

Enroll within
30 days of
your Qualified
Event

Flexible Spending Benefits Town of Lincoln

One of the Few Gifts the IRS Gives!

Discover the benefit that **SAVES YOU MONEY**. This perk allows you to set aside a portion of your pay—**BEFORE TAXES**—to cover out-of-pocket expenses in these categories:

- ◆ **HEALTH CARE.*** Eligible expenses and services include: non-cosmetic medical, dental, vision care services; prescription medications; over-the-counter ‘medicines’ (not vitamins or supplements); orthodontics; prescription eyeglasses, contact lenses, laser eye surgery; alternate health therapies (e.g. chiropractic, acupuncture), mental health services, and **MORE!**

Max. Annual Health Care Election: \$3,200.

Who’s Covered? You, your legal spouse, and your dependents, as defined by the Internal Revenue Service, including those claimed on your tax return and adult children under age 26.

Benefit Cards. For employer plans that offer the benefit card, new Health Care FSA enrollees will receive **2 cards** that can be used at most medical facilities, dental offices, optical shops, and pharmacies to pay for eligible expenses. **Keep your cards!** They will reload each plan year that you enroll.

Rollover Option. Health Care FSA balances—**up to \$640**—will roll over to the next plan year as long as you re-enroll for that new plan year. Funds roll over after the prior plan year’s 90-day claim submission period has ended.

HSA Ineligibility. If you or your spouse have a Health Savings Account (‘HSA’), you are **NOT ELIGIBLE** to participate in the Health Care FSA plan.

- ◆ **DEPENDENT CARE.**** For qualified **day care** expenses for eligible dependents (as defined by the IRS) under age 13, elderly dependents, and dependents with special needs. Includes day care, pre-school, before/after school care, day camp, and elder day care. *Claim-based plan (no card); participants submit claim(s) each plan year for reimbursement from accrued funds.*

Max. Annual Dep. Care Election: \$5,000 per family.

Make Your Money Go UP TO 30% Further!
depending on your tax status

For eligible expenses incurred between your Qualified Event Date and **10/31/2025**.***

TO ENROLL OR MAKE A QUALIFIED CHANGE: Complete a *New Hire/Change of Status Form* & return it to Human Resources **within 30 days of Date of Hire or Qualified Event.**

IMPORTANT NOTE:

Re-enrollment is **not automatic!** To continue your FSA benefit beyond the end of the current plan year, you will need to actively re-enroll for the next plan year during your employer’s annual open enrollment period.

Track Your Account and File Claims 24/7!

Log in to your **employee portal** via our website (www.CPA125.com), or use our **app: CPA Flex Mobile.**

Annual FSA administrative fee of \$60 is paid via payroll deduction and prorated based on time in-plan.



* Not all Health Care expenses are FSA-eligible, such as: cosmetic procedures or products (e.g. Botox, teeth whitening, veneers, etc.), couples/family counseling, general health/wellness expenses (i.e., toothbrushes, toothpastes, non-prescription sunglasses, gym dues, etc.), and federally non-permissible products. Some healthcare-related expenses, such as medical equipment and some services, may require a physician’s Letter of Medical Necessity in order to be FSA-eligible. Visit <https://fsastore.com/CPAEligibility> for more info. on specific products and services.

** Overnight camp and school tuition for kindergarten and above are not FSA-eligible; day camp is eligible when utilized as a form of childcare in order for the parent(s)/guardian(s) to be able to work; extracurricular and enrichment programs/activities that aren’t daycare/childcare-based are not eligible; money paid to a childcare provider who doesn’t report it as income on their taxes is not FSA-eligible.

*** Cafeteria Plan Advisors holds flex-spending (FSA) funds until eligible expenses are incurred and claim(s) submitted. *Funds may be forfeited in accordance with IRS Publication 969 if eligible expenses are not incurred by the plan year deadline through the use of the provided debit card (if applicable) or claim submission, or the date upon which employment ends, whichever comes first.*