



Consumer Directed Healthcare (CDH)

Flexible Spending Account

The Benecon Group allows you to elect up to **\$3,400** to be contributed on a pre-tax basis via payroll deductions throughout the plan year into a **Flexible Spending Account (FSA)**. Minimum election to participate is **\$100**. FSA funds are best used to pay for predictable out-of-pocket medical expenses because any funds contributed that are not used by the end of the plan year are forfeited under the IRS “use it or lose it” rule. However, your employer offers a carryover of up to **\$680** into the next plan year. Any funds exceeding **\$680** will be forfeited per IRS regulations.

These funds can be used for all IRS-eligible expenses. An extensive list of eligible expenses is available at: <https://www.irs.gov/publications/p502>.

The Benecon Group

1/1/2026 – 12/31/2026

BENECON
CDH Services



Dependent Care Account

- **The Benecon Group** allows you the option to contribute money on a pre-tax basis via payroll deductions throughout the plan year into a **Dependent Care Assistance Program** (DCAP).
- The maximum contribution per household is **\$7,500** if you are single or if you are married and filing a joint tax return, or **\$3,750** if you are married, filing separate tax returns (per IRS guidelines). Minimum election to participate is **\$100**.
- **DCAP** funds are best used to pay for predictable out-of-pocket childcare expenses because any funds contributed that are not used by the end of the plan year are forfeited under the IRS “use it or lose it” rule. However, your employer offers an additional **75 days** to use the remaining funds. This is called your grace period. A grace period extends the period you have to use your DCAP funds in eligible childcare expenses.
- Eligible expenses include custodial care of dependents while employee is at work. For more information see: <https://www.irs.gov/pub/irs-pdf/p503.pdf>.

Benecon FSA and DCAP Instructions

1. Elect funds to be withheld on a pre-tax basis via payroll deduction for your FSA and/or DCAP at Open Enrollment or when you become eligible for the benefit.
 - FSA and DCAP election amounts can only be changed once a year, during Open Enrollment, or in the case of limited qualifying events. To ensure that your election will be the best fit for your needs for the entire year, you can use the FSA tax calculator tool at <https://www.wexinc.com/wh/calculator/Payroll125.html> as a guide when deciding how much to elect.
2. Pay for eligible expenses with your Benecon Health Payment Card and the amount will be deducted from your Benecon CDH account. For eligible expenses for which you cannot use your debit card, you can submit a claim for reimbursement (see below).
 - Keep the detailed receipt, as you will be asked to validate the purchase by Benecon if the expense is something other than an office copayment. FSA receipt documentation must include date of service or purchase and itemized description of service or product.
 - Credit card receipts, cancelled checks, bank statements, or statements showing only a balance forward are not considered sufficient documentation.
 - DCAP documentation can be a bill including the dates of the dependent care service, the dependent's name, and provider name.
3. Your FSA is pre-funded by your employer, so although your FSA election will be deducted from your payroll evenly throughout the entire year, the full amount you elect for the entire year will be available for use on the first day of the plan year.
4. DCAPs are not pre-funded accounts, so funds for those accounts will become available as they are deducted from your paycheck each pay period - the entire annual amount is not available at once. Because DCAP funds accumulate over time, it is possible that you may incur expenses before funding is available to pay your entire claim. In this case, we will reimburse you for the current available balance in your DCAP and will place the remaining claim amount “on-hold”. The remaining on-hold claim amount will be automatically reimbursed to you as payroll contributions are transferred to your DCAP.

Things to Remember with your Benecon CDH Account

1. Benecon Customer Support help is available:
 - Phone: 833-738-6729 Mon-Fri 8am-4pm EST
 - Email: CDHServices@benecon.com

2. Know all your benefits – it is important for you to understand the benefits you have with your health insurance carrier. If you have questions about your medical benefits, you may contact their customer service at the number listed on the back of your Highmark ID card.
3. Keep your statements and Explanation of Benefits (EOBs) related to any Benecon reimbursement. You may be asked to provide documentation for some charges made with your Benecon Health Payment debit card.
4. For any expense for which you cannot use, or you choose not to use your debit card, you can submit the claim with documentation via your online portal or mobile app. Please see below for appropriate documentation examples:
 - a. Healthcare Expenses – Explanation of Benefits from Highmark
 - ii. *Hint: You can register at your insurance company's website to view your account and obtain the EOB.*
 - b. Prescriptions – Pharmacy Script or mail order statement showing patient name, name of drug/Rx item, date filled, and dollar amount.
 - ii. *Hint: You may be able to register at your pharmacy website to view your account and obtain an itemized list of prescriptions.*
 - c. Over-the-Counter Eligible Medical Expenses – Cash register receipt showing merchant name, date, product description and the dollar amount paid.

**Prescription for medication is NO longer needed.*
 - d. Menstrual Products - Cash register receipt showing merchant name, date, product description and the dollar amount paid. These products are defined as tampons, pads, liners, cups, sponges or similar products used by individuals with respect to menstruation.
 - e. Orthodontia/Dental – EOB (if not available, please provide an itemized bill which includes date of service, patient name, services rendered, and cost for the services).
 - f. Vision Care – EOB is preferable (if not available, you may submit an itemized bill which must include date of service, patient name, description of services rendered, and cost of services rendered).
 - g. Dependent Care (DCAP ONLY) – Itemized statement from provider showing:
 - ii. Provider/address
 - iii. Date of child/elder care services provided
 1. Note: Do not submit for services that have not yet been provided or future dates of service. Submit for a full month after the month has ended or submit for the previous week's expenses.
 - iv. Name of dependent for whom the care was provided
 - v. Type of service (daycare, day camp, preschool, after-school care, etc.)
 - vi. Dollar amount you owe

You can be reimbursed for submitted claims via:

- Direct Deposit / Electronic Fund Transfer (EFT) – your direct deposit information can be provided to Benecon through your online account
- Check – made out and mailed to you
- Check – made out and mailed to your provider

4. We encourage you to log onto your account and check your balances often.

To set up your account, go to <https://benecon.lh1ondemand.com> and go under “Existing User?” You will need the following information to set up your online account:

- Username (1st Initial + Last Name + Last 4 digits of SSN)
- First Time Temporary Password (Benecon1)

Through your online account, you can:

- Check Account Balances
- Submit Claims Online
- View Transaction History
- Upload Documentation
- Change Direct Deposit Information

Mobile App

Available for iOS (Apple) and Android-enabled mobile devices and tablets, the Choice Strategies app can be downloaded free of charge. Members can check account balances, view recent transactions, submit claims and upload a receipt or supporting documentation.