

CARES Act updates and other benefit questions

Changes to benefit regulations are coming quickly, and we understand you and your team have questions.

Our top priority is making sure you have the resources and support you need to adapt your benefits program to the situation at hand. Here are some important updates:

HSAs

- **Tax deadline and HSA contributions** - IRS tax filings have been extended to July 15, 2020. This also includes the ability for 2019 contributions to be made to health savings accounts (HSAs) and Archer medical savings accounts (MSAs) until July 15. Members can contribute to their 2019 HSA any time before July 15 through the secure member portal. Please note the maximum annual contributions for 2019 have not changed (\$3,500 for individuals and \$7,000 for families).
- **Telemedicine** - The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) provides for reimbursement for services for "telemedicine and other remote care services" below the deductible and will be permitted in an HSA-qualified health plan (HDHP). This provision is effective March 27, 2020 through December 31, 2021.

The CARES Act

The CARES Act extended the list of HSA-, health reimbursement arrangement (HRA)- and flexible spending account (FSA)-qualified expenses to include menstrual care products and over-the-counter (OTC) drugs without a doctor's prescription. We're making updates to extend these provisions to you.

- **Claims reimbursement** - Members can submit claims for menstrual care products and OTC drugs without a doctor's prescription. The date of purchase must be after December 31, 2019.
- **Card purchases** - Health care debit card use for OTC drugs without a prescription and menstrual products is dependent on the updated eligible product list managed by the Special Interest Group for IIAS Standards (SIGIS), then merchants updating their systems. In the interim, members will need to submit manual claims with the proper documentation.
- **Member communication** - We'll publish a microsite for members by April 10 with claims process information and resources. The microsite will be shared as a link on our website and as part of an upcoming member communication.

Flexible benefits

Your team members may be interested in updating their flexible benefits due to changes in their health and lifestyle experiences. Here are guidelines on what's allowable under current guidelines.

- **FSAs** - Unfortunately, members can't make election changes absent a qualifying life event, as such having more or fewer medical expenses do not qualify. Employers also cannot extend the FSA grace period beyond the required two and a half months, though you can extend the runout period. The carryover limit remains at \$500 for unused FSA funds.
- **DCFSA**s - Members can update their election if there's a change in the childcare provider or cost of coverage, as long as the update is consistent with the change. For example, if a daycare provider stopped services due to COVID-19, the election can be reduced or eliminated. Employers can fund DCFSA accounts, though annual limits still apply.

We'll continue to communicate benefits updates with you as soon as they happen. If you have any questions, don't hesitate to reach out. You can

review the full compliance alert and stay up to date with our response to all things COVID-19 [here](#).

Thank you for your trust in HealthEquity as we navigate these times of uncertainty together.

Now that WageWorks has joined HealthEquity, emails you previously received from servicenotice@wageworks.com may start coming from servicenotice@e.healthequity.com.

Our highest priority is continuing to deliver outstanding and remarkable service to you.



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