

Management Flexible Spending Account (FSA)

The Flexible Spending Account offers Management permanent employees an element of flexibility and has both tax effective and taxed options. The annual entitlement may be allocated to either a non-taxable Health Care Spending Account (HCSA) and or a taxable cash payment (taxed at the time of payment). The allocation of credits is determined annually prior to the beginning of a payroll year (typically pay period 26).

Eligible Management employees who are employed before the end of the first pay period in the payroll year (typically pay period 26) will have the option of allocating their FSA credits to either the HCSA, the taxable cash payment or a combination of both options. If employees are allocating credits to both options, the minimum allocation to the HCSA or the taxable cash payment will be \$25. Once employees have confirmed their allocation of the FSA credits, no changes are allowed to their selection during the program year as per Revenue Canada Agency (RCA) rules. **If employees do not allocate their FSA credits by the close of the allocation period, their entire allocation will default to the taxable cash payment.**

Taxable Cash Payment

Credits allocated to the taxable cash payment are any credits not allocated to the HCSA. Amounts allocated to the taxable cash payment will be paid as an annual lump sum by payroll deposit on the second payday in January of each year. Credits allocated to the taxable cash payment are taxable at the time of payment and subject to Income Taxes as well EI and CPP deductions.

HCSA

HCSA credits are deposited at the beginning of the payroll year (typically pay period 26) and are available for reimbursement of eligible expenses. Only current payroll year expenses will be eligible for reimbursement from the HCSA. Any unclaimed

expenses at year-end cannot be submitted in the next payroll year for reimbursement. **Unused credits will be carried forward to the next payroll year.** If the carried-over credits are not fully used in the second year, they will be forfeited.

Who is eligible to participate in the FSA?

To participate in the FSA you must:

- be a permanent full-time or permanent part-time employee covered in a Management position
and
- have been employed before the first pay period of the payroll year (typically pay period 26)
or
- have been employed after the first pay period in the payroll year but before the pay period in which July 1 occurs in the payroll year (pay period 13)
and
- be actively at work which means permanent employees who are at work for all or a portion of the first pay period of the year (typically pay period 26) or the pay period in which July 1 occurs (pay period 14). Actively at work includes those employees who are on paid leave, vacation, maternity or parental leave, WCB, STD or LTD
- Permanent employees who are on leave without pay during the first pay period of the year (typically pay period 26) are not eligible to participate beginning the first pay period of the year.
- Permanent employees who would otherwise be eligible to participate in the pay period in which July 1 occurs (pay period 14) are not eligible to participate if they are on leave without pay during the pay period in which July 1 occurs.
- If you do not participate in the City's Supplementary Health Care and/or Dental Plan as you have coverage under a spouse's plan, you still participate in the FSA.

If I am eligible to participate by the first pay period of the year, how much will be provided to my FSA?

- Eligible permanent full-time employees will be provided with a \$1,100 FSA and eligible permanent part-time employees will be provided with a \$550 FSA effective the first pay period of the year (typically pay period 26).
- Employees who are eligible to participate by the first pay period of the payroll year will have the option to allocate their FSA credits to either the HCSA, the taxable cash payment or a combination of both during an allocation period prior to the start of the payroll year.

If I am not eligible to participate until the pay period in which July 1 occurs, how much will be provided to my FSA?

- Eligible permanent full-time employees will be provided with a \$550 FSA and eligible permanent part-time employees will be provided with a \$275 FSA effective the beginning of the pay period in which July 1 occurs.
- Employees who are eligible to participate in the pay period in which July 1 occurs will have their FSA credits paid out as a taxable cash payment on the second pay day in July.

Can I receive a deposit to my FSA more than once a payroll year?

Eligible employees will only be provided with a FSA **once** a payroll year to be effective either January or July, but not both.

What expenses are eligible for reimbursement under the HCSA?

- Employees may be reimbursed for medically-related expenses not covered by Alberta Health Care or for amounts not reimbursed through the Supplementary Health and Dental Plans. This also includes amounts not reimbursed under your spouse's health and dental plans. Expenses for eligible dependents under the Supplementary Health Care Plan may also be submitted to the HCSA for reimbursement, under the same conditions.
- To be eligible for reimbursement from the HCSA, the expense must be incurred on or after the date the credits (dollars) were deposited in your HCSA and all other sources of reimbursement have been accessed first.
- Some examples of health and dental expenses eligible for reimbursement under the HCSA are:
 - deductible and copayment amounts
 - vision care expenses
- Some expenses are **not** eligible for reimbursement under the HCSA, as they are not an eligible medical deduction under the *Income Tax Act*. As the list of eligible medical expenses is always changing, it is your responsibility to determine if the expenses to be reimbursed through the HCSA, which are not eligible under your health and dental plans or your spouse's health and dental plans, are an eligible medical deduction under the *Income Tax Act*. A general listing of eligible medical expenses under the *Income Tax Act* can be found on the Canada Revenue Agency's website at: www.canada.ca. Type "S1-F1" into the "Search Box". (S1-F1-C1 addresses the Medical Expense Tax Credit; S1-F1-C2 addresses the Disability Tax Credit;

S1-F1-C3 addresses the Disability Supports Deduction). An official ruling can be obtained by calling 1-800-959-8281.

Maximizing your Supplementary Health Plan, Dental Plan and HCSA

- If the pharmacist or dentist has submitted the medical or dental claim on a direct bill basis to Alberta Blue Cross, any unpaid portion not reimbursed under the Supplementary Health or Dental Plans will be automatically recorded in your HCSA.
- You will need to submit a claim form to Alberta Blue Cross for expenses that are eligible for reimbursement through your Supplementary Health Care Plan or Dental Plan (e.g. acupuncture expenses) which have **not** been submitted on a direct bill basis. Claim forms are available on the City of Edmonton Website, at:

1. Go to www.edmonton.ca
2. Click on the header "City of Government"
3. Scroll down to "Jobs at the City." To the right, you'll see "Benefits at a Glance."
4. Select your union from the drop-down menu half-way down the page.
5. Click on the form you're looking for.

Any amounts not reimbursed under your health and dental plan or your spouse's health and dental plan, will be automatically recorded in your HCSA.

If an expense is not eligible for reimbursement under your Supplementary Health Plan or Dental Plan you will need to complete the "HCSA Claim and Payment Request Form" and submit the form to Alberta Blue Cross. Claim forms are available on the City of Edmonton Website. Go to [OneCity](#), and follow the steps below;

1. Click on "Forms and Requests" at the top
2. Using drop down menu under Category, select Benefits
3. Click on Benefit Forms
4. Select the form required

- If you have coverage under your spouse's health and/or dental plan, make sure Alberta Blue Cross is aware of this coverage. This will ensure that expenses will not be reimbursed from your HCSA credits until you have received reimbursement from both your health and dental plan and your spouse's health and dental plans.

How are claims coordinated between my plan and my spouse's?

- Your health and dental plan is the first payer for **your** expenses. Submit your eligible health and dental claims to your plan first. When you receive your reimbursement, you will receive an *Explanation of Benefits* (EOB) showing how much of the submitted expenses have been reimbursed. You then submit the EOB to your spouse's plan, the second payer. The amount of reimbursement that you will receive from your spouse's plan will be based on the coverage provided under your spouse's plan.

- Your spouse's health and dental plan is the first payer for **his or her** expenses. Your spouse submits claims to his or her plan first. You submit the EOB to your plan for reimbursement of any amounts not reimbursed under your spouse's plan. The amount of reimbursement you will receive will be based on your plan's coverage.
- The first payer for dependent children's claims is the health or dental plan of the parent whose birthday falls first in the calendar year (not necessarily the oldest parent).
- If you and your spouse both work at the City of Edmonton, your claims are automatically coordinated for both the health and dental plans by Alberta Blue Cross.
- Any amounts not reimbursed will be automatically recorded in your HCSA unless your spouse also has an HCSA through the City of Edmonton. If your spouse has an HCSA through the City and the expense is for them then any amount not reimbursed will be automatically recorded in their HCSA not yours.
- If you have coverage through the City of Edmonton and your spouse has Alberta Blue Cross through another employer, claims are automatically coordinated for both the health and dental plans by Alberta Blue Cross.
- If your spouse's health and dental plan is through someone other than Alberta Blue Cross, you will have to submit the EOB from Alberta Blue Cross to your spouse's health or dental plan as described in the first two bullets. You will then need to submit the EOB from your spouse's health and dental plan to your HCSA.
- If you and your spouse both have health and dental plans through Alberta Blue Cross, coordination of claims for dependent children happens automatically. If your spouse's health and dental plan is through someone other than Alberta Blue Cross, you must submit the claim to the health or dental plan of the parent whose birthday falls first in the calendar year and then to the other parent's plan.
- **Important:** If you are coordinating benefits with your spouse, and your spouse's plan is not with Alberta Blue Cross any amounts not reimbursed under your health and dental plan or your spouse's health and dental plan are **not** automatically recorded in your HCSA. You will need to submit a claim form to your HCSA to receive reimbursement of any portion of the eligible expenses that was not reimbursed under your or your spouse's health and dental plans.

How do I receive payment from the HCSA?

Any portion of a claim posted to your HCSA will be automatically reimbursed to you on a monthly (\$100 or more) or quarterly (at least \$5 but less than \$100) basis. Quarterly payments are issued in January, April, July and October. If you are coordinating

benefits with an alternate benefit plan, talk to an Alberta Blue Cross Customer Service representative at 780-498-8000 or 1-800-661-6995 if you require assistance.

How do I find out how much is in my HCSA?

- If you receive a payment from the HCSA, your remaining HCSA balance will be printed on the statement that accompanies your cheque.
- If you do not receive a payment from the HCSA, you will receive a statement every 6 months (i.e., June and December) from Alberta Blue Cross advising of the balance in your account.
- You may also view your account online on Alberta Blue Cross' website at: www.ab.bluecross.ca on the "Plan member, Group, Sign-in" page. Talk to an Alberta Blue Cross Customer Service representative at 780-498-8000 or 1-800-661-6995 if you require assistance.

What happens if I don't use the full amount of my HCSA in the policy year?

- At the end of the policy year, any unused balance in the employee's HCSA that has not been paid out for medically related expenses, will be rolled over to the next year.
- Any claims in the new year are applied first to the amount that has been rolled over from the previous year. At the end of the second year, if you have not used up the full amount that was rolled over from the previous year, that amount will be forfeited.
- **Important:** Policy Year for the HCSA means the first pay period of the year (typically pay period 26) until the last pay period of the year (typically pay period 25).

Where can I get more information about my HCSA?

If you have any questions or would like more information about your HCSA, you can contact:

- Alberta Blue Cross Customer Services at 1-800-661-6995 or 780-498-8000 for Edmonton and area.
- Employee Service Centre at 780-944-4311
- Alberta Blue Cross website at <https://www.ab.bluecross.ca/>
- Subscribe to the Alberta Blue Cross mobile benefits app and check your balances 'on the go'