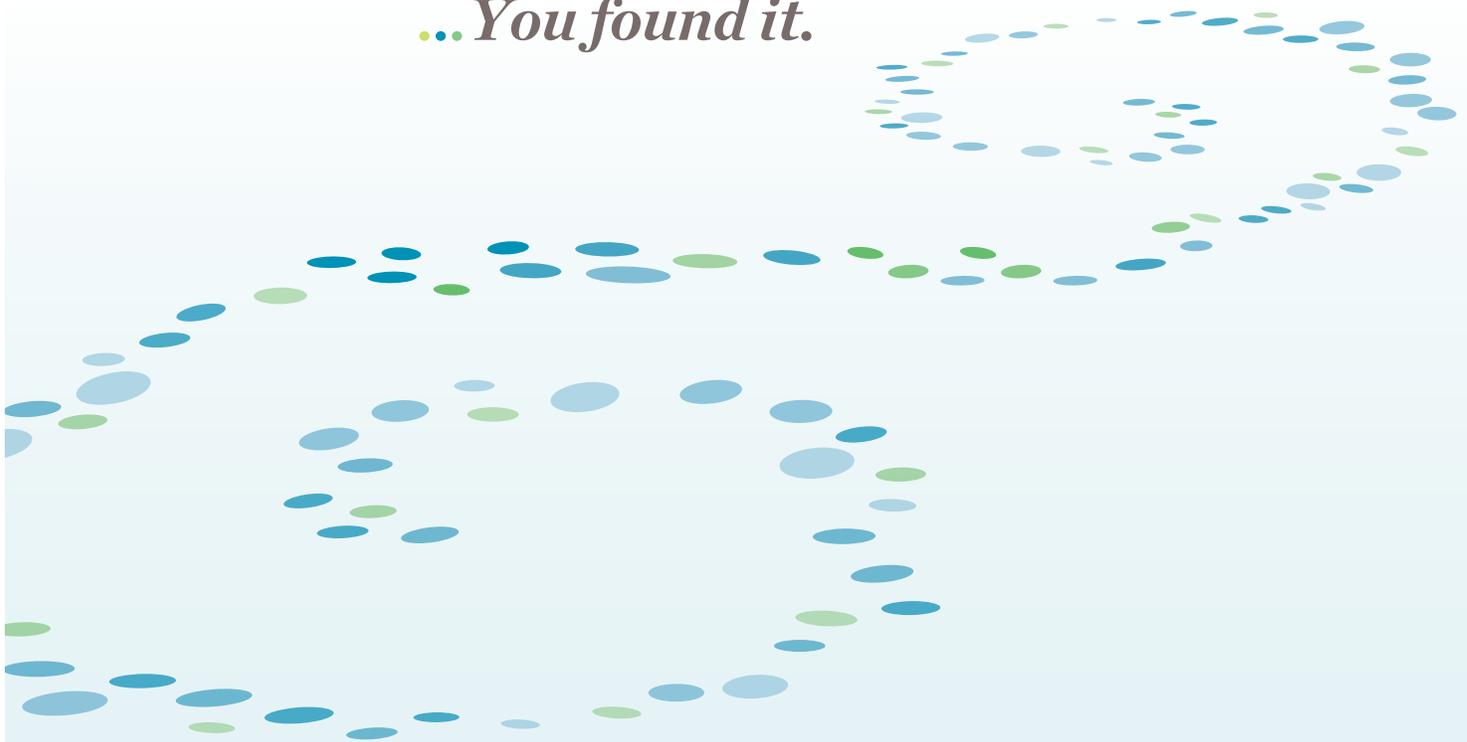


# Looking for more spendable income?



*...You found it.*



**FLEXIBLE SPENDING ACCOUNT**

# Sign-up for a flexible spending account and start saving

Today, everyone is faced with rising healthcare costs and complex employee benefits. At BenefitHelp Solutions, helping you means more to us than just paying claims and answering phones quickly. It's about helping you understand your benefits and saving you money.

Did you know that there's a simple way to get your hands on additional spendable income, month after month? If you, like most people, spend a few hundred dollars or more each year in out-of-pocket healthcare costs, you can get 25 to 40 percent of that money back in your pocket when you sign up for a Flexible Spending Account (FSA).

## MANAGE YOUR FLEXIBLE SPENDING ACCOUNT ONLINE

Log on to [www.benefithelpsolutions.com](http://www.benefithelpsolutions.com) 24/7 to view your account activity, submit claims, and update your profile information.



## HOW AN FSA WORKS

With an FSA, you determine how much out-of-pocket child care and healthcare expenses you have each year, and then you have that amount (divided by the number of payroll periods) automatically set aside from your paycheck. The money is pulled out before taxes are deducted and held in a special account for you. When you start paying healthcare or dependent care expenses, you get reimbursed from your FSA account — and that money never gets taxed. The bottom line: you get more spendable income for paying off credit-card debt, planning a much-needed vacation or finally getting yourself an iPhone. What will you do with the money you'll save?

EXAMPLE OF PETER'S ANNUAL SAVINGS	WITH AN FSA	WITHOUT AN FSA
Peter's taxable income	\$30,000	\$30,000
Pre-tax amount deposited into an FSA	\$1,200	\$0
Peter's taxable income	\$28,800	\$30,000
Subtract estimated Federal, State & FICA taxes	\$8,060	\$8,400
Take home pay spent on FSA eligible expenses	\$0	\$1,200
Peter's actual spendable income	\$20,740	\$20,400
Annual savings	\$340	\$0

*In this example, Peter is saving \$340 by simply enrolling in an FSA. Enroll in a dependent care account as well and save even more. Your savings results may vary based on your income, tax bracket and amount contributed to the FSA account.*

## Determining your FSA contribution



To help you determine how much money you should set aside for your FSA, use this worksheet to calculate your out-of-pocket expenses for the year. For a full list of eligible FSA account expenses and eligibility requirements, visit us online at [www.benefithelpsolutions.com/eligible](http://www.benefithelpsolutions.com/eligible).

### FILL-IN THE FOLLOWING:

#### MEDICAL EXPENSES NOT COVERED BY INSURANCE

#### ANNUAL ESTIMATE

Deductibles, copays, coinsurance -----

Prescription drugs -----

Over-the-counter items -----

#### DENTAL EXPENSES NOT COVERED BY INSURANCE

Checkups and cleanings -----

Fillings, X-rays, crowns, bridges -----

Dentures, inlays -----

Orthodontia -----

#### VISION AND HEARING EXPENSES NOT COVERED BY INSURANCE

Exams -----

Prescription eyeglasses -----

Contact lenses and cleaning solution -----

Corrective eye surgery (LASIK, cataract, etc.) -----

Hearing aids and batteries -----

Total healthcare expenses \$ -----

#### DEPENDENT CARE EXPENSES

Licensed day care, nursery or pre-school -----

Before and after school programs -----

Summer day camps -----

Total dependent care expenses \$ -----

## Two account types.

### HEALTHCARE SPENDING ACCOUNT

A Healthcare Spending Account allows you to pay for eligible expenses not covered by your healthcare plan. Some eligible expenses include:

- Deductibles, copayments and coinsurance for medical and dental plans
- Prescription medications and approved over-the-counter healthcare products
- Eye exams, glasses, prescription sunglasses, contact lenses and solutions, and LASIK eye surgery

### DEPENDENT CARE SPENDING ACCOUNT

A Dependent Care Spending Account reimburses you for care provided by eligible caregivers for dependents age 12 and younger, or for a disabled spouse or other dependents whom you claim for tax purposes. A few examples of eligible dependent care expenses:

- Care provided in your home by an eligible caregiver
- Care provided outside your home at a qualified day care provider
- Care provided at a licensed day care facility
- Summer day camps
- Before- and after-school programs

For more detailed dependent care information, click on FSA Accounts in the member section at [www.benefithelpsolutions.com](http://www.benefithelpsolutions.com)



# Hassle-free

## Payment

### **BENEFITS CARD**

*Not all employers offer the Benefits MasterCard (Benefits Card) option. To find out if you are eligible for a Benefits Card, please contact your group administrator.*

The Benefits Card provides direct access to your Flexible Spending Account, allowing you to pay for eligible healthcare expenses at qualified locations wherever MasterCard™ is accepted. When you use your Benefits Card, you no longer have to wait for reimbursement because the money is deducted directly from your FSA account at the time of purchase. However, in most instances, you will still have to submit supporting documentation for your purchases.

Your Benefits Card can be used at participating grocery stores, pharmacies and wholesale clubs with vision and pharmacy services (most of these stores have elected to participate in the IRS Benefits Card program); or at hospitals, and medical, dental and vision provider offices.

When you're at the grocery store or pharmacy and it's time to pay, swipe your Benefits Card and select "Credit," if asked. The Benefits Card automatically approves your eligible items and debits the money from your FSA account. If you are also buying non-eligible items, the terminal or clerk will ask you for another form of payment. Then just pay the remainder with another card, cash, or check as you'd normally do.

When paying for services provided by a medical, dental or vision care provider, the Benefits Card can automatically approve services that match a set copay or a multiple of that copay (not coinsurance) from your group health plan(s). Supporting documentation for these services is not needed; however, if the provider's charge is an amount other than the copay, you can still use the Benefits Card to have the expense directly deducted from your account. You will just need to submit supporting documentation to BenefitHelp Solutions when you receive the letter requesting it.

## Reimbursement

### **AUTOPAY**

*Not all employers offer the AutoPay option. To find out if you are eligible for AutoPay, please contact your group administrator.*

AutoPay is an option that allows you to be reimbursed automatically for your eligible out-of-pocket medical, dental and prescription expenses processed by your medical administrator without having to submit claim forms or supporting documentation (currently, ODS is the only administrator eligible). When your medical administrator receives a claim from your provider, they will process and pay the claim according to your plan benefits. The administrator will send you an Explanation of Benefits (EOB) and, at the same time, send the information to BenefitHelp Solutions for automatic reimbursement of eligible out-of-pocket expenses. The amount shown on the EOB in the Patient Responsibility column is the amount you will automatically receive — up to your annual FSA election amount.

*Orthodontia and IRS-ineligible expenses, such as cosmetic procedures, are excluded from AutoPay.*

### **DIRECT DEPOSIT**

By having your Flexible Spending Account reimbursement directly deposited into your bank account, you eliminate the hassle of having to go to the bank each time you receive a check. Instead of receiving a reimbursement check in the mail, you will receive a Direct Deposit Remittance Advice. The Remittance Advice will provide a full explanation of what was paid. All direct deposits will be initiated on the same day as the normal check reimbursement date.

#### **CONTACT US:**

**[WWW.BENEFITHELPSOLUTIONS.COM](http://WWW.BENEFITHELPSOLUTIONS.COM)**

**PHONE: 503-219-3679**

**TOLL-FREE: 888-398-8057**

**FAX: 888-249-5058**