

Flexible Spending Accounts (FSAs)

What does the Beniversal FSA provide?

- Tax-free money for medical and dependent care expenses
- Convenient access to account funds through the Beniversal® Prepaid Mastercard®
- On-the-go account access with the BRiMobile app
- Streamlined online account support through BRiWeb
- Friendly and knowledgeable participant services representatives to assist with your questions

Visit www.BenefitResource.com



What are Flexible Spending Accounts?

Flexible Spending Accounts (FSA) are IRS-approved accounts that allow you to pay for eligible medical and dependent care (day care) expenses on a tax-free basis. When you enroll in an employer-sponsored Flexible Spending Account, your contributions are not subject to Federal, FICA and most state taxes. This means you bring home more money in your paycheck.

Terms to Know

- **Open Enrollment:** The annually recurring window when you sign up for or re-enroll in your benefits
- **Plan year:** The time frame during which your benefits are effective (generally twelve months)
- **Election:** The amount of money set aside into your FSA on a pre-tax basis
- **Eligible expenses:** The qualified purchases you can pay for with the funds in your Medical FSA, Limited Purpose FSA (if offered) or Dependent Care FSA. See next page for sample lists.
- **Plan Highlights:** A simplified outline of rules set by your employer indicating how your plan is set up, how much you can put in an account, what happens to funds at the end of the plan year, and the deadline for claim submissions. Plan Highlights can be found by logging in at www.BenefitResource.com or from your employer's benefits representative.

How Much Will I Save?

| | | |
|-------------------------------|---------------------|------------------|
| Annual Income | \$50,000 | |
| Anticipated Medical Expenses | \$2,500 | |
| | Without Plan | With Plan |
| Federal Income Tax Paid (25%) | \$12,500 | \$11,875 |
| State Income Tax Paid (6%) | \$3,000 | \$2,850 |
| FICA (7.65%) | \$3,825 | \$3,634 |
| Total Taxes Paid | \$19,325 | \$18,359 |
| Disposable Income | \$30,675 | \$31,640 |
| Annual Tax Savings | | \$966 |

The figures above are for illustration purposes only. Actual savings and tax rates may vary.

Calculate your personalized tax savings at www.BenefitResource.com

Four Facts You Need to Know About an FSA

1. You need to set an election during Open Enrollment (or when you first become eligible). Open Enrollment only happens once a year.
2. You can make up to two elections—one for health-related expenses (Medical FSA or Limited Purpose FSA) and one for 'day care' expenses (Dependent Care FSA).
3. You cannot change your election unless you have a qualifying life event (i.e. get married, have a baby, etc.).
4. You have a limited time period to use your FSA funds to pay for eligible expenses. Check your Plan Highlights for when you need to use your funds.

What are eligible expenses?

The type of FSA you choose will determine what you can buy with the funds. Below are sample lists of potential eligible expenses under each account.

Medical FSA eligible expenses: Qualified medical products and services, Over-the-Counter (OTC) medical supplies (including dental and vision)

Limited Purpose FSA eligible expenses: Qualified dental and vision expenses

Dependent Care FSA eligible expenses: Qualified child day care, nursery school and/or adult care day care expenses



Refer to your Plan Highlights to verify if an expense is eligible.

Medical FSA expenses

A-G

Acupuncture
Alcoholism treatment
Allergy treatments (if prescribed)
Ambulance
Asthma devices and medicines (if prescribed)
Bandages
Body scans
Braille books and magazines
Breast pumps
Breast reconstruction surgery following mastectomy
Cancer screenings
Carpal tunnel wrist supports
Chiropractors
Circumcision
Co-insurance amounts
Co-payments
Counseling, when used to treat diagnosed medical condition
CPAP (continuous positive airway pressure) devices
Crutches
Dental sealants
Dental services and procedures
Diabetic supplies & insulin
Diagnostic items/services
Drug addiction treatment
Drug overdose, treatment of
Durable medical equipment
Eye examinations, eyeglasses, vision materials (e.g. contact solution) correction procedures
Flu shots
Fluoridation services
Guide dog

H-P

Hearing aids and equipment for hearing-impaired persons
Hospital services
Laboratory fees
Lactation consultant
Laser eye surgery, Lasik
Lodging at hospital or similar institution
Mastectomy-related special bras
Medical alert bracelet or necklace
Medical information plan charges
Medical monitoring and testing devices (e.g. blood-sugar test kits)
Medical practitioner's fee for online or telephone consultation
Medical records charges
Midwife
Obstetrical expenses
Occlusal guards to prevent teeth grinding
Operations / Surgeries
Optometrist
Organ donors
Orthopedic shoe inserts
Osteopath fees
Ovulation monitor
Oxygen
Physical exams
Physical therapy
Pregnancy test kits
Prescription drugs and medicines, for the purpose of medical care (not general health or cosmetic purposes)
Preventive care screenings
Prosthesis and artificial limbs
Psychiatric care

R-X

Radial keratotomy
Rehydration solution
Screening tests (including cancer screening tests)
Sleep-deprivation treatment
Speech therapy
Stop-smoking programs
Transplants
Transportation expenses for person to receive medical care
Vaccines and immunizations
Walkers/Wheelchair
X-ray fees

OTC items

Adult incontinence products (e.g. Depends)
Birth control products (e.g. prophylactics) (if allowed by your plan)
Dentures and denture adhesives
First aid kits and supplies (e.g. band-aids)
Health monitors (e.g. blood pressure, cholesterol, HIV)
Heat wraps (e.g. ThermoCare)
Heating pads, hot water bottles
Medicine dropper/spoon
Motion sickness devices
Supports/braces (e.g. ankle, knee, wrist, therapeutic glove)

OTC drugs & medicines require a prescription. To determine if an item requires a prescription, visit www.BenefitResource.com/eligibilitylist

Limited Purpose FSA expenses

Correction procedures
Dental services and procedures
Eye examinations
Eyeglasses
Fluoridation services
Laser eye surgery, Lasik
Orthodontia
Vision materials (e.g. contact solution)

Dependent Care FSA expenses

Before/after school care
Child care
In-home dependent care
Day care facility
Nursery school
Adult care

To search for more eligible items, visit www.BenefitResource.com/eligibilitylist.

Always check your Plan Highlights to verify if an item is eligible under your plan.

FSA Basics

The two most common FSAs are a Medical FSA and Dependent Care FSA. You can have both accounts at the same time. You must enroll in and fund separate elections for each. For individuals contributing to a Health Savings Account, you may have the option to select a Limited Purpose FSA instead of the Medical FSA.

Medical FSA

(Medical expenses for your family)

What are funds used for?

Funds can be used to pay for eligible medical expenses provided to you, your spouse or eligible dependents.

When can I start using the funds in my account?

Your full plan year election is available to use on the first day of the plan year.

You CAN:

Pay for expenses that primarily prevent, treat, diagnose or mitigate a physical or mental defect or illness.

Common eligible expenses include:

- Co-payments, co-insurance and deductible expenses
- Dental care (e.g. exams, fillings, crowns)
- Vision care, eyeglasses, contact lenses
- Chiropractic care
- Prescription drugs and certain over-the-counter medical items

You CANNOT:

- Pay for expenses that are for personal care, cosmetic or general health purposes
- Reimburse expenses from any other source (e.g. insurance)
- Have a Medical FSA if you are enrolled in a Health Savings Account (HSA). However, a Limited Purpose FSA may be available.

What happens to funds I don't use?

Check your Plan Highlights for information about how unused funds are treated.

Dependent Care FSA

(Day care expenses)

What are funds used for?

Funds can be used for a qualified person, who is often one of the following:

- A dependent child under the age of 13 for whom you can claim a tax exemption
- A spouse or dependent who is physically or mentally incapable of self-care and for whom you can claim a tax exemption

When can I start using the funds in my account?

Unlike a Medical FSA, your entire Dependent Care FSA balance is not available at once. Dependent Care funds become available as they are deposited from payroll.

You CAN:

Pay for expenses that enable you or your spouse to be gainfully employed, look for work, or attend school full-time.

Common eligible expenses include:

- Before/after school care
- Child Care / in-home dependent care
- Day care facility
- Nursery school
- Adult care

You CANNOT:

- Pay for services provided for education, overnight camps or services provided by the child's parent or other dependent for income tax purposes
- Claim a federal tax credit for any expenses reimbursed through your Dependent Care FSA. Consult a tax professional to determine if a Dependent Care FSA or the federal tax credit would be more advantageous.

What happens to funds I don't use?

Expenses must be incurred within the plan year. Refer to your Plan Highlights for deadlines to submit claims.

Estimate your election with the **FSA Expense & Tax Savings Estimate Worksheet**

FSA Expense & Tax Savings Estimate Worksheet

Medical FSA Estimate: Estimate out-of-pocket medical services for you, your spouse, and your eligible dependents.

General Expenses

\$ _____ Office visits / doctor's fees
(actual cost if deductible applies or total co-payments)

\$ _____ Immunizations / Vaccines

\$ _____ Laboratory fees / X-rays

\$ _____ Over-the-counter medical supplies

\$ _____ Prescription Drugs

\$ _____ SUBTOTAL

Hospitalization & Specialist Expenses

\$ _____ Emergency Room / Hospital Bills

\$ _____ Hearing Aids

\$ _____ Specialists or alternative medicine
(Acupuncture, chiropractor, physical therapy, specialists fees, etc.)

\$ _____ Surgery

\$ _____ OTHER MEDICAL EXPENSES NOT SPECIFIED

\$ _____ SUBTOTAL

Dental

\$ _____ Cleanings / Exams / Fillings / Procedures

\$ _____ Orthodontia

\$ _____ X-rays

\$ _____ SUBTOTAL

Vision

\$ _____ Corrective eye surgery & eye wear

\$ _____ Eye exams

\$ _____ Prescription glasses / contact lenses

\$ _____ SUBTOTAL

\$ _____ **TOTAL MEDICAL FSA ESTIMATE**

Dependent Care FSA Estimate: Estimate out-of-pocket expenses related to non-medical care for your dependents.

Dependent Care Expenses

\$ _____ Adult Day Care

\$ _____ Child Day Care / In-home Dependent Care

\$ _____ Nursery School

\$ _____ **TOTAL DEPENDENT CARE FSA ESTIMATE**

Tax Savings Estimate: Estimate your total annual tax savings.

| | Amounts |
|--|----------|
| A. ENTER TOTAL MEDICAL FSA ESTIMATE (See Plan Highlights for the maximum limits that may apply.) | \$ _____ |
| B. ENTER TOTAL DEPENDENT CARE FSA ESTIMATE (See Plan Highlights for the maximum limits that may apply.) | \$ _____ |
| C. TOTAL EXPENSES (Line A + Line B) | \$ _____ |
| D. TAX RATE (Enter percentage of your gross salary that you pay in Federal, State and Local Taxes. (If uncertain, use 30%.)) | _____ % |
| E. FICA (includes Social Security and Medicare) | _____ % |
| F. TOTAL TAX RATE (Line D + Line E) | _____ % |
| G. ESTIMATED ANNUAL TAX SAVINGS (Line C x Line F) | \$ _____ |

Use the free **FSA Calculator** online to estimate your expenses:

<https://www.BenefitResource.com/estimate>

How do I access my FSA?

Use the Beniversal Card

The Beniversal Prepaid Mastercard can be used at qualified merchants providing medical products and services, such as: doctors, dentists, medical labs, hospitals, medical supply stores, vision centers and certain drugstores and retail merchants. A list of drugstores and retail merchants is available at www.BenefitResource.com.



When using your card, **always save your itemized receipts**. With an FSA, the IRS requires Benefit Resource to verify that 100% of transactions are for eligible expenses. Since some qualified merchants also offer services/items that are not eligible, Benefit Resource may contact you requesting additional documentation to verify a transaction.

Requested receipts and documentation for card transactions can be submitted online at www.BenefitResource.com, through the BRiMobile app, or by fax/mail. Instructions will be provided in the request.

Submit a Claim

If you are not using the Beniversal Card or if you have Dependent Care expenses, you can submit a claim with your itemized receipt or supporting documentation. Claims can be submitted online, through the BRiMobile app, or by downloading a form to fax or mail in:

- **Online at www.BenefitResource.com**
Once logged in to your account, go to the Submit Claims/Receipts section. Follow the on screen instructions.
- **Through the BRiMobile app**
Download the BRiMobile app from the Apple App Store or Google Play.
- **By faxing/mailing a claim form**
Download and print a claim form at www.BenefitResource.com under Forms.

Sign-up for Direct Deposit: Get reimbursements faster with direct deposit! Set up your account by logging in at www.BenefitResource.com. Navigate to the *Profile* section to get started.



The Beniversal Prepaid Mastercard is issued by The Bancorp Bank pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of, Mastercard International Incorporated. Card accepted at qualified merchants accepting Debit Mastercard. The Bancorp Bank; Member FDIC. © 2018 Benefit Resource, Inc. All rights reserved.

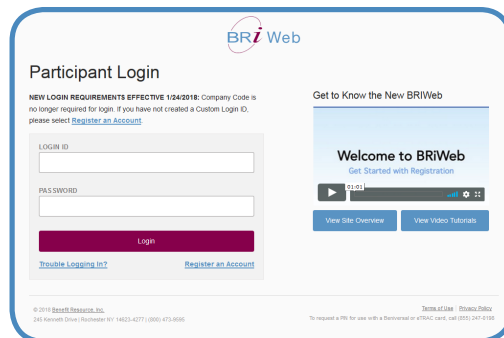
Log in to BRiWeb

BRiWeb is your secure participant login for managing your accounts with Benefit Resource. BRiWeb allows you to view balance and transaction information, submit claims, download plan documents and more.

To log in, go to www.BenefitResource.com:

1. Click *Participants* under *Login*.
2. On your first visit, select *Register an Account* from the Participant Login page. You will need to select a personal Login ID and password. Please have the following available to register:
Company Code: Provided by your employer
Member ID: Default ID selected and provided by your employer
3. Once logged in, BRiWeb will open to a Dashboard which provides a quick snapshot of your account(s). To manage your FSA, navigate to the Medical FSA tab.

For additional resources, including video tutorials and an eligible expenses lookup tool, visit the *Participant Resources* page and *Healthcare Resource Center* on www.BenefitResource.com.



Download the BRiMobile app

BRiMobile is your on-the-go account access. View balances and recent transactions, submit claims, send receipts or sign-up for text alerts. BRiMobile app is available for iPhone, iPad and Android devices.

Learn more at www.BenefitResource.com/tools or download the app from the Apple App Store or Google Play.



Contact Participant Services

Participant Services is available to assist with your questions by phone, email and live chat. Representatives are available in English and Spanish.



Phone: (800) 473-9595, Monday - Friday, 8am - 8pm (ET)



Email: ParticipantServices@BenefitResource.com



Live Chat: Available through the participant login at www.BenefitResource.com

To learn more about your accounts, visit us at www.BenefitResource.com

Getting Started

1. Determine your election amount(s) for Medical FSA and Dependent Care FSA separately

Utilize the *FSA Expense & Tax Savings Estimate Worksheet* in this booklet or visit <https://www.BenefitResource.com/estimate> to access the online Medical FSA calculator.

TIPS: Check your Plan Highlights to see what happens to funds that you do not use by the end of the plan year. Also, be sure to check with your employer or review your Plan Highlights for any minimum or maximum limits that may apply, along with any restrictions on eligible expenses.

2. Enroll in the FSA

Your employer will provide you detailed instructions regarding how and when enrollment will need to be completed.

If online enrollment is offered by your employer, go to www.BenefitResource.com, click on *Participants* under *Login*.

1. On your first visit, select *Register an Account* from the Participant Login page. If you have not already set a personalized Login ID, you will need the following:

Company Code: Provided by your employer

Member ID: Default ID selected and provided by your employer

2. Once logged in, navigate to the Enrollment/Changes tab.

3. Begin using your account

If you have enrolled in a Medical FSA for the first time and the Beniversal Card is offered, it will arrive in a plain white envelope from Benefit Resource. Once you receive your card, activate it by calling the number on the activation sticker. If you already have a Beniversal Card, you can continue to use the card through the expiration date. If you are not using a card or have expenses from your Dependent Care FSA, you can begin submitting claims for reimbursement.

Please check with your employer or refer to your Plan Highlights regarding any restrictions that may exist regarding eligible expenses and time frames for using funds and reimbursing eligible expenses.

What do participants think of their Beniversal FSA?

"Everyone is very helpful and responsive. I've used the Live Chat a few times- I love it!!!!"

"The BRI staff have always been very helpful, courteous, and knowledgeable; and your website is very user-friendly. Keep it up!"

"I'm always pleased when I don't need to contact an organization for help or to sort out problems because it means the business is doing a lot of things right to avoid trouble in the first place."

"I recommend daily that my co-workers get this card!"



Questions?

Visit us online at: www.BenefitResource.com or contact us:

Phone: (800) 473-9595, Monday - Friday, 8am - 8pm (Eastern Time)

Email: ParticipantServices@BenefitResource.com

Live Chat via participant login: www.BenefitResource.com

