

Sign up **NOW**  
for the  
2023  
Plan Year!

# Flexible Spending Benefits

## City of Watertown

### One of the Few Gifts the IRS Gives!

Discover the benefit that **SAVES YOU MONEY**. This perk allows you to set aside a portion of your pay—**BEFORE TAXES**—to cover out-of-pocket expenses in these categories:

- ◆ **HEALTH CARE.\*** Eligible expenses and services include: non-cosmetic medical, dental, and vision care services; prescription medications; over-the-counter 'medicines' (not vitamins or supplements); orthodontics; prescription eyeglasses, contact lenses, laser eye surgery; mental health services; alternative health therapies (e.g. chiropractic, acupuncture), and **MORE!**

**Max. Annual Health Care Election: \$3,050.**

**Who's Covered?** You, your legal spouse, and your dependents as defined by the Internal Revenue Service, including those claimed on your tax return & adult children under age 26.

**Benefit Cards.** New Health Care FSA enrollees will receive **2 cards** that can be used at most medical facilities, dental offices, optical shops, and pharmacies to pay for eligible expenses. **Keep your cards!** They will reload each plan year that you enroll.

**Rollover Option.** Health Care FSA balances—**up to \$610**—will roll over to the next plan year as long as you re-enroll for that new plan year. Funds roll over after the prior plan year's 90-day claim submission ("run-out") period has ended. **(Note: The max. rollover for the 2022 plan year is \$550; re-enrollment is required for funds to roll over to the 2023 plan year.)**

**HSA Ineligibility.** If you or your spouse have a Health Savings Account ('HSA'), you are **NOT ELIGIBLE** to participate in the Health Care FSA plan.

Make Your  
Money Go  
UP  
TO **30%**  
Further!  
depending on your  
tax status

- ◆ **DEPENDENT CARE.\*\*** For qualified childcare expenses for dependent children under age 13, elderly dependents, and dependents with special needs. Eligible expenses include day care, pre-school, before/after school care, day camp, elder day care.

**Max. Annual Dep. Care Election: \$5,000. per family**

Enroll by **11/30/2022**  
for the  
**1/1/2023 – 12/31/2023**  
Plan Year

### Already in the FSA Plan?

**Re-enrollment is NOT automatic!**

► **Re-enroll** via your online account portal—not the mobile app! Go to [cpaemployee.lh1ondemand.com](http://cpaemployee.lh1ondemand.com) and log-in on the LEFT side of the sign-in screen. Once on your account homepage, click the blue **Enroll/Re-enroll** button and follow the steps to enroll for the new plan year; click **Submit** at the end. We recommend printing or saving your enrollment confirmation.

► **New to the FSA Plan?** Complete the "Authorization for Pre-Tax Payroll Reduction" form and send it to **Cafeteria Plan Advisors** via e-mail ([info@cpa125.com](mailto:info@cpa125.com)) or fax (781-848-8477) by the deadline shown above.

### Track Your Account and File Claims 24/7!

Log in to your **employee portal** via our website ([www.CPA125.com](http://www.CPA125.com)), or use our app: **CPA Flex Mobile**.

*Annual FSA administration fee is paid by your employer, so you save **even more!***

\* Not all Health Care expenses are FSA-eligible, such as: cosmetic procedures or products (e.g. Botox, teeth whitening, veneers, etc.), couples/family counseling, general health/wellness expenses (i.e., toothbrushes, toothpastes, non-prescription sunglasses, gym dues, etc.), and federally non-permissible products. Some healthcare-related expenses, such as medical equipment and some services, may require a physician's Letter of Medical Necessity in order to be FSA-eligible. Visit <https://fsastore.com/CPAEligibility> for more info. on specific products and services.

\*\* Overnight camp and school tuition for kindergarten and above are not FSA-eligible; day camp is eligible when utilized as a form of childcare in order for the parent(s)/guardian(s) to be able to work; extra-curricular and enrichment programs/activities that aren't daycare/childcare-based are not eligible; money paid to a childcare provider who doesn't report it as income on their taxes is not FSA-eligible.

Flexible Spending Plans administered by...

**CAFETERIA PLAN ADVISORS** • An ALERA GROUP Company | 120 LONGWATER DR., STE. 102, NORWELL, MA 02061 | [CPA125.COM](http://CPA125.COM)

**TEL.: 781.848.9848**

**FAX: 781.848.8477**

**E-MAIL: [INFO@CPA125.COM](mailto:INFO@CPA125.COM)**





**CAFETERIA PLAN ADVISORS**  
 — An Alera Group Company —  
 120 Longwater Dr., Ste. 102  
 Norwell, MA 02061  
 Tel: 781-848-9848

# Authorization for Pre-Tax Payroll Reduction

**Enrollment Deadline is 11/30/2022.**

**\* Late Enrollments not Accepted. \***

**INSTRUCTIONS:** If Already in Plan: **Re-enrollment is NOT automatic!** To enroll for the new plan year via your online account portal, go to [cpaemployee.lh1ondemand.com](http://cpaemployee.lh1ondemand.com) — **not the app**. Log-in on the left side of the sign-in screen. Once on your account homepage, click the blue **ENROLL/RE-ENROLL** button and follow the steps to enroll; click **Submit** at the end. (We recommend printing or saving your enrollment confirmation.)

New Enrollees: Complete & return this form to CPA via e-mail (info@cpa125.com) or fax (781-848-8477).

## 1 Personal Information:

**Participant Name:** \_\_\_\_\_ **Employer:** City of Watertown

**Mailing Address:** \_\_\_\_\_ **Plan Year:** 1/1/2023 to 12/31/2023  
(Expenses must be incurred between these dates)

**City/Town, State** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_ ☐ personal ☐ work

**2 I am a (check one):** ☐ Municipal Employee ☐ School Employee

**I am paid (check one):** ☐ Bi-Weekly (26) ☐ Bi-Weekly (20) ☐ Monthly (12)

## 3 Flexible Spending Account (FSA) Benefit Selections:

☐ **Health Care FSA Election:** \$ \_\_\_\_\_ for the plan year for employee, legal spouse, and eligible dependents' qualified medical, dental, vision expenses. *Benefit card included.*

**Max. Annual Election: \$3,050.**

**Rollover Option:** Any unspent Health Care balance—**up to \$610**—will roll over to the next plan year if you re-enroll for the next plan year. **(Note: The max. rollover for the 2022 plan year is \$550; re-enrollment is required for funds to roll over to the new plan year.)**

**Ineligibility Note:** You are **NOT** eligible for this plan if you or your spouse have a Health Savings Account ("HSA").

☐ **Dependent Care FSA Election:** \$ \_\_\_\_\_ for the plan year for qualified childcare expenses of eligible dependents under age 13, and elderly or special needs dependents requiring daycare.

**Max. Annual Election: \$5,000. per family**

*Claim-based reimbursement plan (no benefit card).* Eligible expenses are reimbursed from accrued funds in account. Participants must submit claim(s) each plan year to receive accrued funds.

*Annual FSA administration fee is paid by your employer. See Open Enrollment flyer for more plan information.*

**4 Direct Deposit Info.** Direct deposit is our preferred method for claim reimbursement. If your banking info. is not on file with Cafeteria Plan Advisors, please set up direct deposit online via your account portal once you receive enrollment confirmation.

**5 Certification.** I hereby authorize a salary reduction agreement for the amount(s) shown above and understand that:

- Cafeteria Plan Advisors will hold these funds until eligible expenses are incurred and a claim is submitted. FSA expenses must be consistent with allowable deductions under Internal Revenue Service (IRS) Publication 969, and funds may be forfeited in accordance with the same publication if eligible balance isn't incurred and/or submitted for reimbursement by plan year deadline.
- All claims for the Plan Year must be submitted within ninety (90) days of the end of the Plan Year.
- Your Health Care FSA plan has a **Rollover option**. Eligible balances roll over to the next plan year when you re-enroll in the Health Care FSA for the new plan year and the rollover occurs after the current plan year's 90-day claim submission ("runout") period has ended.
- **This election cannot be revoked or changed** during the plan year unless the participant experiences a qualifying event as defined by the IRS.
- **Current participants must enroll each plan year; re-enrollment is not automatic.**
- **Health Care FSA cards**, if offered through your employer's plan, **will reload** at the start of each plan year when you re-enroll; keep until they expire.
- Additional certification for Dependent Care Plan Participants: I understand that the Dependent Care Reimbursement Plan Guidelines can be found at [CPA125.com](http://CPA125.com) and I qualify to participate in the FSA Dependent Care plan. I agree to notify the plan administrator in writing within 30 days should I experience a change in need or no longer meet the IRS's eligibility criteria. Dependents must qualify under regulations set forth in IRC sections 152 and 129.
- **Tax advice:** It is suggested you consult with a tax advisor to determine your tax savings and/or limits on tax deductions.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A system-generated e-mail confirmation will be sent once your enrollment is processed.



## ***Important Information About Your PREPAID BENEFITS CARD***

If you're newly enrolled in the Flexible Spending Account Program, you will automatically receive the new blue Prepaid Benefits Card. You'll receive two cards at your home address for you and your family members to use. The Cards will arrive in a special envelope that looks like this – so please don't throw it out!



Your Prepaid Benefits Card is loaded with the value of your annual FSA\HSA election amount (less any amounts you have already spent in this plan year.) Using your Card helps you keep cash in your wallet and makes accessing your FSA funds easy. The Card can be used, instead of cash, to pay for qualified health care expenses such as:

- Prescription and health plan copayments, deductibles and coinsurance
- "Amount Due" on medical/dental statements
- Orthodontics
- Mail-order or online prescription invoices
- Vision services and eyeglasses
- LASIK surgery
- Eligible over-the-counter (OTC) items

*\*If applicable, eligible Commuter Transit and/or Parking expenses. The card will be loaded with funds after they are deducted from your paycheck and posted to your account*

You'll simply swipe your Card each time you incur a qualified health care expense and the amount of your purchase will be deducted from your FSA– automatically. You can also fill in your Card number on bills you receive from providers to pay the amount you owe. You'll have no claim forms to complete and you won't have to wait to get a check in the mail. You can check balances or account details anytime – online at [www.cpa125.com](http://www.cpa125.com) or via the mobile app -- **CPA FLEX MOBILE**. It's that easy!

### **It's Important to Save Your Receipts!**

Your Prepaid Benefits Card will definitely improve your cash flow. However, be aware that the IRS requires the Card be used only for eligible expenses. Most of the time, we can verify the eligibility of the expense automatically. Yet, there are instances when you'll receive a letter/notification asking you to furnish an itemized receipt to verify the expense. When you receive such a request, make sure you submit the receipts as soon as possible to avoid having your Card suspended until receipts have been submitted and approved.

### **What is an itemized receipt?**

An itemized receipt must include: merchant or provider name, services received or item purchased, date of service, and amount of the expense. Cancelled checks, handwritten receipts, card transaction receipts or previous balance receipts cannot be used to verify an expense.

### **Using Your Card is as Easy as 1-2-3!**

Look for additional information about how to use your new Prepaid Benefits Cards included with your card packet in the mail. We hope you enjoy this new exciting feature of your plan! Remember, the Card will not work at gas stations or restaurants – only at health care related providers.

**Save your card. Every year you re-enroll, the funds get loaded on to this card!**



# Welcome to Health Care FSA

## *I enrolled for Health Care FSA... Now what?*

Now that you are enrolled, you can start to use the funds you have elected to withhold on the first day of your plan year.

If your plan offers a debit card, simply present the card when paying for eligible services or expenses, and the cost of service comes off of your account automatically.

If your plan does not include a debit card, or you forget to use your card, you can be reimbursed for eligible expenses by filling out the [Health Care Claim Reimbursement Form](#) and returning it to us within 90 days after the plan year ends, along with an itemized receipt of the services or expenses that were incurred.

## *You might be wondering... “How do I get reimbursed for my claim?”*

If you submit a Health Care Claim Reimbursement Form to us, we will reimburse you in one of two ways. If we have your direct deposit information on file, you will receive that reimbursement directly to your account. Otherwise, you will receive a check in the mail. If you are interested in setting up direct deposit for reimbursement, please download the “[Direct Deposit Sign Up Form](#)”, and return it to us, or log into your account (see below). Direct deposit payments are typically in your account by the end of the following week; however, the bank has 3 business days to post it to your account.

## *Is there a way I can view the transactions or balances on my account?*

For your convenience, we offer the Consumer Portal, which provides you the ability to log on at any time, to check your balance, see your account activity, and other helpful tools. You can visit the Consumer Portal through our website, [www.cpa125.com](http://www.cpa125.com).

Additionally, we also offer a mobile app, where you can check your account activity. Download “CPA FLEX MOBILE” from your Apple App Store or Google Play Stores.

## *FSA Rules & Regulations*

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- You can elect up to your plan maximum. The IRS allows \$3050 max, but each plan maximum is established by your employer.
- Reimburses you for:
  - Co-Pays & Deductibles
  - Prescription Drugs
  - Vision
  - Non-Cosmetic Dental
  - And much more...

## *Did you know?*

There are many types of medical expenses that can qualify for FSA reimbursement.

Be sure to review the [List of Eligible Expenses](#)



**Cafeteria Plan Advisors**  
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120 Longwater Drive, Ste. 102  
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# Welcome to Dependent Care

## *I enrolled for Dependent Care...*

### *Now what?*

Now that you are enrolled, you have two options for reimbursement. If you would like to set up "auto reimbursement" you will have to complete a new [Dependent Care Claim Certification Form](#) each plan year, and return it to us. We will process your claim when the plan year starts, and you will receive an email, confirming your claim has been processed.

If you prefer to be reimbursed periodically, just complete the [Dependent Care Claim Certification Form](#), and return it to us, along with any receipts showing payments made within 90 days after the plan year ends. We will process your claim once we receive it, and you will receive an email, confirming your claim has been processed.

## *You might be wondering...*

### *"How do I get reimbursed for my claim?"*

Once we have your completed claim form, we will reimburse you in one of two ways. If we have your direct deposit information on file, you will receive that reimbursement directly to your account. Otherwise, you will receive a check in the mail. If you are interested in setting up direct deposit for reimbursement, please download the "[Direct Deposit Sign Up Form](#)", and return it to us, or log into your account (see below). Direct deposit payments are typically in your account by the end of the following week; however, the bank has 3 business days to post it to your account.

## *When can I expect my reimbursement?*

After your employer deducts the funds from your payroll check, they send us the money. Once we post the funds to your account, they become available to you.

## *Is there a way I can view the transactions or balances on my account?*

For your convenience, you have the ability to log at any time, to check your balance, see your account activity, add or change Direct Deposit information, and other helpful tools, by logging on to the Consumer Portal through our website, [www.cpa125.com](http://www.cpa125.com).

Additionally, we also offer a mobile app, where you can check our account activity. Download "CPA FLEX MOBILE" from your Apple App Store or Google Play Store.

## *Dependent Care Rules & Regulations*

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- Max Allowance per Household: \$5000
- Reimburses you for:
  - Day Care Programs
  - After School Programs
  - Summer Day Camps
  - Adult Day Care

## *Did you know?*

If your Dependent Care needs change, due to a qualifying event, you have 30 days to make changes to your election. Contact us for more details.



### **Cafeteria Plan Advisors**

*An Alera Group Company*

**120 Longwater Drive**

**Suite 102**

**Norwell, MA 02061**

**Tel: 781-848-9848**

**Fax: 781-848-8477**

[www.CPA125.com](http://www.CPA125.com)

[Info@cpa125.com](mailto:Info@cpa125.com)

## Health Care FSA Eligible Expenses

<p><b>BABY/CHILD TO AGE 13</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lactation Consultant*</li> <li><input type="checkbox"/> Lead-Based Paint Removal</li> <li><input type="checkbox"/> Special Formula*</li> <li><input type="checkbox"/> Tuition: Special School/Teacher for Disability or Learning Disability*</li> <li><input type="checkbox"/> Well Baby /Well Child Care</li> </ul> <p><b>DENTAL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dental X-Rays</li> <li><input type="checkbox"/> Dentures and Bridges</li> <li><input type="checkbox"/> Exams and Teeth Cleaning</li> <li><input type="checkbox"/> Extractions and Fillings</li> <li><input type="checkbox"/> Oral Surgery</li> <li><input type="checkbox"/> Orthodontia (reimbursable after payment)</li> <li><input type="checkbox"/> Periodontal Services</li> </ul> <p><b>EYES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Eye Exams</li> <li><input type="checkbox"/> Eyeglasses and Contact Lenses</li> <li><input type="checkbox"/> Laser Eye Surgeries</li> <li><input type="checkbox"/> Prescription Sunglasses</li> <li><input type="checkbox"/> Radial Keratotomy</li> </ul> <p><b>HEARING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hearing Aids and Batteries</li> <li><input type="checkbox"/> Hearing Exams</li> </ul> <p><b>LAB EXAMS/TESTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Tests and Metabolism Tests</li> <li><input type="checkbox"/> Body Scans</li> <li><input type="checkbox"/> Cardiograms</li> <li><input type="checkbox"/> Laboratory Fees</li> <li><input type="checkbox"/> X-Rays</li> </ul>	<p><b>MEDICAL EQUIPMENT/SUPPLIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Air Purification Equipment*</li> <li><input type="checkbox"/> Arches and Orthotic Inserts</li> <li><input type="checkbox"/> Contraceptive Devices</li> <li><input type="checkbox"/> Crutches, Walkers, Wheel Chairs</li> <li><input type="checkbox"/> Exercise Equipment*</li> <li><input type="checkbox"/> Hospital Beds*</li> <li><input type="checkbox"/> Mattresses*</li> <li><input type="checkbox"/> Medic Alert Bracelet or Necklace</li> <li><input type="checkbox"/> Nebulizers</li> <li><input type="checkbox"/> Orthopedic Shoes*</li> <li><input type="checkbox"/> Oxygen*</li> <li><input type="checkbox"/> Post-Mastectomy Clothing</li> <li><input type="checkbox"/> Prosthetics</li> <li><input type="checkbox"/> Syringes</li> <li><input type="checkbox"/> Wigs*</li> </ul> <p><b>MEDICAL PROCEDURES/SERVICES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acupuncture</li> <li><input type="checkbox"/> Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)</li> <li><input type="checkbox"/> Ambulance</li> <li><input type="checkbox"/> Fertility Enhancement and Treatment</li> <li><input type="checkbox"/> Hair Loss Treatment*</li> <li><input type="checkbox"/> Hospital Services</li> <li><input type="checkbox"/> Immunization</li> <li><input type="checkbox"/> In Vitro Fertilization</li> <li><input type="checkbox"/> Physical Examination (not employment-related)</li> <li><input type="checkbox"/> Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)</li> <li><input type="checkbox"/> Service Animals</li> <li><input type="checkbox"/> Sterilization/Sterilization Reversal</li> <li><input type="checkbox"/> Transplants (including organ donor)</li> <li><input type="checkbox"/> Transportation to Medical Facility</li> </ul>	<p><b>MEDICATIONS/DRUGS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Insulin</li> <li><input type="checkbox"/> Prescription Drugs</li> <li><input type="checkbox"/> **Over the Counter Drugs/Medicines (such as Tylenol, Advil, NyQuil, etc.)</li> </ul> <p><b>OBSTETRICS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Doulas*</li> <li><input type="checkbox"/> Lamaze Class</li> <li><input type="checkbox"/> OB/GYN Exams</li> <li><input type="checkbox"/> OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)</li> <li><input type="checkbox"/> Pre- and Postnatal Treatments</li> </ul> <p><b>PRACTITIONERS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Allergist</li> <li><input type="checkbox"/> Chiropractor</li> <li><input type="checkbox"/> Christian Science Practitioner</li> <li><input type="checkbox"/> Dermatologist</li> <li><input type="checkbox"/> Homeopath</li> <li><input type="checkbox"/> Naturopath*</li> <li><input type="checkbox"/> Optometrist</li> <li><input type="checkbox"/> Osteopath</li> <li><input type="checkbox"/> Physician</li> <li><input type="checkbox"/> Psychiatrist or Psychologist</li> </ul> <p><b>THERAPY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alcohol and Drug Addiction</li> <li><input type="checkbox"/> Counseling (not marital or career)</li> <li><input type="checkbox"/> Exercise Programs*</li> <li><input type="checkbox"/> Hypnosis*</li> <li><input type="checkbox"/> Massage*</li> <li><input type="checkbox"/> Occupational</li> <li><input type="checkbox"/> Physical</li> <li><input type="checkbox"/> Smoking Cessation Programs*</li> <li><input type="checkbox"/> Speech</li> <li><input type="checkbox"/> Weight Loss Programs*</li> </ul>
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**\*\*Please Note:** Effective 1/1/2020, the IRS now allows personal protective items to prevent the spread of covid, such as, masks, sanitizer and wipes, as well as Over the Counter (OTC) medicines/drugs and feminine care products may now be purchased with Health Care FSA or certain HRA plans. *Vitamins & supplements are not eligible.*

The following is a high-level list of OTC items that are *not* medicine or drugs and are eligible for purchase with Health Care FSA Plans.

<p><b>Denture Adhesives, Repair, and Cleansers</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PoliGrip, Benzodent, Efferdent</li> </ul> <p><b>Diabetes Testing and Aids</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products</li> </ul> <p><b>Diagnostic Products</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Thermometers, blood pressure monitors, cholesterol testing</li> </ul>	<p><b>Elastics/Athletic Treatments</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts</li> </ul> <p><b>Eye Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contact lens care</li> </ul> <p><input type="checkbox"/> Reading Glasses and Maintenance Accessories</p>	<p><b>Family Planning</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pregnancy and ovulation kits</li> </ul> <p><b>First Aid Dressings and Supplies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Band Aid, 3M Nexcare, non-sport tapes *without antibiotic strip</li> </ul> <p><b>Incontinence Products</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attends, Depend, GoodNites for juvenile incontinence</li> </ul>
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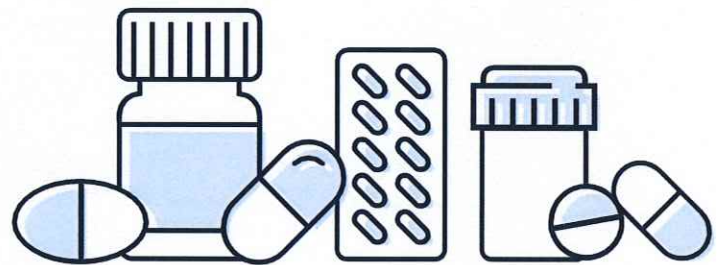
\*Items with an asterisk are potentially eligible with a Letter of Medical Necessity from a licensed physician. For a detailed list, log in to our website at [www.cpa125.com](http://www.cpa125.com) and click on the link to the FSA Store to view the eligibility list.



# Now Eligible: Over-the-Counter Medicines



Now you can get the relief you need from **fully eligible over-the-counter (OTC) medicines**, with no prescription required. Use your funds to plan ahead with OTC medicine from pain relief to allergy and sinus, cold and flu and more!



**100% eligible OTC medicines:** buy the essentials you need with no hassle



**Shop with your FSA card** or any major credit card



**The largest selection** of guaranteed FSA-eligible products



Questions? **Access 24/7 support** (call or chat)

**\$10**  
**OFF \$100+**

One use per customer  
Exp. 6/30/23

**Want \$20 to spend on your health?**  
Visit [FSAsore.com/CPAOTC](https://FSAsore.com/CPAOTC)  
and use code CPA10 at checkout.