

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

BRi Benefit
Resource,
Inc.
www.BenefitResource.com

What is a Flexible Spending Account?

A Flexible Spending Account (FSA) is an IRS-approved account that allows you to pay for eligible medical and dependent care expenses on a tax-free basis.

How does the tax savings work? When you enroll in your 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!



Tax Savings Example

Annual Income		\$50,000
Anticipated Medical Expenses		\$2,500
	Without Plan	With Plan
Federal Income Tax Paid	\$12,500	\$11,875
State Income Tax Paid	\$3,000	\$2,850
FICA	\$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.

Who can participate? In order to participate in the plan, you need to meet the eligibility requirements set by your employer. If you or your spouse is reporting contributions to an HSA, generally you will not be eligible to participate in a Medical FSA. Please contact your employer or refer to your plan documentation for more details and eligibility requirements.

How do elections work? Prior to the start of a plan year or when you become eligible, you will make an annual election for medical and/or dependent care expenses separately (as applicable). Elections do not carry over from year to year. Check with your employer about the maximum (and any applicable minimum) amounts you can set aside in a Medical FSA and Dependent Care FSA. Generally, once you have enrolled in the plan, you cannot change your elections during that plan year unless you have a certain qualifying event (e.g. marriage, death, change in employment status, etc.) that may allow a change in your plan year election amounts. More information is also available in your plan documentation.

When can I access FSA funds? Services must be provided during the plan year designated in your plan documentation and you cannot access FSA funds until the service is provided. The IRS allows one exception for orthodontia expenses. Refer to your plan documentation regarding any unused funds at the end of the plan year.

What are eligible medical expenses?

This list is intended to be used as a quick reference of potentially eligible medical expenses and does not guarantee that an expense will be eligible. Please see your plan documents to verify what expenses are reimbursable under your plan. This list is not intended to be an all encompassing list and may be updated from time to time. Eligible expenses for Flexible Spending Accounts (FSAs) are governed by Section 213(d) of the Internal Revenue Code. In addition to the list below, there are over 150 additional items or expense types that are considered potentially eligible. These may require prescriptions or a letter of medical necessity when submitting a reimbursement request.

Acupuncture	Dental services and procedures	Medical monitoring and testing devices (e.g. blood-sugar test kits and test strips)	Prosthesis
Alcoholism treatment	Dentures and denture adhesives	Medical practitioner's fee for online or telephone consultation	Psychiatric care
Allergy treatments (if prescribed)	Diabetic supplies	Medical records charges	Radial keratotomy
Ambulance	Diagnostic items/services	Midwife	Reading glasses
Arthritis gloves	Drug addiction treatment	Norplant insertion or removal	Rehydration solution
Artificial limbs	Drug overdose, treatment of	Obstetrical expenses	Rubbing alcohol
Artificial teeth	Durable medical equipment	Occlusal guards to prevent teeth grinding	Screening tests
Asthma devices and medicines (if prescribed)	Eye examinations, eyeglasses, equipment, and materials	Operations / Surgeries	Sleep-deprivation treatment
Bandages	First aid kits	Optometrist	Speech therapy
Body scans	Flu shots	Organ donors	Stop-smoking programs
Braille books and magazines	Fluoridation services	Orthodontia	Telephone equipment or television for hearing-impaired persons
Breast pumps	Gauze pads	Orthopedic shoe inserts	Thermometers
Breast reconstruction surgery following mastectomy	Guide dog	Osteopath fees	Transplants
Cancer screenings	Hearing aids	Ovulation monitor	Transportation expenses for person to receive medical care, may include car mileage or alternative transportation costs
Carpal tunnel wrist supports	Hospital services	Oxygen	Vaccines
Chiropractors	Immunizations	Physical exams	Vision correction procedures
Circumcision	Insulin	Physical therapy	Walkers
Co-insurance amounts	Laboratory fees	Pregnancy test kits	Wheelchair
Co-payments	Lactation consultant	Prescription drugs and medicines, for the purpose of medical care (not general health or cosmetic purposes)	X-ray fees
Counseling, when used to treat diagnosed medical condition	Laser eye surgery, Lasik	Preventive care screenings	
CPAP (continuous positive airway pressure) devices	Liquid adhesive for small cuts		
Crutches	Lodging at a hospital or similar institution		
Dental sealants	Mastectomy-related special bras		
	Medical alert bracelet or necklace		
	Medical information plan charges		

Eligible Over-the-Counter Medical Supplies

Adult incontinence products (e.g. Depends)
 Birth control products (e.g. prophylactics) (if allowed by your plan)
 Contact lens solution
 Denture adhesives
 First aid supplies (e.g. band-aids)
 Health monitors (e.g. blood pressure, cholesterol, HIV, thermometers)
 Hearing aid batteries
 Heat wraps (e.g. ThermaCare)
 Heating pads, hot water bottles
 Insulin & diabetic supplies
 Medicine dropper/spoon
 Motion sickness devices
 Supports/braces (e.g. ankle, knee, wrist, therapeutic glove)

Eligible Over-the-Counter Drugs & Medicines (require a prescription)

Acne medications
 Allergy and sinus medications (e.g. Benadryl, Claritin, Sudafed)
 Anti-fungal medications (e.g. Lotramin AF)
 Anti-itch medications (e.g. Caladryl)
 Cold sore medications
 Cough, cold & flu remedies
 Decongestants
 Diaper rash ointments
 Ear wax removal drops
 First aid creams
 Gastrointestinal aids (e.g. antacids, anti-diarrhea medicines, non-fiber laxatives, nausea medications)
 Lactose intolerance pills
 Motion sickness pills
 Nasal sprays for congestion (e.g. Afrin)
 Pain relievers (e.g. aspirin, Excedrin, Tylenol, Advil, Motrin)
 Sleeping aids
 Smoking cessation medications (e.g. nicotine gum or patches)
 Suppositories
 Toothache relievers (e.g. Orajel)
 Wart remover medications
 Yeast infection creams (e.g. Monistat)

Once your account is open, you will have access to a detailed eligible expense look up table. Simply log in to your account at www.BenefitResource.com and select Eligible Health Care Expense Table under the FSA section.

FSA Expense & Tax Savings Estimate Worksheet

Medical FSA Estimate: Estimate your eligible out-of-pocket medical expenses. Out-of-pocket expenses include services for you, your spouse and 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 drugs and medicines
(prescription required)

\$ _____ Over-the-counter medical supplies

\$ _____ Prescription Drugs

\$ _____ SUBTOTAL

Hospitalization & Specialist Expenses

\$ _____ Emergency Room

\$ _____ Hospital Bills

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

\$ _____ Surgery

\$ _____ OTHER MEDICAL EXPENSES NOT SPECIFIED

\$ _____ SUBTOTAL

Dental

\$ _____ Cleanings / Dental Exams

\$ _____ Fillings / Dental procedures

\$ _____ Orthodontia

\$ _____ X-rays

\$ _____ SUBTOTAL

Vision

\$ _____ Corrective eye surgery & eye wear

\$ _____ Eye exams

\$ _____ Prescription glasses / contact lenses

\$ _____ SUBTOTAL

Hearing

\$ _____ Hearing Aids

\$ _____ Hearing Exams

\$ _____ SUBTOTAL

\$ _____ TOTAL MEDICAL FSA ESTIMATE

Dependent Care FSA Estimate: Estimate your eligible out-of-pocket dependent care expenses.

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 estimated 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)	\$ _____

What do I need to know about FSAs?

Medical FSA

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

- Upon enrolling in a Medical FSA, you have access to your full plan year election amount.
- The tax-free amount you can set aside in a Medical FSA per plan year can be found in your Plan Highlights. Your Plan Highlights also contain other specific information about your employer sponsored plan.
- Expenses must be primarily to prevent, treat, diagnose or mitigate a physical or mental defect or illness. The eligibility of an expense is governed by the IRS. 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
- Expenses cannot be for personal care, cosmetic or general health purposes.
- Some expenses are only eligible if certified by a licensed medical provider as medically necessary.
- Expenses cannot be reimbursed from any other source (e.g. insurance).
- Refer to your Plan Highlights for details regarding how unused Medical FSA funds are treated.
- While you can use the Medical FSA for medical expenses for a spouse or dependent, you cannot use Medical FSA funds for dependent care expenses (e.g. child care) and vice-versa.

Dependent Care FSA

A Dependent Care FSA can be used to reimburse dependent care expenses (e.g. child care) for a qualified person. These expenses enable you to be gainfully employed and, if married, enable your spouse to be gainfully employed, look for work or attend school full-time.

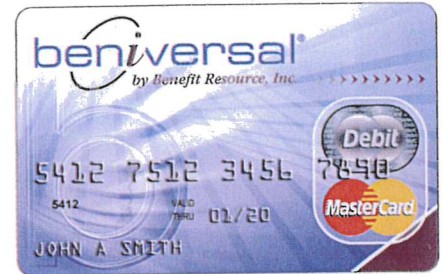
- The qualified person must spend at least 8 hours per day in your home and is one of the following:
 - Dependent child under the age of 13 and for whom you can claim a tax exemption.
 - Spouse or dependent who is physically or mentally incapable of self-care, lives with you for more than half of the year, and for whom you can claim a tax exemption.
- The tax-free amount you can set aside per calendar year in a Dependent Care FSA can be found in your Plan Highlights.
- Common eligible expenses, include:
 - Before/after school care
 - Child Care / in-home dependent care
 - Day care facility
 - Nursery school
 - Adult care
- Services provided for education, overnight camps or services provided by the child's parent or other dependent for income tax purposes are not eligible expenses.
- The amount available for reimbursement of dependent care expenses is limited to the cash balance in your Dependent Care FSA.
- Refer to your Plan Highlights for details regarding how unused Dependent Care FSA funds are treated.
- You cannot claim a federal tax credit for any expenses reimbursed through a Dependent Care FSA. Consult a tax professional to determine if it would be more to your advantage to elect a Dependent Care FSA or to use the federal tax credit.

Use the **FSA Expense & Tax Savings Estimate Worksheet** included in the booklet to help you estimate how much you should elect.

How do I access my FSA?

Use the Beniversal Card (if offered)

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 on 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

When not using the Beniversal Card or for Dependent Care expenses, you can submit a claim with your itemized receipt or supporting documentation. Claims can be submitted:

- **Online at www.BenefitResource.com**
Once logged in to your account, go to the FSA/HRA tab and select Submit Online Claim. 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**
Claim forms can be downloaded and printed from www.BenefitResource.com.

Reimbursements are paid weekly. To receive your reimbursements by direct deposit, please log into www.BenefitResource.com and set up your direct deposit account information.



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 much more.

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

1. Click Participants under Secure Login.
2. Once on the Participant Login page, please enter:
 - Company Code:** Provided by your employer
 - Login ID:** Default Login ID selected and provided by your employer. You may change it upon initial login.
 - Initial Password:** 5 digit home zip code *(You will be prompted to change the password upon initial login.)*
3. BRiWeb will open to a Dashboard which provides a quick snapshot of your account(s) and profile. To manage your FSA, select the FSA/HRA tab.



To view a quick video demo of BRiWeb, visit BRI Resources at www.BenefitResource.com.

Download the BRiMobile app

BRiMobile is your on-the-go account access to view balances and recent transactions, submit claims, send receipts or sign-up for account 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, chat and email. Representatives are available in English and Spanish.

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

Email: ParticipantServices@BenefitResource.com

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

For more information on these or other account information, please 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 www.BenefitResource.com to access the online calculators.

TIPS: Be a little conservative in your estimates. 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 Secure Login. To log in, enter:

Company Code: Provided by your employer

Login ID: Default Login ID selected and provided by your employer.
You may change it upon initial login.

Initial Password: 5 digit home zip code

(You will be prompted to change the password upon initial login.)

Once logged in, go to the FSA/HRA tab and select the enrollment link. Follow the on screen prompts to complete your enrollment.

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, you will need to 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 dependent care expenses, 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.

Questions?

Visit us online at: www.BenefitResource.com

Contact us: (800) 473-9595, Monday - Friday, 8am - 8pm (Eastern Time), by email at ParticipantServices@BenefitResource.com or with Live Chat via participant login at www.BenefitResource.com

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!"





ENROLLMENT FORM FLEXIBLE SPENDING ACCOUNTS

(PLEASE PRINT CLEARLY)

245 Kenneth Drive
Rochester NY 14623-4277
Phone: (800) 473-9595
www.BenefitResource.com

EMPLOYER: _____

EFFECTIVE DATE OF ENROLLMENT: / /

A. EMPLOYEE INFORMATION

Member ID: _____

Employee Name: (Last) _____ (First) _____ (MI) _____

Home Address: (Street) _____ (Apt #) _____

(City) _____ (State) _____ (Zip Code) _____

Home Phone #: _____ Birth Date: / / Gender: Male Female

Hire Date: / / Employee Status: Full-Time Part-Time

Email Address: _____

(Note: Benefit Resource, Inc. will only use your email address to communicate with you regarding your plan.)

The purpose of this agreement is to authorize the election of eligible benefits and the reduction in salary needed to facilitate the employer providing the employee with selected benefits. This agreement is designed to conform with Section 125 of the Internal Revenue Code.

B. FLEXIBLE SPENDING ACCOUNTS (FSAs) Please enter your FSA election(s) below.

You can only elect the accounts offered by your plan. Refer to your Plan Highlights for the type of accounts and election maximums you can elect.

	<u>Per Pay Deduction</u>	<u>Plan Year Election</u>
<input type="checkbox"/> Medical FSA <small>Note: If you or your spouse has a Health Savings Account (HSA), contributions cannot be made to the HSA while there is coverage under a Medical FSA.</small>	\$ _____	\$ _____
<input type="checkbox"/> Limited Medical FSA (reimburses dental, vision and/or post-deductible expenses as allowed by your plan) <small>Note: You cannot elect this account if you elect a Medical FSA. You can elect this account if you are covered under an HSA. In order to accurately track eligible expenses, apply them to the correct deductible threshold and ensure reimbursement of eligible post-deductible expenses, you must indicate the level of coverage you have under your health insurance. <input type="checkbox"/> Single <input type="checkbox"/> Family</small>	\$ _____	\$ _____
<input type="checkbox"/> Dependent Care FSA	\$ _____	\$ _____

C. EMPLOYEE CERTIFICATION Return signed form to your employer.

I have received and read the printed material which explains my plan and my options under it. I understand that any expenses paid under this plan must be eligible expenses as governed by Internal Revenue Service (IRS) regulations, must be for services provided for me or a qualifying individual and must not be reimbursed from any other source. I also understand that by signing and submitting this enrollment form, I am making an irrevocable election for the current plan year. Any choices above may be modified only as defined in the plan. Moreover, I authorize the amount(s) above to be deducted from payroll as indicated. I also understand that unused amounts in any Flexible Spending Account may be forfeited after the time frame indicated in the Plan Highlights.

I understand that Federal law requires financial institutions to obtain, verify and record information that identifies each person with an account. I also understand that I may be required to provide identifying information (e.g. social security number, address and date of birth) when making inquiries about my account. I understand that any personal information obtained will not be shared with anyone, including non-affiliated third parties, except as permitted by law.

If a Beniversal® Prepaid MasterCard® is associated with my Flexible Spending Account:

- I authorize the issuance of a Beniversal Card. I agree to use this card only for eligible medical expenses under the plan for me or a qualifying individual and to be bound by all provisions of the Cardholder Agreement and card promises sent to me with my card. Furthermore, I understand that if my Beniversal Card is used for expenses other than eligible medical expenses or if I violate the terms of the Cardholder Agreement, my account may be suspended and I will reimburse the plan for the expenses. I authorize my employer to deduct any non-approved expense directly from my paycheck on an after-tax basis. I also authorize expenses for replacement cards and paper followup requests to be deducted from my account balance as needed.
- Since the IRS requires that certain purchases made with the Beniversal Card be verified for eligibility, I agree to acquire and retain sufficient documentation for any expense paid with the card and to submit such followup documentation to Benefit Resource upon request.

I choose to participate in the plan.

I decline to participate in the plan. *(This information is to be retained for the Employer's records only and not reported to Benefit Resource.)*

Signature: _____ Date: ____/____/____

D. PAYROLL DEDUCTION INFORMATION Employer must complete this section for employee to be enrolled.

- Deduction cycle: weekly bi-weekly monthly semi-monthly other _____
- Pay Date of first FSA deduction(s): ____/____/____
- Number of pay dates on which FSA deduction(s) will be taken during this plan year: _____
- Health Insurance Level of Coverage: Single Family
- Health Insurance Coverage Code: _____ *This information is required for Beniversal Cards. The six digit code must match a code on your Group Insurance Form. Note: If employee is not insured through an employer sponsored health insurance plan, enter NOMED.*

The employer maintains a Plan Document; if anything in this document conflicts with the Plan Document, then the Plan Document controls.
The Beniversal Prepaid MasterCard is issued by The Bancorp Bank pursuant to license by MasterCard International Incorporated. The Bancorp Bank; Member FDIC. MasterCard is a registered trademark of MasterCard International Incorporated.