



Flexible Spending Account (FSA)

Enrollment Kit with CrossTech

Page	Contents Include:
1.	Cover Page & Table of Contents
2.	What is a Health Care Flexible Spending Account (FSA)?
3.	Health Care FSA Eligible Over-the Counter Items
4.	What is a Dependent Care FSA?
5.	How Much Can I Save & Estimate Your Annual Expenses
6.	FSA Election Form
7.	Submit your Flex Claims Automatically
8.	CrossTech™ Authorization Form
9.	MyFlexLogin.com & Go Paperless

Contact Us Today!

www.myflexlogin.com
p: 866-472-5351 // f: 847-636-9295
dcinfo@flexiblebenefit.com



Contact Us Today!
www.myflexlogin.com

What is a Flexible Spending Account (FSA)?

A Flexible Spending Account (FSA) offers you the opportunity to reduce your taxable income by using tax-free dollars to pay for health care and dependent care expenses.



What is a Health Care FSA?

A Healthcare FSA allows you to increase your take-home pay by using pre-tax dollars for your out-of-pocket health care expenses. When you participate in a Health Care FSA, you should decide beforehand what your expected health care expenses will be for the coming year. As you

plan your FSA expenses for the year, it is important that you make accurate, conservative estimates. The benefit is not portable; expenses must be incurred during the plan year or you will lose the money in the account.

Why Should I Enroll in the Health Care FSA?

You can save up to 30% on your eligible health care expenses, simply by enrolling in the FSA. On your federal income tax form, you can deduct healthcare expenses only if they exceed 7.5 percent of your adjusted gross income. With the Health Care FSA, you save taxes on all qualifying health care expenses immediately because those expenses are paid for with tax free dollars that are not subject to payroll taxes. The only restriction is that you cannot use these health care expenses for both the Health Care FSA and for a federal tax deduction.

When Do I Receive Reimbursements?

You will be reimbursed with tax-free dollars from your account after you submit a request for reimbursement. You may submit your request online at www.myflexlogin.com or download and print out a reimbursement form and fax or e-mail it to our office for processing. The request must be accompanied by a paid receipt for services or an Explanation of Benefits (EOB) which you receive from your health insurance provider. You will have a period of time after the plan year ends (determined by your employer) to submit claims for expenses incurred during this plan year.

What Expenses Can I Pay for With My Health Care FSA?

You may use this account to pay for unreimbursed healthcare expenses that are defined by the the Internal Revenue Service (IRS), including:

- Medical Plan Deductibles and Co-Pays
- Prescription Drugs
- Dental Expenses, Including Orthodontics
- Eye Exams, Glasses and Contact Lenses
- Lasik Eye Surgery
- Diabetic Supplies and Insulin
- Hearing Aids and Batteries
- Chiropractors
- Acupuncture
- Durable Medical Equipment
- Eligible Over-the-Counter Items**
- And More!

**Effective January 1, 2011, Over-the-Counter medicine and drugs will require a prescription in order to be considered an eligible expense under the FSA.



Go Paperless!

You can login to your account at www.myflexlogin.com and submit your claims online without the need to complete any paper forms.

You can also sign up for E-Communications and receive e-mail updates on the status of your claims and reimbursements, electronic account statements and more. Get started today!



Health Care FSA Eligible Over-the Counter (OTC) Items

Contact Us Today!
www.myflexlogin.com

Examples of Eligible OTC Items: Without a Prescription

- Band Aids & First Aid Dressings
- Contact Lens Solution
- Durable Medical Equipment
- Diabetes Testing Supplies
- Insulin



Examples of Eligible OTC Items: That Require a Prescription*

- Allergy & Sinus Medicines
- Antibiotic Products
- Cough, Cold and Flu Medicines
- Pain Relief Medicines
- Acid Control Medicines



Examples of Non-Eligible OTC Items

- Cosmetics
- Toiletries
- Diapers
- Toothpaste/Toothbrush



*Effective January 1, 2011, as part of the Healthcare Reform changes, Over-the-Counter (OTC) medicine and drugs will require a prescription in order to be considered an eligible expense for the FSA.

NOTE: The above lists are partial lists of typical eligible and non-eligible items and do not include all eligible or non-eligible expenses. The above lists are subject to IRS rules and regulations under Code Section 213(d).

For more information regarding OTC medication and drug changes effective January 1, 2011, please call Flex at 866-472-5351.



What is a Dependent Care FSA?

A Dependent Care Flexible Spending Account (FSA) allows you to pay for child or elder care expenses with tax-free dollars.



Using tax-free dollars will increase your take-home pay by reducing taxable income. These expenses must be incurred while you are employed, and must be for the care of a qualifying dependent. A qualifying dependent is a child under the age of 13 who is claimed as a dependent on your federal income tax return or any

other tax dependent who lives in your home and is incapable of self-care.

When you participate in a Dependent Care FSA, you should conservatively determine what your dependent care expenses will be during the coming year. The benefit is not portable; expenses must be incurred within the plan year or you will lose the money in the account.

Why Should I Enroll in The Dependent Care FSA?

In many cases, Dependent Care FSAs can provide greater reimbursement than the Federal Dependent Child Tax Credit Program (DCTC). You should check with your tax professional to verify your maximum credit. Additionally, it can reimburse custodial expenses for adult dependents that are incapable of self-care. The Dependent Care FSA provides benefit throughout the year, unlike the DCTC, which provides benefit only when your taxes are filed.

How Much Can You Contribute to Your Account?

If you are married, and you and your spouse file taxes on an individual basis, you may contribute up to \$2,500 a year. If you are single or married and file taxes jointly, you may contribute up to \$5,000 a year.

Contact Us Today!

www.myflexlogin.com

What Expenses Can I Pay For With My Tax-Free Dollars?

Eligible Expenses Include:

- Preschool charges
- Before- and after-school care
- In and out of home care for children or the elderly
- Summer day camp
- Day care centers / providers

When Do I Receive Reimbursements?

You will be reimbursed from your Dependent Care FSA when you submit a request for reimbursement along with a receipt showing the following:

- Amount of the expense
- Type of service
- Dependent's name and date of birth
- Span Dates
- Social Security number or Tax ID number of the provider

At the end of the year, you will be required to provide the name, address and Social Security number or Tax ID number of your dependent care provider on your income tax return.

Please note: You cannot be reimbursed more than the amount you have contributed to your account.

Go Paperless!

You can login to your account at www.myflexlogin.com and submit your claims online without the need to complete any paper forms.

You can also sign up for E-Communications and receive e-mail updates on the status of your claims and reimbursements, electronic account statements and more.

Get started today!



Contact Us Today!
www.myflexlogin.com

How Much Can I Save?

By lowering your taxable income, you are increasing your take-home pay. You are actually paying less in payroll taxes when you participate in the FSA plan. Each person is different, but savings can be up to 30%.

The following example illustrates the savings of a typical employee who chooses FlexFSA.

	Without FlexFSA	With FlexFSA
Annual Income (before taxes)	\$35,000	\$35,000
Pre-tax Health Care Expenses		\$2,000
Pre-tax Dependent Care Expenses		\$5,000
Gross Taxable Income	\$35,000	\$28,000
Less Taxes		
Federal Income tax at 20%	\$7,000	\$5,600
State Income tax at 10%	\$3,500	\$2,800
Social Security tax at 7.65%	\$2,677.50	\$2,142
Less After- Tax Health Care and Dependent Care Expenses		
Health Care Expenses	\$2,000	
Dependent Care Expenses	\$5,000	
Spendable Income	\$14,822.50	\$17,458
Estimated Annual Savings: \$2,635.50		

These savings represent a 30% increase in this employee's take-home pay, which translates into a substantial pay increase. Just think about what you could do with all of the extra money!

Estimate Your Annual Expenses

You can maximize your FSA benefit and avoid leaving any money behind by using the Estimated Expenses Worksheet. Some items to consider are listed below:

Health Care Expenses	Estimated Annual Expenses
Deductibles, Co-Pays and Co-insurance	\$
Prescription Drugs	\$
Eye Exams, Glass and Contact Lenses	\$
Dental Expenses	\$
Orthodontics	\$
Hearing Aids and Batteries	\$
Eligible Over-the-Counter Items	\$
Other	\$
Total Estimated Health Care Expenses	\$

Dependent Care Expenses	Estimated Annual Expenses
Day Care Center / Provider	\$
Preschool	\$
Before- and After-School Care	\$
Summer Day Camp	\$
Home Health Care Worker	\$
Total Estimated Dependent Care FSA Expenses	\$

Total Health Care + Dependent Care	\$
---	-----------



Contact Us Today!
www.myflexlogin.com

Election Form

Please follow the steps below to thoroughly and accurately complete this form.

Date: _____
Fax- # of Pages: _____

Step 1: Personal Information (*Required)

*Company Name: _____ *Effective Date of Election: _____
 *Employee Name: _____ *Gender: _____
 Date of Hire: _____ *SSN: _____ *Date of Birth: _____
 *Address: _____ *City: _____ *State: _____ *Zip Code: _____
 Phone Number: _____ Fax Number: _____ Email Address: _____

Step 2: Enter Annual Election

FSA Elections	Annual Election Amount	Pay Period Frequency (W, B, S or M*)	First Payroll Date Affected
Health Care FSA**	\$ _____	_____	_____
Limited Scope FSA**	\$ _____	_____	_____
Dependent Care FSA	\$ _____	_____	_____

Insurance Premium Elections (For Employer Records/Information Only)	Pre-Tax Amount Per Pay Period	Pay Period Frequency (W, B, S or M*)	First Payroll Date Affected
• Health	\$ _____	_____	_____
• Dental	\$ _____	_____	_____
• Vision	\$ _____	_____	_____
• Other _____	\$ _____	_____	_____

Remember, when your needs change, FlexFSA does too! You can change your premium elections any time you have a qualifying event that would change the status and/or premium amount of your employee insurance (i.e. marriage, divorce, birth or death of a child, death of a spouse, adoption or change of employment by spouse).

*Pay Period Frequency: W = Weekly; B = Biweekly; S = Semi-monthly; M = Monthly

**If you have an HSA, you are only eligible to participate in a Limited Scope FSA if offered by your employer

Step 3: Acknowledgement and Signature

I acknowledge that I am authorizing the company to deduct equal amounts from my paychecks to collect the designated pre-tax column above. I recognize that these selections constitute a deliberate binding decision on my part that may not be changed until the enrollment period for the next plan year or if I experience a change in status

Employee Signature: _____ Date: _____

OR

I elect **NOT** to participate in any portion of the FlexFSA plan. (i.e. Premium, FSA, Dependent Care, Limited Scope).

Employee Signature: _____ Date: _____



Submit Your Flex Claims Automatically with CrossTech!

Tired of looking for receipts, claim forms and stamps? What if you could eliminate the manual effort and streamline the process of submitting medical claims for reimbursement?



Don't ponder that question any longer. Flexible Benefit Service Corporation (Flex) has CrossTech[®], which is the automatic, paperless submission of FlexFSA and FlexHRA[®] medical, prescription, and dental claims through Blue Cross[®] and Blue Shield[®] of Illinois (BCBSIL)-PPO plans only.

In order to take advantage of this claim submission process, you must have a PPO Plan through BCBSIL, and complete the Single Claim Submission Authorization Form that follows this page.

If you elect to participate in this technology and confirm your eligibility based on the criteria listed above, you must complete the Single Claim Submission Authorization Form.

Once you elect CrossTech, you will remain on CrossTech for each new plan year that you have a qualifying PPO plan. If you decide to cancel your CrossTech, there is a cancellation form which will need to be submitted.

Attached is the CrossTech election form and if you have questions, please feel free to call your Flex Customer Service Representative at (866) 472-5351.

Note: Paperless claim submission is only available to PPO participants. Adjusted claims are not processed through CrossTech and need to be submitted manually.

Contact Us Today!

www.myflexlogin.com

Sign up today and take advantage of the following benefits:

- Claims are submitted automatically; no need to wait for the EOB from the carrier
- Margin of error in processing a claim is decreased because the claims come directly from the carrier and are submitted to our system electronically
- Information is transferred over a secure line; not viewable by others
- The hassle of submitting claim forms has been eliminated
- Available to BCBSIL PPO Plan members (HMO Plan members, secondary coverage and domestic partner coverage are not eligible to participate in CrossTech)



CrossTech is not available under the conditions listed below:

- You are on a HMO Plan or any other plan which is not a BCBSIL PPO plan.
- You or your dependents have coverage under another health plan with coordination of benefits. For example, Medicare or secondary coverage with your spouse's plan.
- You are covering a domestic partner under your medical plan that is not your dependent for federal income tax purposes. The medical expenses of the domestic partner who is not your tax-qualified dependent are not eligible for reimbursement under a FSA or HRA plan.

PLEASE NOTE: This a Blue Cross® and Blue Shield® of Illinois (BCBSIL) requirement. Please complete form in full.

Contact Us Today!
www.myflexlogin.com

CrossTech® Single Claim Submission Authorization Form

Please Sign and Return this Form Immediately for FSA/HRA Single Claim Submission Authorization Form

For BCBSIL Medical and Dental Participants Only (NON-HMO)

Employer Name: _____

NOTE: ALL INFORMATION MUST BE COMPLETED FOR PROCESSING

Please print information.

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Date of Birth: _____

SSN: ____ - ____ - ____

If you have **BCBSIL Medical and Dental**, you can elect to have *expenses that may or may not be covered by Blue Cross and Blue Shield automatically submitted to your FSA and/or HRA for reimbursement*. This is called Single Claim Submission. In order to activate Single Claim Submission, please sign this Single Claim Submission Authorization Form confirming you are eligible per the qualifications listed below and return it to Flexible Benefit Service Corporation (Flex).

If you do not have coverage under **BCBSIL Medical and Dental**, you have a HMO or other non PPO plan, secondary coverage (for example – Medicare) or have coverage for a domestic partner, you are not eligible for automatic Single Claim Submission for your health care flexible spending account.

AUTHORIZATION

In electing to have claims for reimbursement from my health care spending account automatically submitted, I authorize Blue Cross and Blue Shield of Illinois to disclose information about the medical care, diagnosis, treatment or advice provided to me and/or my dependents including, without limitation, information about AIDS or HIV, mental illness, and/or the use of drugs or alcohol. I understand that this authorization is valid for the plan year to which this waiver applies and may be revoked at any time. I also understand that any information disclosed under this authorization will be made available to me upon request. I further understand that without this authorization my claims and claims for my dependents cannot be automatically submitted by Blue Cross and Blue Shield of Illinois for reimbursement from my health care spending account.

SIGNATURE REQUIRED FOR PROCESSING

I certify that I am claiming reimbursement only for eligible expenses that have not previously been reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction.

Participant Signature: _____ Date: _____

Thank you for choosing the Single Claim Submission option.

Please send completed form to Flex.



Contact Us Today!
www.myflexlogin.com

www.myFlexLogin.com

MyFlexLogin.com is a password-protected online resource for all of your Flex account needs. Whether your employer has established a FlexHRA Health Reimbursement Arrangement, FlexFSA Flexible Spending Account, or both, myFlexLogin.com serves as a channel of communication through which everyone can be kept informed without the necessity of making phone calls.

Our easy to use website gives you 24/7 online access to your account. While online, you can:

- Submit claims for reimbursement
- Arrange to have your FSA reimbursement sent directly to your provider
- View your claims history
- Check your available balance
- Download forms
- Submit an inquiry to our Customer Service Team
- Sign up for direct deposit
- And more!

Contact Us Today!

www.myflexlogin.com

p: 866-472-5351 // f: 847-636-9295
dcinfo@flexiblebenefit.com

How to Register

- Step 1:** Go to www.myflexlogin.com and click the Register/Login link in the left navigation, then "Click Here" to register under the Login button.
- Step 2:** Select Employee as your role.
- Step 3:** You will need to provide certain details, including your Employer Access Code. Please contact your employer for this information.
- Step 4:** You will create a user name and password, select your security questions and fill out the appropriate answers.
- Step 5:** Your registration is now complete, and you can login to your account.

Sign Up and Go Paperless



You can login to your account at www.myflexlogin.com and submit your claims online without the need to complete any paper forms.

You can also sign up for E-Communications and receive e-mail updates on the status of your claims and reimbursements, electronic account statements and more. Get started today! Once you are signed up, you'll receive helpful e-mails, including:

- Account balance statements
- Notifications when your claims are received by our office
- Notifications when claims are approved
- Notifications when claims are processed for payment.
- Notifications when additional information is needed to process a claim.