

Excepted Benefit Conditions

Two conditions must be satisfied for a plan to be considered an Excepted Benefit. Use the chart below to determine whether your Flexible Spending Account or Health Reimbursement Arrangement is an 'excepted' benefit or not.

Question	Yes	No
Maximum Benefit Condition		
1. Does your plan provide an employer contribution?	Proceed to Question 2	Maximum Benefit Condition Satisfied Proceed to Question 3
2. For FSA Plans: Is the employer contribution a dollar-for-dollar match or \$500 or less? For HRA Plans: Is the employer contribution \$500 or less?	Maximum Benefit Condition Satisfied Proceed to Question 3	Maximum Benefit Condition is NOT Satisfied NONEXCEPTED
Availability Condition		
3. Do you have a group major medical health plan that the FSA or HRA plan participants are also eligible to enroll in?	Proceed to Question 4	Availability Condition is NOT satisfied NONEXCEPTED
4. Does the group major medical plan have the same waiting period as the FSA or HRA plan?	Availability Condition is satisfied EXCEPTED	Availability Condition is NOT satisfied NONEXCEPTED

Benefits that have been determined to be 'excepted' do not require a Summary of Benefits and Coverage (SBC), they are not subject to the prohibition on excessive waiting periods and the plan sponsor is not required to pay fees to the Patient Centered Outcomes Research Institute (PCORI) for participants of the 'excepted' plan.

Note: A retiree-only plan does not require an SBC, but the plan sponsor is required to pay PCORI fees if it is not considered to be an 'excepted' plan.