

Healthcare Reform Effects on Flexible Spending Plans

Healthcare reform legislation changed Medical Flexible Spending Arrangement (FSA) reimbursement rules for over-the-counter (OTC) medications and imposed new limits on employee contributions to the plans.

OTC Reimbursement Changes

Members can still be reimbursed for OTC medications under these plans. Based on the current interpretation of the legislation, however, effective Jan. 1, 2011, OTC drugs, medicine and biologicals (medical therapy derived from a biological source such as antibodies, enzymes and hormones) will require a physician directive, such as a written prescription or letter from a physician, before reimbursement can be made. Currently, a physician directive is not needed for reimbursement. The OTC medications that may be affected by this change include but are not limited to:

- :: Acid controllers
- :: Allergy & sinus treatments
- :: Antibiotic products
- :: Anti-diarrheals
- :: Anti-gas remedies
- :: Anti-itch & insect bite remedies
- :: Antiparasitic treatments
- :: Baby rash ointments/creams
- :: Cold sore remedies
- :: Cough, cold & flu remedies
- :: Digestive aids
- :: Feminine anti-fungal/anti-itch
- :: Hemorrhoidal preparations
- :: Laxatives
- :: Motion sickness remedies
- :: Pain relief
- :: Respiratory treatments
- :: Sleep aids & sedatives
- :: Stomach remedies

Changes to plans administered by NGS CoreSource

Effective Jan. 1, 2011, members of FSAs administered by NGS CoreSource who want to be reimbursed for any of the medications listed above, will need to provide a physician letter or written prescription with their claims. If the expense is eligible, members will be reimbursed via direct deposit or paper check.

Employee Contributions

Effective Jan. 1, 2013, the legislation caps annual employee contributions to a medical FSA at \$2,500. Beginning in 2014, that amount will be adjusted annually for inflation.

Please note: This material may not be construed as legal or compliance advice.