

## David K. Young Consulting, LLC Reimbursement Guidelines

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### How do I submit a claim?

You may submit your claim and supporting documentation through your online account during the appropriate timeframes outlined in your Summary Plan Description. You can access your account at <https://dkyoung.wealthcareportal.com> or through one of our mobile apps.

Google Play <http://bit.ly/2H3I2g1> | Apple <https://apple.co/2AEESIO>

For more information about submitting your claim online, we have a short video to walk you through the process at <http://bit.ly/2EFAI26>

### Can I file a paper claim?

Yes, you must fill out a claim form (obtained from HR or [www.dkyoung.com](http://www.dkyoung.com)) and submit supporting documentation. You may mail, fax or email it to the following address:

David K. Young Consulting, LLC  
11118 Wurzbach Rd, Ste 300  
San Antonio, TX 78230  
Fax: 210.641.7771  
Online Drop-box: <https://www.dkyoung.com/flex>

### What qualifies as supporting documentation?

Supporting documentation submitted with the claim form should include:

- The dates of service for the incurred expense\*
- A description of the service
- For whom the service or expense was incurred
- The amount paid by the participant

Copies of checks, statements of payments, credit card receipts, etc. cannot be accepted without further documentation of services rendered.

*\*All services or expenses must be incurred during the Plan Year regardless of when billed or paid.*

### What expenses are eligible for reimbursement?

**Qualifying Expense.** These are expenses that are generally known to be incurred or obtained primarily for medical care. In other words, they are expenses that practically no one would incur or obtain unless they had a medical condition that prompted the expenditure. These “primarily medical” items or services are the types of expenses that normally qualify for reimbursement under a health FSA or HRA or for a tax-free distribution from an HSA if other health FSA, HRA, or HSA requirements are met. **Furthermore, the expense may NOT have been reimbursed under any other medical plan or reimbursement plan.**

**Potentially Qualifying Expense.** These are expenses in one of the following categories:

- Expenses that are generally known to be used for both a medical purpose and a personal, cosmetic, or general health purpose. These dual-purpose expenses qualify for reimbursement under a health FSA or HRA or a tax-free distribution from an HSA only if there is appropriate proof that the expense was incurred/obtained primarily for medical care. In most cases,

*Questions? Contact our offices at 210.558.0999 or email [flex@dkyoung.com](mailto:flex@dkyoung.com).*



participants must show that the item or service is recommended by a medical practitioner to treat a specific medical condition.

- Medicines or drugs (other than insulin), which must be prescribed in order to qualify for reimbursement under a health FSA or HRA or a tax-free distribution from an HSA.

**Not a Qualifying Expense.** These are expenses in one of the following categories:

- Expenses that are generally known to be incurred or obtained primarily for personal, cosmetic, or general health purposes and not primarily for medical care. These “primarily personal” expenses almost never qualify for reimbursement from a health FSA or HRA or for a tax-free distribution from an HSA. Expenses in this category theoretically could qualify in the extremely rare case where an individual can overcome a strong presumption of nonqualification and prove that, based on all the facts and circumstances and taking into account the prevailing IRS guidance, the item or service was incurred or obtained primarily to treat an existing medical condition diagnosed by a medical practitioner.
- Items or services for which reimbursement is not allowed under statutory or regulatory provisions, even if they might seem to be for medical care (for example, insurance premiums cannot be reimbursed by a health FSA).

Type of Expense	Examples*
<b>Qualifying Expense**</b>	<ul style="list-style-type: none"> <li>• Physician expenses, such as exams and office visits</li> <li>• Hospital expenses for the treatment of an illness</li> <li>• Emergency Room expenses</li> <li>• Prescription Drugs or insulin</li> <li>• Non-cosmetic Dental procedures</li> <li>• Annual Eye Exams</li> <li>• Prescription Eye Glasses</li> <li>• Over-the-Counter (OTC) Bandages, Crutches, blood pressure monitors and other OTC <u>medical supplies</u></li> </ul>
<b>Potential Qualifying Expense</b>	<ul style="list-style-type: none"> <li>• Expenses that typically only promote general health but have been prescribed by a doctor to treat a specific illness               <ul style="list-style-type: none"> <li>○ Supplements</li> <li>○ Health Classes – weight-loss, pre-natal instruction related exclusively to birth and not childcare, etc.</li> <li>○ Health Club fees</li> <li>○ Counseling</li> </ul> </li> <li>• Prescribed OTC drugs such as, allergy medication, pain medication, anti-acids, etc.</li> <li>• Alternative medical treatments</li> </ul>
<b>Not a Qualifying Expense</b>	<ul style="list-style-type: none"> <li>• Teeth whitening procedures and other cosmetic dental procedures</li> <li>• Expenses for the appearance improvements – elective cosmetic surgical procedures, such as face lifts, hair removal, etc.</li> <li>• Vitamins and other un-prescribed medicines or drugs</li> <li>• Medical expenses that promote general health and do not treat a specific illness</li> <li>• Federal controlled substances regardless of whether or not they have been prescribed, such as marijuana and illegal operations</li> <li>• Toiletries</li> </ul>

*\* These examples are not exhaustive, and some expenses may be excluded specifically by your Plan Document. Please see your Summary Plan Description for any exclusions. Furthermore, the facts and circumstances surrounding an expense will determine whether or not it qualifies for reimbursement under federal guidelines and the employer's Plan Document.*

*\*\* In order to receive reimbursement, other requirements must be met, such as: expense incurred during the Plan Year; claim submitted during the timeframes outlined in the Summary Plan Description; and expense may NOT have been reimbursed from any other medical plan or reimbursement program.*

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## SECTION 125 CAFETERIA PLAN CLAIM FORM

EMPLOYER/COMPANY NAME: \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EMPLOYEE SSN#: \_\_\_\_\_

EMPLOYEE EMAIL ADDRESS: \_\_\_\_\_

### Flexible Spending Account - Medical Expenses

The attached charges are to be considered for reimbursement under Section 125 benefit program. I certify that these expenses or services have been incurred during the plan year for which I am filing. These charges have been added and the total entered on the line below: (Please do not say "See Attached"...a list must be made.)

Date Incurred	Person Treated	Nature of Expense	Amount of Expense

**TOTAL MEDICAL EXPENSES CLAIMED**      \$ \_\_\_\_\_

### Flexible Spending Account - Dependent Care Expenses

The attached charges are to be considered for reimbursement under Section 125 benefit program. I certify that these expenses or services have been incurred during the plan year for which I am filing. These charges have been added and the total entered on the line below:

Date Incurred	Person Cared For:	Amount of Expense

Provider Name	<b>*REQUIRED*</b>
_____	
Provider Address	
_____	
Provider Tax I.D. #	
_____	

**TOTAL DEPENDENT CARE EXPENSES CLAIMED**      \$ \_\_\_\_\_

**EMPLOYEE CERTIFICATION:** I certify that either I or my dependents have incurred the expenses claimed above. I, my dependents or the providers of the services claimed have not received, nor will receive reimbursement for any claimed expenses from any insurance carrier or other third party. I have not received reimbursement previously for these expenses from my Flexible Spending Account (s) or any other plan. I understand that neither I, nor my dependents, may deduct these expenses on an individual federal income tax return.

### Employee Signature

**NOTE:** All expenses must be INCURRED during the plan year, regardless of when billed or paid. Attached receipts or documentation must show dates of service. Copies of checks, statements of payments, credit card receipts, etc. cannot be accepted. Checks will not be issued for less than \$5.00 other than at the end of a plan year.

**David K. Young Consulting, LLC / 11118 Wurzbach Rd., Suite 300 / San Antonio, Texas 78230 / (210) 558-0999 / (210) 641-7771 fax**