



State of Wisconsin 2024 Employee Reimbursement Account Enrollment

Start taking control of your account today

A flexible spending account (FSA) is a great way to pay for eligible health care and dependent day care expenses that your insurance plan doesn't cover. It's simple to enroll:

- 1** You can enroll within 30 days of your date of hire, (in an eligible position), or during the annual benefits enrollment period. Coverage will be effective the first of the month on or following your eligibility date.
Note: You must re-enroll each year, enrollments do not carry forward.
- 2** Sign up during the annual benefits enrollment period:
September 25, 2023 - October 20, 2023
- 3** Decide how much you want to set aside each month for eligible expenses. Your contributions will be withheld from each paycheck before taxes and credited to your account.

What's new?

There is a minimum annual election amount of \$50 for flexible spending accounts (FSAs).

FSA balance less than \$50 by the end of 2023 require a minimum election in 2024 for the balance to be carried over. Balances greater than \$50 will automatically be carried over.

Health care flexible spending account

Plan for health care expenses

A health care flexible spending account (HCFSAs) is the smart way to save and pay for IRS eligible health care expenses. It's smart because you can set aside pre-tax dollars in your HCFSAs. Whenever you need to pay out-of-pocket for eligible health care costs, just use your Optum Financial payment card.

Lower your taxes

When you contribute to a HCFSAs, you're setting aside pre-tax dollars. You don't have to pay federal income taxes on the money you put into your account. That means you may actually lower the amount of federal income tax you pay.

Access your funds immediately

The money you choose to put into your HCFSAs is available to you on the first day of your plan year. You don't have to wait until your HCFSAs balance grows to pay for eligible expenses.

The "use it or lose it" rule

The "use it or lose it" rule means you will lose any money left in your account at the end of the plan year. However your HCFSAs includes a provision that allows you to carry over a limited dollar amount from one plan year to the next. You can carryover up to \$610 unused funds from your 2023 HCFSAs to your 2024 HCFSAs. You will only forfeit dollars if your balance exceeds the allowable carryover after the run out period has ended or if your balance is less than \$50 after the run out period and you did not re-enroll during open enrollment. By paying for your health care expenses with pre-tax dollars, you reduce your taxable income. As a result of saving your hard-earned money before taxes to pay for this daily cost, you save more on Social Security and income tax.

How much money can I save?

If your annual income is \$45,000, you can save \$593 a year in taxes.

Check it out:	With HCFSAs	No HCFSAs
Annual pay	\$45,000	\$45,000
Pre-tax HCFSAs contribution	-\$2,000	-\$0
Taxable income	\$43,000	\$45,000
Combined federal, state and Social Security taxes*	-\$12,750	-\$13,343
Security taxes*	-\$0	-\$2,000
Spendable income	\$30,251	\$29,658
Tax Savings	\$593*	\$0



Fund your account

With an HCFSAs, you choose how much to contribute, up to \$3,050. Be sure to plan ahead and create a list of anticipated health care expenses for the coming year.

Access your account anywhere, anytime.

Sign in to your account at myoptumfinancial.com/etf or use our mobile app (Optum Financial) to:

- Check your balance
- View your claims
- Monitor payments
- Receive messages
- Submit receipts

**Paying for eligible expenses**

With your Optum Financial payment card, you can pay for eligible health care expenses without submitting any paper claim forms. It's fast and convenient. Fill a prescription. Pay and be on your way.

You can also pay for eligible health care expenses with a personal credit card or check. Just submit a claim request online, or on the mobile app, along with the right documents, and receive your reimbursement directly into your bank account. Sign up for direct deposit when you sign in to your account at myoptumfinancial.com/etf.

Save your receipts

Be careful how you use your HCFSAs. There are rules. You will want to keep receipts from your doctors, dentists, clinic, pharmacy and hospital for all eligible health care expenses. All receipts should include the date and description of the service, provider's name and amount paid. That way, you have proof if you need to verify that all of your HCFSAs expenses meet IRS requirements for eligibility. Receipts and statements that show estimated insurance payment are not acceptable, they must include the insurance payment made. Otherwise, please submit an Explanation of Benefits (EOB). EOBs contain all the required information and are excellent sources of documentation.

Changing your elections or contributions

In special situations – if you get married or divorced, or if you have a baby – you may be able to adjust the amount you contribute to your HCFSAs. This is called a change in status. If you have a qualifying change in status, your benefits representative can help you adjust your contributions. You can also download the Election Change Request form at myoptumfinancial.com/etf. For specific details, check your plan documents. If you leave the company during the plan year, you may submit HCFSAs claims for expenses incurred while you were still covered under the plan.



It's easy to pay for eligible health care expenses with the Optum Financial payment card.

Sign up for a HCFSAs during benefits enrollment. After you enroll, watch the mail for your welcome letter and payment card.

Benefits of carryover:

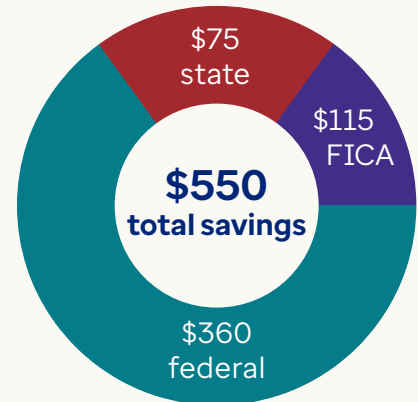
- You can carryover up to \$610 into the next plan year.
- Your carryover balance is in addition to your annual election.
- You can estimate your expenses for the coming year and then add some extra – up to your allowable carryover amount. If you don't spend it next year it rolls to the following year.
- FSA balance less than \$50 by the end of 2023 requires a minimum election of \$50 in 2024 for the balance to be carried over. Balances greater than \$50 will automatically be carried over.
- The carryover applies to your HCFSA but not your dependent day care account program (DCAP).

Annual contributions limits	2024	2023
Health care FSA contribution limit	\$3,050	\$2,850
Health care FSA carryover limit	\$610	\$570
Limited purpose FSA contribution limit	\$3,050	\$2,850
Limited purpose FSA carryover limit	\$610	\$570
Dependent day care account contribution limit	\$5,000	\$5,000
Dependent day care account carryover limit	\$0	\$0

See how Jane received tax benefits and uses the carryover option with her HCFSA:

Jane's dental services end up costing \$1,000 (vs. the \$800 she budgeted) and her annual Rx is \$300, so she spends the \$1,300 and decides to wait and purchase her glasses next year when she can put additional dollars into her HCFSA. Jane has \$200 to carry over to next year.

She needs \$700 to pay for glasses and Rx copays next year. With her carryover of \$200, she should elect \$500 for next year, however, with the carryover feature in her plan she decides to add a little more to her election knowing that she will not lose it at the end of the year. Jane elects \$800 in next year's plan.



1. Hypothetical example is for illustration purposes only. Based on 22% federal, 5% state, 7.65% FICA tax rates. Results and amount will vary depending on your particular circumstances.

FSA's Claims Substantiation Requirements

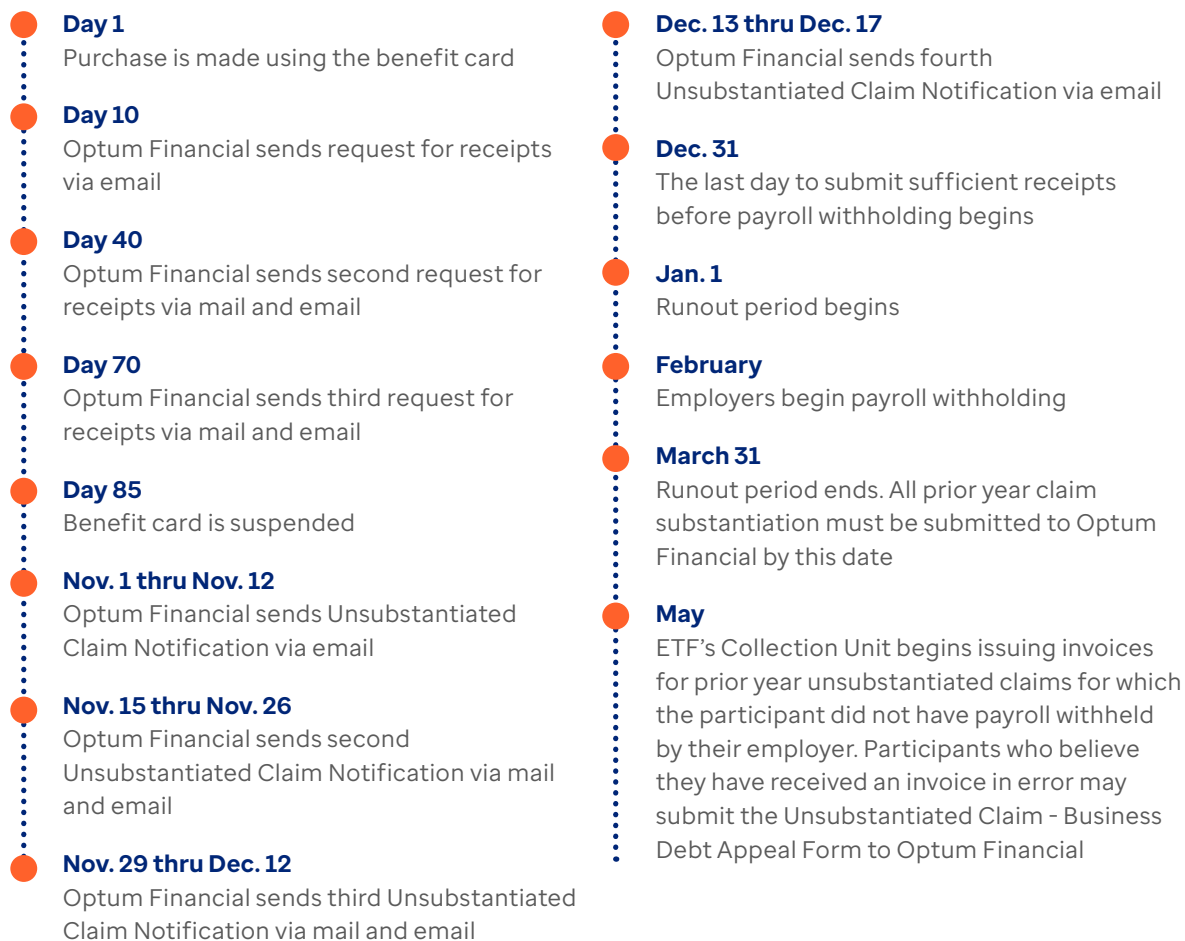
The Internal Revenue Service (IRS) has established specific guidelines that require all flexible spending account (FSA) transactions – even those made using a payment card – to be substantiated (verified that the purchase was an eligible medical expense).

Any FSA claims that were paid out and were not substantiated with appropriate documentation can be subject to employer payroll withholding during the runout period.

FSA claim unsubstantiated timeline

Transition timeline

Claims incurred between January 1 and December 31 follow the process below if proper documentation is not received by Optum Financial.



Limited purpose flexible spending account

While “spending” is in the name, a limited purpose FSA (LPFSA) is also about valuable savings opportunities when it comes to your dental and vision expenses. Use pre-tax dollars to pay for your family’s beautiful smiles and eyes.

How does it work?

If you have a health savings account (HSA), you can pair it with a LPFSA that covers only dental and vision expenses and post-deductible medical expenses. Since HSAs also cover dental and vision, why have both accounts? Answer: To save and invest.

Realize additional tax savings

Having two accounts allows you to maximize your tax savings by contributing pre-tax funds to both accounts, up to the maximum limits.

Limited purpose FSAs preserve your HSA

By using your LPFSA for dental and vision, you’re able to save your HSA balance. Since your HSA may have interest earnings and investment options, you can save and potentially grow your money for the future.

How to get started



Fund your account

Decide how much to contribute during enrollment, up to \$3,050. Pre-tax funds are then deducted from each paycheck throughout the year.



Use your payment card

Your payment card will deduct dental and vision expenses from your LPFSA and other medical expenses from your HSA.



Use your account

Cover out-of-pocket dental, vision and post-deductible medical expenses for you, your spouse and eligible dependents.



Tap into our mobile app and the Optum Financial State of Wisconsin ETF microsite myoptumfinancial.com/etf

Download the Optum Financial mobile app for your iOS or Android device. When you don’t use your card, submit payment requests on your mobile app or online. Snap a picture of your documents and quickly upload.

Dependent day care account program

Don't pay full price – get the tax-advantaged rate.

This dependent day care account program (DCAP) benefit provides tax savings for the care of your children, a disabled spouse, or legally dependent parent during your working hours. So your family is completely taken care of while you're busy on the job.

How much can I save?

On average, you can save \$1,482 a year.

Check it out:	With DCAP	No DCAP
Annual pay	\$45,000	\$45,000
Pre-tax DCAP contribution	-\$5,000	-\$0
Taxable income	\$40,000	\$45,000
Combined federal, state and Social Security taxes*	-\$11,860	-\$13,343
After-tax dollars spent on eligible expenses	-\$0	-\$5,000
Spendable income	\$28,140	\$29,658
Potential tax savings for the year	\$1,482*	\$0

*Hypothetical example is for illustration purposes only. Based on 22% federal, 5% state, 7.65% FICA tax rates. Results and amount will vary depending on your particular circumstances.

What does it cover?

The cost of day care for children, or supervision for an aging parent, is a significant expense for many families. A dependent care flexible spending account from Optum Financial allows you to pay for these services while reaping an important tax break.

The following means of care are eligible for children under 13, providing you savings relief and peace of mind while you work:

- Before- and after-school care
- Day care and preschool
- Summer and holiday camp
- Babysitter, nanny, or au pair

You can also use your account for adult dependents who need care, such as a spouse or live-in parent.

This includes:

- Care of an incapacitated adult who lives with you
- Expenses for an in-home caregiver



Fund your account

Decide how much to contribute during enrollment, up to \$5,000 per calendar year if you are single or married and filing taxes jointly, or up to \$2,500 per year if you are married, but filing separate tax returns.

Eligible expenses

Using a flexible spending account is a great way to pay for eligible expenses with income tax-free dollars.

The following lists are not all-inclusive, but will highlight some common eligible expenses for your health care FSA, limited purpose FSA or dependent day care account. The Internal Revenue Service (IRS) decides which expenses can be paid from an FSA, and they can modify the list at any time. Be sure to review your benefit plan documents to learn what expenses are eligible for reimbursement under your specific plan.

If you are currently participating in a high-deductible health plan (HDHP) and are contributing to a HSA, you may also participate in a limited purpose FSA. Expenses are limited to dental and vision expenses identified with an asterisk (*) in the list below.

Common eligible health care expenses

- Acupuncture
- Ambulance
- Artificial limbs
- Artificial teeth*
- Birth control treatment
- Blood sugar test kits for diabetics
- Breast pumps and lactation supplies
- Chiropractor
- Contact lenses and solutions*
- COVID-19 at-home test kits
- Crutches
- Dental treatments including X-rays, cleanings, fillings, sealants, braces and tooth removals*
- Doctor's office visits and copays
- Drug addiction treatment
- Drug prescriptions
- Eyeglasses (Rx and reading)*
- Fluoride treatments*
- Flu shots
- Guide dogs
- Hearing aids and batteries
- Infertility treatment
- Insulin
- Laboratory fees
- Laser eye surgery*
- Medical alert bracelet
- Medical records charges
- Midwife
- Occlusal guards to prevent teeth grinding
- Orthodontics*
- Orthotic inserts (custom or off the shelf)
- (Certain) over-the-counter drugs and medications
- Personal protective equipments (masks)
- Physical therapy
- Sanitizing wipes for COVID-19 protection
- Special education services for learning disabilities (recommended by a doctor)
- Speech therapy
- Stop-smoking programs (including nicotine gum or patches, if prescribed)
- Surgery, excluding cosmetic surgery
- Vaccines
- Vasectomy
- Vision exam*

Common over-the-counter (OTC) medicines

Many over-the-counter medicines and drugs as well as medical supplies may be eligible for reimbursement with a health care FSA. Examples include but are not limited to:

- Acid controllers
- Acne medicine
- Anti-gas products
- Allergy and sinus medicine
- Anti-diarrheal medicine
- Baby rash ointments/creams
- Bandages, adhesive or elastic
- Braces and supports
- Breast pumps
- Blood pressure monitors
- Catheters
- Cold and flu medicine
- Cold packs/hot packs
- Contact lens solution and supplies*
- Contraceptives
- Crutches
- Denture adhesives*
- Diagnostic tests and monitors (such as blood glucose monitors)
- Elastic bandages and wraps
- Eye care*
- Feminine antifungal or anti-itch products
- First-aid supplies
- Hemorrhoid treatments
- Laxatives or stool softeners
- Menstrual care products
- Motion sickness medicines
- Nasal sprays or drops
- Ointments for cuts, burns or rashes
- Ostomy products
- Pain relievers, such as aspirin or ibuprofen
- Pregnancy test kits
- Sleep aids
- Stomach remedies
- Sunscreen
- Thermometers
- Walkers, wheelchairs and canes



The IRS publishes information on FSAs and eligible medical expenses. Visit irs.gov and search for Publication 502 or 969 to learn more.

This is only a partial list. For more information, check out the qualified medical expense tool on myoptumfinancial.com/etf.

Services that may be eligible with a letter of medical necessity form completed

This list is not all-inclusive:

- Weight-loss program, only if it is a treatment for a specific disease diagnosed by a physician (e.g., obesity, hypertension, heart disease)
- Compression hosiery/socks, anti-embolism socks or hose
- Massage treatment for specific ailment or diagnosis
- CPR classes for adult or child
- Improvements or special equipment added to a home or other capital expenditures for a physically handicapped person
- Toothbrushes (including electric) and toothpaste

Ineligible health care expenses

Listed below are some services and expenses that are not qualified for FSA reimbursement. This list is not all-inclusive:

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Breast enhancement
- Cosmetics and skin care
- Cotton swabs
- Dental floss
- Deodorants
- Hair re-growth supplies and/or services
- Health club membership dues
- Humidifier
- Lotion
- Low-calorie foods
- Mouthwash
- Petroleum jelly
- Shampoo and conditioner
- Spa salts

Qualified dependent day care expenses:

- Au pair services
- Babysitting services
- Before- and afterschool programs
- Custodial or eldercare expenses, in-home or daycare center (not medical care)
- Nursery school
- Pre-kindergarten
- Summer day camp (not educational in nature)

Ineligible dependent day care expenses:

- Clothing
- Food/meals
- Kindergarten and higher education/tuition expenses
- Overnight camp



Managing your FSA is simple It's easy to manage your account online. Simply register at myoptumfinancial.com/etf to:

- Sign up to receive email notifications
- Sign up for direct deposit
- Check your account balance
- Submit claims and receipts for reimbursement
- View your recent transactions

With an Optum Financial FSA, you have the tools and resources to make the most of your health care dollars.

Annual expense estimate worksheet

This worksheet is intended to assist you with the enrollment process by helping you calculate your applicable expenses and determine which employee reimbursement account (ERA) offerings are right for you. Enter your expenses below and determine the appropriate amount(s) to contribute to your ERA Account(s).

Health care or limited purpose FSA

Expense	Estimated cost
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Prescriptions

Prescription drugs	\$ _____
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Co-pays, coinsurance and deductibles

Coinsurance payments	\$ _____
Medical plan deductibles	\$ _____
Other: _____	\$ _____

Dental

Eligible dental services	\$ _____
Check-ups	\$ _____
Orthodontia	\$ _____
Other: _____	\$ _____

Vision

Eye exams	\$ _____
Eyeglasses and contacts	\$ _____
Other: _____	\$ _____

Total estimated expenses for plan year \$ _____ ÷ \$ _____ = \$ _____
Annual amount # of pay periods* Per pay deduction
(Cannot exceed \$3,050 IRS maximum)

Dependent day care account

Expense	Estimated cost
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Dependent day care expenses

Payment to dependent care facility	\$ _____
Payment to individual (nurse, babysitter, etc.)	\$ _____
Payment to other care provider(s)	\$ _____
Before/after school program	\$ _____
Nursery school/Pre-K	\$ _____
Summer camp	\$ _____
Other: _____	\$ _____

Total estimated expenses for plan year \$ _____ ÷ \$ _____ = \$ _____
Annual amount # of pay periods* Per pay deduction
(Cannot exceed \$5,000 or 2,500
(if married and file separate tax
returns) IRS maximum)

Total per pay period deduction

Add together above FSA per pay period amount and the DCAP per pay period amount = \$ _____
Per pay deduction

Frequently asked questions

1. What is a flexible spending account (FSA)?

A flexible spending account (FSA) is a tax-advantaged program offered by employers that allows their employees to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax dollars. FSAs are exempt from federal taxes, Social Security (FICA) taxes and, in most cases, state income taxes. The most common types of flexible spending accounts are:

- Health care flexible spending account (HCFSA): an account that provides pre-tax reimbursement for qualifying out-of-pocket medical expenses not covered by insurance.
- Limited purpose flexible spending account (LPFSA): an account that provides pre-tax reimbursement of qualifying out-of-pocket expenses related to dental, vision and post-deductible medical expenses not covered by insurance.
- Dependent day care account program (DCAP): an account that provides pre-tax reimbursement of dependent day care expenses (e.g., day care) incurred by eligible tax dependents.

2. What are the general features and tax benefits of an FSA?

- Your contributions are pre-tax or tax-deductible.¹
- Tax-advantaged withdrawals are made to pay for eligible out-of-pocket expenses related to health care and dependent care.
- FSA dollars can be used during the plan year and up to \$610 can carryover into the next plan year. FSA balance less than \$50 by the end of 2023 requires a minimum election of \$50 in 2024 for the balance to be carried over. Balances greater than \$50 will automatically be carried over.

3. Why should I enroll in an FSA?

With an FSA, your out-of-pocket health and/or dependent care expenses are paid with tax-free dollars. You could save an average of 30%² on all of your eligible expenses.

4. Whose expenses can I claim under my FSA?

You can use your FSA to pay for eligible expenses incurred by any of the following individuals:

- Yourself
- Spouse
- Qualifying child
- Qualifying relative

New rules allow a dependent to be eligible for the plan even when that dependent does not qualify to be claimed as your tax dependent on your tax return. It is recommended that you check with your tax professional before you make your election for the plan year.

5. What are eligible FSA medical expenses?

The IRS publishes information on FSAs and eligible medical expenses. Visit [irs.gov](https://www.irs.gov) and search for Publication 502 or 969 to learn more.

6. Can I change my FSA election mid-year?

Certain qualifying events may allow employees to increase or decrease their election or begin or cease participation in a plan. Common qualifying events include marriage, divorce, birth, death or a change in the cost of dependent care.

The adjustment to the election must be consistent with the event. For example, an increase in the cost of day care would not allow you to decrease your election (although, if the increase made the cost of care unaffordable, one could justify no longer participating in the plan).

Please refer to your employer's plan document for further guidance on qualifying status change events applicable to your plan.

1. Contributions are tax-deductible on your federal tax return. Some states do not recognize FSA contributions as a deduction. Consult a qualified tax adviser for advice.

2. Based on 25% federal, 5% state tax rates. Results and amount will vary depending on your particular circumstances

7. Am I eligible to participate in a dependent day care account?

You are eligible for this benefit if you have a dependent (whose expenses are eligible) who requires care to enable you to work. In addition, you must meet one of the following eligibility criteria:

- You are unmarried.
- Your spouse works, is a full-time student, is actively seeking work or is disabled (incapable of self-care).
- You are divorced or legally separated and have custody of your child even though your former spouse may claim the child for income tax purposes. Your dependent day care account (DCAP) can be used to pay for eligible child care services provided during the period the child resides with you.

Important notes:

- Expenses are treated as having been incurred at the time the dependent day care services were provided, not when you are formally billed, charged or when you pay for the medical expenses.
- You cannot receive reimbursement for future or projected expenses.
- All submitted expenses are reviewed for eligibility according to Internal Revenue Code Section 125 guidelines.

8. What are eligible DCAP expenses?

Eligible expenses are day care expenses for eligible dependents that are incurred so you and your spouse can work. To qualify, you and your spouse must be employed, or your spouse must be a full-time student, is actively seeking work or is disabled (incapable of self-care). If you're married and you file a joint return, or you file a single or head-of-household return, the annual limit for 2024 is \$5,000. If you're married and file separate returns, you can each elect \$2,500 for the calendar year.

Eligible dependents and expenses include:

- Children under age 13
- A disabled spouse or disabled dependent of any age

Ineligible expenses:

- Costs already claimed as a dependent care tax credit on your income tax return
- Nursing home, respite care or other residential care centers
- Services provided by one of your dependents
- Nighttime babysitting expenses that are not work related
- Expenses while absent for work for more than two weeks at a time
- Costs paid to your own dependents, under age 19, who are caring for your dependents
- Expenses paid for schooling for kindergarten or higher

9. Can I use both the tax credit and the DCAP?

Maybe. If you have two or more qualified dependents and pay more in expenses than your DCAP elections, you may be able to claim additional money in child tax credit. Please speak with your tax or financial advisor.

10. Where can I use my Optum Financial payment card?

The payment card can be used at health care-related merchants, such as hospitals and vision, dental and doctor's offices. It can also be used at drugstores, pharmacies and grocery stores that have implemented the Inventory Information Approval System (IIAS) or certified 90% of their gross sales are FSA eligible.

As always, save itemized receipts, bills or statements any time the payment card is used. Receipts and statements that show estimated insurance payment are not acceptable, they must include the insurance payment made. Otherwise, please submit an Explanation of Benefits (EOB). EOBs contain all the required information and are excellent sources of documentation.

11. If I don't use my Optum Financial payment card for a medical expense, how can I reimburse myself?

If you do not use your payment card, you may file claims for reimbursement in two ways:

- File an online claim. First, sign in to your account. Click on the file claim link on your home page and walk through the steps to enter the details of the claim. Once you have filed your claim, and uploaded supporting documentation you must agree to the terms and conditions, then click the Submit button.
- File your claim using the FSA Reimbursement Request Form. Follow the provided instructions to complete this form. Claims and copies of your supporting documentation can be submitted via fax, mail, portal, or mobile app.

12. Why may I be asked to provide documentation for an Optum Financial payment card purchase? Wasn't my payment already approved?

Federal regulations require Optum Financial to obtain itemized receipts for transactions that are not automatically substantiated at the point of sale.

Payment card transactions can be automatically substantiated without additional paperwork if they are:

- Copayment amounts tied to your health plan. These amounts need to be communicated to Optum Financial by your employer.
- Transactions that match the provider and dollar amount exactly for previously approved transactions (e.g., orthodontia claims, maintenance prescription drugs) and were noted by you as recurring on the request for substantiation notification.
- Purchases made at merchants using the IIAS. In the event a charge does not meet this criteria, Optum Financial will send up to three substantiation notifications to you via mail or email:
 - 10 days after the payment card transaction, notifying you that substantiation is required (sent via email if an email address is on file, otherwise will be sent via paper letter),
 - 30 days after the first notification has been sent, reminding you that substantiation is required (sent via mail letter), and
 - 30 days after the second notification has been sent, as a final reminder that documentation is still lacking (sent via mail letter). After 15 days from the third notification has been sent and there is no proper documentation receipt provided, the payment card will be inactive until the outstanding claim has been resolved. The payment card will be re-activated as soon as the necessary documentation has been received to substantiate the expense.

13. What type of documentation is acceptable for reimbursement or substantiation?

Documentation for health care FSA expenses required by the IRS includes a third-party receipt or Explanation of Benefits containing the following information:

- Date(s) of service or purchase made
- Type(s) of service or name(s) of item(s) purchased
- Dollar amount(s) (after insurance, if applicable)

For example, an Explanation of Benefits from your insurance company or itemized statements from the provider is excellent documentation.

Documentation for dependent care FSA expenses required by the IRS includes a third-party receipt containing the following information:

- Dependent's name
- Service period
- Payment amount and care being provided
- Provider's name, signature, address and SSN or taxpayer identification number (TIN)

If your provider is unable to provide a receipt with this information, you can complete a paper claim form and have the provider complete the Provider Certification section.

Commonly submitted documentation that results in denials includes:

- Statements that only indicate a paid amount, balance forward or previous balance
- Credit card receipts only reflecting a payment
- Bills for dependent care/medical

When submitting a receipt for a copayment amount, please be sure the copayment description is on the receipt. In some cases, you will need to ask for a receipt at the point of service. If “copayment” is not clearly identified, have the provider write “copayment” on the receipt and sign it.

14. What happens to my FSA if I terminate employment?

Participation in the FSA ends if you terminate employment. Your last day to incur an FSA expense is the last day of the month in which you terminate from your position. Claims for expenses incurred prior to the plan termination date must be submitted within the “run-out” period, or by March 31 of the following year.

15. What is the “run-out” period?

The “run-out” is a specified period of time after the end of the plan year, or following your termination in the plan, in which you may continue to submit claims incurred during your period of coverage. This is not a period when you are able to continue to incur new expenses, rather it allows you time to gather and submit expenses before forfeitures are applied.

16. How do I determine the date my expense(s) were incurred?

A service or expense must be incurred before it is eligible for reimbursement. An FSA expense is considered “incurred” when the service is performed, not when you pay for the service. In addition, the service must be performed during your participation in the plan. Services or expenses incurred before or after your plan participation dates do not qualify for reimbursement.

17. How do I authorize my spouse and/or another individual to obtain information about my account?

Due to HIPAA regulations, Optum Financial cannot disclose your personal health information (PHI) to any unauthorized representatives.

If your spouse can correctly authenticate your information and properly identify themselves as your spouse, then we will provide them with information regarding your account.

18. What happens if I do not use all of the money in my account by the end of the plan year?

Federal law governing flexible spending accounts specifies that any money remaining in your account at the end of the plan year, in excess of the carryover limit, will be forfeited. This is more commonly known as the “use-it-or-lose-it” rule. In addition, if you do not have a balance of \$50 at the end of the run out period and you did not re-enroll for the 2024 plan year during open enrollment, the money remaining in your account will be forfeited. Forfeitures may be used by your employer to offset the administrative costs of operating the plan.

19. Is there a daily transaction limit on my payment card?

Max 15 transactions per day. No single transaction can be more than \$5,000.

20. What happens if I experience a Qualified Life Change Event?

If you experience a Qualified Life Change Event, such as marriage or divorce; birth or adoption of a child; change in employment status; or other Qualified Life Change Event, you may have the opportunity to enroll or change your coverage outside of the open enrollment period. There are various rules related to life change events. Changes due to a Qualified Life Change Event must be made within 30 days from the date of the event. The enrollment or contribution change will be effective the 1st of the month following the date the application is received.

21. Is there a minimum FSA Carryover balance?

There is a minimum annual election amount of \$50 for flexible spending accounts (FSAs). FSA balance less than \$50 by the end of 2023 requires a minimum election of \$50 in 2024 for the balance to be carried over. Balances greater than \$50 will automatically be carried over (does not apply to dependent day care account).

Account access

Optum Financial State of Wisconsin ETF microsite and mobile (Optum Financial) application helps you manage your accounts

Simple and easy to navigate portal design so you can get in, get the information you need and get back to your life.

- Stay on top of your account – Check your balances, payments and claims activity.
- Payments from Any Screen – Quickly and easily request reimbursement to yourself from any page.
- Take control – Settings and Preferences section allows you to manage your personal information, set up Direct Deposit, enroll in text alerts and set up dependents.
- Helpful account information – Check out FAQs, important messages, claims payments, account contributions and more.

Access to account information and payments features at your fingertips through the mobile app:

- Check account balances and claim status
- Submit a reimbursement request
- Upload claim documentation
- Set up direct deposit
- Tap to call the Customer Service Center
- See eligible expenses and FAQs



Optum Financial payment card allows immediate access to FSA funds without the need to submit a claim.

- Complete control and convenience - Accepted at thousands of providers across the country. You choose when and where to use your card to cover the medical care you need.



Contact Customer Service

Live support available 24 hours a day, 365 days a year

To speak to customer service, call the dedicated State of Wisconsin number at **1-833-881-8158**

For live chat, sign in to your online portal and select “Chat”

Email address:

service@optumfinancial.com

