

MyCHOICE:
Government of Alberta
Flexible Spending Account
(FSA) Guide

MyCHOICE – Government of Alberta Health Spending Account (FSA) Guide – April 2021

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Flexible Spending Account (FSA) Guide

MyCHOICE – Bargaining Unit Employees

WHAT IS THE FSA BENEFIT?

The Flexible Spending Account (FSA) Plan consists of an annual credit allotment of \$900 provided by the Employer to each eligible Employee. Your FSA will include the existing Health Spending Account (HSA) and the additional Wellness Spending Account (WSA). The Government of Alberta (GoA) makes an annual contribution to your FSA, this is referred to as a credit allotment.

CREDIT ALLOCATION

Employees may allocate the credit allotment to a non-taxable HSA and /or a taxable WSA to be used for reimbursement of eligible expenses up to the amount of the credit allotment of the Plan.

CREDIT ALLOCATION PERIOD

Each year the GoA and the Plan Administrator will set a period of time (each March) for Employees to make their credit allocations for the following Plan year. This allocation period will be communicated to employees in advance.

CREDIT ALLOTMENT

For active employees, credits are available in your FSA every year starting April 1. On April 1, the GoA will contribute \$900 into your FSA, if you are eligible for the MyCHOICE benefits program.

Credits must be allocated before the allocation period deadline. If credits are not allocated prior to the end of the allocation period/deadline, the annual credit amount of \$900 will be defaulted to your HSA.

Once the allocation period/deadline closes, choices are irrevocable (this includes if your credits were defaulted to your HSA).

You will receive the same amount of credits, regardless of whether you are a full-time, part-time or temporary salaried employee. If you are a new employee, you will receive the same amount of FSA credits on the date you were hired.

If you are hired/or moved into a Bargaining Unit position during or after the Credit allocation period, your credits will automatically be defaulted to the HSA for that plan year.

Only expenses incurred during your period of employment are eligible for reimbursement.

FSA PLAN YEAR

The FSA Plan year is April 1 to March 31.

CARRY FORWARD AND FORFEITURES

At the end of the FSA year (March 31), claims for expenses incurred from either the HSA or WSA must be submitted within two (2) months of the end of the FSA year (by May 31) or they will no longer be eligible for reimbursement.

RUN-OFF PERIOD

You have a two (2) month grace period in place to submit claims to your HSA or WSA.

This grace period begins when or if you

- reach the end of the FSA plan year (claims must be submitted by May 31),
- transfer from one group to another (for example, you switch from Bargaining Unit to Management, Opted Out and Excluded), or
- terminate employment or retire.

EXPENSES

Eligible expenses that exceed the yearly credit allotment or that are submitted beyond the run-off period are forfeited. Expenses do not carry forward.

HSA and WSA expenses must be claimed no later than two months following the end of the FSA year (May 31) in which they are incurred or they will no longer be eligible for reimbursement.

Eligible expenses under the WSA categories are taxable. As such you will be deducted tax through your payroll on a monthly basis for expenses paid to you from your WSA.

For your eligible WSA categories, please refer to the [Wellness Spending Account Eligible Expenses reference guide](#).

CARRY FORWARD CREDITS

Any unused HSA or WSA credits from the current year will be carried forward from the year in which they were allocated, to the following plan year. Credits are used on a first in, first out basis (oldest credits are used first).

Any unused HSA or WSA credits carried forward from the previous plan year that are not used by the end of the run-off period in the subsequent plan year are forfeited. Unused credits cannot be carried forward for a second year.

FAMILY AND DEPENDENT COVERAGE

Your FSA will cover expenses for dependents listed under the MyCHOICE health and dental plans. You can also claim reimbursement for other dependents as defined by the CRA under section 118(6) of the Canada Income Tax Act.

HSA CLAIM PROCEDURE

Alberta Blue Cross adjudicates the HSA and coordinates coverage with your health and dental plans. If a Physician's Written Order is required under your extended medical benefits, the same criteria apply to your HSA. Please refer to your [MyCHOICE handbook](#) for more information.

There are several ways to submit your HSA claim depending on the type of claim and whether or not you or your dependents have coverage under another benefit plan. To ensure you and your dependents are taking full advantage of your benefit plans, see the 'Coordination of Benefits' section.

The most common types of claims include:

HEALTH OR DENTAL CLAIMS SUBMITTED THROUGH YOUR MyCHOICE BENEFIT PLANS

Any unpaid balance that remains after you have received your payment under your group benefits plan will automatically flow through to your HSA, if you:

- don't have coverage through another benefits plan; or
- you have coverage under another benefits plan and Alberta Blue Cross is the claims adjudicator for both plans.

In these instances, you will not be required to submit a claim to your **HSA**. Alberta Blue Cross will automatically coordinate your claims for you. If you are covered under another benefits plan, and both plans are not adjudicated through Alberta Blue Cross, see the 'Coordination of Benefits' section for claiming instructions.

EXPENSES NOT COVERED BY YOUR HEALTH OR DENTAL PLAN; OR, FOR A DEPENDENT NOT ENROLLED IN YOUR GROUP BENEFITS PLAN BUT ELIGIBLE UNDER THE HSA

Use the Alberta Blue Cross My Benefits app or visit members.ab.bluecross.ca to make a claim or check your account balance.

Online claims submission is possible provided that the claim does not exceed \$3,000, the service/product was paid in full and payable to you (not the provider) and the expense was incurred in Canada. Additional conditions may apply. To determine if your claims are eligible for online submission, go to members.ab.bluecross.ca, click on “Sign in” and choose “Plan members” to register or sign in. Once you are signed in, detailed information is located under “Your claims – Submit a claim – Health Spending Account, What can I claim.

If you prefer to submit a paper claim, attach the original receipt along with a completed HSA claim form and mail it to:

Alberta Blue Cross
10009 – 108 Street NW
Edmonton, Alberta T5J 3C5

PREMIUMS FOR PRESCRIPTION DRUG, EXTENDED MEDICAL AND/OR ENHANCED DENTAL COVERAGE

Use the Alberta Blue Cross My Benefits app or visit members.ab.bluecross.ca to make a claim or check your account balance.

Online claims submission is possible provided that the claim does not exceed \$3,000.

If you are claiming your share of premiums for prescription drug, extended medical and/or enhanced dental coverage, use the Health/Dental Premium Report and claim online, you will be required to enter the end date of each pay period.

If you prefer to submit a paper claim, submit the Health/Dental Premium Report, with a completed HSA claim form and mail it to:

Alberta Blue Cross
10009 – 108 Street NW
Edmonton, Alberta T5J 3C5

To access the Health/Dental Premium Report: Log onto MyAgent. Under “Employee Toolbox”, select “benefits”, then “Health/Dental Premium Report”. Enter the range of dates you’d like to claim your premiums for and click on “Generate Report”. Your report will open in a printable format which can be used to enter the end date of each period for your online claim submission or

if you prefer you can attach the Health/Dental Premium Report to the HSA claim form and submit to Alberta Blue Cross for reimbursement.

Claims reimbursement process:

1. Use the Alberta Blue Cross My Benefits app or visit members.ab.bluecross.ca to make a claim.
2. Sign up for direct deposit, check your account balances, and find a HSA claim form.

COORDINATION OF BENEFITS

Coordination of benefits applies when you or your dependents have coverage under more than one health and dental benefit plan, usually with your spouse or benefit partner. Coordinating benefits when both you and a spouse or benefit partner have coverage maximizes the potential of both plans. Submit your claim to both of your health and dental benefit plans first. If a portion of the expense is not reimbursed through these plans, you can claim the remaining unpaid amounts from your HSA. To ensure that you are taking full advantage of your benefit plans, use the coverage under all benefit plans first, before submitting the expense to your HSA.

Please note there is no coordination of Benefits for the WSA

WHAT IS THE ORDER FOR SUBMITTING CLAIMS?

For your expenses , submit claims to:	For your spouse or benefit partner's expenses , submit claims to:
<ol style="list-style-type: none">1. Your group benefits health or dental plan2. Your spouse or benefit partner's health or dental plan3. Your HSA4. Your spouse or benefit partner's HSA	<ol style="list-style-type: none">1. His or her plan2. Your plan3. His or her HSA4. Your HSA

HOW DO I COORDINATE CLAIMS FOR A DEPENDENT CHILD?

The claim must be submitted first by the parent whose birthday is earlier in the year, regardless of which parent is older, and then by the other parent.

For example, if Sue was born on January 5, 1975 and Bob, her husband, was born on April 20, 1972, Sue would submit the claim to her plan first since her birthday is earlier in the year even

though Bob is older. Any remaining balance would be covered by Bob's plan, followed by Sue's HSA (since she submitted the claim first), and then followed by Bob's HSA, if needed.

WHEN COORDINATING BENEFITS, IS AN HSA FORM REQUIRED?

If both you and your spouse or benefit partner are covered by benefit plans adjudicated by Alberta Blue Cross, they will process the claim through both benefit plans first and then your HSA. No HSA claim form is required.

If your spouse or benefit partner's benefits plan is with an adjudicator other than Alberta Blue Cross, you can submit your claim online, you will be required to confirm the amount paid by your spouse or benefit partner's plan. If you are selected for verification you will be required to upload the Explanation of Benefit (EOB) from your spouse's or benefit partner's plan and copies of the original receipts.

If you choose to submit your claim by mail, an HSA form is required along with the Explanation of Benefits (EOB) from your spouse or benefit partner's benefits plan and copies of the original receipts.

Forms and instructions are available from Alberta Blue Cross at members.ab.bluecross.ca.

If you and your spouse or benefit partner each have an HSA and you want to coordinate your coverage between the HSAs, contact Alberta Blue Cross for claims instructions.

DO I HAVE TO SUBMIT ORIGINAL RECEIPTS FOR THE HSA?

If you're submitting your claim by mail, you must submit original receipts with the HSA claim form. Attach the original receipt for each expense and keep copies for your records. A Physician's Written Order, where required for specific services, must be submitted to Alberta Blue Cross and will be kept on your file for one year from the date on the Physician's Written Order. Refer to the Extended Medical section of your [MyCHOICE handbook](#) for more information.

If you are submitting an HSA form for expenses already claimed under your spouse or benefit partner's benefits program and that program is not adjudicated by Alberta Blue Cross, attach the Explanation of Benefits (EOB) from that program and copies of the receipts.

POPULAR WAYS TO USE AN HSA

Example 1: Greg uses his HSA to help pay for new glasses

Greg is single and has Enhanced Extended Medical coverage under his group benefits program and receives \$900 in his HSA. During the HSA year, Greg spends \$500 on a new pair of glasses and submits a claim under his plan. His plan covers glasses up to \$350 every 24 months. He uses HSA credits to cover his out-of-pocket costs:

Amount submitted to benefits program	\$500
Amount paid	(\$350)
Expense automatically flows through to HSA	\$150
Total annual HSA credits	\$900
Amount paid by HSA	(\$150)
Remaining HSA credits	\$750

With his HSA credits, Greg is fully reimbursed for the cost of his glasses, and he still has \$750 in credits to use for other expenses. Without the HSA, Greg would pay \$150 (in after-tax dollars) for the expense not covered by his group benefits program.

Example 2: Marian's live-in mother needs a hearing aid

As a participant in the group benefits program, Marian receives \$900 in her HSA effective April 1, 2020. Her mother lives with her and needs a hearing aid, which costs \$675. Although Marian's enhanced coverage includes hearing aids, she can't claim the cost since her mother is not an eligible dependent under her group benefits program. However, she can claim the cost of the hearing aid under her HSA, if the CRA recognizes her mother as a dependent:

Amount covered under her benefits program	\$0
Expense covered by HSA credits	(\$675)
Total annual HSA credits	\$900
Remaining HSA credits	\$225

With her HSA credits, Marian is fully reimbursed for the cost of her mother's hearing aid, and she still has \$225 in credits to use for other health and dental care expenses. Without the HSA, Marian or her mother would have to pay the full \$675.

Example 3: Sam uses his HSA to help pay his 2020 benefit premiums

Sam wants to use his HSA credits to pay for premiums under his group benefits program. With single coverage under the core prescription drugs and extended medical plans, he pays \$537.42 per year in premiums. With his HSA, he can now submit his Health/Dental Premium Report and the HSA claim form to Alberta Blue Cross and be refunded the entire amount. Sam has \$362.58 left in credits to use for other eligible expenses.

Note: Employees participating in the core prescription drug, core extended medical, or enhanced options can use their HSA to refund amounts paid for the employee portion of the premium. The amount quoted above is for illustration purposes only.

WSA CLAIM PROCEDURE

Use the Alberta Blue Cross My Benefits app or visit members.ab.bluecross.ca to make a claim or check your account balance

or,

Mail in a completed, signed claim form to Alberta Blue Cross. Original receipts must be attached. Visit members.ab.bluecross.ca and access the customized Wellness claim form. This form is available by signing in to the secure, plan member site. Once inside navigate to the “Forms” and use the wellness form that is pre-populated with your name and address and includes a list of categories that are eligible under your plan.

Please note there is no coordination of Benefits for the WSA.

PAYMENT OF CLAIMS

HSA and WSA payments and statements are produced once a month (following the third weekend of every month if the cumulative total of eligible claims is at least \$50). If the total of eligible claims are between \$2.01 and \$49.99, payments and statements will be issued after the HSA and WSA year end run-off period has concluded on May 31. If at the end of the year your claim total is \$2.00 or less, you will not be reimbursed.

COMMON TERMS

AUTOMATIC FLOW THROUGH

The process where any portion of an eligible HSA expense claimed under your group benefits program that exceeds coverage maximums is automatically transferred to the HSA for reimbursement, without the need to submit additional forms or receipts.

Automatic flow through also refers to coordination between your group benefits program and another benefit plan, when both plans are adjudicated through Alberta Blue Cross.

Please note that there is no automatic flow-through with the WSA.

CARRY-FORWARD OF CREDITS

At the end of the FSA year, March 31, any remaining credits are carried forward for one more FSA year. Credits carried forward must be used **for expenses incurred within the second FSA year** (up to March 31 of the second year) and submitted within two months of the end of the FSA year (by May 31) or they are lost (the carry forward credits will be forfeited/no longer be available).

CREDITS

An amount contributed by the Government of Alberta to the FSA on April 1 of each year, for each eligible employee, is used to help pay for eligible health and dental care expenses, or Wellness expenses.

DEPENDENT

Spouse

A person to whom the eligible employee is legally married.

Benefit partner

An individual with whom the eligible employee is currently cohabitating and

- is not related by blood or adoption and with whom the eligible employee has been in an adult interdependent relationship for a continuous period of at least 24 months and the eligible employee has declared in writing to be a benefit partner; or
- is not related by blood or adoption and with whom the eligible employee has been in an adult interdependent relationship with for a continuous period of at least 36 months; or
- has entered into an adult interdependent partner agreement with the eligible employee under the Adult Interdependent Relationships Act; or
- is in an adult interdependent relationship with the eligible employee and there is a child of the relationship by birth or adoption.

Only one adult relationship (spouse or benefit partner) will be recognized for benefits coverage.

Dependent child

Your unmarried child or the unmarried child of your spouse or benefit partner who is:

- under age 21; or
- under age 25 and a full-time student in an accredited program or at an accredited educational institute, college or university; or
- any age, incapable of self-sustaining employment because of a disability and is wholly or substantially dependent on you for financial support and maintenance.

Guardian child

An unmarried dependent child who is:

- under age 21 and a person for whom you are the legal guardian; or
- under age 25 and a full-time student in an accredited program or at an accredited educational institute, college or university, provided you were appointed legal guardian prior to the child's 21st birthday; or
- any age, incapable of self-sustaining employment because of a disability, is wholly or substantially dependent on you for financial support and maintenance, and for whom you are the court-appointed legal guardian.

Legal guardian

- A guardian appointed by court order; or
- A guardian appointed by the will of a deceased parent of the child; or
- A person who has ongoing custody of the child with the consent of the child's parent(s).

Dependents as defined by the Canada Revenue Agency (CRA)

For HSA purposes, dependents also include those defined by the Canada Revenue Agency (CRA). The CRA definition of a dependent includes any person for whom the employee may claim a medical expense tax credit on their personal income tax in that year.

A person qualifies as a dependent of the individual for a particular taxation year if all the following conditions are met:

- a. The person is the grandchild, parent, grandparent, brother, sister, uncle, aunt, niece or nephew of the individual or of the individual's spouse/common-law partner.
- b. The person is dependent on the individual for support at any time in the year.
- c. The person is a resident of Canada at any time in the year. This residence requirement does not apply if the person is the child or grandchild of the individual or of the individual's spouse/common-law partner.

You are responsible for ensuring your claim meets the definition of dependent as defined by the CRA.

EXPLANATION OF BENEFITS (EOB)

A statement sent to the plan participant once a claim has been processed by the insurer. The Explanation of Benefits (EOB) provides detailed information on the expense amount submitted and the benefit amount paid. If the claim is adjudicated through Alberta Blue Cross, the EOB can be printed from Alberta Blue Cross Member Services at members.ab.bluecross.ca

FSA YEAR

April 1 to March 31. The FSA year is the period for which the Government of Alberta contributes credits to the FSA on an annual basis, and governs when eligible expenses may be claimed.

NON-TAXABLE BENEFIT (HSA)

Any reimbursement you receive is tax-free.

TAXABLE BENEFIT (WSA)

You will pay income tax on these reimbursements.

Eligible expenses under the WSA categories are taxable. As such you will be deducted tax through your payroll on a monthly basis for expenses paid to you under the WSA.

HELPFUL CONTACTS AND RESOURCES

Government of Alberta	GoA Time and Benefits Support Line: 780-644-8114 E-mail: GOA.TimeAndBenefits@gov.ab.ca Outside of Edmonton, dial toll free 310-0000 followed by 780 644 8114 or hold or press 0 for operator assistance
Public Service Commission	Website: psc.alberta.ca
Alberta Blue Cross	Customer Services: 1-800-661-6995 (toll free) Use the Alberta Blue Cross My Benefits app or visit members.ab.bluecross.ca to make a claim or check your account balance or for instructions for remitting claims.
Canada Revenue Agency (CRA)	List of medical expenses that are eligible under the HSA: http://www.cra-arc.gc.ca/medical/

This guide summarizes the main provisions of the Flexible Spending Account for Government of Alberta eligible employees. While every effort has been made to provide accurate information, the official plan document will prevail if there are discrepancies.