



Flexible Spending Account Enrollment Guide

Paying for health care is now
easier and less expensive with a
BenefitWallet FSA.



What is a Flexible Spending Account (FSA)?

A Flexible Spending Account is a tax-advantaged account that allows you to use pre-tax dollars to pay for out-of-pocket qualified medical or dependent care expenses.

There are three types of FSA plans:

1. The Health Care FSA (HCFSA) allows you to pay for health care expenses not paid by your health plan.
2. The Limited Purpose FSA (LPFSA) covers only dental and vision expenses when paired with a health savings account.
3. The Dependent Care FSA (DCFSA) allows you to pay for day care expenses for a qualified dependent.

You choose how much money you want to contribute to each account at the beginning of every plan year.

Account Advantages



Multiple uses. There are hundreds of eligible expenses for FSA funds. The HCFSA can reimburse expenses like prescriptions, doctor visits and dental costs for you, your spouse and tax dependents. The LPFSA can only reimburse dental and vision expenses for you, your spouse and tax dependents. The DCFSA reimburses expenses like day care, after-school and summer camp. See the list of Eligible Expenses in this guide for more details.



Easy to access. Funds in the HCFSA and LPFSA are easily accessed with your health care payment card. Dependent care expenses can be reimbursed using our online bill pay functionality. Your account balance is available at any time online, through the mobile app or over the phone.



Tax advantages. Since FSA contributions are not taxed, you can reduce your taxable income by the amount you contribute to your FSA. You can use those pre-tax dollars to pay for eligible expenses that would otherwise have been paid with post-tax dollars.



Rapid reimbursements. Paying for health care expenses is easy when using your health care payment card. If you don't use your card or have dependent care expenses, you can easily create your claim online. Once you submit your receipts, we will reimburse you via check or direct deposit.

Using Your HCFSA and LPFSA

We make it easy to access and use your account funds. There are two ways to pay for qualified expenses:

- 1. Use your health care payment card:** This is the simplest way to pay for qualified medical, dental and vision expenses. Pay using your health care payment card and keep your itemized receipt as documentation since you may be required to substantiate the expense. Then, log on to your account to see if documentation is required. If so, upload your itemized documentation online or print and submit the claim submission form.
- 2. Pay out of pocket and request reimbursement:** Pay using your own personal credit card, cash or check and keep your itemized receipt as documentation. Then, log on to your account or the mobile app to request reimbursement. Upload images of your receipts or print the claim submission form and submit documentation. You can receive reimbursement funds via check or direct deposit.

TIP: Set up direct deposit online to receive quicker reimbursements.



HCFSA and LPFSA Rules and Regulations

- 1** The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your health care payment card. Other times, we will request itemized receipts. Always save your EOBs or itemized receipts.
- 2** According to IRS regulations, unless your employer offers a rollover or grace period, you must use all of your FSA funds by the end of your plan year or remaining funds will be forfeited. Review your employer's plan documents for more information.
- 3** HCFSA and LPFSA contributions are limited by the IRS with possible annual inflation increases. For 2024, the limit is \$3,200. The limit is adjusted every year by the Federal Government.
- 4** The IRS also requires that employers make the full annual HCFSA and LPFSA election available to employees when an eligible expense occurs, regardless of whether you have payroll deducted enough to cover the full amount at that time.

For example, you may elect \$1,200 per year, equal to a payroll deduction of \$100 a month. You are eligible for reimbursement up to the full \$1,200 in the first month, even though you have only payroll deducted \$100. Remaining deductions will be taken from your pay during the rest of the plan year.

How to Pay

At the Doctor, Dentist, Eye Doctor or Hospital

When you pay for health care at the doctor, dentist, eye doctor or hospital, be sure to always present your health insurance ID card first to ensure proper processing of your charges.

- **Copays.** If you are asked to pay a copay, you may pay with your health care payment card, or you may pay out of pocket and request reimbursement from your account. Save your itemized receipt to submit as documentation.
- **Additional charges.** If you're asked to pay additional charges, if possible, do not pay your provider until the claim is processed by your health plan and you receive your Explanation of Benefits (EOB) in the mail. This helps avoid overpayment. Compare your EOB with the provider bill to verify the amount being charged by your provider is the same as the patient balance on the EOB. Then, pay with your health care payment card, or pay out of pocket and request reimbursement from your account. You may send in your EOB or itemized provider bill as documentation.

Use Your Health Care Payment Card at Approved Merchants

Your health care payment card has been programmed to work only at merchant locations that are designated as health care merchants based on their Merchant Category Code (MCC).

Examples of qualified merchants include doctor's offices and hospitals. The health care payment card should only be used to pay for eligible medical expenses, and you should always save your itemized receipts.

You will not be able to use your health care payment card at locations that are not approved health care merchants.

For qualified purchases at locations that are not approved health care merchants, you can pay with out of pocket funds, then submit a request for reimbursement through your online account.

At the Pharmacy

- **Prescriptions.** When purchasing prescriptions, be sure to always present your health insurance ID card first to ensure proper processing of your charges. You may pay with your health care payment card, or you may pay out of pocket and request reimbursement from your account. Save your itemized receipts to submit as documentation.
- **Certain over-the-counter items.** You may pay for eligible items with your health care payment card, or you may pay out of pocket and request reimbursement from your account. To be reimbursable, an over-the-counter medication must be accompanied by a valid written prescription, even if the medication is available without a written prescription (except insulin). Save your itemized receipts to submit along with the written prescription as documentation, as you will be required to substantiate the expense.

Using Your Health Care Payment Card

We provide a convenient health care payment card to access funds. You will receive this card in the mail.

Below are four tips to make using your health care payment card simple and easy.

1. Pay for qualified expenses with your health care payment card.

Pay for qualified products and services directly at approved merchants. The money comes right out of your HCFSA and LPFSA. Your health care payment card can be used as credit or debit when paying for a qualified medical expense.

2. Get your balance.

By frequently checking your account balance online, you will know the amount of funds available in your account. When you swipe your health care payment card, the system makes sure that your coverage is active and that you have sufficient funds in your account for the full amount. If not, the transaction will be denied. You can swipe the card for the amount available in your account and pay the difference with another form of payment.

3. Know what's eligible.

Familiarize yourself with what expenses are eligible by using the list of Eligible Expenses in this guide, the member portal or your employer's plan documents.

Examples of eligible expenses are doctors' visits, prescription drugs, dental and vision expenses.

If you use your health care payment card for ineligible expenses, you may be asked to write a personal check to pay the plan. It is important to note that dependent day care expenses cannot be paid using your health care payment card.

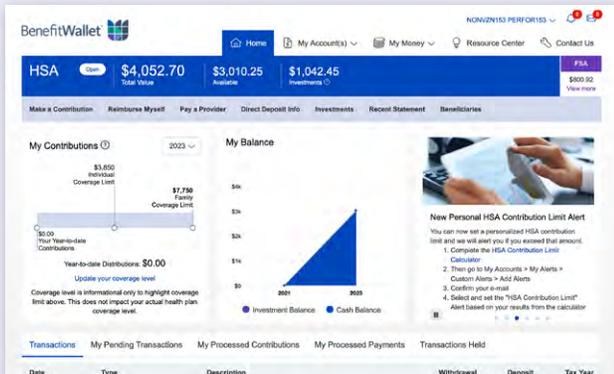
4. Save your itemized receipts.

Although your health care payment card eliminates the need to file paper claims, the IRS requires that your charges be verified. Many purchases will require substantiation, so always save your itemized receipts in case they are required to confirm a purchase or for tax purposes. EOBs or payment statements from your insurance provider are also valid documentation of an expense.



Using Your Online Account

Our member portal puts account information and health education tools at your fingertips. To begin, go to www.mybenefitwallet.com.



Member Portal Features

- Get your account balance
- View contributions to your account
- Set up direct deposit
- Schedule payments or reimbursements
- View payment card charges
- Enter a new claim
- View claims/submit EOBs or itemized receipts for purchases requiring substantiation
- Access communication center messages
- Electronically save receipts
- Find answers to frequently asked questions

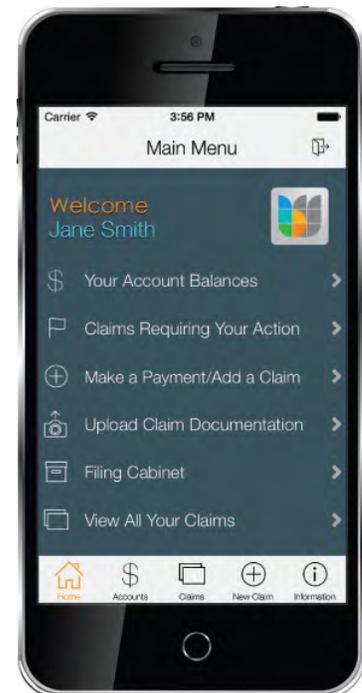
Mobile Solutions

BenefitWallet Mobile Application

BenefitWallet offers a secure, interactive mobile application for any devices.

Features include:

- View account balance, account alerts and transaction history
- View all claims, claims requiring action and claims details
- Submit a new claim
- Tap to call the BenefitWallet
- Service Center
- Upload EOB's or receipts



Mobile Alerts and Two-way Texting

Our Mobile Alert feature allows you to access account information at any time using text messaging. You may also register for a service that alerts you immediately after using your health care payment card if that purchase may require additional documentation.

Register by clicking on the **Mobile Alerts** link in the member portal.

Send text requests:

- **BAL** for account balances
- **CONT** for last five contributions
- **CLAIM** for last five claims
- **HELP** for text command instructions
- **STOP** to stop mobile alerts
- Update your text settings at any time online

Mobile Upload Claim Documentation

- Take and upload a photo of your itemized documentation
- Image is submitted in seconds
- No need for faxing or mailing
- Image is saved with claim as a record of submission

Mobile Browser

We offer a streamlined version of the member portal that allows you to access your most important account

information including account balances, transaction history, claim summaries, claim details and FAQs. Simply log in to your account at www.mybenefitwallet.com on any smart phone. You may switch to the full site at any time by clicking on the link at the bottom of the screen.

Eligible HCFSAs and LPSAs Expense Examples

There are hundreds of eligible expenses for your HCFSAs and LPSAs funds, including prescriptions, dental and vision expenses, over-the-counter medications (with a written prescription), doctor office copays, health insurance deductibles and coinsurance. FSA funds may even be used for eligible expenses for your spouse or tax dependents. Medical expenses are defined as the costs of diagnosis, cure, mitigation, treatment or prevention of disease, and the costs for treatments affecting any part or function of the body.



For more information and a complete list of qualified medical expenses, see IRS Publication 502 at www.irs.gov.

Note: LPSA expenses are limited to dental and vision only.



Examples of eligible expenses for HCFSAs

- ✓ Acupuncture
- ✓ Allergy treatments
- ✓ Ambulance services
- ✓ Anesthesia
- ✓ Chiropractic care
- ✓ Contact lenses and related materials
- ✓ Dermatology
- ✓ Diabetes supplies
- ✓ Diagnostic procedures
- ✓ Crutches
- ✓ Dental treatment
- ✓ Dentures
- ✓ Eye examination
- ✓ Eye glasses and related materials
- ✓ Eye surgery
- ✓ Fertility treatments
- ✓ Hearing aids
- ✓ Hospital services
- ✓ Immunizations
- ✓ Massage therapy
- ✓ Medical supplies
- ✓ Nursing services
- ✓ Nutrition therapy
- ✓ Obstetrical expenses
- ✓ Optometrist services
- ✓ Orthodontia (not for cosmetic reasons)
- ✓ Orthotic supplies
- ✓ Physical exam
- ✓ Physical therapy
- ✓ Prescription drugs
- ✓ Psychiatric care

- ✓ Smoking cessation program
- ✓ Surgery
- ✓ Transportation for medical care
- ✓ Weight loss program necessary to treat obesity
- ✓ X-ray fees



Ineligible HCFSAs and LPFSAs Expense Examples

These items are never eligible for tax-free purchase with HCFSAs or LPFSAs funds:

- ✗ Cosmetic surgery
- ✗ Exercise equipment
- ✗ Expenses reimbursed from other sources (such as insurance)
- ✗ Fitness programs
- ✗ Hair transplants
- ✗ Household help
- ✗ Illegal operations and treatments
- ✗ Insurance premiums, such as COBRA, long-term care and retiree medical
- ✗ Eyewear warranty or protection plans
- ✗ Maternity clothes
- ✗ Teeth whitening



Other Eligible FSA Expenses

Over-the-counter drugs and medications (except insulin) are only eligible for reimbursement when accompanied by a written prescription. Other items are considered “dual purpose” and are eligible only with a doctor’s directive or letter of medical necessity.

HCFSA and LPFSA Frequently Asked Questions

How much may I contribute to my HCFSA or LPFSA?

HCFSA and LPFSA contributions are limited by the IRS with possible annual inflation increases. For 2024, the limit is \$3,200. The limit is per person; a husband and wife may each contribute up to the limit.

How can I find out my account balance and review transactions?

Account balance and transaction information is available 24 hours a day, seven days a week:

- Visit www.mybenefitwallet.com to log into the member portal.
- Contact the BenefitWallet Service Center for balance and transaction information.

How will I be able to access my funds?

You will receive a health care payment card to access your HCFSA and LPFSA funds. You can also pay for eligible expenses with any other form of payment and request reimbursement from your account.

When can I request reimbursement?

You will have access to the funds in your account on the first day of your plan effective date.

How will I receive my reimbursements?

You may receive funds by check or direct deposit. For faster reimbursements, sign up for direct deposit online.

How do I set up direct deposit?

1. Log into your account and select **Direct Deposit** from the Home page under **My Profile**.
2. Complete the short form. Be sure to have your bank account and routing numbers on hand.
3. Choose **Direct Deposit** as your preferred method of claim reimbursement and click the **Confirm** button.

Can I order a replacement or additional card?

Yes. Simply log into your account or contact the BenefitWallet Service Center to request an additional card.

What happens if I use my account for a non-eligible expense?

If you file a manual request for reimbursement, the request will be denied. If you used your health care payment card and the expense is deemed ineligible, you will be required to repay your account or submit an expense to offset the ineligible expense for that transaction.



How will I know if I need to submit a receipt?

You can determine whether your claim requires substantiation online by logging into your account and reviewing your claims. Your claims requiring documentation will be flagged. You need to submit EOBs or receipts if you see a notice request. If substantiation is needed, you will also be notified by e-mail or letter within a week of your payment card swipe. You should always save your EOBs or receipts even if you have not received such a notice.

What if I don't submit my receipts?

You must provide itemized receipts within the required timeframe, or the transaction will be deemed ineligible, and you will be required to repay the amount of the transaction. If you fail to submit required receipts in a timely manner, your payment card will be temporarily deactivated. If you fail to repay the account, the amount of the ineligible expenses may be added as taxable income to your W-2.



Where can I use my health care payment card?

Your health care payment card can be used nationwide at approved merchants. Examples of approved merchants may include pharmacies, doctor's offices, vision centers and hospitals.

Your health care payment card should only be used to pay for medical expenses eligible under your plan and you should always save your itemized receipts.

Do I need to keep my receipts when I use my card?

Yes. We may request documentation any time you use your health care payment card. Therefore, always keep your EOBs or itemized receipts in case further documentation is requested. Receipts must contain the following information:

- Name of person who incurred the service or expense
- Name and address of the provider or merchant
- Date service or expense was incurred
- Detailed description of the service or expense
- Amount charged for the service or expense

EOBs provide all of the above information and are considered acceptable documentation. Non-itemized cash register tapes, credit card receipts and cancelled checks alone do not provide proper substantiation.

Dependent Care Flexible Spending Account (DCFSA)

You may also choose to enroll in a DCFSA, which is an alternative to the Dependent Care Tax Credit and covers dependent and certain elder day care expenses while you are at work. A DCFSA allows you to pay for these expenses with tax-advantaged funds. Expenses must be for qualifying dependents. See IRS Publication 503 Child and Dependent Care Expenses. Typical expenses under this account include charges for day care, day camp, and certain elder care for your legal dependents. See the list of eligible expenses included in this guide for more details.

Eligibility Requirements

To be reimbursed through your DCFSA for child and dependent care expenses, you must meet the following conditions:

- You must have incurred the expenses in order for you and your spouse, if married, to work or look for work, unless your spouse was either a full-time student or was physically or mentally incapable of self-care.
- You cannot have made the care payments to someone you can claim as your dependent on your federal tax return or to your child who is under age 19.
- Expenses are eligible for dependent children under the age of 13, or dependents of any age mentally or physically incapable of caring for themselves.
- You and your spouse must maintain a home that you live in for more than half the year with the qualifying child or dependent.
- Expenses must have already occurred before a reimbursement request can be made and the funds must be available in the account to complete the reimbursement.



Dependent Care Account Rules and Regulations

- 1 You must use all of your Dependent Care Account funds by the end of your plan year, or remaining funds will be forfeited, according to IRS regulations.
- 2 According to the IRS, you may contribute up to \$5,000 per year if you are married and filing a joint return, or if you are a single parent. If you are married and filing separately, you may contribute up to \$2,500 per year per parent.
- 3 Unlike the FSA, you may only receive reimbursement from your DCFSA account equal to the amount you have actually deposited.

A Dependent Care Account allows you to pay for qualifying child care expenses with pre-tax money.

- You must pay for your qualified dependent care expenses out of pocket and request reimbursement from your account. You will need to submit your itemized receipt as documentation. Remember, receipts for these expenses must include the name of the dependent, dates of service and the tax identification number of the dependent care provider.



Eligible DCFSA Expenses

Dependent Care Account funds cover care costs for your eligible dependents to enable you to work.

- ✓ Before school or after school care (other than tuition)
- ✓ Qualifying custodial care for dependent adults
- ✓ Licensed day care centers
- ✓ Nursery schools or pre-schools
- ✓ Placement fees for a dependent care provider, such as an au pair
- ✓ Child care at a day camp, nursery school, or by a private sitter
- ✓ Late pick-up fees
- ✓ Summer or holiday day camps

Ineligible DCFSA Expenses

These items are not eligible for tax-free purchase with DCFSA funds.

- ✗ Expenses for non-disabled children 13 and older
- ✗ Educational expenses including kindergarten or private school tuition fees
- ✗ Amounts paid for food, clothing, sports lessons, field trips and entertainment
- ✗ Overnight camp expenses
- ✗ Registration fees
- ✗ Transportation expenses
- ✗ Late payment fees
- ✗ Payment for services not yet provided (payment in advance)
- ✗ Medical care

DCFSA's reimburse only for dependent day care expenses that allow you to work or attend school.

DCFSA Frequently Asked Questions

How much may I contribute to my account?

For a DCFSA, the IRS limits contributions to \$5,000 per year if you are married and filing a joint return, or if you are a single parent. If you are married and filing separately, you may contribute up to \$2,500 per year per parent.

How can I find out my account balance and review transactions?

Account Balance and Claims Status information is available 24 hours a day, seven days a week:

- Visit www.mybenefitwallet.com to log into the member portal.
- Contact the BenefitWallet Service Center for balance and transaction information.

How will I be able to access my funds?

You will access your funds by requesting reimbursement through the member portal.

When can I request reimbursement?

Expenses must have already occurred and been paid before a payment can be made. The funds must be in your available balance (and payroll deducted) to complete the reimbursement. You may submit your reimbursement at any time during the plan year, recognizing that funds may not immediately be released.

How will I receive my reimbursements?

You may funds by check or direct deposit. For faster reimbursements, sign up for direct deposit online.

How do I set up direct deposit?

- Log into your account and select **Direct Deposit** from the home page under **My Profile**.
- Complete the short, secure form. Be sure to have your bank account and routing numbers on hand.
- Choose **Direct Deposit** as your preferred method of claim reimbursement and click the **Confirm** button.

What happens if I use my account for a non-eligible expense?

Your request for reimbursement will be denied.

How will I know if I need to submit a receipt?

When you request reimbursement you will always need to submit an itemized receipt. You can review if your claim requires additional documentation or information online by logging into your account and reviewing your submitted claims. You should always save your receipts even if you have not received such a notice.

What if I don't submit my receipts?

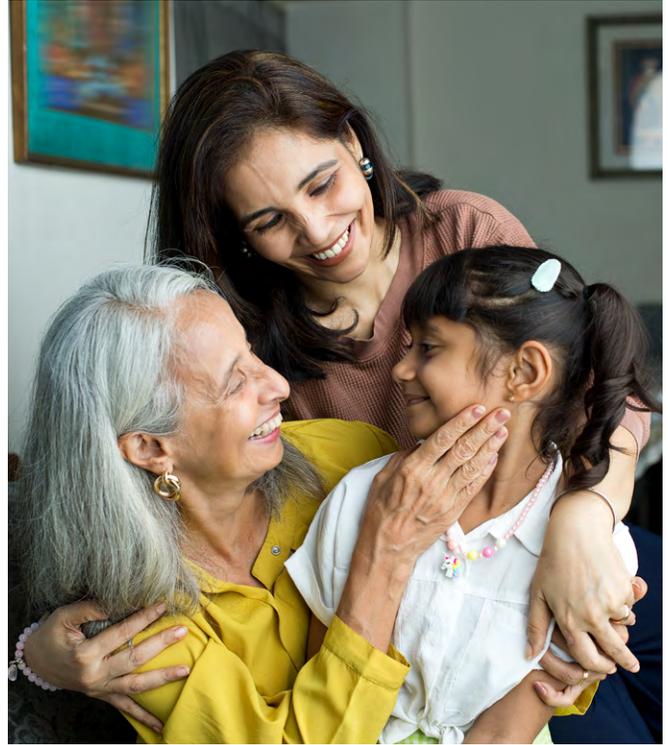
The claim will not be paid.

What information needs to be on a receipt?

Always keep your itemized receipts in case further documentation is requested. Receipts must contain the following information:

- Name of person who incurred the service or expense
- Name and address of the provider or merchant
- Date service or expense was incurred
- Detailed description of the service or expense
- Amount charged for the service or expense

Non-itemized cash register tapes, credit card receipts and cancelled checks alone do not provide proper substantiation.



For More Information

Visit our website at www.mybenefitwallet.com.

