VAULT
ADMIN SERVICES

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FSA Enrollment Booklet:
Health & Dependent Care

stl Business & Technology Solutions

stl Staffing

Updated 12.11.2025

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It's Time to Enroll in Flex Benefits

Flexible Spending Accounts (FSAs) are a great way to save taxes on money you spend for medical and dependent care expenses.

That's because you do not pay income tax or Social Security tax on your election amount (the money you set aside). A Health FSA account is used for medical expenses, and a Dependent Care FSA (also known as a Dependent Care Assistance Plan) is used for childcare expenses.

Health FSA

In a Health FSA account, you can put aside funds (up to the max per year, depending on your plan) to pay for unreimbursed medical, dental and vision expenses (that is, bills that are not paid by any insurance). This money is deducted from your pay before Federal and State withholding and FICA taxes are calculated. To access your FSA funds to pay medical expenses, just use your Mastercard® debit card to pay the bill (avoiding out-of-pocket cost), or file a manual claim for reimbursement by fax, email, postal mail, online, or via mobile app. Reimbursements can be deposited directly into your bank account.

To see a list of qualified medical expenses, see page 6.

Dependent Care Assistance Plan

With a Dependent Care FSA, you can set aside up to $7,500 per household (or $3,750 per individual) through your employer's cafeteria plan to cover care expenses for dependents while you're at work. DCAP applies to children from birth until their 13th birthday and can reimburse for daycare, preschool and pre-kindergarten, before- and after-school care, and summer camp (day camp only). You can also use a Dependent Care FSA to cover care costs for adult dependents who cannot take care of themselves while you're working.

FSA Spending Account Contribution Limits for 2026:

Health FSA: $3,400
Dependent Care FSA: $7,500

FSA Debit Card

Your employer is offering an FSA debit card to allow you to pay for eligible expenses without being out-of-pocket and waiting for reimbursement. The debit card is a payment facilitator that can be used at healthcare facilities, doctors, dentists and orthodontists, vision care providers, drug stores, and selected retailers.

You will receive a blue Summit benefits debit card.

Your debit card will be automatically approved when used for FSA-eligible items at any approved IIAS Qualified Merchant. When using your debit card, be sure to keep all receipts. Your benefits administrator may request them at any time to verify your purchase.

FSA Worksheet

Use this to estimate the amount you want to set aside in your flexible spending accounts.

Insurance Deductibles ..... $_____
Insurance Co-Pays..... $_____
Dental Deductibles..... $_____
Dental Expenses..... $_____
Vision Deductibles..... $_____
Vision Expenses..... $_____
Hearing Expenses..... $_____
Prescriptions..... $_____
Medical Equipment..... $_____
Chiropractor..... $_____
Other Medical Expenses ..... $_____
Total Out-of-Pocket Medical Expenses..... $_____

Divide by Number of Pay Periods Per Year..... ÷_____
Per-Payroll Deduction for Health FSA..... = $_____

Dependent Care for Children Under 13 Years of Age

Cost Per Week..... $_____
Multiply by 52 weeks..... X_____
Total Annual Cost *(Maximum of $7,500)*..... $_____

Divide by Number of Pay Periods Per Year..... ÷_____
Per-Payroll Deduction for DCAP..... = $_____

Eligible/Non-Eligible Expenses

FSA/HSA Eligible Healthcare Expenses:

Please note that we do not intend this list to be comprehensive tax advice. For more detailed information, please consult IRS Publication 502 or see your tax advisor.

- Acupuncture
- Alcoholism Treatment
- Allergy Shots & Testing
- Ambulance (Ground or Air)
- Artificial Limbs
- Blind Services & Equipment
- Car Controls for Handicapped*
- Chiropractor Services
- Coinsurance & Deductibles
- Contact Lenses
- Crutches, Wheelchairs, Walkers
- Dental Treatment
- Dentures
- Diagnostic Tests
- Doctor's Fees
- Drug Addiction Treatment & Facilities
- Drugs (Prescription)
- Eye Examinations & Eyeglasses
- Home Health/Hospice Care
- Hospital Services
- Insulin
- Laboratory Fees
- LASIK Eye Surgery
- Medical Alert (Bracelet, Necklace)
- Medical Monitoring/Testing Devices*
- Nursing Services
- Obstetrical Expenses
- Occlusal Guards
- Operations & Surgeries (Legal)
- Optometrists
- Orthodontia
- Orthopedic Services
- Osteopaths
- Oxygen/Oxygen Equipment
- Physical Exams
- Physical Therapy
- Psychiatric Care (Psychologists, Psychotherapists)
- Radial Keratotomy
- Schools (Special/Relief/ Handicapped)
- Sexual Dysfunction Treatment
- Smoking Cessation Programs
- Surgical Fees
- Television/Telephone for the Hearing Impaired
- Therapy Treatments*
- Transportation (Essentially & Primarily for Medical Care**
- Vaccinations
- Vitamins*
- Weight Loss Programs*
- X-Rays

FSA/HSA Eligible OTC Medications and Products:

- Acne Medications & Treatments
- Allergy & Sinus/Cold/Flu & Cough Remedies
- Antacids & Acid Controllers
- Antibiotic & Antiseptic Sprays, Creams & Ointments
- Anti-Diarrheal/Anti-Fungal
- Anti-Gas & Stomach Remedies Anti-Itch & Insect Bite Remedies
- Anti-Parasitics
- Digestive Aids
- Baby Care (Diaper Rash Ointments, Teething Gel, Rehydration Fluids)
- Bandages and Band-Aids
- Breast Pumps for Nursing Mothers
- Braces & Supports
- Contact Lens Solution
- Contraceptives (Condoms, Gels, etc.)
- CPAP Equipment & Supplies
- Diabetic Testing Supplies/Equipment
- Durable Medical Equipment (Power Chairs, Walkers, Wheelchairs, etc.)
- Eczema & Psoriasis Remedies
- Eye Drops, Ear Drops, Nasal Sprays
- First Aid Kits
- Hemorrhoidal Preparations
- Home Diagnostics (Pregnancy Tests, Ovulation Kits, Thermometers, Blood Pressure Monitors, etc.)
- Hydrogen Peroxide/Rubbing Alcohol
- Laxatives
- Menstrual Care Products
- Motion Sickness Remedies
- Nicotine Patches/Smoking Cessation Aids
- OTC Varieties of Insulin
- Pain Relievers (Aspirin, Ibuprofen, etc.)
- Personal Protection Equipment (PPE) for COVID-19
- Reading Glasses
- Sleep Aids & Sedatives
- Wart Removal Remedies/Patches

Commonly Misunderstood: These Items Do Not Meet Eligibility Requirements

- Cosmetic Surgery & Procedures
- Cosmetic Dental Procedures (Teeth Whitening, Vitamins, Supplements)
- Health Programs/Health Clubs/Gyms
- Insurance Premiums (Not Reimbursable Under FSA)
- Teeth Whitening
- Vitamins & Supplements Without a Prescription

**If prescribed for a particular ailment or medical condition; provider letter required; **Limits apply.*

FSA & Debit Card FAQs

Questions	Answers
What if I am not covered or I do not have my dependents covered under my company's health insurance plan?	You and your family are still eligible to participate in the Health FSA or Dependent Care Reimbursement Account.
Why should I participate in the Health FSA when I already have health insurance?	The Health FSA helps cover expenses not typically paid by health insurance, including copayments, coinsurance, prescriptions, glasses, contacts, orthodontics, dental care, and select over-the-counter items.
Do I need to have a lot of expenses?	No, you should only contribute what you expect to spend during the plan year. Unused funds are forfeited unless your plan allows a carryover of up to $660, as permitted by the IRS. Check your Summary Plan Description (SPD) to see if your plan includes this option.
How do I figure how much to set aside?	Review your receipts and check registers to estimate your typical out-of-pocket medical expenses for yourself and eligible family members. Consider any changes this year that might increase or decrease your costs. Use the provided FSA worksheet to help plan your contribution.
What is the minimum/maximum amount that I can put into my account?	Your employer sets these amounts, as outlined in your Summary Plan Description (SPD), but they cannot exceed IRS-mandated limits. Refer to the top of page 3 for details.
When must expenses be incurred to receive reimbursement under the Health FSA?	Eligible medical expenses must be incurred during the plan year while you are an active participant. "Incurred" means the service or treatment has been provided. Prepaid expenses cannot be reimbursed until the service is received. You also cannot use current plan year funds for expenses incurred: • Before the plan year begins • Before your election form takes effect • After the plan year ends • After losing eligibility or leaving your job (unless covered under COBRA continuation)
How do I access my FSA funds? What is the Summit debit card?	You will receive a benefits debit card linked to your FSA account. This limited-purpose Mastercard® is restricted to medical providers, allowing you to pay for eligible expenses without upfront costs or reimbursement delays. A PIN is optional—simply swipe it like a credit card. If you don't use the card, you can submit a claim for reimbursement.
Do I have to keep up with receipts?	Always keep your receipts, even when using your FSA debit card. While transactions should be automatically approved, your administrator may request a receipt for verification at any time. If you don't use your FSA card, you must submit a signed claims form with valid documentation.

FSA & Debit Card FAQs (continued...)

Questions	Answers
What is required as claims documentation?	You must submit a statement, invoice, visit record, Explanation of Benefits (EOB), or another document that includes the date, type of service, amount charged, and provider. Canceled checks and credit card slips do not qualify as valid receipts.
What if I have a claim early in the plan year and do not have enough money in my account?	Under the "Uniform Coverage Rule," you can access 100% of your Health FSA election at the start of the plan year, with payroll deductions spread throughout the year to repay advanced funds. For the Dependent Care FSA, reimbursements are issued as contributions are deposited.
If I put my own pre-tax money in a spending account, why would I lose it if I don't spend it?	This IRS requirement means unused funds may be forfeited. If your plan lacks a Carryover option, you may have up to 2.5 months after the plan year to use remaining funds and a separate run-out period to submit claims. Check your SPD for details.
Can I change my contributions during the year?	Only if you experience a qualified status change, such as marriage, divorce, birth, adoption, or a change in employment for you or your spouse.
Can Dependent Care expenses be reimbursed at the beginning of the month for care that will be provided later in that month?	No, Dependent Care claims can only be reimbursed after the service is provided. If you prepay for a specific period, reimbursement is only available once the care has been received.
Can an employee who participates in Dependent Care FSA also claim the Dependent Care Tax Credit?	No, "double-dipping" is not allowed. If you use a DCAP, you cannot claim a tax credit on the same funds. Consult a tax professional for more details.
Does the provider have to do anything different to take the FSA debit card?	No, the card works with standard Mastercard processing but only at providers with a qualifying Merchant Category Code. It won't work at gas stations, pet stores, or salons.
What if there is not enough money in my FSA when I swipe the card to pay an expense?	If a transaction exceeds your balance, it's usually declined. Some merchants allow "split tender," charging your card up to the available balance and requiring another payment method for the rest.
Are there any transaction limits on my FSA debit card?	The Summit debit card has a $5,000 limit per transaction and a $5,000 daily maximum.
How can I check my account balance, card transactions, status of reimbursement claims, and so on?	Access your account 24/7 via the Summit online portal or mobile app. Use the welcome email from your benefits administrator to register and log in.
What if I still need help after looking at my account?	Contact Vault Admin Services, whose information can be found on the back cover of this enrollment booklet.

Summit Mobile App

Benefits at Your Fingertips

Access your employee benefits account information on your mobile device with the Mobile Summit app for Apple and Android.

App Capabilities

- **View Accounts**
  Access detailed balance and account information, including alerts.
- **Card Activity**
  Review transaction information, including whether receipts are needed.
- **Enter a Claim**
  Easily file a claim using your smartphone or mobile device. Jus t open a claim using the app, fill in some details onscreen, take a photo of the receipt with your smartphone camera, and upload. Claims filing couldn't be easier!

Locating the Mobile Summit App

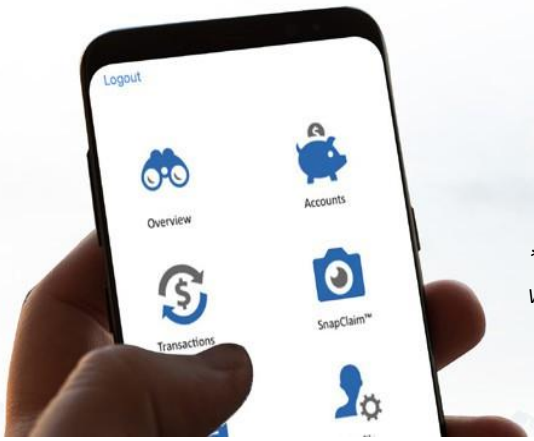
Search for "Mobile Summit" on the App Store for Apple products or in the Google Play Store for Android products, and load as you would any other app.

Logging In

Mobile Summit uses the same login credentials as the online participant portal. Once you have registered online, log in to Mobile Summit using the same username, password, and TPA code.* After logging in to the app, you will be on the home page which lists your navigation options.

Getting Help

Click the Contact icon located in the 3-line menu at the top of the page to access contact information for your administrator, who will be able to assist.



Download on the App Store

GET IT ON Google Play

**Our TPA code is 159. If you do not remember that code, you can enter our web address for the Summit participant portal: https://benefits.summitfor.me*

Summit Mobile App (continued...)

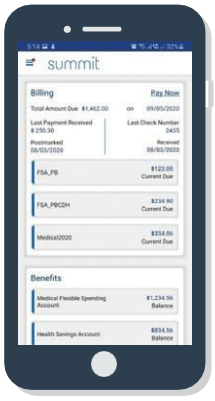
Mobile Quick Start Guide

Logging In

Open the Mobile Summit app. Use the same username and password to log in that you use to log in to the full Summit portal online.

What You Can Do with Mobile Summit

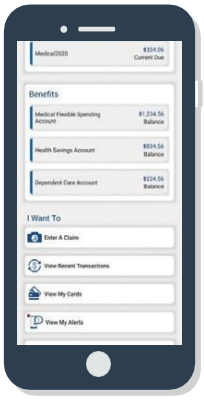
Once you log in, the Home page displays on the screen. Tap the icons to access the available features:



Homepage

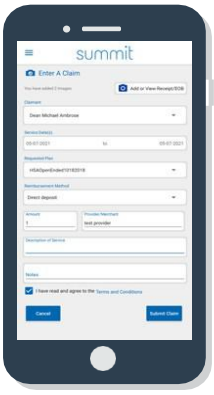
Billing: Displays if you have at least one Premium Billing coverage (COBRA, direct, or retiree billing). View account details or click Pay Now to pay a due premium.

Benefits: Shows current and past benefits with balances for CDH participants (FSA, DCAP, HRA, HSA, Transit). Click a benefit to view account details.



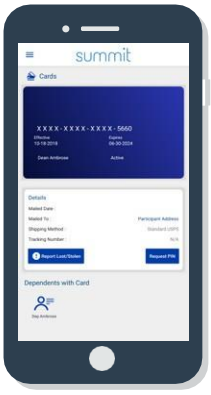
I Want to

The I Want To section at the bottom of the homepage allows you to quickly access available features of the app. You can easily navigate to enter a claim, request a withdrawal or reimbursement, view recent transactions, view alerts, and update your profile. Premium Billing only participants will see the menu items that pertain to billing activities.



Enter a Claim

Mobile Summit provides a quick, convenient, and secure way to file claims using your smartphone's camera. Enter claim information including Claimant, Service Dates, Amount, Provider/Merchant, and Reimbursement Method, then upload a photo of the receipt or EOB, and submit for processing.



Cards

View card details shows the name on the card issued to you, the card number, expiration date, and current status. You may also view dependents who hold cards. If your card is lost or stolen, you may report it through this screen.

Transactions

Access a list of transactions across all accounts, sorted by date. Select a transaction to view details.

Profile

Access your profile and view information. You may edit information from this screen.

Alerts

View all alerts for your accounts and cards.

How to Submit a Reimbursement Claim (FSA)

All sections of the claim form must be completed to receive reimbursement.

Claim Form Section 1: Employee Information

The following information must be included for each claim:

- Employee (Participant) Social Security Number
- Employee Name
- Employee Address
- Employee Phone Number

Claim Form Section 2: Claim Information

The following must be included for each claim:

For Medical Expenses

- Date of Service
- Patient Name
- Name of Provider
- Description of Service
- Amount of Claim

For Dependent Care Expenses:

- Date of Service
- Dependent Name
- Dependent Age
- Name of Care Provider
- Care Provider Address
- Provider Tax ID/SSN
- Amount of Claim

For Medical Expenses, you must provide a provider receipt or insurance carrier explanation of benefits (EOB) that contains all the information listed under "For Medical Expenses" above. Cancelled checks, non-detailed credit card receipts, or generic cash receipts do not provide all the information necessary to substantiate claims and cannot be accepted. Statements with "Previous Balance", "Balance Forward", or "Paid on Account" do not contain all the necessary information and cannot be accepted.

For Dependent Day Care Expenses, you must provide either a receipt that contains ALL of the information listed under "For Dependent Day Care Expenses" or a signature of the Care Provider on the completed claim form. Expenses submitted for Dependent Care reimbursement must allow the participant to be gainfully employed (or looking for work). Overnight camps, extracurricular activity fees, care for children over the age of 12, and private school fees (for grades Kindergarten and up) are not eligible expenses for Dependent Care reimbursement.

Claim Form Section 3: Signature

The participant must sign and date the claim form in order for the claims to be reimbursed.

For Reimbursement

Please complete one of the following:

- Upload with the Summit Mobile App using SnapClaim™
- Enter the claim online and upload receipts via the Summit participant portal at **https://vas.summitfor.me**.
- For assistance contact, call **501.301.4106 (Option 1)** or email us at **vaultmemberservices@accelergent.com**.

Health FSA Claim Form:
Reimbursement or Card Substantiation

VAULT ADMIN SERVICES

Please check here if new mailing address. ***Please check here if new email address.***

Employer Name: _____

Employee Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Home Phone: _____ Work Phone:_____

Employee Email: _____

Please read the Reimbursement Account Rules and Claim Filing Instructions before completing this claim. All information below must be completed.

Debit Card Purchase?	Service Date (mm/dd/yyyy)	Patient Name & Relationship	Provider Name & Address	Description of Service	Amount
☐ Yes ☐ No					$
☐ Yes ☐ No					$
☐ Yes ☐ No					$
☐ Yes ☐ No					$
☐ Yes ☐ No					$
☐ Yes ☐ No					$
				Total	**$**

Employee's Certification for Disbursement

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/ or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return. I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

_____ _____

Employee's Signature *Date (mm/dd/yyyy)*

For fastest reimbursement, please submit claims via FAX, EMAIL or MOBILE APP.

DCAP Reimbursement Claim Form

Please check here if new mailing address. ***Please check here if new email address.***

Employer Name: _____

Employee Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Home Phone: _____ Work Phone:_____

Employee Email: _____

Dependent Care Claims

Please read the Reimbursement Account Rules and Claim Filing Instructions before completing this claim. Use a copy of this form if you need more space. All information below must be completed.

Service Period From	To	Dependent Name	Age	Provider Name & Address	Provider Tax ID/SSN	Amount
						$
						$
						$
						$
						$
						$
					Total	**$**

Employee's Certification for Disbursement

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return. Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

_____ _____

Employee's Signature *Date (mm/dd/yyyy)*

For fastest reimbursement, please submit claims via FAX, EMAIL or MOBILE APP.

FSA and DCAP Election Form

If <u>not</u> electing for the current year, please fill in name at top and sign at the very bottom to waive participation.

Employer Name: _____

Employee Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Home Phone: _____ Work Phone:_____

Employee Email: _____

I hereby authorize and direct my employer to reduce my earnings in the amount necessary to fund my Cafeteria Plan as indicated below. I understand such reductions, considered elective contributions under the Plan, will start with my first paycheck dated after the plan year begins. I understand that the purpose of this program is to allow employees to select qualified benefits within the guidelines of the Internal Revenue Code. I also understand that the flexible spending account plan(s) will allow me to be reimbursed for eligible out-of-pocket medical, dental, vision and/or dependent care expenses.

☐ **I choose to participate in Flexible Spending Account (FSA) elections.**

Health FSA – Medical Expenses ..... Annual Amount: $ _____

DCAP – Dependent Care (Child Care) Expenses ..... Annual Amount: $ _____

☐ **I choose the debit card for my payment method.**

I understand that the debit card is restricted to certain merchant categories and is not accepted at all Mastercard® acceptance locations. I understand that I may not obtain a cash advance with the debit card at any merchant, bank or ATM. I understand that the debit card is to be used exclusively for Qualified Expenses as defined by the plan(s) in which I participate. If the debit card is issued pursuant to Employer Plans and I use the Card for an expense that is not a Qualified Expense I am indebted to my Employer and must repay the full amount of the non-qualified expense. I agree to save all invoices and receipts related to any expenses paid with the debit card; upon request I must submit these documents for review by the benefits administrator. Failure to submit the receipt(s) will cause the expense to be treated as a non-qualified expense and I will be required to remit payment to my Employer. Payment may be in the form of an offsetting claim, personal check, electronic draft from my personal checking or savings account, a post-tax deduction from my paycheck, or other options established by my employer.

Additional Card Requested: Name on 2nd Card (*cannot be same as employee*) _____

☐ **I choose Direct Deposit for my payment method.**

Routing Transit Number *(All 9 boxes must be filled):*

Account Number *(Include hyphens; Exclude spaces or special symbols)*

ATTACH A VOIDED CHECK HERE

DO NOT attach a Deposit Slip because deposit slips often do not show all the needed information.

I understand this salary reduction agreement will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in my family status. I hereby certify the above information to be correct and true and I choose to participate.

_____ _____

Employee's Signature *Date (mm/dd/yyyy)*

I choose not to participate in the FSA for this plan year.

_____ _____

Employee's Signature *Date (mm/dd/yyyy)*