Health Flexible Spending Account Summary Plan Description

Plan Year 2026

UNIVERSITY OF CALIFORNIA

Health Flexible Spending Account Summary Plan Description—Plan Year 2026

Health-related expenses can come in many forms—and not all of them are covered by your medical, dental and vision plans. Fortunately, the university's Health Flexible Spending Account allows you to set aside pretax money each year for such expenses, helping you budget for these costs and saving you money on taxes.

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How the Health FSA Works

UC offers benefits-eligible employees the opportunity to pay certain health care expenses with tax-free dollars through the Health Care Flexible Spending Account (Health FSA). You decide each year how much you want to contribute to your Health FSA. The amount you specify is taken in monthly installments from your paycheck, before federal, Social Security (FICA) and most state taxes are calculated.

You have until Dec. 31 to incur expenses for reimbursement in your account and you may carry over up to $680 in unused funds from one year to the next. You need to file claims by April 15 of the following year.

Because your FSA contributions reduce your taxable income, participation will lower your taxes. For example, if you're in a 20 percent tax bracket, each $100 you contribute to the FSA could save you $20 in taxes. Check with your tax advisor for details. **Choose your contribution level carefully; any money left in your account in excess of the $680 carryover limit will be forfeited.**

ELIGIBILITY

If you are eligible for any level of UC benefits, you may participate and both you and your dependents are covered. The exception is if you're enrolled in HealthSavings+, because that plan has a Health Savings Account. Under IRS rules, having a Health Flexible Spending Account makes you ineligible for a Health Savings Account.

If your spouse is covered by a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) through their employer, you may not participate in the Health FSA, unless you are enrolled in a Limited Purpose FSA. Please refer to page 5 for information about the Limited Purpose FSA.

IRS rules also govern the changes you can make in the middle of a tax year. If you are enrolled in the Health FSA, you cannot change your medical plan to HealthSavings+ with Health Savings Account mid-year, except if you obtain a new appointment eligible for a different benefit program, for example transitioning from the Postdoctoral Scholar Benefit Program to Faculty/Staff benefits, or Resident/Fellow benefits to Faculty/Staff benefits. You cannot move from HealthSavings+ to a different medical plan *and* enroll in the Health FSA mid-year unless you experience a qualifying life event resulting in a family member gaining eligibility for the Health FSA, or you get a new appointment that eligible for a different benefit plan (e.g., transitioning from Faculty/Staff to Postdoctoral Scholars or Residents/Fellow benefit program). It's your responsibility to ensure that you are following IRS regulations regarding participation in tax-advantaged programs such as the Health FSA and Health Savings Account.

If your benefits eligibility status changes from Core benefits to Full benefits, or vice versa, during the plan year, please note that this change does not allow individuals to switch from a HSA (Health Savings Account) to a Health FSA, or vice versa.

WHEN TO SIGN UP

You need to enroll each year if you want to participate. You may enroll when you first become eligible, usually during your first 31 days as a newly eligible employee. After that, you may sign up each year during Open Enrollment, usually in October/November.

You may also enroll during the year if you have a family or employment status change. See the chart, "Midyear Changes Allowed for the Health FSA," on page 6 for details on allowable changes.

HOW TO ENROLL

As a new employee and during Open Enrollment, you may enroll by logging in to your account on UCPath, at ucpath.universityofcalifornia.edu. If you do not have access to the internet, you can ask UCPath at 855-982-7284 to provide you a form to complete enrollment.

WHEN COVERAGE BEGINS

If you enroll when you're first eligible or after a family or employment change, your coverage starts the first day of the month following your enrollment, subject to payroll deadlines. If you sign up during Open Enrollment in the fall, the effective date is the following Jan. 1.

WHO IS COVERED

Your Health FSA can be used to cover eligible expenses incurred by you, your spouse or your eligible dependents as defined by IRS rules. The list of eligible dependents includes:

- Your children up to age 26
- Your spouse
- Your domestic partner, if your partner is your tax dependent
- Your registered domestic partner's children if you are considered their stepparent under state law
- Your tax dependent

The eligibility rules for spouses and dependents are established by the IRS and are different from UC rules for eligibility for other plans.

How the Health FSA Works

PROGRAM ADMINISTRATION

The Health FSA is administered on behalf of UC by WEX. All claims for expenses should be submitted to WEX. For more information about WEX or accessing your account, please check the website: uc-fsa.com.

HOW MUCH YOU CAN CONTRIBUTE

The minimum annual contribution is $180; the maximum is $3,300 in 2026. If you and your spouse are both UC employees, you may each contribute up to $3,300 per year. Certain employees may have different limits set on their annual contributions; see note regarding non-discrimination requirements on page 11.

ELIGIBLE AND INELIGIBLE EXPENSES

The Internal Revenue Code, section §213(d), and your UC plan set the rules determining which expenses can be paid with your FSA funds. Generally, eligible expenses are those not covered by your medical, dental or vision plans. They must be meant to diagnose, cure, mitigate, treat or prevent illness or disease. Some eligible expenses include:

- Copayments and deductibles
- Payments for prescription drugs
- Over-the-counter medications
- Menstrual products
- Contact lenses and eyeglasses
- Durable medical equipment like crutches and wheelchairs
- Transportation for medical care
- COVID home care tests and personal protective equipment (PPE) supplies

Expenses reimbursed under the Health FSA can't be deducted on your tax return. And you can't use the Health FSA to be reimbursed for expenses that are eligible for reimbursement through another plan or program.

Some examples of ineligible expenses include:

- Insurance premiums
- Personal use items like toothpaste and cosmetics
- Family or marriage counseling

For a detailed list of eligible and ineligible expenses, please see the WEX website; select "Employee" drop down and "Eligible Expenses"—you will be able to search for eligible expenses through a Search function.

It's your responsibility to make sure that any expenses you submit are eligible under the IRS rules.

WHEN YOU CAN USE THE FUNDS

Your entire annual contribution is available to you beginning the first day of the plan year. That means you may withdraw funds—up to the total amount you elect to contribute for the plan year—to cover eligible expenses at any time during the year.

For example, say you've elected to contribute $2,400 for the year, so that $200 is deducted from your paycheck each month. In April you have surgery, which requires a $1,500 co-payment. You can be reimbursed the full $1,500 in April even though you've only contributed $800 to the plan between January and April.

Expenses are considered to have been incurred when you (or your spouse, partner or dependents) are provided with the care—not when you are billed, charged or pay for it.

HOW THE CARRYOVER PERIOD WORKS

If you have funds left over at the end of the plan year, you may carry over $680 to the following year even if you do not re-enroll for the next plan year.

If you do not re-enroll for the next plan year, you must have at least $25 remaining in your account after the run-out period to be able to carry over funds to the next plan year. Funds under $25 are forfeited. You are eligible to receive the carryover funds automatically as long as you are an eligible UC employee with an active account status on December 31 of the plan year. If you terminate employment or cancel your plan participation before December 31, you are not eligible to have the plan balance carry over to the next plan year.

The carryover balance will be determined by WEX by December 31 each year, and the amount will appear in your account automatically in the following year.

The IRS "use-it-or-lose-it" rule still applies. To avoid forfeiting any funds, it is important to spend down your account by December 31. After the end of the run-out period you lose any money left in your account in excess of the carryover limit of $680. Per IRS rules, forfeited funds will not be returned or transferred to another account.

Use It or Lose It
Remember that you may carry over up to $680 of unused funds from the previous plan year into the next year. You'll lose any money in excess of $680 if you don't use it during the year. You can't receive the unused portion in cash. So it's important to estimate your expenses carefully. You need to have an enrolled status as of Dec. 31 to be eligible for carry-over. Check out the online calculator to estimate your tax savings: https://www.wexinc.com/resources/benefits-toolkit/fsa-calculator/.

For example, you contributed $1,200 to your Health FSA, but claimed only $500 of eligible expenses by December 31 of the plan year. You have until April 15 of the following plan year to request additional reimbursement for $700 of eligible claims incurred prior to December 31. If you don't claim the remaining $700 unused balance, only $680 will be carried over in the following year. The $20 balance will be forfeited.

The carryover does not count towards the annual contribution limit of $3,300. You can choose to contribute up to $3,300 even if you carry over $680 from the previous year.

LIMITED-PURPOSE FLEXIBLE SPENDING ACCOUNT

IRS regulations do not allow you to benefit from a Health Savings Account and a Health FSA at the same time. If you are participating in the Health FSA and wish to transfer to HealthSavings+ (with Health Savings Account) at the start of a new plan year, the balance remaining in your Health FSA may be transferred to a Limited Purpose Flexible Spending Account (LPFSA).

The LPFSA is available only if you meet all of the following criteria:

- Are eligible for the Faculty/Staff Benefits program, and
- Participated in the Health FSA during a plan year, and
- Have a carry-over balance greater than $25 at the end of that plan year, and
- Enroll in HealthSavings+ for the following plan year.

In the above circumstances, a Limited FSA will be created for you automatically by WEX Health (you do not have to elect to participate). The balance of the Health FSA that is eligible for carry-over is placed in the Limited FSA and available for you to obtain reimbursement for allowed expenses on a pre-tax basis. For a LPFSA created in 2026 with 2025 Health FSA funds, the maximum that can be transferred to the LPFSA is $660. For a LPFSA created in 2027 with a 2026 balance, the maximum is $680.

Contributions to the Limited FSA are limited to the Health FSA balance; the participant may not contribute additional funds.

The effective date of the LPFSA is January 1st of the year in which it is created, and the plan terminates on December 31st of that year. For example, a LPFSA created January 1, 2026, funded by the remaining Health FSA balance from 2025, is in effect until December 31, 2026.

There is no carry-over provision for the LPFSA. Any balance remaining in the LPFSA at the end of the run-out period for the plan year is forfeited.

Participation in the LPFSA is limited to one year. A participant may not re-enroll in the LPFSA for a subsequent plan year.

The LPFSA can be used to cover eligible expenses incurred by you, your spouse and your eligible dependents as defined by IRS rules (the same as for Health FSA).

The types of expenses that qualify for LPFSA reimbursement are more limited than for the Health FSA, and are generally restricted to expenses for dental, vision and preventive care services. Refer to uc-fsa.com or Section 213 of the Internal Revenue Code for eligible expenses.

In order to be paid, claims must be for eligible dental, vision and preventive care services that are not reimbursable from any other source, and must include valid supporting documentation. Eligible expenses must be incurred between January 1st and December 31st of the plan year. Claims must be filed by April 15th of the following year.

As with the Health FSA, if you terminate employment with funds left in the LPFSA, you may submit claims for any eligible expenses incurred before employment ended. Any unused funds will be forfeited after the runout period. However, the LPFSA is eligible for COBRA continuation, which allows you to submit claims for eligible expenses incurred through the end of the plan year. COBRA continuation is valid for the current plan year only; no funds can be carried forward to the following plan year. Any balance remaining after the run-out period is forfeited. All claims must be submitted by April 15th following the end of the plan year.

HOW TO TRACK YOUR BALANCE

You can check your balance anytime online or in the mobile app. Each time a reimbursement is issued, you'll receive an Explanation of Benefits, either posted to your online account (if reimbursed by direct deposit) or via U.S. mail (if reimbursed by check), that reflects your current account balance. Toward year's end, you'll receive a statement of year-to-date account activity to ensure you are aware of your remaining balance.

HOW TO CHANGE OR CANCEL CONTRIBUTIONS

Certain changes to your family or employment status may allow you a new 31-day window during which you may start or cancel participation or change your contribution amount. The chart, "Midyear Changes Allowed for the Health FSA," on page 6 shows the details. The changes you make to your participation in the plan must be made on account of, and consistent with, the change(s) in your family or employment status. You can't make changes retroactively. And if you stop participating, you can't be reimbursed for expenses incurred after the coverage end date.

Log on to UCPath to make eligible changes through your online account.

Midyear Changes Allowed Under Health FSA

In this chart:

- "Dependent" means anyone who is your tax dependent, such as a child, domestic partner, parent, sibling or in-law
- "Health plan" includes a medical, dental or vision plan; "Health FSA" means a health flexible spending account

Event	Actions Allowed			
	Enroll	**Increase Contribution**	**Disenroll**	**Decrease Contribution**
Change in your marital status				
You marry*	Yes	Yes	No	No
You marry* and either: You and/or your dependent become eligible under and enroll in your new spouse's employer's health plan, or Your spouse is enrolled in their employer's health FSA	No	No	Yes	Yes
You lose your spouse through death, divorce, legal separation or annulment	No	No	No	Yes
You lose your spouse through death, divorce, legal separation or annulment, and you/your dependents lose coverage under your spouse's employer's health plan or health FSA	Yes	Yes	No	No
Gain or loss of a dependent				
You gain an eligible dependent (for example, through birth, adoption)	Yes	Yes	No	No
You lose an eligible dependent or a dependent loses eligibility (for example, through death, or when an individual is no longer financially supported by you, or your child no longer satisfies the age requirements for health coverage)	No	No	Yes	Yes
Change in spouse's or dependent's employment status				
Your spouse or dependent gains eligibility for and enrolls in own employer's health FSA, or enrolls self and you in own employer's health plan, because your spouse/partner starts employment or has an employment status change	No	No	Yes	Yes
Your spouse or dependent loses eligibility for own employer's health FSA or health plan because your spouse/partner ends employment or has an employment status change	Yes	Yes	No	No

***Marriage to an Existing Domestic Partner**
Marriage to an individual who is already an enrolled domestic partner does not constitute a Period of Initial Eligibility (PIE) for making mid-year changes to FSA elections. At the University of California, eligibility for benefits is equivalent for registered domestic partners and spouses. Because marriage in this circumstance does not result in a change in benefits eligibility, the "consistency rule" provides that no PIE is triggered.

Questions?
Contact WEX at 844-561-1338 or check online at uc-fsa.com.

Midyear Changes Allowed Under Health FSA

Event	Actions Allowed				
	Enroll	**Increase Contribution**	**Disenroll**	**Decrease Contribution**	**Example**
Change in employment status					
You become eligible for the Faculty/Staff benefits program (Core, Mid-Level or Full benefits level)	Yes	No	No	No	You are hired into a benefits-eligible position, or you work sufficient hours to gain benefits eligibility
You lose eligibility for all UC benefits programs	You will be automatically disenrolled from the Health FSA plan for which you are no longer eligible	You will be automatically disenrolled from the Health FSA plan for which you are no longer eligible	You will be automatically disenrolled from the Health FSA plan for which you are no longer eligible	You will be automatically disenrolled from the Health FSA plan for which you are no longer eligible	Your employment with UC terminates, or you work insufficient hours to continue benefits eligibility
You obtain a new appointment eligible for a **different** benefits program, with no break in employment	Yes – You may enroll in the Health FSA plan for which you become newly eligible	Yes – You may increase your election amount in the new plan relative to the amount you elected under the previous Health FSA plan	Yes – You may disenroll from the Health FSA plan for which you are no longer eligible	Yes – You may decrease your election amount in the new plan relative to the amount you elected under the previous Health FSA plan	Postdoc to Faculty/Staff, Resident to Faculty/Staff, Resident to Postdoc, etc. Benefits program is irrelevant since you are given a PIE as though a new hire. The new election becomes effective on the first of the following month
You are rehired 120 days or more after termination into the **same** or a **different** benefit program	Yes	Yes – You may increase your election amount relative to the amount you elected under your prior appointment	Yes	Yes – You may decrease your election amount relative to the amount you elected under your prior appointment	Benefits program is irrelevant since you are given a PIE as though a new hire. The new election becomes effective on the first of the following month
You are rehired less than 120 days after termination into a position that is eligible for the **same** benefits program	Reinstate as of date of rehire	No	No	No	You are rehired with the same benefits program as prior to termination
You are rehired less than 120 days after termination into a position that is eligible for a **different** benefits program	Yes – You may enroll in the Health FSA plan for which you become newly eligible	Yes – You may increase your election amount in the new plan relative to the amount you elected under the previous Health FSA plan	Yes – You may disenroll from the Health FSA plan for which you are no longer eligible	Yes – You may decrease your election amount in the new plan relative to the amount you elected under the previous Health FSA plan	Postdoc to Faculty/Staff, Resident to Faculty/Staff, Resident to Postdoc, etc. You are given a PIE as though new hire. The new election becomes effective on the first of the following month.

Midyear Changes Allowed Between Health FSA and Health Savings Account

Event	Actions Allowed
	Change from Health FSA to Health Savings Account (HSA), and vice-versa
Postdoctoral Scholar employee enrolled in Postdoc Health FSA gains eligibility for Faculty/Staff benefits mid-year (regardless of employment gap)	Enrollment in Faculty/Staff HealthSavings+ (HS+) with HSA allowed, but employee cannot enroll in Faculty/Staff Health FSA simultaneously
Resident/Fellow employee enrolled in Resident/Fellow Health FSA gains eligibility for Faculty/Staff benefits mid-year (regardless of employment gap)	Enrollment in Faculty/Staff HealthSavings+ (HS+) with HSA allowed, but employee cannot enroll in Faculty/Staff Health FSA simultaneously
Faculty/Staff employee enrolled in an HSA gains eligibility for Postdoc or Resident/Fellow benefits mid-year (regardless of employment gap)	Enrollment in Postdoc or Resident/Fellow Health FSA , as applicable[1]
Faculty/Staff employee who is eligible for Full/Mid benefits and enrolled in a Health FSA experiences a Qualifying Life Event mid-year	Enrollment in Faculty/Staff HealthSavings+ (HS+) with HSA is not allowed, unless the change in status event would otherwise permit the employee to cancel their HFSA election midyear and the consistency rule is met. Enrollment in Faculty/Staff HealthSavings+ (HS+) with HSA allowed if the Qualifying Life Event is: 1) the death of a dependent or 2) a child dependent aging out (e.g. turns 26 years old) or 3) child dependent (under age 26) gains eligibility for and enrolls in their own employer's HFSA[3] **and** the employee cancels their Health FSA enrollment. Otherwise, not allowed because consistency rule does not allow the Faculty/Staff employee to drop their existing FSA, and IRS regulations prevent participation in both an FSA and an HSA concurrently. There are no other changes to Faculty/Staff benefits because of this status change.
Faculty/Staff employee enrolled in a HealthSavings+ with HSA experiences a Qualifying Life Event mid-year	Enrollment in Faculty/Staff Health FSA[2] allowed if the change in status event results in a family member gaining eligibility for Health FSA coverage (e.g. marriage, birth, or adoption). Otherwise, not allowed.

[1] UC will stop contributing to the employee's HSA upon enrollment in the Postdoc or Resident Health FSA. This applies to both employee and employer contributions. Note: IRS rules require prorating HSA contribution limits based on the number of eligible contribution months.

[2] UC will stop contributing to the employee's HSA upon enrollment in the Faculty/Staff Health FSA. This applies to both employee and employer contributions. Note: IRS rules require prorating HSA contribution limits based on the number of eligible contribution months.

[3] Allowed because the child dependent's enrollment in their HFSA plan does not constitute disqualifying other coverage for UC employee.

How to Get Reimbursed

When you incur an eligible expense, you can be reimbursed in one of two ways.

- Use the WEX card. It works like a debit card, deducting the expense from your FSA balance automatically. You can use it to pay for eligible expenses right away and submit any required documentation later, if required. (See the "Documentation" section on page 10 to learn more about what may be required.)
- Pay with cash or by check and then submit an electronic claim in your online account or mobile app, or submit a paper claim form to WEX, along with an Explanation of Benefits statement or other appropriate documentation of the eligible expense. (You can download claim forms at WEX.) WEX will then reimburse you, either by direct deposit to your bank account or by check.

Either way, remember that you'll need to file all your claims and documentation by April 15 of the year following the plan year. Mailed claims must be postmarked by April 15; you may also fax claims to the number on the form.

REIMBURSEMENT AMOUNTS AVAILABLE FOLLOWING A PERMITTED ELECTION CHANGE EVENT

You cannot be reimbursed for more than the amount you have already contributed or claimed, following a change in status event.

For example, John, a monthly paid employee, elects to contribute $2,300 to his Health FSA for the year. He is terminated on March 31 after contributing $575.01 and incurring $2,000 in eligible medical expenses. On September 15, John is rehired and elects a new Health FSA with an annual contribution of $2,600, effective October 1. John's deductions are $866.67 per month for the remaining three months of the year. His total annual contribution is $3,175 ($575.01 + $2,600). After subtracting the $2,000 in medical expenses he was reimbursed earlier in the year, John can claim up to an additional $1,175.01 in eligible expenses ($3,175 - $2,000) incurred between October 1 and December 31.

Note that for any mid-year increase in contributions, the amount of the increase is available to cover expenses incurred on or after the first of the month following the election of the increased amount, in accordance with IRS guidance.

When you make a mid-year election, the amount of the election is allocated across the remaining pay periods of the year, ensuring that the full amount of the election is contributed.

REIMBURSEMENT VIA THE WEX CARD

When you enroll in the Health FSA, WEX will send you two benefit cards. You can request additional cards by logging on to your account at the WEX website at uc-fsa.com, or calling WEX at 844-561-1338.

You can use your benefit card to pay for care at many locations, such as medical, dental and vision care providers, hospitals and clinics. You may also use your card for eligible items at grocery stores, discount stores and pharmacies that use an Inventory Information Approval System (IIAS). You'll need to use another form of payment for any non-eligible items.

REIMBURSEMENT VIA A CLAIM FORM

If you pay for your expenses with cash, check or a credit card, you'll need to fill out a claim form and provide appropriate documentation to substantiate your expense. (See the "Documentation" section for more about this.) You may file your claim form and documentation in one of three ways:

ONLINE

Log in to your account at uc-fsa.com, click "Submit a Claim" and complete the applicable fields. You can submit your Explanation of Benefits statement or receipt through your online account.

BY MAIL OR FAX

Log in to your account at uc-fsa.com to download the reimbursement form. Submit your completed form and supporting documentation by mail or fax, as noted on the form.

BY MOBILE APP

Upload your claims and documents using the WEX app on your mobile phone, available at the Apple App Store and Google Play (search for "Benefits by WEX"). You can use your phone to take a photo of your supporting documentation to complete your submission.

Whichever method you use, don't forget to sign the claim form yourself; claims signed by your spouse or another family member will be returned. And you should request and save all receipts for at least one year after the end of the plan year. If any questions arise about a claim, you may be required to provide supporting documentation.

Once WEX receives your completed claim and required documentation, they will reimburse you via check or direct deposit. (To set up direct deposit, log in to your account at uc-fsa.com.) WEX will process your claim within two business days. WEX has the authority to deny a claim that is not consistent with the terms of the plan; for example, if the claim is for an ineligible expense or if the claim is submitted after the deadline.

How to Get Reimbursed

To avoid possible forfeiture of funds, please cash checks promptly. Reissuance of stale checks is at the discretion of WEX and UC. Please note that UC is not obligated to return any funds that have gone stale. It is your responsibility to deposit the check promptly to avoid forfeiture.

DOCUMENTATION

If you use your benefits card, certain categories of expenses are substantiated automatically, so you don't need to submit documentation. However, you should keep your receipts in case WEX asks for them. The IRS requires every benefit card transaction be validated as a qualifying expense. These categories include:

- **Copay matching,** in which the expense matches your copayment for your employer's medical, dental, vision or other eligible health-related plan. For example, if your doctor requires a $20 co-pay for office visits and you make a payment to a physician's office for $20, you don't need to submit documentation of the visit.
- **Recurring expenses,** in which an initial expense with a provider is followed by other expenses of the same amount and duration with the same provider. You'll need to provide substantiating documents for the first expense, but once that's been approved, not for the subsequent ones.
- **IIAS-approved expenses,** in which you purchase an FSA-eligible item from a merchant who uses an IIAS including over-the-counter medications.
- **Electronic filing,** in which your insurer or other provider sends your claim information directly to WEX and the electronic file includes the provider's confirmation of the amount and nature of the expense.

If your expense isn't automatically substantiated via one of the methods above, WEX will notify you that documentation is required. You'll need to provide appropriate documentation within the time requested or your claim will be denied. Additionally, your benefit card could be deactivated and your transaction amount reclassified as taxable income.

If you don't use your benefits card to pay an expense and you submit it for reimbursement, you'll need to submit documentation from an independent third party (for example, an insurance carrier's Explanation of Benefits form or a detailed statement from the service provider) to substantiate the claim.

Here are some examples of appropriate documentation. (Note that credit card receipts, cancelled checks and balance forward statements aren't acceptable.)

- **For office visits:** Your insurance plan's Evidence of Benefits statement, or an itemized receipt or bill from the provider. It should include the provider's name, the patient's name, a description of the service, the original date of service and your portion of the charge.
- **For prescription drugs:** A pharmacy statement showing the patient's name, the prescribing physician, the prescription number, the name of the drug, its cost and the date the prescription was filled.

ORTHODONTIC EXPENSES

Because orthodontic treatment often requires that you pay some or all of the full cost upfront, these expenses are treated differently than other health care expenses. You may be reimbursed in one of two ways:

LUMP SUM PAYMENT

If your provider requires you to pay much or all of the treatment cost up front, you may be reimbursed for all eligible orthodontic expenses you pay for in the current plan year, even if some of the treatment will take place later. You'll need to provide documentation, which includes:

- The treatment start date and anticipated end date;
- Proof that you've made payment during the current plan year
- A completed claim form

MONTHLY PAYMENTS

You may be reimbursed for the initial payment and file a monthly claim after that. For the initial payment, you'll need to provide documentation, which includes:

- The amount of the initial payment
- The treatment start date and anticipated end date
- A completed claim form

For the monthly payments after that, you'll need to provide an itemized statement or payment coupon from the provider and a completed claim form.

For additional information about how to submit claims and be reimbursed for orthodontic claims, please login to your account, go to "Get Help," then search for "Orthodontic Claims FAQ."

How to Get Reimbursed

HOW TO APPEAL A CLAIM

If WEX denies a claim in whole or in part, a written explanation will be sent within three business days of receiving your request for reimbursement. If the claim was denied because it is not consistent with the terms of the plan—for example, because the expense was ineligible or the claim submitted after the deadline—WEX handles the appeal. You have 180 days from the first denial date to submit additional documentation. Send claims appeals to:

WEX
P.O. Box 2926
Fargo, ND 58108-2926

If your claim is denied because WEX finds that you or a family member doesn't meet the eligibility requirements to participate in the plan, the University will handle the appeal. Under these circumstances, your request for an appeal should be directed to:

University of California, Office of the President
Health & Welfare Benefits
Attn: Eligibility Appeal
1111 Franklin St.
Oakland, CA 94607

Generally, the University will respond to your request within 60 days of receiving your request or (if later) within 60 days of receiving any additional materials requested from you, your UC location or another relevant party. It's possible, however, that the University may require a longer period of review. The University's decision on appeal is final.

WEX Mobile App
Learn more about the WEX mobile app at wexinc.com/products/benefits/flexible-spending-account-fsa/ or download from the Apple App Store or Google Play by searching for "Benefits by WEX."

Important Things to Know

NONDISCRIMINATION REQUIREMENTS

To prevent the Health FSA from being characterized by the IRS as discriminatory in favor of highly-compensated employees—and therefore no longer eligible for favorable tax treatment—the University may reject any elections or reduce contributions or benefits of the plan. This means your payroll deductions may be reduced or stopped, and/or your taxable income will be adjusted, as needed to satisfy the nondiscrimination requirements.

IMPLICATIONS FOR SOCIAL SECURITY, RETIREMENT PLANS AND UNEMPLOYMENT

Because your contributions to the Health FSA are made on a pretax basis, they lower the earnings on which your Social Security taxes are based. This means your future Social Security earnings may be reduced. (If your earnings after your Health FSA contributions are above the Social Security wage base—for 2026, $184,500—there will be little to no effect on your benefits.) Your pretax Health FSA contributions may also reduce the earnings used to calculate your unemployment insurance benefits.

Your Health FSA contributions don't affect the wages used to calculate your UC Retirement Plan contributions or benefits; nor do they affect your Tax-Deferred 403(b) Plan or 457(b) Deferred Compensation Plan maximum annual contribution amounts.

LEAVING UC EMPLOYMENT

Your participation in the Health FSA ends when you leave UC employment, unless you continue your participation through COBRA. (See "Continuing Participation Through COBRA," on page 12.) If you are paid monthly, Health FSA coverage ends the last day of the month in which you separate from UC. If you are paid biweekly, coverage ends the last day of the pay period in which you make your final Health FSA contribution.

If you retire immediately after leaving your job, your Health FSA coverage ends on the last day of the month following the month in which separation occurs. For example, if you separate on March 31 and retire on April 1, your coverage ends on April 30. If you separate on March 1 and retire on March 2, your coverage ends April 30.

If your employment with UC terminates due to your death, your eligible survivor may continue Health FSA participation through COBRA. If you are paid monthly, Health FSA coverage ends on the last day of the month in which you pass away. If you are paid biweekly, coverage ends on the last day of the pay period in which you make your final Health FSA contribution.

You may submit claims for eligible expenses incurred through the last day of participation in the plan. Expenses incurred after this date aren't reimbursable.

LEAVES WITHOUT PAY

When you begin a leave without pay (other than Family and Medical Leave), your contributions to the Health FSA stop. If you are paid monthly, FSA coverage ends the last day of the month in which your unpaid leave (other than Family and Medical Leave) begins. If you are paid biweekly, coverage ends the last day of the pay period in which you make your final FSA contribution. You may continue to submit claims for expenses incurred up to the coverage end date, until the deadline for the plan year.

If your leave was for less than 120 days and you return in the same plan year, your prior election would be reinstated as of the date you return to pay status unless you have a qualifying status change during the leave. If your leave was 120 days or longer, or you return in a new plan year, you may choose a new annual contribution.

FAMILY AND MEDICAL LEAVE

When you go on Family and Medical Leave, your Health FSA contributions stop with your last paycheck unless you choose to continue participation during your leave. If you do, eligible expenses you incur while on leave are reimbursable.

Please contact UCPath at ucpath.universityofcalifornia.edu to manage your plan before taking a leave. If you don't, your participation will end, and only expenses incurred through the end of the last pay period in which you contributed will be reimbursable.

You'll also need to choose a payment option for when you return to work. You may either keep the same monthly contribution, which will reduce the annual amount you put in, or increase your monthly contribution to make up for your time off pay status. Contact your Benefits Office or UCPath for details.

TEMPORARY LAYOFF

When you begin a temporary layoff, your contributions to the Health FSA stop. Your participation ends on the last day of the pay period following the pay period during which you go on leave. You may, however, continue participation through COBRA.

CONTINUING PARTICIPATION THROUGH COBRA

If you leave UC employment, you'll receive a "Qualifying Event Notice" explaining how you may continue your participation in the Health FSA through COBRA through the end of the plan year (Dec. 31). If you continue participating, you'll make after-tax payments to your account. Any unused balance is not eligible for carryover for COBRA participants.

By authority of the Regents, University of California Human Resources, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. For more information, employees should contact their Human Resources Office and retirees should call the UC Retirement Administration Service Center (800-888-8267).

In conformance with applicable law and University policy, the University is an equal opportunity employer. Please send inquiries regarding the University's equal opportunity policies for staff to the Office of Systemwide Employee Relations, University of California, Office of the President, 1111 Franklin Street, CA 94607, and for faculty to the Office of Systemwide Academic Personnel, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607.

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