

# AT&T Healthcare Flexible Spending Account Overview and FAQ:

## **Overview:**

The AT&T Health Care Flexible Spending Account allows you to set aside before-tax money to pay for eligible health care expenses incurred by you and your eligible dependents.

- Enroll in the account and choose how much to contribute.
- All of your money is available on the first day of the plan year—there's no waiting!
- Contributions will be taken from your pay before taxes are calculated, so you save on federal taxes.

## **How the Account Works**

Plan carefully when deciding how much to contribute to your account each year. If you don't spend it all, any amount left in your account will be lost.

When you have an eligible healthcare expense that isn't covered by insurance, you can submit a claim reimbursement request on this site.

## **Automatic Processing of Your Health Care Flexible Spending Account Claims**

If you are enrolled in a company-sponsored medical program managed by a participating administrator and you have a full Health Care FSA, your medical program out-of-pocket health care expenses, such as copayments, coinsurance and deductibles, will automatically be sent to your Health Care FSA for processing. The automatic claims process is convenient and saves time by reducing the need for you to prepare and file Health Care FSA reimbursement claims with the claims administrator and allows the claims administrator to process the claims from participating administrators without the need for additional information. The participating administrators will electronically submit your claims directly to the plan's claims administrator for processing.

## **Participating Administrators**

Participating administrators (insurers) that will automatically submit HRA claims to the claims administrator are:

- Blue Cross and Blue Shield of Illinois (medical)
- CVS Caremark (prescription drug)
- Beacon Health (mental health/chemical dependency; mental health/substance abuse)
- CIGNA Dental (dental)

- EyeMed Vision Care (vision)

Note: If you are not interested in the automatic claims process for your Health Care Flexible Spending Account claims you have the option to “Opt-Out” of this Auto-pay feature. This will allow carrier claims to load to the system for you to review and select claims you would like to be reimbursed from. This is located under the Healthcare FSA Account Details Page, accessed from the drop-down menu -> Your Details -> Account Summary-> Select “View Details” for the FSA plan -> Preferences -> Select “Opt-Out”.

If you incur eligible out-of-pocket health care expenses through a nonparticipating administrator (insurer) you are required to prepare and submit your claim on this site.

### **Pay Your Provider**

If you enter your claim online or have auto-claims submission with manual pay, and include your provider information, you can have the claims administrator pay the amount of the eligible expense directly to your provider. If you do not have a balance in your FSA account to pay the full amount of the eligible expense submitted then the payment will be made to you, the participant. This feature can also be updated on the Claims Auto Payment Preference page mentioned above. Under the Auto Reimbursement Preference, if you have “Opted-In” to the Auto Payment Preference, you can select to set-up your FSA to pay your provider upon claims loaded into the system.

Once your claim is approved, you’ll be reimbursed for the eligible expense. Reimbursements are based on the coverage amount available and can be made anytime while you're eligible under the plan.

### **Frequently Asked Questions:**

#### **1. What is a Healthcare Flexible Spending Account?**

A Flexible Spending Account (FSA) is an employer-sponsored healthcare benefit that allows employees to set aside up to an annual limit specified by the IRS to cover the cost of qualified medical expenses. It’s a lot like a savings account but used for qualified health-related costs.

#### **2. Does a Health Care Spending Account balance roll over to the next year?**

No, the Health Care Flexible Spending Account balance does not roll over to the next year. Employees have until 12/31 to incur expenses within the plan year and until 3/31 to submit any expenses incurred before the 12/31 plan year close. Any remaining balance after 3/31 will be forfeited and not rollover to the next year.

Note: A Dependent Care Spending Account balance at the end of the plan year will be forfeited. It does not roll over.

### **3. What's a limited-use Health Care Spending Account?**

Some employers offer a limited-use Health Care Spending Account to employees who are enrolled in a Health Savings Account (HSA) plan. When combined with an HSA, money in the limited-use account can only be used for certain expenses (for example, dental and vision). For more information, select Eligible Expenses from the menu icon.

### **4. What's the last date to submit claims?**

You can submit claims anytime for expenses you incurred while you were eligible under the account. Plans often allow time to submit claims after the coverage period ends. AT&T's last date to submit claims after the coverage period ends is 3/31.

### **5. How do I submit my claim for reimbursement?**

Log on to the AT&T Benefits Center website. Once there, click on the "Reimbursement Accounts" Tab.

- i. Navigate to the "AT&T Healthcare Flexible Spending Account" to be directed to the Smart-Choice platform.
- ii. Select the "Add Expense" quick link to get directed to the Smart-Choice claim submission flow.
- iii. Follow the claim submission process, step by step. Entering the expense information.
- iv. On the "preview" page of the claim submission flow you can attach all necessary receipts and documentation.
- v. Review your claim, certify that the claim information entered is accurate, and then click Submit.

If you have any questions regarding the AT&T Healthcare Flexible Spending Account and wish to speak with someone, you can call the AT&T Benefit Center at 1.877.722.0020, Monday – Friday 7 am to 7 pm central time.