



# Benefits Booklet

**Health Care Flexible Spending Account — January 2024**

Offered under the Mayo Clinic Health & Welfare Benefits Plan

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# INTRODUCTION

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This benefits booklet for the Health Care Flexible Spending Account Plan (the “Health Care FSA Plan”) provides information that is applicable to the Health Care Flexible Spending Account (“Health Care FSA”) benefits offered under the Mayo Clinic Health & Welfare Benefits Plan. This benefits booklet describes your Health Care FSA Plan benefits, how to submit a claim for benefits, who reviews claims for benefits and other important information about the Health Care FSA Plan.

The General Information Booklet for the Mayo Clinic Health & Welfare Benefits Plan (the “General Information Booklet”) provides information about eligibility for coverage under the Health Care FSA Plan, how to enroll, opportunities to make mid-year changes, when coverage ends and how you may be able to continue coverage under the Health Care FSA Plan if it ends. It also contains information such as who has the right to amend and terminate the Health Care FSA Plan.

This benefits booklet, together with the General Information Booklet, constitutes the Summary Plan Description for the Health Care FSA Plan as of January 1, 2024 and replaces all prior descriptions of the Health Care FSA Plan. It is intended to provide a summary of your benefits available under the Health Care FSA Plan. If there are any discrepancies between the Summary Plan Description and the governing plan documents, the plan documents will control.

Mayo Clinic sponsors the Health Care FSA Plan to reimburse eligible employees of Mayo Clinic and its affiliates that participate in the Health Care FSA Plan (collectively referred to with Mayo Clinic as “Mayo”) for eligible health care expenses on a pre-tax basis.

The Health Care FSA is a general purpose health care flexible spending account credited with participant contributions. Mayo does not contribute to the Health Care FSA. Many of the provisions in the Health Care FSA Plan are interrelated. Therefore, please review the entire Summary Plan Description for the Health Care FSA Plan so that you understand fully what your benefits and responsibilities are with respect to the Health Care FSA Plan.

You should also consider the fact that an adult dependent child who may be eligible for coverage under the Mayo Medical Plan is not an eligible family member under the Health Care FSA Plan unless that adult child is your tax dependent for federal income tax purposes. If you have any questions about whether your child is a tax dependent, please consult your tax advisor.

## CONTACT INFORMATION

Medica ONESource is the Claims Administrator for the Health Care FSA Plan and processes claims and answers claims-related questions for the Health Care FSA Plan.

Medica ONESource customer service representatives are available to answer any questions or concerns regarding Health Care FSA claims and benefits. For enrollment or eligibility questions, please contact Mayo's HR Connect.

### QUESTIONS ABOUT HEALTH CARE FSA

1-866-839-4015

TTY Users: National Relay Center:  
711 then ask them to dial Medica ONESource  
at  
1-866-839-4015  
[www.Medica.com/SignIn](http://www.Medica.com/SignIn)

M–F, 7 a.m. to 8 p.m. CT (excluding Thursdays  
8 a.m. to 9 a.m. CT and holidays)  
Saturday: 9 a.m. to 3 p.m. CT

### QUESTIONS ABOUT ENROLLMENT/ELIGIBILITY

HR Connect  
200 First Street SW  
Rochester, MN 55905

507-266-0440 (local)  
1-888-266-0440 (toll free)

M – F, 7 a.m. to 6 p.m. CT (excluding holidays)

HR Connect has access to translation services to meet the needs of non-English speaking persons.

El presente Resumen del Plan de Descripción está redactado en inglés y ofrece detalles sobre sus derechos y beneficios bajo el plan. Si tiene alguna dificultad para entender cualquier parte de este documento, por favor comuníquese con el Centro para Servicios al Empleado, al número que se encuentra arriba.

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# ELIGIBILITY AND PARTICIPATION

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## Eligibility for Coverage

You are eligible for coverage under the Health Care FSA Plan only if you are an eligible employee as described in the *Who is Eligible* section of the General Information Booklet.

**Important Note:** If you and your family members are enrolled in Mayo Custom medical coverage, you are not eligible for the Health Care FSA Plan, since you may be eligible to contribute to a Health Savings Account (“HSA”).

Please refer to the General Information Booklet for additional information regarding your eligibility for coverage under the Health Care FSA Plan during a leave of absence, but note that any contributions you make to your Health Care FSA during an unpaid or third-party paid leave must be made with after-tax dollars.

## When You Can Enroll

Please refer to the *When You Can Enroll* section of the General Information Booklet for information regarding your ability to enroll in the Health Care FSA Plan during your initial enrollment period and/or during an open enrollment period.

## How You Pay Health Care FSA Contributions and Mid-Year Election Changes

If you elect to participate in the Health Care FSA Plan, your contributions will be made through pre-tax salary reductions each payroll period. Your taxable compensation from Mayo will be correspondingly reduced by the amount of the annual contributions you elect, which reduces the taxable income reported by Mayo on your Form W-2. Because your contributions to your Health Care FSA are made through pre-tax salary reductions, federal law limits the circumstances under which you can make changes to your pre-tax election during the calendar year.

Please refer to the *Mid-Year Election Changes* section of the General Information Booklet for additional information regarding your Health Care FSA contributions and the circumstances under which you can make mid-year election changes to your Health Care FSA contributions.

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## WHEN COVERAGE ENDS

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### Employee Coverage Ends

Your coverage under the Health Care FSA Plan ends at midnight on the earliest of the following dates:

1. The date on which you terminate employment with Mayo.
2. The date your employment position or status changes such that you are no longer an eligible employee or no longer satisfy the eligibility requirements.
3. The date ending the period for which the last contribution is made if you fail to make any required contributions when due.
4. The effective date of termination of the Health Care FSA Plan or your employer's participation in the Health Care FSA Plan.
5. The date of your death.
6. If the Health Care FSA Plan is amended so that you lose coverage, the effective date of the amendment.
7. The last day of the calendar year for which you have a benefit election in effect.
8. The last day of the pay period in which you request that your benefit election be terminated as a result of, and consistent with, a change in status event or leave of absence rule.
9. The date your elected coverage under the Mayo Custom medical coverage option becomes effective.

### Effect of Termination of Coverage

On the date your participation in the Health Care FSA Plan ends, no further reductions in pay will be contributed to your Health Care FSA. You will be reimbursed only for eligible health care expenses you incurred while you were participating in the Health Care FSA Plan, and no expenses incurred after your participation in the Health Care FSA Plan ends will be reimbursed unless you are eligible for and elect COBRA continuation coverage. Please refer to the *Continuation of Health Care Coverage under COBRA* section of the General Information Booklet for additional information about COBRA continuation coverage.

All claims incurred during the period of coverage and while you were a participant in the Health Care FSA Plan must be submitted for reimbursement by March 31 following the calendar year in which your participation ends. Any amount remaining in your Health Care FSA after eligible expenses have been reimbursed will be forfeited.

In the event of your death, the person entitled to receive payment under applicable law can submit claims for expenses incurred prior to your death and while you were participating in the Health Care FSA Plan. Your dependents may be able to continue coverage under the Health Care FSA Plan for a limited period after your death. Please refer to the *Continuation of Health Care Coverage under COBRA* section of the General Information Booklet for additional information about COBRA continuation coverage.

### Dependent Coverage Ends

You can submit eligible health care expenses incurred by your eligible dependents while you are covered under the Health Care FSA Plan for reimbursement. Eligible dependents include your spouse and children who are your tax dependents under the Internal Revenue Code. See *Definition of Dependent* below for more information about your eligible dependents.

**Additional Termination of Coverage Rules**

Please refer to the General Information Booklet for additional termination of coverage rules applicable to the Health Care FSA Plan, including, but not limited to, your ability to continue your Health Care FSA Plan coverage under COBRA.

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# HEALTH CARE FLEXIBLE SPENDING ACCOUNT

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The Health Care Flexible Spending Account section describes important information about your Health Care FSA including, but not limited to, contribution limits, reimbursement information, tax benefits and the definition of dependent.

## Annual Contributions

You are allowed to contribute up to \$3,050 pre-tax to a Health Care FSA to pay for eligible health care expenses such as deductibles, copayments and coinsurance, and other such expenses which are not covered by any other source. The minimum employee contribution is \$5 per payroll period, or \$130 annually.

## Employee Contributions

You must carefully plan the amount you wish to contribute to your Health Care FSA because the Health Care FSA Plan is governed by federal regulations and restrictions.

Important points to remember are:

- **No Tax Deduction.** You cannot take a tax deduction on your federal income tax return for expenses reimbursed from your Health Care FSA.
- **No Change to Election.** During the year you cannot change your contribution election except under certain conditions. Please refer to the *Mid-Year Election Changes* section of the General Information Booklet for details.
- **Filing Deadline.** Even if you incur eligible expenses during the calendar year, if you do not file a claim for reimbursement of those expenses by March 31 of the following calendar year, you will forfeit the amount remaining in your Health Care FSA unless you are eligible for a carryover of unused Health Care FSA funds, as described below.

## Reimbursement Information

You may be reimbursed under the Health Care FSA for expenses for “medical care” (as defined in Section 213(d) of the Internal Revenue Code) incurred by you, your spouse or your eligible family members.

In administering the Health Care FSA, Medica ONESource may, in its sole discretion, consult various Internal Revenue Service publications, rulings, notices and other authorities to determine if an expense is an eligible health care expense.

To be eligible for reimbursement from the Health Care FSA, the expense **must be incurred during the calendar year while you are a participant in the Health Care FSA Plan**, and **must not be reimbursed** by any insurance, other reimbursement accounts (but see below note regarding in-person use of your Medica ONESource Visa debit card), or an HMO. Generally, expenses are incurred when services are provided, not when you are billed for or pay for the services.

At any time during the calendar year you can be reimbursed for your eligible health care expenses up to the **annual** amount you elected to contribute to your Health Care FSA for that year, even if you have not yet contributed that amount to your Health Care FSA.



If you participate in the Mayo Reimbursement Account under the Mayo Dental Plan (“MRA”) or are eligible for the Medical Expense Reimbursement Plan (“MERP”), note that generally your MRA and MERP must be exhausted, or the expense must be denied as ineligible for reimbursement under the MRA and MERP, before you may be reimbursed from your Health Care FSA. Note, however, that for in-person claims you wish to pay for from your Health Care FSA using your Medica ONESource Visa debit card, you may choose to have the Health Care FSA cover such eligible expense before MRA or MERP are exhausted. If you would like to use your MRA or MERP funds first before your Health Care FSA, you must pay for your expense with a different payment method other than your Medica ONESource Visa debit card, and submit a request for reimbursement in accordance with the applicable plan’s terms.

## **Tax Benefits**

You will save money when you use pre-tax dollars to reimburse your eligible health care expenses. In most cases, you will not pay federal income tax (approximately 10 to 35 percent), state income tax (approximately 3 percent) or Social Security (FICA) tax (approximately 7.65 percent) on the amount you contribute to or are reimbursed from your Health Care FSA.

Because your contributions are deducted before your Social Security taxes are calculated, your Social Security benefit may be affected. In addition, you may not claim a health care expense deduction on your federal income tax return for amounts reimbursed by your Health Care FSA. For some employees, it may be preferable to use the health care expense deduction rather than to participate in the Health Care FSA Plan. The tax savings associated with participation in the Health Care FSA Plan will vary from taxpayer to taxpayer based on personal circumstances, exemptions, deductions and filing status. You may want to discuss these issues with your tax advisor.

## **Definition of Dependent**

Eligible dependents (as defined by Section 152 of the Internal Revenue Code) may include your spouse, biological children up to age 26, legally adopted children (including children placed with you for adoption) up to age 26, stepchildren up to age 26, foster children up to age 26 and generally any child whom you claim as a dependent for federal income tax purposes. Your child must meet the Internal Revenue Code requirements for tax-free health coverage in order for his or her eligible medical expenses to be paid from your Health Care FSA on a tax-free basis.

You and your dependents do not need to be covered by Mayo’s health programs in order for you to contribute to a Health Care FSA. Please note that any individual who is an eligible dependent or eligible family member under the Mayo Medical Plan may not be an eligible dependent under the Health Care FSA. In other words, your dependent’s or family member’s eligibility for the Mayo Medical Plan doesn’t mean that expenses incurred by your dependent or family member are eligible for reimbursement under the Health Care FSA Plan. Expenses incurred by your dependent or other family member are eligible for reimbursement under the Health Care FSA Plan only if your dependent or other family member is a tax dependent under Section 152 of the Internal Revenue Code.

## **Information Regarding Your Health Care FSA**

Detailed information about your contributions to and reimbursements from your Health Care FSA are available by accessing the Medica ONESource website ([www.medica.com/SignIn](http://www.medica.com/SignIn)). Account information also may be obtained by calling the Medica ONESource at 1-866-839-4015.

**Carryover of Unused Health Care FSA Funds**

As long as you maintain eligibility to participate in the Health Care FSA Plan for the following calendar year and amounts remain credited to your Health Care FSA at the end of the calendar year, up to \$500 of the amounts that remain credited to your Health Care FSA at the end of the calendar year will automatically be carried over to the next calendar year. You will be able to use the amounts carried over for reimbursement of eligible health care expenses incurred during the following calendar year. Any amount over \$500 that remains credited to your Health Care FSA after all eligible health care expenses have been reimbursed, will be forfeited.

The carryover is in addition to the maximum employee contribution of \$3,050 annually.

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## ELIGIBLE EXPENSES

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**Important Note:** In administering the Health Care FSA Plan, Medica ONESource may, in its sole discretion, consult various Internal Revenue Service publications, rulings, notices, and other authorities to determine if an expense is an eligible health care expense. Medica ONESource reserves the right to deny payment for any service that it determines is not an eligible health care expense.

Following is a list of common items that may be reimbursed from a Health Care FSA. However this is not an exhaustive list, as there are some other expenses which may qualify for reimbursement. Please contact Medica ONESource if you have any questions regarding the expenses eligible for reimbursement from the Health Care FSA.

### Medical

- Ambulance expenses
- Artificial limbs and prosthetics
- Reconstructive surgery (due to a congenital defect, accident or medical treatment, including mastectomy)
- Coinsurance, copays and deductibles
- Dietary supplements when prescribed by a physician to treat a specific medical condition
- Hearing aids and batteries
- Smoking cessation programs

### Dental

- Coinsurance, copays and deductibles
- Dental treatment, included but not limited to:
  - X-rays
  - Fillings
  - Extractions
  - Dentures and denture adhesives
- Fluoridation device or services
- Occlusal guards to prevent teeth grinding
- Toothache and teething pain relievers
- Orthodontia, including Invisalign (unless the care is for cosmetic procedures)

### Vision

- Eye exams
- Contact lenses care
- Vision correction procedures
  - Laser eye surgery
  - Lasik
  - Radial keratotomy
- Prescription eyeglasses, prescription sunglasses and contact lenses
- Eyeglass and contact lens supplies (lens cleaner, contact solution, repair kits)
- Over-the-counter eye drops

**Medications/Prescriptions**

- Acne medications
- Allergy medicine
- Prescription drugs unless otherwise identified as not covered
- Glucosamine/Chondroitin when prescribed by a physician
- Hormone replacement therapy when prescribed by a physician
- Insulin
- Over the counter medications used for medical care within IRS regulations
- Smoking cessation medicines
  - Nicotine patches
  - Nicotine gums

**Medical Supplies**

- Air purifier/humidifier (if prescribed by a physician for a specific medical condition)
- Bandages, elastic and band aids
- Blood pressure monitoring devices
- Breast pumps and lactation supplies
- Diabetic supplies:
  - Blood sugar test kit and test strips
  - Glucose monitoring equipment
  - Insulin
- Carpal tunnel wrist supports
- Cold/hot packs (if sold as medical supplies)
- Crutches (whether purchased or rented)
- First aid kits
- Hearing aids and batteries
- Orthopedic shoes (custom made), only if used to treat a specific medical condition
- Orthopedic inserts or lift
- Oxygen
- Thermometers
- Walker
- Wheelchairs

**Pregnancy/Fertility**

- Medical expenses incurred before adoption is finalized if child is a dependent under Section 152 of the Internal Revenue Code at the time expenses are incurred
- Contraceptives
  - Condoms
  - Spermicidal foams
  - Norplant insertion or removal

**Egg donor fees**

- Fertility treatments
  - IVF (In vitro fertilization) will qualify to the extent procedures are performed on the participant, spouse or another individual whose expenses are eligible for tax-free reimbursement
  - Temporary storage of eggs or sperm
  - Reversal surgery
  - Shots
  - Treatments
  - GIFT (gamete intrafallopian transfer)
- Infertility treatments
- Pregnancy testing kit
- Ovulation monitor
- Prenatal vitamins (if taken during pregnancy)

**Treatment/Therapy**

- Acupuncture (to treat a medical condition)
- Alcoholism and drug addiction treatment
- Chelation (EDTA) therapy (if used to treat a medical condition such as lead poisoning)
- Chiropractors
- Christian Science Practitioners fees (for medical care)
- Smoking cessation programs

**Miscellaneous**

- Adoption, pre-adoption medical expenses incurred before an adoption is finalized if the child qualifies as your tax dependent when the services/items are provided
- Automobile modifications for physically handicapped persons (when prescribed by a physician)
- Braille books and magazines (for visually impaired person)
- Guide dog or animal aide (including purchase, training and care of animals used by vision impaired or hearing impaired person)
- Lodging not at a hospital or similar institution, up to \$50 per night if the following conditions are met:
  - the lodging is primarily for and essential to medical care
  - the medical care is provided by a physician in a licensed hospital or medical care facility related to (or equivalent to) a licensed hospital
  - the lodging isn't lavish or extravagant
  - there is no significant element of personal pleasure, recreation, or vacation in the travel
- Lodging of a companion if accompanying patient for medical reasons, up to \$50 per night (if patient is a child, up to \$100 per night, \$50 per person) if the above four conditions are satisfied
- Medical alert bracelet or necklace (if recommended by a medical practitioner in connection with treating a medical condition)
- Medical record charges
- Nursing services (including nurse's board, wages or other nursing services)

- Shipping and handling fees incurred to obtain an item that constitutes medical care
- Taxes on medical services and products including local, sales, service and other taxes
- Telephone for hearing-impaired person (purchase and repair)
- Television for hearing-impaired person (amount that qualifies is limited to the excess of the cost over the cost of the regular model)
- Travel expense (amounts paid for transportation primarily for and essential to medical care based on IRS guidelines)
- Weight loss programs/drugs (must be prescribed by a physician to treat a specific medical condition (e.g., heart disease, obesity, diabetes, etc.)

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# INELIGIBLE EXPENSES

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**Important Note:** In administering the Health Care FSA Plan, Medica ONESource may, in its sole discretion, consult various Internal Revenue Service publications, rulings, notices and other authorities to determine if an expense is an eligible health care expense. Medica ONESource reserves the right to deny payment for any service it considers ineligible.

## **Medical**

- Cosmetic expense (any service deemed not to be medically necessary to improve function)

## **Dental**

- Toothpaste, toothbrushes (whether or not prescribed or recommended by a dentist)
- Dental floss
- Teeth whitening/bleaching
- Veneers
- Discounts given by the dental provider
- On-line or internet orthodontic services

## **Vision**

- Non-prescription sunglasses
- Clip-on sunglasses
- Warranties

## **Medications/Prescriptions**

- Controlled substances in violation of federal law (e.g. medical marijuana)

## **Cosmetic**

- Appearance improvements
- Botox treatment
- Collagen injections
- Electrolysis or hair removal
- Hair transplants
- Face lifts
- Tanning salons and equipment
- Cosmetic and toiletries:
  - Face creams or other skin moisturizers (including hand lotion)
  - Perfume or cologne
  - Lipsticks
  - Chapstick or lip balm
  - Fingernail polish or remover
  - Eye and facial makeup or remover
  - Shampoos and soaps

- Shaving cream
- Permanent waves
- Hair colorants
- Ear piercing
- Deodorants
- Tissues
- Feminine hygiene products
- Mouthwash

**Pregnancy/Fertility**

- Childbirth classes
- Diapers or diaper services (unless used to reived the effects of a diagnosed medical condition)
- Maternity clothes
- Surrogate expenses

**Treatment/Therapy**

- Dancing lessons
- Swimming lessons
- Marriage counseling
- Massage therapy (unless prescribed by physician to treat a specific injury or trauma)
- Applied Behavioral Analysis or similar interventions

**Miscellaneous**

- Adoption fees and other non-medical expenses
- Health club dues and fees
- Insurance or COBRA premiums
- Diet foods
- Exercise equipment or programs
- Funeral expenses
- Non-orthpedic or orthotic shoes
- Pre-payments for goods or services that have not yet been provided
- Expenses for services or products in a prior or future calendar year
- Duplicate prescription drugs, services or supplies
- Nursing services for a baby

**These lists of examples are not intended to be comprehensive.** If you have questions about whether an expense is reimbursable, call Medica ONESource at the number listed in the Contact Information Section.



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## CLAIM PAYMENT AND APEAL PROCEDURES

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Because the Health Care FSA Plan will not reimburse any expense covered under the Mayo Medical Plan, the Mayo Dental Plan or any other group or individual insurance policy, plan or program (private or governmental), you must first submit your claim to all other plans, policies and programs before requesting reimbursement from your Health Care FSA.

If you participate in the MRA or are eligible for the MERP, note that generally your MRA and MERP must be exhausted, or the expense must be denied as ineligible for reimbursement under the MRA and MERP, before you may be reimbursed from your Health Care FSA. Note, however, that for in-person claims you wish to pay for from your Health Care FSA using your Medica ONESource Visa debit card, you may choose to have the Health Care FSA cover such eligible expense before MRA or MERP are exhausted. If you would like to use your MRA or MERP funds first before your Health Care FSA, you must pay for your expense with a different payment method other than your Medica ONESource Visa debit card, and submit a request for reimbursement in accordance with the applicable plan's terms.

### **IMPORTANT NOTE**

Oral inquiries about coverage and benefits are not considered claims or appeals. Any claim or appeal must be in writing.

All time periods described in this section are in calendar days, not business days.

If you complete the appropriate form (available from the Claims Administrator), an authorized representative can file claims and appeals on your behalf.

If you do not file a claim or follow the claim procedures, you are giving up important legal rights.

The address for Medica, the Claims Administrator responsible for deciding claims for reimbursement from your Health Care FSA and related appeals, is immediately below.

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# STANDARD CLAIMS PROCEDURES

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All claims for reimbursement from your Health Care FSA are handled under these standard claim procedures.

## Filing an Initial Claim

### Time for Filing a Claim

Your claim must be received by the Claims Administrator no later than March 31 of the calendar year following the calendar year in which the expenses are incurred. You will lose any amounts credited to your Health Care FSA over \$500 that remain in your Health Care FSA after all of your claims received by the Claims Administrator through March 31 have been processed.

### Filing a Claim

You must submit a claim through the online portal or mobile app, or by submitting a paper Health Care FSA claim form in accordance with all instructions, which is available from the Claims Administrator or on the Mayo intranet. You also may obtain a claim form by calling the Claims Administrator. You must include with your claim certain information for each item you want reimbursed. The information should include a detailed original itemized statement from your provider that shows each of the following:

- Name and address of the provider
- Name, address and date of birth of person receiving the service or supply
- Date of service
- Detailed description of care, service or item received
- Amount of the charges
- Explanation of Benefits if insurance covered a portion of the expenses

### Special Rules for Filing Orthodontia Claims

If you are using your Health Care FSA to reimburse expenses for orthodontia treatment, an itemized statement and/or a copy of your treatment outlining the treatment plan must accompany your claim. Pursuant to the guidelines for orthodontia services only, you may request and receive reimbursement for orthodontia related services where payment is made in advance of all of the services under the treatment plan even if the treatment is incurred over more than one calendar year under the treatment plan. These orthodontia services are deemed to be incurred at the time of the advance payment.

### Claim Decision

The Claims Administrator has 30 days to decide your claim and to notify you if your claim is denied in whole or in part. If any part of your claim is denied, you will be notified in writing or electronically. This notice will tell you the reason for the denial, including the provisions of the Health Care FSA Plan on which the denial is based. It also will describe any additional information that may be needed to change the decision denying your claim and explain why such information is necessary. Also, the notice will describe the procedures for appealing the decision, including the time limits for doing so, and include a statement of your right to bring a civil action for benefits following an adverse determination on appeal.

In addition, the notification also will explain any rule, guideline, protocol or similar criterion relied upon in making the adverse determination, or include a statement that such a rule, guideline, protocol or similar criterion was relied upon in making the determination and that a copy of such rule, guideline, protocol or other criterion will be provided free of charge upon request. If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, the notification also will contain either an explanation of the scientific or clinical judgment for the determination or a statement that such explanation will be provided free of charge upon request.

You may be notified that an extension of up to 15 days is needed to decide your claim due to reasons beyond the control of the Claim Administrator. If the extension is required because you need to provide additional information in order for your claim to be decided, you will be given at least 45 days to provide that information. The time it takes you to provide that information will not count against the time the Claim Administrator has to make its decision.

### **Claim Payment**

Reimbursement of eligible health care expenses from your Health Care FSA will be provided to you (not to your provider) through direct deposit or a check mailed to your home. You may set up direct deposit on [www.Medica.com/SignIn](http://www.Medica.com/SignIn) or by calling Medica.

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# APPEALS PROCEDURES FOR STANDARD CLAIMS

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## Filing an Appeal (Standard Claims Process)

### Time for Filing an Appeal

You must file an appeal within 180 days after the date you receive notice that your claim for reimbursement from the Health Care FSA is denied. *If an appeal is not filed within this 180-day period, you lose the right to appeal.*

### Filing an Appeal

Your written appeal must be submitted to the Claim Administrator and must include the following information:

- Name of plan
- Name, address and date of birth of patient
- Information regarding the denial of benefits, such as the Explanation of Benefits you received or claim number listed on the Explanation of Benefits or copy of denial letter
- A statement that you are appealing the denial of benefits
- The reason(s) you disagree with the denial of your claim
- Any information, documents or arguments you want considered in your appeal
- Supporting documentation

### Notification of Appeal Decision

The Claims Administrator has 30 days to make a decision and notify you. For adverse benefit determinations, the notification will include the following:

- The specific reason(s) for the adverse benefit determination;
- Reference to the specific Health Care FSA Plan provision(s) on which the determination is based;
- A statement indicating entitlement to receive, upon request, and free of charge, reasonable access to or copies of all documents, records and other information relevant to your claim for benefits;
- A statement regarding additional levels of appeal (if any) and the right to sue in federal court;
- Disclosure of any internal rule, guideline, protocol or similar criterion relied on in making the adverse benefit determination (or a statement that such information will be provided free of charge upon request); and
- If the decision involves scientific or clinical judgment, an explanation of the scientific or clinical judgment applying the terms of the Health Care FSA Plan to your medical circumstances, or a statement that such explanation will be provided free of charge upon request.

If your claim is approved on appeal, you will receive notice that the decision has been reversed and your claim has been approved.

mayoclinic.org

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[Learn more online at mayoclinic.org](https://www.mayoclinic.org)

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