via Mobile App or on the Difference Card site. Once approved, your reimbursement check will be mailed or deposited into your bank account.

How much can I contribute?

You can find the max contribution rates for the year here: DifferenceCard.com/Services/Products/Fsa/

What happens if I don't spend all of my FSA by the end of the plan year?

Check in with your employer to see what policy they have adopted for this elected benefit.

How soon can I start spending my FSA funds?

With a healthcare FSA, your entire annual election amount is available on the first day of the plan year even though you have not yet contributed that amount.

Can I change my election amount mid-year?

Elections can only be altered if you experience a change in status as defined by IRS regulations, such as marriage, divorce, birth, or death in your immediate family.

What happens to my FSA if my employment is terminated?

Participation in your FSA is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

What is the deadline for submitting claims?

Check in on your Mobile App or DC account for exact deadline dates. Generally, you have 90 days after your plan ends to submit a claim for reimbursement. You can also submit claims at any time during the same plan year that you incur the expense.

Can I still deduct healthcare expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed from your FSA.

Are Over-the-Counter (OTC) medications eligible for reimbursement?

Yes. OTC medicines like Tylenol®, Zyrtec® and more will now be available for purchase with an FSA without a prescription.

What is another new change for eligible expenses?

Menstrual care products, such as tampons and pads, are now considered qualified health expenses with your FSA.

Visit DifferenceCard.com/Services/Products/Fsa/ for more info.



The Difference Card

Scan the Difference!

The Difference Card has a great feature for you to understand how your insurance benefits work with your employer funded benefit!

You can view the Employee Benefits Resources Page at any time, at any location you wish and discover how your health insurance coincides with the funding your employer has set up for you to keep your insurance costs down.

All you will need is your camera app!

1. Open your Smartphone camera and point it towards the QR code below.
2. You will automatically see a pop up.
3. Click on that pop up and then get ready to watch the video.



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*If viewing this document on a laptop or PC, click the Logo above to be taken to the Employee Benefits Resource Page designed specifically for your benefits or visit: <https://differencecard.onemob.com/p/yb20wl8p8stmnaqn>



SCAN ME

If you have any questions about The Difference Card after viewing this video, please call our customer care department at 888-343-2110. We are available Monday through Friday, 8AM to 9PM EST.



FLEXIBLE SPENDING ACCOUNTS ENROLLMENT FORM

EMPLOYER NAME	EFFECTIVE DATE
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EMPLOYEE INFORMATION

EMPLOYEE NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)

EMPLOYEE STREET ADDRESS (LINE 1)

EMPLOYEE STREET ADDRESS (LINE 2)

CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER*

GENDER

DATE OF BIRTH

E-MAIL ADDRESS

HEALTH CARE ACCOUNT ELECTION

I would like to contribute \$_____ to the Flexible Reimbursement Account for health care for the upcoming calendar year or the remainder of the current year.

DEPENDENT CARE ACCOUNT ELECTION

I would like to contribute \$_____ to the Flexible Reimbursement Account for any care for the upcoming calendar year or the remainder of the current year. Maximum contribution is \$5,000 (\$2,500 if married and filing separate tax returns) per year.

DEPENDENT INFORMATION

SPOUSE	FIRST NAME	MIDDLE INITIAL	LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER*		SEX
DEPENDENT CHILD FULL TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	FIRST NAME	MIDDLE INITIAL	LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER*		SEX
DEPENDENT CHILD FULL TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	FIRST NAME	MIDDLE INITIAL	LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER*		SEX
DEPENDENT CHILD FULL TIME STUDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	FIRST NAME	MIDDLE INITIAL	LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER*		SEX

I understand that the above elections will remain in effect until the last day of the Plan Year for which they are effective. In addition, I understand that I may change my elections during the Period of Coverage noted above only if (1) I experience a "status change," as defined under the Plan, and if my change in elections is consistent with that "status change," or (2) I exercise a Special Enrollment Period Right. I understand further that, if I do not complete and file a new Election Form during the next annual election period, the above elections will terminate at the end of the Plan Year for which they are effective and I will not participate in the Flexible Reimbursement Accounts. I understand that the Employer may modify my benefit elections if appropriate to insure that the Plan complies with the terms of the Plan and the requirements (including Tax-qualification requirements) of applicable law and that, subject to the requirements of applicable law, the Employer retains the right to amend or terminate the Plan. I also certify that all submitted expenses will not have been previously reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. NOTE: All unused amounts will be forfeited

EMPLOYEE SIGNATURE _____ DATE _____

**Due to Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L.110-173) , social security numbers must be included or the form will be returned.*

WAIVER OF FLEXIBLE SPENDING ACCOUNT PLAN

- I do not wish to participate in the Flexible Spending Account for health care.
- I do not wish to participate in the Flexible Spending Account for dependent care.

I understand that I will not be able to re-enroll until the next enrollment period or in the event I have a change in status.

EMPLOYEE SIGNATURE _____ DATE _____

