



FSA with CrossTech

What is an FSA?

A Flexible Spending Account (FSA) is an employer-sponsored benefit that allows you to pay for health care and dependent care expenses using money that is not taxed.

How Does the FSA Work?

You decide how much money you need to set aside for health care and dependent care expenses, and then make an election into the FSA. The amount of money you contribute is divided up over your pay periods for the year. The FSA money is then deducted from your paycheck before any payroll taxes are applied. You can use the money in your FSA to pay for out-of-pocket health care and dependent care expenses.

You can save up to 30% on every dollar you contribute to the FSA!



How Much Can You Save?

The example below illustrates how you can save by participating in an FSA.

Without FSA

Your gross annual pay	\$35,000
Estimated tax rate (30%)	-\$10,500
Your net annual pay	\$24,500
Your annual healthcare expenses	-\$2,000
Your final take-home pay	\$22,500

With FSA

Your gross annual pay	\$35,000
Your annual healthcare expenses	-\$2,000
Your adjusted gross pay	\$33,000
Estimated tax rate (30%)	-\$9,900
Your final take-home pay	\$23,100

In this example, you'd save \$600 with an FSA!

Types of FSAs

Health Care FSA

- Allows you to pay for un-reimbursed health care expenses for yourself, your spouse and any dependent children
- You do not need to be enrolled in your employer's health plan to sign up for the FSA
- Access your entire elected Health Care FSA amount on the first day of the plan year

Limited Scope FSA

- For individuals enrolled in a qualified high-deductible health plan with a Health Savings Account (HSA)
- Reimburses eligible dental and vision expenses only
- Access your entire elected Limited Scope FSA amount on the first day of the plan year
- Not available with all plans

Dependent Care FSA

- Allows you to use tax-free dollars to pay for qualified child or elder care expenses
- Can be used for the care of children, a spouse or other tax dependents who live in your home and are incapable of self-care
- Dependent Care FSA funds are not available upfront and must accumulate before you can receive reimbursement
- Not available with all plans

Visit flexiblebenefit.com for a detailed listing of eligible expenses for the Health Care, Limited Scope and Dependent Care FSAs.

Planning Your FSA Election

You should look at your expected out-of-pocket expenses for the upcoming year to properly plan ahead. Be conservative with your election, because the Internal Revenue Service rules state that you must forfeit any unused funds at the end of the plan year. For the most part, FSA elections are final and cannot be changed during the plan year. Exceptions may apply if you experience a qualifying change in status like marriage, divorce or the birth of a baby.

Accessing Your FSA

Flex makes it easy to access your Health Care and Limited Scope FSA with the convenience of CrossTech®. This automatic, paperless claims submission process allows your medical, prescription and dental claims from Blue Cross and Blue Shield of Illinois PPO Plans to be sent directly to your Health Care FSA.

If you do pay out-of-pocket, then you can file a claim with Flex and we will reimburse you. You can file claims online at flexiblebenefit.com or download the reimbursement form to file claims manually.

Learn More about the FSA

Visit flexiblebenefit.com for more information, including a detailed list of eligible expenses, answers to frequently asked questions and helpful guides highlighting the online features for participants.

Questions?

Call 866-472-5351
to speak to a member
of the Flex team.





Submit Claims Automatically with CrossTech

Tired of looking for receipts and filling out claim forms? Say goodbye to paper claims and sign up for CrossTech.® This convenient feature allows your medical, prescription and dental claims through Blue Cross® and Blue Shield® of Illinois (BCBSIL) PPO plans to be submitted automatically to your Health Care FSA. The portion of the claim that you have to pay out of pocket will automatically be reimbursed to you from your FSA.

Benefits of CrossTech

- No claim paperwork
- Guaranteed secure information transfer between BCBSIL and Flex
- Simplified, automated claims process



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

You Should Not Enroll in CrossTech if:

- You are on an HMO plan or any other plan that is not a BCBSIL PPO plan
- You or your dependents are covered under another health plan with coordination of benefits
- You are covering a domestic partner who is not your covered dependent for federal income tax purposes
- You do not want your out-of-pocket expenses automatically submitted to your Health Care FSA



GO PAPERLESS!

You can login to your account at flexiblebenefit.com to check your account balance and view claims and payment status on-line. 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!



CrossTech® Single Claim Submission Authorization Form

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

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.

CT134979A



Common FSA Eligible Expenses

Health Care FSA

Health Plan Related Expenses

- Prescription Drugs
- Co-payments
- Doctor Visits
- Hospital Charges

Dental Care

- Dental Exams and Cleanings
- Fillings, Root Canals and Crowns
- Dentures and Bridges
- Orthodontia

Vision Care

- Eyeglasses
- Contact Lenses
- Contact Lens Solution
- Laser Vision Correction

Medical Supplies

- Bandages
- Digital Thermometers
- First Aid Kits
- Over-the-Counter Medications (prescription required)

FSA's can save you up to 30% on everyday expenses!

Dependent Care FSA

- Day Care Centers
- Preschool Charges
- Before- and After-School Care
- Summer Day Camp
- In- and Out-of-Home Care for Children or the Elderly



FSA 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: _____



GO PAPERLESS!

You can login to your account at flexiblebenefit.com and submit your claims online without needing to complete any paper forms. Get started today!

FE3R59MIA