



Everything

You need to know about  
Dependent Care Account (DCA)



## What is a DCA?

A **Dependent Care Account (DCA)** is an employer-sponsored healthcare benefit that allows employees to set aside pre-tax dollars to cover qualified expenses for dependent care. They can be paired with a FSA, HSA, LPFSA, or HRA.

Employees may set aside up to \$7,500 (for single or married filing jointly on taxes) or \$3,750 (married couples filing separately) per year for qualified dependent care expenses.

The IRS allows you to make deductions on a pre-tax basis. For example, if you contribute \$600 to an FSA account and \$3,000 to a DCA account, that is \$3,600 of your annual salary that you will not pay federal, state (if applicable), Social Security, or Medicare taxes.

## DCA Plan Runout

At the end of each plan year, your DCA Account has a 75-day grace period. This provides an extension of 75-days to incur expenses after the plan year has ended. All plan year and grace period claims will need to be submitted to Webber Advisors 90-days after the plan year has ended.



## Important Notes:

- The full DCA election is not available the first day of the plan year. This plan is contribution based only, meaning the balance available for reimbursement is the amount withheld from your pay.
- This benefit isn't just for childcare; if you are caring for an adult dependent, you can use your DCA to pay for that care, too. Who can be covered under a DCA?
  - Children 13 years and under who reside in your household.
  - Adults/children mentally or physically incapable of self-care who spend at least 8 hours a day in your household and whose principal abode is your household for more than half of the year.

## What can a DCA be used for?

A DCA can be used to pay for eligible expenses incurred during the plan year that allow the account holder and spouse to be gainfully employed. Eligible expenses include before and after school and/or extended day programs, day care, elder care, nursery school, day camps or similar programs, and babysitting (as long as it allows the employee to work or look for work).

### FUN FACT

DCA funds can help new parents pay for childcare, which may help ease new financial pressures when transitioning back to the office.



## What are some examples of expenses that are not eligible with a DCA?

Expenses which are not eligible with a DCA include overnight camps, school tuition for a child in kindergarten or above, or a babysitter providing coverage that allows the employee to be gainfully employed.

DCAs are limited to expenses related to the care of qualified dependents so they cannot be used for any other purpose, such as medical, dental, or vision related expenses incurred by the account holder or their dependent(s).





## Dependent Care Account Valid Receipt Requirements

### Items a valid receipt must contain:

1. Provider Name
2. EIN or SSN Number
3. Child(ren) Name(s)
4. Description of Service
5. Amount Paid

Due to IRS regulations, Webber Advisors is required to validate each expense prior to approval for reimbursement. In order for us to maintain efficient processing of your claims, we have listed below an example of information that the IRS regulates as valid documentation.

<b>WATCHING CHILDREN GROWING DAYCARE</b> 253 TODDLER LN HOLLIDAYSBURG, PA 16648 EIN: 52-3648951		
<b>Billing For:</b> Sara Smith 309 Plum St Hollidaysburg, PA 16648 Child Name: Brooke Smith		
<b><u>Date of Service</u></b>	<b><u>Service Type</u></b>	<b><u>Amount</u></b>
August 18, 2025	Daily Child Care, toddler group	550.00
<b>Total Amount Due:</b>		<b>550.00</b>

For questions about your Dependent Care Account, please contact Webber Advisors' Claims Department at

(800) 326-9850 or e-mail [LNE-Claims@leavitt.com](mailto:LNE-Claims@leavitt.com)  
Monday through Friday 8:00 a.m. to 4:00 p.m.

## WEBBER ADVISORS

Please complete the below information to request reimbursement of expenses incurred by your and/or an eligible dependent(s).

NOTE: Federal law requires that you submit itemized documentation of each expense (such as an itemized bill from the benefit provider) as well as proof that the claim is not being reimbursed by an Insurance Company. Also, you will not be entitled to claim this expense as a tax deduction. If you have any questions, please contact our Claims Department at 1-800-326-9850 Monday through Friday 8:00 a.m. to 4:00 p.m.

Participant Information	
Participant Name:	
Employer Name:	
Last 4 of Employee SSN:	
Email Address:	

Please list each eligible expense below						
Under the <b>Plan Type</b> column, select one of the following plan codes for each expense listed to which you are enrolled. <i>Please Note:</i> If your employer has FSA Debit Cards (Cloud Card) and the card was used for the expense, please mark below						
FSA – Health FSA		LPFSA - Limited Purpose Health FSA		DCA – Dependent Care Account		HRA-Health Reimbursement Arrangement
TRN-Transportation		DENT-Dental/Vision				
Paid with Cloud Card	Plan Type	Whom Incurred Expense	Date of service	Name of Service Provider	Describe Expense	Dollar Amount

**TOTAL CLAIM AMOUNT:** \$

You may also file your FSA or DCA claim online via your employee portal (<https://webberadvisors.lh1ondemand.com>) or mobile app. **Please note**, all HRA or Direct Dental claims must be submitted via Reimbursement claim form with explanation of benefits or detailed receipt for dental claims

**Submit your claim form with supporting documentation via fax to 814-317-1610.**

The undersigned participant in the plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form, were incurred during a period while the undersigned was covered under the employers enrolled Cafeteria Plan (FSA/DCA/Direct Dental/Transportation Accounts/HRA) with respect to such expenses and that such expenses have not been reimbursed, or are not reimbursable, under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for the payment of all related taxes including federal, state or city income tax on amounts paid from the plan which relate to such expense. The undersigned further understands that no medical expense tax deduction or credit is permitted for amounts for which reimbursement is made.

Signature	Phone Number:	Date
-----------	---------------	------