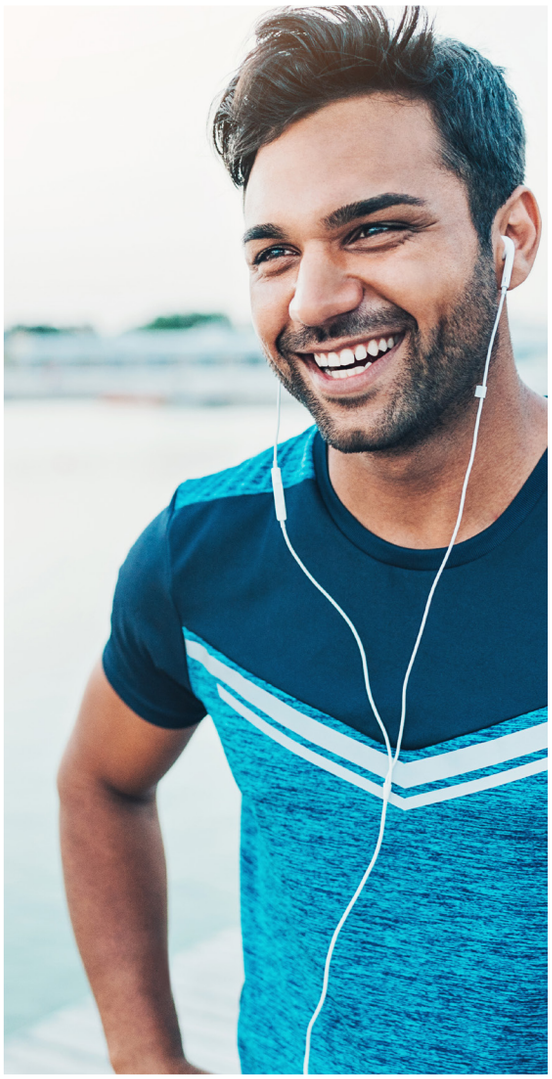
HealthEquity® | WageWorks

Leon County Government

2024 Flexible Benefits Plan Reference Guide



Board of County Commissioners
Supervisor of Elections
Clerk of Courts

Accessing Your Benefits

Register for an online account now!
If you have a current FSA with HealthEquity, and haven't registered on the HealthEquity' system online portal yet, please do so today. To register, just visit **www.healthequity.com/wageworks** and click "LOG IN/ REGISTER" and select "Employee Registration." You'll need to answer a few simple questions and create a username and password.

Direct Deposit
Direct Deposit service has no fees, and your FSA reimbursement checks are deposited into the checking or savings account of your choice within 48 - 72 hours of claim approval.

Questions
If you have any questions or concerns, you can talk to a trained expert to learn more about the program.
Just call 1-855-428-0446 Monday through Friday, from 7 a.m. to 10 p.m. Eastern Time.

Start Saving. Here's How.

A Flexible Spending Account (FSA) is an account you set up to pre-fund your anticipated, eligible medical services, medical supplies, and dependent care expenses that are normally not covered by your insurance. You can choose either, or both, a medical expense FSA (also referred to as a Health Care FSA) and a dependent care FSA (also referred to as a Dependent Care FSA).

Your medical expense FSA funds are available to you at the beginning of your plan year, AND your FSA funds are deducted before federal and state taxes are calculated on your paycheck!

With either FSA, you benefit from having less taxable income in each of your paychecks, which means more spendable income to use toward your eligible medical and dependent care expenses.

Once you decide how much to contribute to your medical expense and/ or dependent care FSA, the funds are deducted in equal amounts from your paychecks during the plan year.

Using your FSA continues to be quick and convenient

- **Website** – Once enrolled in the FSA plan you will be encouraged to set up direct deposit reimbursements and provide an email to receive up-to-date account and claims status information and access on-demand account activity statements. The HealthEquity website has the ability to upload claims, and you can use the mobile application to file a claim from your smartphone or mobile device.

- **Customer Service** – The HealthEquity customer service team is available from 7 a.m. to 10 p.m. Eastern Time to answer your questions. Just call the toll-free number 1-855-428-0446.

2024 Leon County Government

IMPORTANT DATES TO REMEMBER

Open Enrollment dates for Leon County Clerk of Courts employees:
October 16 - 31, 2023

Open Enrollment dates for Leon County Board of County Commissioners and Leon County Supervisor of Elections employees:
October 16 - 31, 2023

Your Period of Coverage dates are:

January 1, 2024, through December 31, 2024.

Important Enrollment Information

- Leon County Board of County Commissioners employees current FSA contributions will remain in effect unless you complete an Enrollment Form; stopping, starting or changing your FSA elections. (For Board of County Commissioners and Supervisor of Elections employees: This is a changes only enrollment. FSAs will roll over automatically if there is no indication of change. If you are currently enrolled in a Medical FSA for the maximum allowable amount and you do not complete an Enrollment Form for 2024, then your rollover amount will automatically adjust to the maximum allowable amount for the 2024 plan year.)
- Leon County Clerk of Courts employees MUST be seen by an enroller at one of the Open Enrollment meetings in order to enroll or stay in the FSA plan. If you do not re-enroll, your FSA will be dropped.
- Return your completed Enrollment Form during your Benefit Fair or your meeting with our representative.
- The County will provide a schedule of your Benefit Fairs and Enrollment Meetings to you.
- New hires must enroll within the first 30 days of employment or wait until the next Open Enrollment period to participate in any FSAs, unless there is a qualified Change in Status.
- No part-time employees or OPS employees in the Leon County Clerk of Courts office are eligible for benefits.
- There are three reimbursement options: use your HealthEquity Healthcare Card, receive a check by mail, or enroll in Direct Deposit to ensure that your FSA reimbursement checks are automatically deposited into your checking or savings account. There is no fee for Direct Deposit, and you don't have to wait for postal service delivery of your reimbursement. To update your account for Direct Deposit, you can log in to www.healthequity.com/wageworks to update your profile, or contact Customer Service by calling 1-855-428-0446.

Table of Contents

Contact Us

HealthEquity
Customer Care Center
Claims Eligibility and Status, Reimbursement Checks, HealthEquity Healthcare Card, Account Balance
Mon. - Fri., 8 a.m. - 8 p.m. Eastern Time
1-855-428-0446

Reimbursement
Fax Toll-Free: 1-855-291-0625

Mail to:
CLAIMS ADMINISTRATOR
P.O. Box 14053,
Lexington KY 40512

Eligibility Requirements

Making your benefits work for you – it's easy!

- HealthEquity, along with your employer, offers you a wide selection of benefits to choose from during your Open Enrollment. They specialize in tax-saving benefits administration, including Flexible Spending Accounts (FSAs), which may save you a significant amount of your annual income.
- They provide you with convenient ways to track your benefit transactions, including online review, telephone tracking, and monthly statements.
- Before you sign up for an FSA, review the FSA guidelines and become familiar with how the program works, see how to save you and your family a significant amount of tax money. For more information, refer to the Flexible Spending Accounts section beginning on Page 5 of this Reference Guide.
- Submit your supporting documentation and completed Claim Form (for paper claims) to Fringe Benefits Management Company, a Division of HealthEquity for reimbursement processing. Once the plan year ends, you have a 90-day run-out period to submit your supporting documentation.

What is my Period of Coverage?

Your period of coverage for the upcoming plan year is January 1, 2024, through December 31, 2024.

Eligibility for Employee Benefits
January 1, 2024

Full Time Employees

- All regular full time employees may participate in the Benefit Plans that are offered by Leon County.

Part Time Employees

- Part time employees who are regularly scheduled to work 30 or more hours per week are eligible to participate in Medical Insurance.
- Part Time employees who are not regularly scheduled to work 30 or more hours per week may be offered Medical Insurance Coverage if they have worked an average of at least 30 hours per week during a 12-month Measurement Period.
- Part Time employees who are regularly scheduled to work 20 or more hours per week may participate in Dental, Vision, ARAG Legal, AFLAC, Colonial, Deferred Compensation, and the Match Retirement Savings Plan.

Premium Conversion

Premium Conversion allows you to set aside money from your pre-tax salary to pay for your portion of your medical, dental and vision insurance premiums. That way, you don't pay federal income or Social Security taxes on the money you have to spend for premiums.

The end result? You pay less taxes and have more spendable income. You can also use Premium Conversion to save taxes on the money you use to pay for your accident, cancer, critical illness and hospital income coverages. Remember, if you are enrolling in any of these for the first time, be sure to attach your application to your Open Enrollment Election Form.

For additional information, contact Customer Care at 1-855-428-0446. You may also visit our website at www.healthequity.com/wageworks.

OPS & PRN Employees

- OPS or PRN employees who are not regularly scheduled to work 30 or more hours per week may be offered Medical Insurance Coverage if they have worked an average of at least 30 hours per week during a 12 month Measurement Period.
- Any OPS or PRN employee may participate in the Deferred Compensation program.

How does termination or leave affect my FSA?

If you terminate employment or go on unpaid leave, your eligibility for either or both FSAs may change. While your Dependent Care FSA cannot be continued following termination or the start of unpaid leave, you may be able to change or continue your Medical Expense FSA election upon completion of the appropriate forms and requirements. To make this change or to continue coverage, contact Customer Care within 30 days of the event by calling 1-855-428-0446.

Specific guidelines about your employer's termination and leave policies can be obtained from your employer. In addition, the Family and Medical Leave Act (FMLA) may affect your rights to continue coverage while on leave. Please contact your employer for further information.

Appeal Process

If you have a request for a mid-plan-year election change, FSA reimbursement claim or other similar request denied, in full or in part, you have the right to appeal the decision by sending a written request within 30 days of the denial for review to the Human Resources Department.

Your appeal must include:

- the date of the services for which your request was denied
- a copy of the denied request
- the denial letter you received
- why you think your request should not have been denied and
- any additional documents, information or comments you think may have a bearing on your appeal.

Your appeal will be reviewed upon receipt of it and its supporting documentation. You will be notified of the results of this review within 30 business days from receipt of your appeal. In unusual cases, such as when appeals require additional documentation, the review may take longer than 30 business days. If your appeal is approved, additional processing time is required to modify your benefit elections.

Note: Appeals are approved only if the extenuating circumstances and supporting documentation are within your employer's, insurance provider's and IRS Regulations governing the plan.

Flexible Spending Accounts

What is a Flexible Spending Account?

Flexible Spending Accounts (FSAs) are IRS tax-favored accounts to help you save money on your medical and dependent care expenses.

Flexible Spending Accounts feature:

- reimbursement of eligible expenses tax-free
- per-pay-period deposits from your salary before taxes
- savings on income and Social Security taxes and
- peace of mind paying anticipated eligible expenses.

Is an FSA right for me?

If you spend $240 or more on eligible expenses during your plan year, you may save money with an FSA.

- You decide the amount you want deposited.
- A portion of your salary is deposited into your FSA each pay period.
- You save income and Social Security taxes with each pay period.
- Determine your potential savings with a Tax Savings Analysis by visiting the "Tax Calculators" link at www.FSAworks4me.com.

What types of FSAs are available?

Your employer offers you a medical expense FSA and a dependent care FSA. If you incur both types of expenses during a plan year, you should consider enrolling in both FSAs.

Medical Expense FSAs

Medical expenses may be eligible for reimbursement using your FSA, examples include:

- birth control pills
- eyeglasses
- orthodontia
- over-the-counter* items (some exceptions apply, see Pages 6 and 7).

Dependent Care FSAs

Dependent care expenses, whether for a child or an elder, include any expense that allows you to work, such as:

- day care services
- in-home care
- nursery and preschool and
- summer day camps.

Grace Period-
Medical Expense FSA
You may continue using your Medical Expense and Dependent Care FSAs during the grace period, which is two months and 15 days (March 15, 2025) after the end of your plan year. Be sure to submit your grace period claims before the end of your 90-day run-out period.

You should not confuse the grace period with the plan's "run-out period." You have a 90-day run-out period (ending March 31, 2025) after the plan year ends to submit reimbursement requests for all eligible FSA expenses incurred DURING your plan year.

Visit **www.healthequity.com/wageworks** for a list of frequently asked questions.

You must keep your documentation for minimum of one year to submit upon request.

FSA Savings Example*

	(With FSA)	(Without FSA)
Annual Gross Income	$31,000.00	$31,000.00
FSA Deposit for Eligible Expenses	- 3,050.00	- 0.00
Taxable Gross Income	$27,950.00	$31,000.00
Federal, Social Security Taxes	- 8,385.00	- 9,300.00
Annual Net Income	$19,565.00	$21,700.00
Cost of Eligible Expenses	- 0.00	- 2,650.00
Spendable Income	$19,565.00	$19,050.00

By using an FSA to pay for anticipated recurring expenses, you convert the money you save in taxes to additional spendable income. That's a potential annual savings of $515.00!

Flexible Spending Accounts

FSA Guidelines:

1. The IRS does not allow you to pay your medical or other insurance premiums through either type of FSA.
2. You cannot transfer money between FSAs or pay a dependent care expense from your Medical Expense FSA or vice versa.
3. You have a 90-day run-out period (until March 31, 2025) at the end of the plan year for reimbursement of eligible FSA expenses incurred during your period of coverage and any applicable grace period within the 2024 Plan Year.
4. You may not receive insurance benefits or any other compensation for expenses that are reimbursed through your FSAs.
5. You cannot deduct reimbursed expenses for income tax purposes.
6. You may not be reimbursed for a service that you have not yet received.
7. Be conservative when estimating your medical and/or dependent care expenses for the 2024 Plan Year. IRS Regulations state that any unused funds that remain in your FSA after a plan year and any applicable grace period ends, and all reimbursable requests have been submitted and processed, cannot be returned to you or carried forward to the next plan year.
8. When enrolling in either or both FSAs, written notice of agreement with the following will be required.
    - I will only use my FSA to pay for IRS-qualified expenses eligible under my employer's plan, and only for me and my IRS-eligible dependents
    - I will exhaust all other sources of reimbursement, including those provided under my employer's plan(s) before seeking reimbursement from my FSA
    - I will not seek reimbursement through any additional source and
    - I will collect and maintain sufficient documentation to validate the foregoing.

What documentation of expenses do I need to keep?
The IRS requires FSA customers to maintain complete documentation, including keeping copies of statements, invoices or bills for reimbursed expenses, for a minimum of one year.

How do I get the forms I need?
To obtain forms you will need after enrolling in either a Medical Expense or Dependent Care FSA, such as an FSA Claim Form, Letter of Medical Need, or Direct Deposit Form, you can visit our website, www.healthequity.com/wageworks, or call Customer Care at 1-855-428-0446. For more information, refer to the Accessing Your Benefits section of this Reference Guide.

Will contributions affect my income taxes?
Salary reductions made under a cafeteria plan, including contributions to one or both FSAs, will lower your taxable income and taxes. These reductions are one of the money-saving aspects of starting an FSA. Depending on the state, additional state income tax savings or credits may also be available. Your salary reductions will reduce earned income for purposes of the federal Earned Income Tax Credit (EITC).

To help you choose between the available taxable and tax-free benefits, or a combination of both, consult your tax adviser and/or the IRS for additional information.

FSA Grace Period

An IRS Revenue Notice permits a "grace period" of two months and 15 days following the end of your 2024 Plan Year (December 31, 2024) for a Medical Expense FSA. This grace period ends on March 15, 2025. During the grace period, you may incur expenses and submit claims for these expenses. Funds will be automatically deducted from any remaining dollars in your 2024 Medical Expense FSA.

You should not confuse the grace period with the plan's "run-out period." The run-out period extends until March 31, 2025. This is a period for filing claims incurred anytime during the 2024 Plan Year, as well as claims incurred during the grace period mentioned above.

Your Dependent Care FSA also has a "run-out period" that extends until March 31, 2025. However, the "grace period" mentioned above does not apply to this account. You may not submit reimbursement requests for expenses that occur after December 31, 2024 against the 2024 Plan Year.

Claims will be processed in the order in which they are received, and your accounts will be debited accordingly. This is true for both paper claims and HealthEquity Healthcare Card transactions. If you have funds remaining in an account for the prior plan year, these funds will be used first until exhausted. Then, subsequent claims will be debited from your new plan year account balance.

Medical Expense FSA

What is a Medical Expense FSA?

A Medical Expense FSA is an IRS tax-favored account you can use to pay for your eligible medical expenses not covered by your insurance or any other plan. These funds are set aside from your salary before taxes are deducted, allowing you to pay your eligible expenses tax-free. A partial list of these eligible expenses can be found on our website, www.healthequity.com/wageworks.

Minimum Annual Deposit: **None**
Maximum Annual Deposit: **$3,050**

Whose expenses are eligible?
Your Medical Expense FSA may be used to reimburse eligible expenses incurred by:

- yourself
- your spouse
- your qualifying child or
- your qualifying relative.

An individual is a qualifying child if they are not someone else's qualifying child and:

- are a U.S. citizen, national, or a resident of the U.S., Mexico, or Canada
- have a specified family-type relationship to you
- live in your household for more than half of the taxable year
- are 18 years old or younger (23 years, if a full-time student) at the end of the taxable year and
- have not provided more than one-half of their own support during the taxable year.

An individual is a qualifying relative if they are a U.S. citizen, national, or a resident of the U.S., Mexico, or Canada and:

- have a specified family-type relation-ship to you, are not someone else's qualifying child and receive more than one-half of their support from you during the taxable year
  or
- if no specified family-type relationship to you exists, are a member of and live in your household (without violating local law) for the entire taxable year and receive more than one-half of their support from you during the taxable year.

Note: There is no age requirement for a qualifying child if they are physically and/or mentally incapable of self-care. An eligible child of divorced parents is treated as a dependent of both, so either or both parents can establish a Medical Expense FSA.

Can travel expenses for medical care be reimbursed?
Travel expenses primarily for, and essential to, receiving medical care, including health care provider and pharmacy visits, may be reimbursable through your Medical Expense FSA. With proper substantiation, eligible expenses can include:

- actual round-trip mileage
- parking fees
- tolls and
- transportation to another city.

Are prescriptions eligible for reimbursement?
Yes, most filled prescriptions are eligible for Medical Expense FSA reimbursement, as long as you properly substantiate the expense. Proper submission of the reimbursement request is needed to ensure that the drug is eligible for reimbursement. The IRS requires the complete name of all medicines and drugs be obtained and documented on pharmacy invoices (including prescription number, date(s) of service and total dollar amount). This information must be included when submitting your request for reimbursement.

Over-the-Counter Expenses
OTC drugs and medicines require a prescription to be eligible for FSA reimbursement.

It's important to remember that you can still use your FSA funds for other eligible medical expenses and prescription purchases at pharmacies that are part of the IIAS Store List on www.healthequity.com/wageworks. Unaffected OTC items will still be reimbursable, as well as affected OTC items with a doctor's prescription. Diabetic supplies are reimbursable without a prescription.

Is orthodontic treatment reimbursable?
Orthodontic treatment designed to treat a specific medical condition is reimbursable through your Medical Expense FSA if the proper documentation is provided:

- a written statement, bill or invoice from the treating dentist/orthodontist showing the type and date the service was incurred, the name of the eligible individual receiving the service, the cost for the service and
- a copy of the patient's contract with the dentist/orthodontist for the orthodontia treatment (only required if a participant requests reimbursement for the total program cost spread over a period of time).

Reimbursement of the full or initial payment amount may only occur during the plan year in which the braces are first installed. For reimbursement options available under your employer's plan, including care that extends beyond one or more plan years, refer to the information provided following your enrollment, or call Customer Care at 1-855-428-0446.

Visit www.healthequity.com/wageworks for a list of frequently asked questions.

You must keep your documentation for a minimum of one year to submit upon request.

HealthEquity Healthcare Card

About Your Card

While your HealthEquity Healthcare Card (Card) and account offer a great deal of convenience, both are regulated by IRS rules that all participants are required to follow. In most instances, you will be able to use your Card with little or no inconvenience. There are, however, situations where the Card will be declined or you will be required to submit receipts and/or other documentation to verify that the item or service purchased was eligible. For example, your card will be declined if you are using the card at a non-certified IIAS merchant or for expenses that are not a known copayment.

How To...

Use your Card
You can use your Card in these ways:

1) For eligible goods and services at health care providers and select pharmacies
2) For eligible over-the-counter (OTC) non-drug items at general merchandise stores (including most drugstores) that have an industry standard (IIAS) inventory and checkout system
3) For prescribed OTC drugs at the pharmacy counter, as long as the drug is dispensed as a valid prescription. Go to www.wageworks.com/healthcarereform to learn more about the OTC drug prescription requirement. In most instances, your Card transaction will be verified at checkout, which means you will not have to submit a receipt to HealthEquity after the transaction. You are, however, required to keep each receipt for tax purposes, and in the event it is needed for verification.

Before shopping for prescriptions and over-the-counter items, always visit www.sigis.com for a list of merchants that have an IIAS system in place.

Use your Card at the doctor or other health care provider
If you use the Card at a health care provider or at a pharmacy, for an amount that is not a known copayment and does not have an IIAS system, HealthEquity will likely require that you submit a receipt or your health insurance explanation of benefits (EOB) to verify that the transaction was for an eligible health care expense or service.

Verify a Card transaction after the purchase
If HealthEquity is unable to determine that your Card was used to pay for eligible health care products and services, you will need to take the following action to verify the transaction:

- Log in to your account at www.healthequity.com/wageworks
- Click on the "Submit Receipts for Healthcare Card Use" link on the right-hand side of the Welcome page
- Select the unverified transaction
- Scan and upload the corresponding receipt and/or documentation

If you have lost or misplaced the receipt, you can submit a substitute receipt of another eligible expense or repay your account.

Make sure your receipts meet the requirements for verification
In order for the receipt (or any documentation) to be valid, it must include the five specific pieces of information required by the IRS:

- The patient name
- Provider name
- Date of service
- Type of service
- The amount you were charged or your cost (e.g. your deductible or copay amount or the portion not covered by your insurance)

For OTC prescriptions drugs, the receipt must also include the prescription number. If not included, a copy of the prescription must accompany the receipt.

Know when a Card transaction needs to be verified
HealthEquity will notify you of any Card transactions that require attention by email and when you log in to your account.

Quick Tips
Log in to your account at www.healthequity.com/wageworks regularly to see if you have any Card transactions in need of verification.

If you have a Card transaction that requires verification, you will be notified immediately on the Welcome page upon login and via email. Remember to also monitor the Statement of Activity page for pending transactions, as it can take up to three weeks to verify a purchase. If a pending transaction cannot be verified, the Status will update to "Receipt Needed." Avoid problems: Act quickly to resolve all unverified transactions.

You have 90 days from the date of the transaction to take care of any outstanding unverified purchases. If you do not take action within 90 days:

1. The amount of any outstanding unverified Card transactions may be deducted from your next Pay Me Back claim submission.
2. Your Card will be suspended.

If your Card is suspended, it will be reactivated within 24 – 48 hours after receipts or repayment have been processed for all unverified Card transactions.

Dependent Care FSA

What is a Dependent Care FSA?

A Dependent Care FSA is an IRS tax-favored account you can use to pay for your eligible dependent care expenses to ensure your dependents (child or elder) are taken care of while you and your spouse (if married) are working. These funds are set aside from your salary before taxes are deducted, allowing you to pay your eligible expenses tax-free. A partial list of these eligible expenses can be found on this page.

Whose expenses are eligible?
You may use your Dependent Care FSA to receive reimbursement for eligible dependent care expenses for qualifying individuals.

A qualifying individual includes a qualifying child if they:
- are a U.S. citizen, national, or a resident of the U.S., Mexico, or Canada
- have a specified family-type relationship to you
- live in your household for more than half of the taxable year
- are 12 years old or younger and
- have not provided more than one-half of their own support during the taxable year.

A qualifying individual includes your spouse if they:
- are physically and/or mentally incapable of self-care
- live in your household for more than half of the taxable year and
- spend at least eight hours per day in your home.

A qualifying individual includes your qualifying relative if they:
- are a U.S. citizen, national, or a resident of the U.S., Mexico, or Canada
- are physically and/or mentally incapable of self-care
- are not someone else's qualifying child
- live in your household for more than half of the taxable year
- spend at least eight hours per day in your home and
- receive more than one-half of their support from you during the taxable year.

Note: Only the custodial parent of divorced or legally-separated parents can be reimbursed using the Dependent Care FSA.

What is my maximum annual deposit?
- If you are married and filing separately, your maximum annual deposit is $2,500.
- If you are single and head of household, your maximum annual deposit is $5,000.
- If you are married and filing jointly, your maximum annual deposit is $5,000.
- If either you or your spouse earn less than $5,000 a year, your maximum annual deposit is equal to the lower of the two incomes.
- If your spouse is a full-time student or incapable of self-care, your maximum annual deposit is $3,000 a year for one dependent and $5,000 a year for two or more dependents.

When are my funds available?
Once you sign up for a Dependent Care FSA and decide how much to contribute, the funds available to you depend on the actual funds in your account. Unlike a Medical Expense FSA, the entire maximum annual amount is not available during the plan year, but rather after your payroll deductions are received.

Should I claim tax credits or exclusions?
Since money set aside in your Dependent Care FSA is always tax-free, you guarantee savings by paying for your eligible expenses through your IRS tax-favored account. Depending on the amount of income taxes you are required to pay, participation in a Dependent Care FSA may produce a greater tax benefit than claiming tax credits or exclusions alone.

Remember, you cannot use the dependent care tax credit if you are married and filing separately. Further, any dependent care expenses reimbursed through your Dependent Care FSA cannot be filed for the dependent care tax credit, and vice versa.

To help you choose between the available taxable and tax-free benefits, or a combination of both, consult your tax adviser and/or the IRS for additional information. You may also visit www.healthequity.com/wageworks to complete a Tax Savings Analysis.

Minimum Annual Deposit: **None**

Maximum Annual Deposit: **The maximum contribution depends on your tax filing status as the list on this page indicates.**

Are some expenses ineligible?
Expenses not eligible for reimbursement through your Dependent Care FSA include:
- books and supplies
- child support payments or child care if you are a non-custodial parent
- health care or educational tuition costs and
- services provided by your dependent, your spouse's dependent or your child who is under age 19.

Partial List of Eligible Expenses*
After school care
Baby-sitting fees
Day care services
Elder care services
In-home care/au pair services
Nursery and preschool
Summer day camps

Note: Budget conservatively. No reimbursement or refund of Dependent Care FSA funds is available for services that do not occur within your plan year.

* IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply, and will be supplied to you following enrollment.

Requesting Reimbursement

You can manage and check on your account through HealthEquity online or over the phone.

For the latest information, visit www.healthequity.com/wageworks and log in to your account 24/7. In addition to reviewing your most recent FSA activity, you can:

- Update your account preferences and personal information.
- View your transaction and account history.
- Schedule payments to health care and dependent care providers.
- Check the complete list of eligible expenses for your FSA program.
- Manage your account while on the go via the HealthEquity mobile website.
- Download the EZ Receipts® app so that you are able to file claims from your smartphone.

Using Your FSA Dollars

Making the most of your FSA account
It's important to remember that, according to IRS Regulations, if you spend less than your total account balance by the end of your FSA program's plan year (or grace period), you will forfeit any money that's left over. In other words, if you don't use it, you lose it.

So, if you have money left in your health care or dependent care accounts near the end of the year, make sure to spend it all and to submit any necessary claims and receipts for your expenses. If you have a balance, you can also:

- Check for any receipts you may not have sent in.
- Schedule additional eligible services or purchase additional eligible medications.
- Use your health care account to pay expenses for your spouse and eligible dependents, even if they're not covered by your employer's health plan.

On the other hand, if you spend all the money in your FSA account well before the end of the year and still have expenses that could have been eligible, consider setting aside more money next year. If you can predict your future expenses fairly accurately, a higher contribution can save you even more in taxes.

Using your Smartphone or mobile device
With the EZ Receipts® app from HealthEquity, you can file and manage your reimbursement claims paperwork on the spot with a click of your smartphone camera, from anywhere.

To use EZ Receipts:

- Download the app from www.healthequity.com/wageworks.
- Log in to your account.
- Choose the type of receipt from the simple menu.
- Enter some basic information about the claim.
- Use your smartphone camera or device to capture the documentation.
- Submit the image and details to HealthEquity.

Paying your Provider online
You can pay many of your eligible health care and dependent care expenses directly from your FSA account with no need to fill out paper forms*. It's quick, easy, secure and available at any time.

To pay a provider:

- Log in to your FSA account at www.healthequity.com/wageworks.
- Click either the Health Care or Dependent Care tab.
- Request "Pay My Provider" from the menu and follow the instructions.
- Make sure to provide an invoice or appropriate documentation.

When you're done, HealthEquity will schedule the checks to be sent in accordance with the payment guidelines. If you pay for eligible recurring expenses, follow the online instructions to set up automatic payments.

Filing a claim online
You also can file a claim online to request reimbursement for your eligible expenses.

- Go to www.healthequity.com/wageworks, log in to your account and click the Health Care or Dependent Care tab.
- Select the online claim form.
- Fill in all the information requested on the form and submit.
- Scan or take a photo of your receipts, EOBs** and other supporting documentation. In most cases, your provider's signature on your claim form will be sufficient for reimbursement.
- Attach supporting documentation to your claim by using the upload utility.
- Make sure your documentation includes the five following pieces of information required by the IRS:
  - ✓ Date of service or purchase
  - ✓ Type of service
  - ✓ Provider or merchant name
  - ✓ Patient name Patient name
  - ✓ Patient portion or amount owed

Most claims are processed within one to two business days after they are received, and payments are sent shortly thereafter. For assistance, visit www.wageworks.com/techtips.

Filing a paper claim
If you prefer to submit a paper claim by fax or mail, log in to your account at www.healthequity.com/wageworks to download a Pay Me Back claim form or Fax Toll-Free: 1-855-291-0625,
Mail to: CLAIMS ADMINISTRATOR
P.O. Box 14053, Lexington, KY, 40512

FSA Worksheets

Use the worksheets below to determine how much to deposit in your FSA. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. (Refer to the individual FSA descriptions in this Reference Guide for limits.)

Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.

Medical Expense FSA Worksheet

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

UNINSURED MEDICAL EXPENSES

Health insurance deductibles	$_____
Coinsurance or copayments	$_____
Vision care	$_____
Dental care	$_____
Prescription drugs	$_____
Travel costs for medical care	$_____
Other eligible expenses	$_____
TOTAL	$_____
DIVIDE by the number of paychecks you will receive during the plan year (24).*	÷_____
This is your pay period contribution.	$_____

* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

Dependent Care FSA Worksheet

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

CHILD CARE EXPENSES

Day care services	$_____
In-home care/au pair services	$_____
Nursery and preschool	$_____
After school care	$_____
Summer day camps	$_____

ELDER CARE SERVICES

Day care center	$_____
In-home care	$_____
TOTAL Remember, your total contribution cannot exceed IRS limits for the plan year and calendar year.	$_____
DIVIDE by the number of paychecks you will receive during the plan year (24).*	÷_____
This is your pay period contribution.	$_____

* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

DIRECT DEPOSIT – No one likes waiting for their money, why are you?
With Direct Deposit there are no fees for the service and your FSA reimbursement checks are deposited into the checking or savings account of your choice within 48 hours of claim approval.

Changing Your Coverage

Changing your FSA during the Plan Year
Within 30 days of a qualifying event, you must submit a Change in Status (CIS)/Election Form and supporting documentation to your employer. Upon the approval of your election change request, your existing FSA(s) elections will be stopped or modified (as appropriate). However, if your FSA election change request is denied, you will have 30 days, from the date you receive the denial, to file an appeal with your employer. For more information, refer to the "Appeal Process" section on Page 4. Visit www.healthequity.com/wageworks for information on rules governing periods of coverage and IRS Special Consistency Rules.

Changes in Status:

Marital Status	A change in marital status includes marriage, death of a spouse, divorce, or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, death, adoption, and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid CIS event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan, including commencement or termination of employment.
Gain or Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan. May include change in age, student, marital, employment, or tax dependent status.
Change in Residence[1]	A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under an employer's plan, including moving out of an HMO service area.

Some Other Permitted Changes:

Coverage and Cost Changes[1]	Your employer's plans may permit election changes due to cost or coverage changes. You may make a corresponding election change to your dependent care FSA benefit whenever you actually switch dependent care providers. However, if a relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your salary reduction amount solely on a desire to increase or decrease the amount being paid to that relative.
Open Enrollment Under Other Employer's Plan[1]	You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer's plan if they participate in their employer's plan and: • the other employer's plan has a different period of coverage (usually a plan year) or • the other employer's plan permits mid-plan year election changes under this event.
Judgment/Decree/Order[2]	If a judgment, decree or order from a divorce, legal separation (if recognized by state law), annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Medicare/Medicaid[2]	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	If your employer's group health plan(s) are subject to HIPAA's special enrollment provision, the IRS Regulations regarding HIPAA's special enrollment rights provide that an IRC § 125 cafeteria plan may permit you to change a salary reduction election to pay for the extra cost for group health coverage, on a pre-tax basis, effective retroactive to the date of the CIS event, if you enroll your new dependent within 30 days of one of the following CIS events: birth, adoption or placement for adoption. Note that a Medical Expense FSA is not subject to HIPAA's special enrollment provisions if it is funded solely by employee contributions.
Family and Medical Leave Act (FMLA) Leave of Absence	Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. Contact your employer for additional information.

Notes:
1 Does not apply to a Medical Expense FSA plan.
2 Does not apply to a Dependent Care FSA plan.

COBRA and Retiree

What is continuation coverage?
Federal law requires that most group health plans, including Medical Flexible Spending Accounts (Medical Expense FSAs), give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan.

How long will continuation coverage last?
For Medical Expense FSAs:
If you fund your Medical Expense FSA entirely, you may continue your Medical Expense FSA if you elect COBRA (on a post-tax basis) only for the remainder of the plan year in which your qualifying event occurs, **if** you have not already received, as reimbursement, the maximum benefit available under the Medical Expense FSA for the year. For example, if you elected a Medical Expense FSA benefit of $1,000 for the plan year and have received only $200 in reimbursement, you may continue your Medical Expense FSA for the remainder of the plan year or until such time that you receive the maximum Medical Expense FSA benefit of $1,000.

IMPORTANT NOTE
If you do not elect to continue your Medical Expense FSA through COBRA, you will only have until the end of the month in which you terminate employment to receive reimbursement for claims that incurred prior to your termination.

If your employer funds all or any portion of your Medical Expense FSA, you may be eligible to continue your Medical Expense FSA beyond the plan year in which your qualifying event occurs and you may have open enrollment rights at the next open enrollment period. There are special continuation rules for employer-funded Medical Expense FSAs. If you have questions about your employer-funded Medical Expense FSA, you should call Customer Care at 1-855-428-0446.

For More Information
This COBRA section does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available from your employer. You can get a copy of your summary plan description from HealthEquity.

For more information about your COBRA rights, the Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa.

Keep Your Address Updated
In order to protect your family's rights, you should inform your employer and us of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to your employer and us.

Beyond Your Benefits

Terms and Conditions

Notice of Administrator's Capacity
This notice advises Flexible Spending Account participants of the identity and relationship between your employer and its Contract Administrator, HealthEquity. We are not an insurance company. We have been authorized by your employer to provide administrative services for the Flexible Spending Account plans offered herein. We will process claims for reimbursement promptly. In the event there are delays in claims processing, you will have no greater rights in interest or other remedies against us than would otherwise be afforded to you by law.

Social Security
Social Security consists of two tax components: the FICA or OASDI component (the tax for old-age, survivors' and disability insurance) and the Medicare component. A separate maximum wage to which the tax is assessed applies to both tax components. There is no maximum taxable annual wage for Medicare. The maximum taxable annual wage for FICA is subject to federal regulatory change. If your annual salary after salary reduction is below the maximum wage cap for FICA, you are reducing the amount of taxes you pay and your Social Security benefits may be reduced at retirement time.

However, the tax savings realized through the Flexible Benefits Plan generally outweigh the Social Security reduction. For more information, call Customer Service at 1-855-428-0446 or speak with a tax advisor.

Written Certification
When enrolling in either or both FSAs, written notice of agreement with the following will be required:

- I will only use my FSA to pay for IRS-qualified expenses eligible under my employer's plan, and only for me and my IRS-eligible dependents;
- I will exhaust all other sources of reimbursement, including those provided under my employer's plan(s) before seeking reimbursement from my FSA;
- I have not, or will not, be reimbursed for the same expenses from any other source; and
- I will collect and maintain sufficient documentation to validate the foregoing.

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