

# How Your Flexible Spending Account Supports Healthy Living

With a Flexible Spending Account (FSA), you can contribute pre-tax money from your paycheck to use these funds for eligible expenses — this means you will save money on services you may need by paying less in income taxes! You can sign up to contribute to an FSA during open enrollment.

Typically when you hear about how you can use the FSA benefit, you hear that you can use the FSA funds for out-of-pocket costs associated with:

- Medical services (ex: co-pays, deductibles), including chiropractic services or acupuncture
- Prescription drugs
- Dental and orthodontia services
- Eyeglasses or contact lenses
- Smoking cessation programs (nicotine replacement therapies covered with a prescription)
- Breast pumps
- Durable medical equipment (ex: crutches)
- Over-the-counter items such as medications (with a prescription), first aid supplies, contact lens solution, diabetic supplies, etc. (for a full listing, visit [lifetimebenefitsolutions.com](https://www.lifetimebenefitsolutions.com))

## ***But, did you know the FSA will also cover these types of services for a diagnosed medical condition?***

- Health Club Membership Fees
- Fitness Programs
- Personal Training Sessions
- Weight Loss Programs (ex: Weight Watchers)
- Yoga Classes
- Massage Therapy
- Vitamins and Supplements

It is common for healthcare providers to recommend one or more of the above services for patients with a diagnosed medical condition. For example, a provider may recommend:

- Increased exercise or a weight loss program for a patient who is obese, pre-diabetic, or has high blood pressure or cholesterol
- Weight loss programs, yoga or massage therapy for a patient with neck or back pain

***In both of these examples, FSA funds can cover these services!***

## **IMPORTANT**

A “Certificate of Medical Necessity” is required to use FSA funds for the above referenced healthy lifestyle services. See reverse side of this sheet for guidance on completing this form; provider sign-off is required.

## How do I use my FSA to obtain reimbursement for these healthy lifestyle resources?

Once you are enrolled in the FSA program....

1. Work with your provider to complete the enclosed "Certificate of Medical Necessity" (see below for an example of how to complete this form).
2. Submit completed form to Lifetime Benefit Solutions (LBS) *prior to* requesting reimbursement for the applicable services.\*
3. After you have incurred and paid for the applicable services, request reimbursement using one of the following methods:\*
  - a. Visit [lifetimebenefitsolutions.com](http://lifetimebenefitsolutions.com) to submit your request online
  - b. Complete the "Reimbursement Request Form" following the instructions provided on the reverse side of the form and mail or fax to LBS

### \*IMPORTANT

When using either of the reimbursement request methods, you must upload or send in receipts associated with the services for which you are requesting reimbursement.

When requesting reimbursement for services associated with your "Certificate of Medical Necessity," the services must take place beginning on or after the beginning time period noted by your provider (this is the last question under "Medical Information" section, "Durations of recommended treatment/services/products"). An example of how to complete this form and request reimbursement is below.

### Sample Form

Provider completes the Medical Information and Provider Information sections. In this example, the FSA funds can be used to reimburse the services mentioned beginning on or after Jan. 15, 2019 through Jan. 14, 2020. If the FSA participant submits a request for reimbursement for services prior to Jan. 15, 2019, this request would be denied.

Medical Information—Please print clearly	
Patient's Name:	Name of Sample Spouse
Relationship to Participant:	Spouse
Specific Medical Condition/Diagnosis:	Back Pain
Recommended treatment/services/products:	Yoga, Personal Training, Fitness Program, Massage
Describe how the treatment/service/product will alleviate the diagnosis or symptoms:	
Weight loss exacerbating pain, core strength and massage needed to promote healing	
Durations or recommended treatment/services/products:	1/15/19 through 1/14/20
Or other duration:	

## Helpful tools and information posted on the LBS website

### Create an Online LBS Account to Manage FSA

Participants → FSA/HRA/HSA/QTB → Login Directions to your Reimbursement Account

[lifetimebenefitsolutions.com/media/1594/login\\_directions\\_important-info-v2017.pdf](http://lifetimebenefitsolutions.com/media/1594/login_directions_important-info-v2017.pdf)

### Forms (Including Reimbursement Request and Certificate of Medical Necessity)

Participants → FSA/HRA/HSA/QTB → Forms

[lifetimebenefitsolutions.com/participants/reimbursement-accounts-fsahrahsaqtb](http://lifetimebenefitsolutions.com/participants/reimbursement-accounts-fsahrahsaqtb)

### Using FSA Funds: List of Qualified Expenses

Participants → Forms and Tools → FSA → Qualified Expense List

[lifetimebenefitsolutions.com/participants/fsa/flexible-spending-account-qualifying-expenses-list](http://lifetimebenefitsolutions.com/participants/fsa/flexible-spending-account-qualifying-expenses-list)

### FSA Frequently Asked Questions (FAQ)

Services → Participants → FSA/HRA/HSA/QTB → FAQ

[lifetimebenefitsolutions.com/participants/reimbursement-accounts-fsahrahsaqtb-faq](http://lifetimebenefitsolutions.com/participants/reimbursement-accounts-fsahrahsaqtb-faq)

## ► Certificate of Medical Necessity

Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

**Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.**

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your FSA/HRA Account when your doctor or other licensed health care provider certifies that they are medically necessary for a specific medical condition. Your provider must fully complete this Certification to render the services eligible.

VITAMINS/SUPPLEMENTS: Only reimbursable when a specific medical condition is identified ("Vitamin Deficiency" does not qualify; "Iron Deficiency" qualifies)

WEIGHT LOSS: Meal replacement, protein shakes and powders are NOT eligible for reimbursement per the IRS rules

*You must submit a copy of this Certification prior to submitting your first Reimbursement Request Form for this specific service or product. If treatment extends beyond the time period listed, you will need to submit a new Certification detailing the new time period.*

**By submitting this form to Lifetime Benefit Solutions, you certify that this information is true and correct.**

### Medical Information—*Please print clearly*

Patient's Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Specific Medical Condition/Diagnosis: \_\_\_\_\_

Recommended treatment/services/products: \_\_\_\_\_

Describe how the treatment/service/product will alleviate the diagnosis or symptoms:

\_\_\_\_\_

Durations or recommended treatment/services/products: \_\_\_\_\_ through \_\_\_\_\_

Or other duration: \_\_\_\_\_

### Provider Information

Provider Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **Mail to:** Lifetime Benefit Solutions, Claims Dept, PO Box 680, Liverpool, NY 13088 or **Fax to:** 877-256-7228.
- Call **Customer Service** with questions at 800-327-7130.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

