### Health Care Spending Card

All newly participating members will receive a UnitedHealthcare Health Care Spending Card account debit card at no cost, which makes it easy to access your health care FSA funds. Members with an existing card can continue to use it until the card's expiration date. Your entire health care FSA election amount is available for claims incurred at either Jan. 1, 2024, or your effective date, whichever is later.

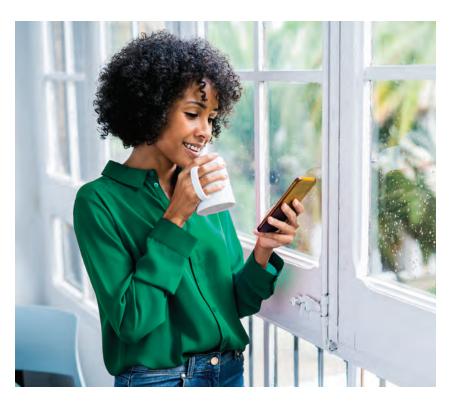
IRS requirements apply when you use a UnitedHealthcare card, and every cardholder agrees to follow IRS rules. Read the cardholder agreement that accompanied your Health Care Spending Card.

#### **Claims substantiation and receipts**

The IRS requires claims substantiation for debit card transactions. We only request receipts for transactions where the merchant did not receive an authorization from Mastercard®. If you are unable to use your Health Care Spending Card, you will need to submit a claim for reimbursement.

#### **Employer contributions**

In some cases, employers may contribute to an employee FSA or LP-FSA. If your employer contributes, you will find the maximum contribution amounts on the back of the 2024 Employee Benefit Plan Rates document included in your enrollment packet. Employer contributions are in addition to and do not count toward the employee \$3,050 health care FSA annual election limit.





# Managing your account

Visit myuhc.com and use your UnitedHealthcare credentials to sign in and manage your accounts online.

- Check debit card status
- File a claim
- Upload claim substantiation
- Review your account(s)
- Download forms
- Learn more about the plan

FSAs are ONLY for those eligible claims incurred by you or your dependents for federal income-tax purposes, without regard to income limitations. Claims must be submitted within 1 year of the date of service. Contact your tax or financial advisor for information about your specific situation.

## To mail or fax in an FSA claim

Use the claim form available on **myuhc.com** and mail to the address indicated on the form.