beneliance

FSA

HEALTH & DEPENDENT CARE

ENROLLMENT BOOKLET

It's Time to Enroll in Flex Benefits

Flexible Spending Accounts (FSAs) are a great way to save taxes on money you spend for medical and dependent care expenses

That's because you do not pay income tax or Social Security tax on your election amount (the money you set aside). A Health FSA account is used for medical expenses, and a Dependent Care FSA (also known as a Dependent Care Assistance Plan) is used for child care expenses.

Health FSA

In a Health FSA account, you can put aside funds (up to the max per year, depending on your plan) to pay for unreimbursed medical, dental and vision expenses (that is, bills that are not paid by any insurance). This money is deducted from your pay before Federal and State withholding and FICA taxes are calculated. To access your FSA funds to pay medical expenses, just use your Mastercard® debit card to pay the bill (avoiding out-of-pocket cost), or file a manual claim for reimbursement by fax, email, postal mail, online, or via mobile app. Reimbursements can be deposited directly into your bank account.

To see a list of qualified medical expenses, see page 5.

Dependent Care Assistance Plan

With a Dependent Care FSA, you can set aside up to $5,000 through your employer's cafeteria plan to cover care expenses for dependents while you're at work. DCAP applies to children from birth until their 13th birthday and can reimburse for daycare, preschool and pre-kindergarten, before- and after-school care, and summer camp (day camp only). You can also use a Dependent Care FSA to cover care costs for adult dependents who cannot take care of themselves while you're working.

Flexible Spending Account (FSA) Contribution Limits:
Health FSA: $3,300
Dependent Care FSA: $5,000

FSA Debit Card

Your employer is offering an FSA debit card to allow you to pay for eligible expenses without being out-of-pocket and waiting for reimbursement. The debit card is a payment facilitator that can be used at healthcare facilities, doctors, dentists and orthodontists, vision care providers, drug stores, and selected retailers.

Your debit card will be automatically approved when used for FSA-eligible items at any approved IIAS Qualified Merchant. When using your debit card, be sure to keep all receipts. Your benefits administrator may request them at any time to verify your purchase.

FSAs & Debit Card *FAQs*

Q: What if I am not covered or I do not have my dependents covered under my company's health insurance plan?

A: You and your family can still participate in the Health FSA or Dependent Care reimbursement account.

Q: Why should I participate in the Health FSA when I already have health insurance?

A: The Health FSA is used to pay for expenses that are not covered by most health insurance policies, such as co-payments, co-insurance, prescription drugs, glasses and contacts, orthodontics, dental care, and most over-the-counter items, to name a few.

Q: Do I need to have a lot of expenses?

A: No. You should put aside only enough funds to cover what you expect to spend during the plan year. If you do not use the money, the IRS mandates that you lose it, unless your plan allows unspent Health FSA monies (up to a maximum of $660) to be carried over to the next plan year. Review your Summary Plan Description (SPD) to see if your plan includes Carryover.

Q: How do I figure how much to set aside?

A: Review receipts and check registers to see what you typically spend out-of-pocket on medical expenses for yourself and qualified family members. Then think about what might be different this year that would cause an increase or decrease. ***Use the FSA worksheet provided.***

Q: What is the minimum/maximum amount that I can put into my account?

A: These amounts are determined by your employer and specified in your SPD. The maximum cannot exceed the IRS-mandated maximums. ***See the top of page 2.***

Q: When must expenses be incurred in order to receive reimbursement under the Health FSA?

A: Eligible medical expenses must be incurred during the plan year and while you are a Plan participant. "Incurred" means that the service or treatment has been provided. If you pay for an eligible expense in advance, you cannot be reimbursed until the service or treatment has actually been received. You also cannot be reimbursed with current plan year funds for expenses incurred:

- Before the plan year began;
- Before your election form became effective;
- After the close of the plan year; or,
- After a job separation or loss of eligibility (unless incurred during an applicable COBRA continuation period).

FSA Worksheet

Use this to estimate the amount you want to set aside in your flexible spending accounts

Insurance Deductibles ..... $_____

Insurance Co-Pays ..... $_____

Dental Deductibles ..... $_____

Dental Expenses ..... $_____

Vision Deductibles ..... $_____

Vision Expenses ..... $_____

Hearing Expenses ..... $_____

Prescriptions ..... $_____

Medical Equipment ..... $_____

Chiropractor ..... $_____

Other Medical Expenses ..... $_____

Total Out-of-Pocket
Medical Expenses ..... $_____

Divide by No. of Pay
Periods Per Year ..... ÷_____

= Per-Payroll Deduction
For Health FSA ..... $_____

Dependent Care for Children under 13 years of age

Cost Per Week ..... $_____

Multiply by 52 weeks ..... X_____

Total Annual Cost ..... $_____
(Maximum $5,000)

Divide by No. of Pay
Periods Per Year ..... ÷_____

= Per-Payroll Deduction
For DCAP ..... $_____

FSAs & Debit Card *FAQs*

Q: How do I access my FSA funds? What is the FSA debit card?

A: You will receive a benefits debit card that is linked to your FSA account. This is a limited-purpose Mastercard® that is coded for medical providers only. Having the FSA debit card lets you cover qualified expenses without first having to pay out-of-pocket and then wait for reimbursement. Although you have the option of setting a PIN for your card, a PIN is not necessary; to pay an expense, just swipe the FSA debit card as you would a regular credit card. If for any reason you did not use your card to pay an eligible expense, you can submit a claim for reimbursement (also known as a "request for distribution").

Q: Do I have to keep up with receipts?

A: You should always keep your receipts, even when you use your FSA debit card. With an FSA card, your transactions should automatically be approved, however, your administrator may ask for the receipt at any time in order to verify a transaction. Without an FSA card, you will have to send in a signed claims form with valid claims documentation

Q: What is required as claims documentation?

A: You must submit a copy of your statement, invoice, visit record, explanation of benefits (EOB), or other document that shows the date and type of service, amount charged, and provider. Canceled checks and credit card slips are not qualified receipts.

Q: What if I have a claim early in the plan year and do not have enough money in my account?

A: You are eligible for 100% of your Health FSA election at the start of the plan year, due to the "Uniform Coverage Rule." Your payroll deductions will continue throughout the plan year to catch up on any expenses you have been advanced. For the Dependent Care FSA, you will be reimbursed as your deductions are deposited with your employer.

Q: If I put my own pre-tax money in a spending account, why would I lose it if I don't spend it?

A: This is an IRS requirement. If your plan does not include Carryover, you may have a grace period of up to 2.5 months from the end of the plan year to use any leftover funds. You may also have a run-out period from the end of the plan year to submit eligible claims. Refer to your SPD.

Q: Can I change my contributions during the year?

A: Only if you experience a qualified change of status, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status.

Q: Can Dependent Care expenses be reimbursed at the beginning of the month for care that will be provided later in that month?

A: No, regulations require that Dependent Care claims can only be reimbursed when a service has actually been received. If you pay in advance for a certain period of time, you cannot be reimbursed until the period has ended (i.e., until the care has been received).

Q: Can an employee who participates in Dependent Care FSA also claim the Dependent Care Tax Credit?

A: No. There is no 'double-dipping.' If you are using a DCAP you may not also elect the tax credit on the same money. Please consult with a tax preparer for more information.

Q: Does the provider have to do anything different to take the FSA debit card?

A: No. The card is compatible with standard Mastercard processing systems. The only requirement is that the provider's credit card Merchant Category Code matches one of those assigned to qualified goods and services (i.e., the card will not work at a gas station, pet store, hair salon, etc.)

Q: What if there is not enough money in my FSA when I swipe the card to pay an expense?

A: If the transaction exceeds your available balance (purse value), usually it will be declined. Some merchants can accept "split tender," which means their system is able to charge your card only for the portion that equals your available balance and then ask for a different form of payment to cover the remainder.

Q: Are there any transaction limits on my FSA debit card?

A: Both the per-transaction limit and the maximum combined daily transaction limit for the FSA debit card is $5,000.

Q: How can I check my account balance, card transactions, status of reimbursement claims, and so on?

A: You have account access 24 hours a day through your FSA online employee portal and through the FSA mobile app. To register and log in for the first time, refer to the welcome email that your benefits administrator will send after enrollment.

Q: What if I still need help after looking at my account?

A: Contact your benefits administrator, whose information can be found on the back cover of this enrollment booklet.

Eligible/Non-Eligible Expenses

FSA Eligible Health Care Expenses

Please note that we do not intend this list to be comprehensive tax advice. For more detailed information, please consult IRS Publication 502 or see your tax advisor. ***If prescribed for a particular ailment or medical condition; provider letter required.***

- Acupuncture
- Alcoholism treatment
- Allergy shots and testing
- Ambulance *(ground or air)*
- Artificial limbs
- Blind services and equipment
- Car controls for handicapped*
- Chiropractor services
- Coinsurance and deductibles
- Contact lenses
- Crutches, wheelchairs, walkers
- Dental treatment
- Dentures
- Diagnostic tests
- Doctor's fees
- Drug addiction treatment & facilities
- Drugs *(prescription)*
- Eye examinations and eyeglasses
- Home health and/or hospice care
- Hospital services
- Insulin
- Laboratory fees
- LASIK eye surgery
- Medical alert *(bracelet, necklace)*
- Medical monitoring and testing devices*
- Nursing services
- Obstetrical expenses
- Occlusal guards
- Operations and surgeries *(legal)*
- Optometrists
- Orthodontia
- Orthopedic services
- Osteopaths
- Oxygen/oxygen equipment
- Physical exams *(except for employment-related physicals)*
- Physical therapy
- Psychiatric care *(psychologists, psychotherapists)*
- Radial keratotomy
- Schools *(special, relief, or handicapped)*
- Sexual dysfunction treatment
- Smoking cessation programs
- Surgical fees
- Television or telephone for the hearing impaired
- Therapy treatments*
- Transportation *(essentially and primarily for medical care; limits apply)*
- Vaccinations
- Vitamins*
- Weight loss programs*
- X-rays

Common FSA Eligible OTC Medications and Products

- Acne medications & treatments
- Allergy & sinus, cold, flu & cough remedies
- Antacids & acid controllers
- Antibiotic & antiseptic sprays, creams & ointments
- Anti-diarrheals
- Anti-fungals
- Anti-gas & stomach remedies
- Anti-itch & insect bite remedies
- Anti-parasitics
- Digestive aids
- Baby care *(diaper rash ointments, teething gel, rehydration fluids, etc.)*
- Bandages and bandaids
- Breast pumps for nursing mothers
- Braces & supports
- Contact lens solution
- Contraceptives *(condoms, gels, foams, suppositories, etc.)*
- CPAP equipment & supplies
- Diabetic testing supplies/equipment
- Durable medical equipment *(power chairs, walkers, wheelchairs, etc.)*
- Eczema & psoriasis remedies
- Eye drops, ear drops, nasal sprays
- First aid kits
- Hemorrhoidal preparations
- Home diagnostic (*pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)*
- Hydrogen peroxide, rubbing alcohol
- Laxatives
- Medicated bandaids & dressings
- Menstrual Care Products
- Motion sickness remedies
- Nicotine patches and other smoking cessation aids
- OTC varieties of Insulin
- Pain relievers (aspirin, ibuprofen, acetaminophen, naproxen, etc.)
- Personal protection equipment (PPE) for COVID 19
- Reading glasses
- Sleep aids & sedatives
- Wart removal remedies, corn patches

All OTC items listed are examples.

These items are commonly mistaken as eligible but do not meet the requirements:

- Cosmetic surgery and procedures
- Cosmetic Dental Procedures *(incl. teeth whitening)*
- Health programs, health clubs and gyms
- Insurance premiums *(not reimbursable under FSA)*
- Teeth whitening
- Vitamins & supplements without prescription

Welcome to Mobile myRSC℠

Benefits at Your Fingertips

Access your employee benefits account information on your mobile device with the Mobile myRSC℠ app for iPhone® and Android®.

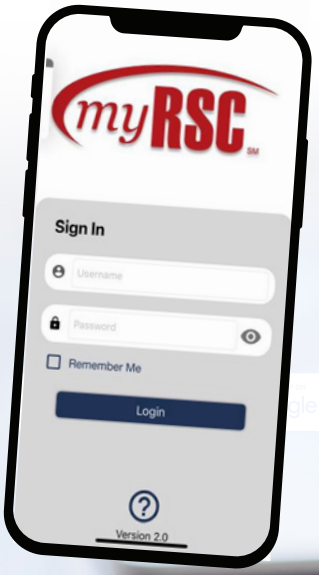
What You Can Do with Mobile myRSC

- **View Accounts**
  Including detailed account and balance information
- **Card Activity**
  Review transaction information, including whether receipts are needed.
- **SnapClaim™**
  Our Mobile App for iPhone® and Android® with integrated SnapClaim™ technology allows claims filing using your smartphone! Just open a claim using the mobile app, fill in some details onscreen, take a photo of your receipt with your smartphone camera, and upload. Claims filing couldn't be easier!
- **Locating and Loading the App**
  Simply search for "myRSC" on the App Store for Apple products or on the Google Play Store for Android products, and then load as you would any other app.
- **Logging In**
  Access the mobile services using the same username and password you use to log in to the full myRSC website. After logging in, you will be on the home page which will list your options.
- **Getting Help**
  Press the Help button at the bottom right of all Mobile myRSC pages to access contact information for your administrator, who will be able to provide assistance.

Logging In

Open the Mobile myRSC℠ app or enter this address in your browser **https://mobile.myrsc.com.**

The first page that loads is the login screen. If it is your first time logging in, there is a link to the registration site, along with other helpful information. Use the same username and password that you use to log in to the full myRSC website.



Available on the App Store

ANDROID APP ON Google Play

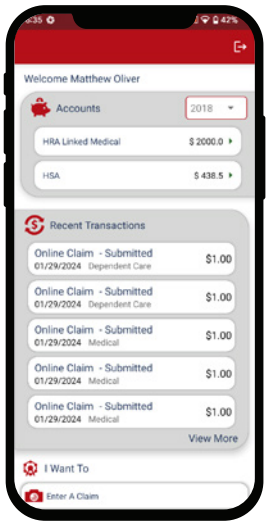
Mobile myRSC℠ Quick Start Guide

The Home Page

Once you log in, you are on the Home page. This page lists all available options you have on the mobile site, including **Accounts**, **Recent Transactions** and **I Want To**.

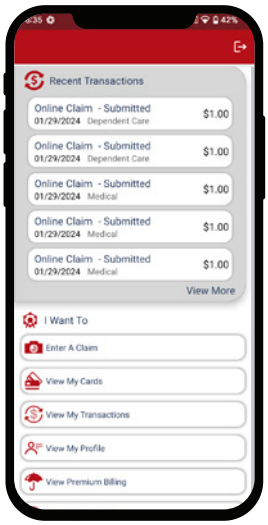
Accounts

In the **Accounts** section, users can view specific account information by selecting a year and the account type from the dropdowns at the top. Tapping a specific account will open a Benefits Overview section, which will show things like available balances, effective dates, coverage tier (single or family), etc.



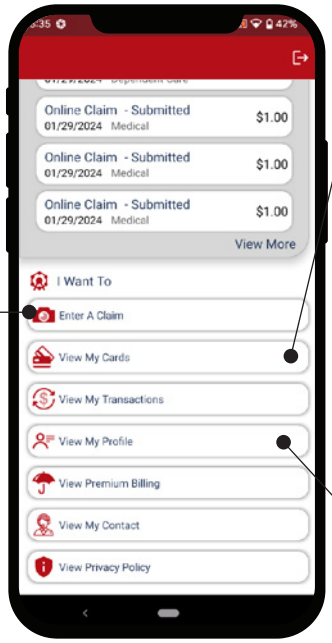
Recent Transactions

Opening the **Recent Transactions** section shows the user's most recent transactions, tapping View More will load the Transactions page. To quickly find a something specific, use the Search bar at the top and enter a keyword or words, dates, or transaction amounts. Tapping a specific transaction will open a Transaction Detail screen that will show things like the Benefit Type (Account), Start and End Dates, type of Service, etc.

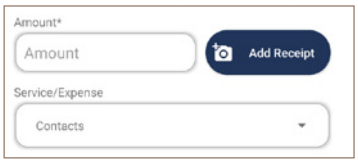


I Want To

The **I Want To** menu includes several actions the user may want to take. The available actions may differ based on the enrolled benefits and employer settings. Tap on each of the **I Want To** options to access each option. Here are some examples of what the user may see:

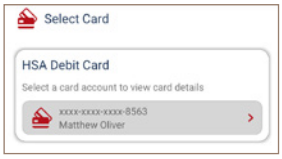


Enter a Claim
When opened, this option shows a transaction entry screen where the user will enter information on a claim form and attach required documentation.



Please note, FSA and HRA users will be prompted to certify that the submitted expense is eligible. HSA users will have the option to self-attest the expense or request certification.

View My Cards
If the user has a debit card (or cards), tapping this option will show information for the linked benefits.



When a card is selected, card information will be displayed including things like account number, status (active/inactive), and user information (email/phone.)

View My Profile
When opened, this section shows users' their information and subscriptions and allows them to make changes.

How To Submit A Reimbursement Claim *(FSA)*

All sections of the claim form must be completed in order to receive reimbursement.

Claim Form Section 1: Employee Information

The following information must be included for each claim:

- Employee (Participant) Social Security Number
- Employee Name
- Employee Address
- Employee Phone Number

Claim Form Section 2: Claim Information

The following must be included for each claim:

For Medical Expenses:

- Date of Service
- Patient Name
- Name of Provider
- Description of Service
- Amount of Claim

For Dependent Care Expenses:

- Date of Service
- Dependent Name
- Dependent Age
- Name of Care Provider
- Care Provider Address
- Provider Tax ID/SSN
- Amount of Claim

For Medical Expenses, you must provide a provider receipt or insurance carrier explanation of benefits (EOB) that contains ALL of the information listed under "For Medical Expenses" above. Cancelled checks, non-detailed credit card receipts, or generic cash receipts do not provide all the information necessary to substantiate claims and cannot be accepted. Statements with "Previous Balance", "Balance Forward", or "Paid on Account" do not contain all of the necessary information and cannot be accepted.

For Dependent Day Care Expenses, you must provide either a receipt that contains ALL of the information listed under "For Dependent Day Care Expenses" or a signature of the Care Provider on the completed claim form. Expenses submitted for Dependent Care reimbursement must allow the participant to be gainfully employed (or looking for work). Overnight camps, extracurricular activity fees, care for children over the age of 12, and private school fees (for grades Kindergarten and up) are not eligible expenses for Dependent Care reimbursement.

Claim Form Section 3: Signature

The participant must sign and date the claim form in order for the claims to be reimbursed.

For Reimbursement

Submit the claim form by email, mail, fax, your administrator's website, or mobile app (if applicable).

Claim Form – Health FSA Reimbursement or Card Substantiation

☐ *Please check here if new mailing address* ☐ *Please check here if new email address*

Employer Name (Please Print) _____

Employee Last Name _____ First Name _____ Middle Initial _____

Address City _____ State _____ Zip _____

Social Security Number _____ Home Phone ( ) _____ Work Phone ( ) _____

Employee Email Address _____

Please read the Reimbursement Account Rules and Claim Filing Instructions before completing this claim.
All information below must be completed.

Debit Card Purchase?	Service Date (mm/dd/yyyy)	Patient Name & Relationship	Provider Name & Address	Description of Service	Amount
☐ Yes ☐ No					$
☐ Yes ☐ No					$
☐ Yes ☐ No					$
☐ Yes ☐ No					$
☐ Yes ☐ No					$
☐ Yes ☐ No					$
				Total	$

Employee's Certification for Disbursement

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return. I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee's Signature _____ Date _____ / ____ / _____
mm/dd/yy

For fastest reimbursement, please submit claims via FAX, EMAIL or MOBILE APP

Toll-Free: 866-207-3028 | Email: vtsupport@beneliance.com | beneliance.com

Claim Form – DCAP Reimbursement

☐ *Please check here if new mailing address* ☐ *Please check here if new email address*

Employer Name (Please Print) _____

Employee Last Name _____ First Name _____ Middle Initial _____

Address City _____ State _____ Zip _____

Social Security Number _____ Home Phone ( ) _____ Work Phone ( ) _____

Employee Email Address _____

Dependent Care Claims

Please read the Reimbursement Account Rules and Claim Filing Instructions before completing this claim. Use a copy of this form if you need more space. All information below must be completed.

Service Period		Dependent Name	Age	Provider Name & Address	Provider Tax ID#/SS#	Amount
From	To					
						$
						$
						$
						$
						$
					Total	$

Employee's Certification for Disbursement

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return. Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee's Signature _____ Date _____ / ____ / _____
mm/dd/yy

For fastest reimbursement, please submit claims via FAX, EMAIL or MOBILE APP

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Election Form

– If not electing for the current year, please fill in name at top and sign at the very bottom to waive participation –

Employer Name (Please Print) _____

Employee Last Name _____ First Name _____ Middle Initial _____

Address City _____ State _____ Zip _____

Social Security Number _____ Home Phone ( ) _____ Work Phone ( ) _____

Employee Email Address _____

I hereby authorize and direct my employer to reduce my earnings in the amount necessary to fund my Cafeteria Plan as indicated below. I understand such reductions, considered elective contributions under the Plan, will start with my first paycheck dated after the plan year begins. I understand that the purpose of this program is to allow employees to select qualified benefits within the guidelines of the Internal Revenue Code. I also understand that the flexible spending account plan(s) will allow me to be reimbursed for eligible out-of-pocket medical, dental, vision and/or dependent care expenses.

☐ I choose to participate in Flexible Spending Account (FSA) elections.

Health FSA – Medical Expenses..... $ _____ (Annual Amt.)

DCAP – Dependent Care (Child Care) Expenses ..... $ _____ (Annual Amt.)

☐ I choose the debit card for my payment method.

I understand that the debit card is restricted to certain merchant categories and is not accepted at all Mastercard® acceptance locations. I understand that I may not obtain a cash advance with the debit card at any merchant, bank or ATM. I understand that the debit card is to be used exclusively for Qualified Expenses as defined by the plan(s) in which I participate. If the debit card is issued pursuant to Employer Plans and I use the Card for an expense that is not a Qualified Expense I am indebted to my Employer and must repay the full amount of the non-qualified expense. I agree to save all invoices and receipts related to any expenses paid with the debit card; upon request I must submit these documents for review by the benefits administrator. Failure to submit the receipt(s) will cause the expense to be treated as a non-qualified expense and I will be required to remit payment to my Employer. Payment may be in the form of an offsetting claim, personal check, electronic draft from my personal checking or savings account, a post-tax deduction from my paycheck, or other options established by my employer.

Additional Card Requested: Name on 2nd Card (cannot be same as Employee) _____

☐ I choose Direct Deposit for my payment method.

Routing Transit Number
(All 9 boxes must be filled)

☐☐☐☐☐☐☐☐☐

Account Number
(Include hyphens, but not spaces or special symbols)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ATTACH A VOIDED CHECK HERE
DO NOT attach a Deposit Slip because deposit slips often do not show all the needed information

I understand this salary reduction agreement will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in my family status. I hereby certify the above information to be correct and true and I choose to participate.

Signature _____ Date _____

OR I choose not to participate in the FSA for this plan year. (sign bottom line)

Signature _____ Date _____

Toll-Free: 866-207-3028 | Email: vtsupport@beneliance.com | beneliance.com

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Beneliance
Toll-free: 877-685-0655 | Fax: 501-553-9097
PO Box 55068, Little Rock, AR 72215
vtsupport@beneliance.com | beneliance.com