

FLEXIBLE SPENDING ACCOUNT



DEPENDENT CARE AND HEALTH OR LIMITED PURPOSE

A Flexible Spending Account (FSA) is a voluntary, tax-free way for employees to pay for qualified medical, dental, vision, or dependent care expenses. **Employees save between 25 percent and 50 percent, depending on their tax bracket.**

WAYS TO SAVE

- Reimbursement of out-of-pocket medical, dental, and vision expenses not paid by insurance.
- Reimbursement of work-related dependent care expenses for children under age 13 and/or older dependents who are incapable of self-care.

HOW A FLEXIBLE SPENDING ACCOUNT WORKS

Prior to the plan year, employees elect how much they would like to have taken out of their paycheck on a pre-tax basis. "Pre-tax" means before state, federal, Social Security, and Medicare taxes are applied.

Contributions for FSAs are deducted from each payroll during the plan year. The amount contributed to FSAs should be carefully considered, as unused amounts are generally forfeited at the end of the plan year.*

As eligible expenses are incurred, employees submit claims to Alerus for reimbursement. Alerus is required to "substantiate" each claim by reviewing receipts, explanation of benefits and claim forms to ensure all information meets applicable regulations. Alerus reimburses employees directly by check or direct deposit.

Since a traditional Health FSA causes an employee and their spouse to be ineligible to contribute to a Health Savings Account, or HSA, a Limited Purpose FSA is available. The **Limited Purpose FSA** reimburses dental and/or vision and does not impact HSA eligibility.

OTHER IMPORTANT FACTS

- New elections for Health, Limited Purpose, and Dependent Care FSAs are required each plan year.
- Elections are irrevocable during the plan year unless there is a qualified change in status.
- Spouses and children up to age 26 are eligible for reimbursement from the Health Limited Purpose FSA.
- IRS Publication 502, at irs.gov, explains health care expenses.
- IRS Publication 503, at irs.gov, explains eligible dependent care expenses.

*The Health and Limited Purpose FSA may include an optional carryover provision. See additional enrollment materials for details specific to your plan.

DEPENDENT CARE FSA EXPENSES

WHAT DOES EMPLOYMENT-RELATED MEAN?

Services reimbursed by a Dependent Care FSA must be provided in order to allow the employee and, if applicable, their spouse to be actively and gainfully employed. This means the employee can only claim services incurred while they are actually at work. Dependent Care services incurred while an employee is on a leave of absence

are not reimbursable. However, services incurred during temporary absences from work for matters like illness or vacation can be reimbursed.

The following employment-related expenses are eligible for reimbursement by a Dependent Care FSA:

- Before/After-School Care
- Day Camp
- Daycare Center
- Elder Care
- In-Home Daycare
- Montessori (Pre-K Only)
- Nanny
- Preschool/Nursery School
- Registration Fee to Obtain Care
- Sick-Child Facility

HEALTH AND LIMITED PURPOSE FSA EXPENSES

The Health and Limited Purpose FSA covers expenses that are necessary to treat or alleviate a physical or mental defect or illness. Following are some helpful facts and tips for FSA claims.

WHAT TO SUBMIT WITH YOUR CLAIM - Supporting documentation is required with all claims. Documentation should be itemized to show the date of service, what service is being claimed, and the amount you are responsible for paying. If the expense was covered by insurance, the Explanation of Benefits from your insurance carrier must be included with your claim.

DUAL PURPOSE EXPENSES - Some expenses may be considered cosmetic or general-use, but also serve a medical purpose. If a doctor recommends a service/item that would not normally be considered "medically necessary" to treat or alleviate a specific, diagnosable medical condition, it is considered a dual-purpose expense. A written statement from the physician must accompany these expenses. This statement must explain what the medical condition is, what service/item is recommended, and how it will alleviate this condition.

EXPENSES ORDERED, PAID FOR, AND/OR PICKED UP IN

DIFFERENT YEARS - Occasionally an expense may be ordered and/or paid for before it is actually obtained, such as with eyeglasses. The service date listed on the itemized provider bill will determine which plan year the expense is applicable to.

SPECIAL RULE FOR HSA OWNERS (LIMITED PURPOSE FSA) - If

you and/or your spouse are currently contributing to an HSA you are unable to use the Health FSA. Instead a Limited Purpose FSA, which follows the same rules but only reimburses dental and vision expenses, is available.

DEPENDENT CARE ASSISTANCE PROGRAM



IMPORTANT RULES AND INFORMATION

The Dependent Care Assistance Program, or DCAP, is a benefit that allows employees to pay for work-related child or dependent care expenses for children under age 13 and/or older dependent who are incapable of self-care with pre-tax dollars. Pre-tax means before state, federal, Social Security, and Medicare taxes are applied. As a result, savings from a DCAP are between 25 and 50 percent, depending on the individual's tax bracket.

Prior to the plan year, employees elect how much they would like to have taken out of their paycheck on a pre-tax basis for the DCAP benefit, up to a maximum of \$5,000 per plan year. The \$5,000 limit is a per-household limit, so employees must coordinate their DCAP election with their spouse. Contributions to the DCAP benefit are deducted from pay evenly over the plan year, based on the employee's election. As dependent care expenses are incurred, employees submit them to Alerus Retirement and Benefits (Alerus) for reimbursement.

Alerus is required to "substantiate" each claim (matching receipts and claim forms to ensure all information has been submitted) according to IRS regulations. Alerus reimburses employees for qualified DCAP expenses by check or direct deposit.

Reimbursement for dependent care expenses cannot exceed the amount that has been withheld from an employee's pay. If the amount of claims submitted exceeds the balance in the DCAP, the available balance will be paid and the remaining claim balance will be paid as future DCAP contributions occur.

Other important facts about the DCAP benefit:

- If an employee doesn't spend the money they've elected to take out of their check, it is forfeited at the end of the plan year.
- New DCAP benefit elections are required every plan year.
- Once the plan year begins, employees cannot change their elections unless they experience a qualified change in status.
- New employees beginning coverage after the plan year begins can be reimbursed for expenses incurred after their coverage starts.
- The \$5,000 annual DCAP limit is per household – coordinate with spouse as needed.
- IRS Publication 503 is available at [irs.gov](https://www.irs.gov) and explains qualified dependent care expenses. A tax credit is also available for dependent care. Employees should carefully consider which works better for them – the tax credit or the Dependent Care FSA.

EMPLOYMENT-RELATED DEPENDENT CARE EXPENSES

Expenses reimbursed by a Dependent Care Reimbursement Account must be expenses incurred to allow the participant and, if applicable, the spouse to be gainfully employed. This means the participant must only claim expenses incurred while they are actually at work, excluding expenses which might be incurred while the participant is on a leave of absence, on vacation or is out of work ill. However, temporary absences from work for matters such as illness or vacation can be disregarded if the participant is required to pay for dependent care expenses on a weekly or longer basis. Dependent care expenses incurred during a typical leave of absence (paid or unpaid) are non-reimbursable.

The following employment-related expenses are eligible for reimbursement by a Dependent Care Reimbursement Account:

After-School Care	Nanny
Before-School Care	Preschool/Nursery School
Day Camp	Registration Fee (to obtain care)
Dependent Care Center	Sick-Child Facility
Elder Care	

TIPS FOR SUBMITTING DCAP CLAIMS

You can submit claims to your DCAP online at alerusrb.com or by completing and submitting a Reimbursement Request Form.

There are a few important things to keep in mind when submitting FSA claims online or using the Reimbursement Request Form. Following these basic claims submission guidelines will help prevent denials and make the claim process as quick and easy as possible.

- Always include documentation to support the expenses you are claiming.
- Remember, online claims cannot be paid until itemized documentation is submitted to Alerus and approved.

If you choose not to use online claims you can use the Reimbursement Request Form to request funds from your DCAP. Completed forms can be mailed or emailed to:

Alerus, ATTN: FSA Department, 201 E. Clark St., Albert Lea, MN 56007
Email: healthbenefits@alerus.com

LIMITED PURPOSE FSA FAQs



USING THE LIMITED PURPOSE FSA WITH YOUR HSA

If you and/or your spouse are covered by a Health Savings Account (HSA) you cannot be covered by a traditional health Flexible Spending Account (FSA). However, you can take advantage of the Limited Purpose FSA. **The Limited Purpose FSA (Limited plan) covers only vision, dental, and orthodontic expenses for you and your family and does not affect your HSA eligibility.**

What expenses can be covered by a Limited plan?

Covered expenses include vision, dental, and orthodontic expenses incurred by you and your family.

What if my spouse/dependents are covered by a separate, non-high-deductible health plan?

The same type of expenses can be submitted to the Limited plan, regardless of their health plan coverage.

If I am covered by the HSA, do I have to use the Limited plan to pay for my family's vision, dental, and orthodontic expenses?

No, participation in the Limited plan is optional. You also have the option to use your HSA to cover these expenses.

What is the advantage of using the Limited plan and the HSA?

If you have regular vision, dental, and/or orthodontic expenses, the Limited plan can help preserve the funds in your HSA for future medical expenses, including post-retirement medical expenses.

Can I change my Limited plan election?

Once the plan year begins your election cannot be revoked or modified, unless you experience a qualified life-changing event such as marriage, birth of child, etc.

Is the traditional health FSA still available?

Yes, the traditional plan is still available and can be used by employees who are not covered by the HSA.

Is the Health Benefits Card (debit card) available with the Limited plan?

Employers choose whether or not to offer the debit card with Limited plans. If your employer has chosen to allow card usage with the Limited plans, you will use the same debit card for the Limited plan that you use for the HSA. Review your employer's plan document or inquire with your employer for details about your specific plan.

If I swipe my debit card at a dental office will the funds come from my HSA or my Limited plan first?

The card will take available funds from the Limited plan first because it is a covered Limited plan expense.

What happens if I don't have enough funds in my Limited plan to cover a Limited plan expense?

The debit card will take what funds are available from the Limited plan, and take the remaining balance (if any) from your HSA. *For example, you go to a vision store and buy glasses for \$495. You have \$300 in your Limited plan and \$1,000 in your HSA. Once you swipe your card it will take \$300 from the Limited plan, and the remaining \$195 from your HSA in one swipe. No need to swipe it twice!*

What happens if I swipe my card for a non-Limited plan expense, and I have funds left in my Limited plan?

The card will recognize that the swipe is for a non-Limited plan expense and take the money from your HSA.

What happens if I swipe my card for a dental expense and it comes from my Limited plan and I want it to come from my HSA?

You will need to contact Alerus and we will switch the swipe from your Limited plan to your HSA per your request. The debit card will always try and take funds from the benefit that closes first. Because the HSA rolls over from year to year, the debit card will always try and take any eligible Limited plan expense from your Limited plan account first.

What if I swipe my card for a dental expense and it comes from my HSA?

This could have happened because your provider/merchant has the item or their debit/credit card machine coded differently. You will need to contact Alerus. Once we have received eligible documentation and verified the expenses are Limited plan eligible, we will switch the funds to take from the Limited plan benefit.

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PRE-TAX BENEFITS ELIGIBLE EXPENSES



Pre-tax benefits such as Flexible Spending and Health Saving Accounts cover a wide variety of health care expenses. These expenses must be necessary in order to treat or alleviate a physical or mental defect or illness. This includes (but is not limited to) clinical, dental, orthodontic, vision, chiropractic, pharmaceutical, or over-the-counter/menstrual expenses.

The following lists are examples of eligible, ineligible, and dual purpose health care expenses for these benefits. These lists are not exhaustive and additional information regarding health care expenses recognized by Section 213(d) of the Internal Revenue Code can be found at [irs.gov](https://www.irs.gov). Items marked with “**LP**” indicate the expenses which are eligible to be reimbursed from your pre-tax Limited Purpose Benefit. These expenses would also be eligible for your other pre-tax benefits. Five or more items on the same receipt are considered stock piling and are not eligible.

ELIGIBLE EXPENSES

Acupuncture
Alcoholism Treatment
Ambulance
Artificial Limbs / Teeth - **LP**
Bandages
Birth Control Pills
Blood Pressure Monitoring Devices
Body Scan
Breast Pumps
Chelation (EDTA) Therapy
Chiropractors
Circumcision
Co-pays / Coinsurance / Deductibles
Contact Lenses / Related Material - **LP**
Counseling (excludes marriage)
Crutches
Dental Treatment - **LP**
Dentures - **LP**
Diabetic Supplies
Diagnostic Services
Drug Treatment
Egg Donor Fees
Eye Exams / Glasses - **LP**
Fertility Treatment

First Aid Kits
Flu Shots
Glucose Monitoring Devices
Guide Dog - **LP**
Hearing Aids
Home Care
Hormone Replacement Therapy
Hospital Services
Immunizations
Inclinators
Insulin
Laboratory Fees
Lactation Assistance Supplies
Lamaze Classes
Laser Eye Surgery - **LP**
Learning Disability
Medical Records Charge
Medical Services
Nursing Services
Obstetrical Expenses
Occlusal Guards - **LP**
Operations
Optometrist - **LP**
Orthodontia - **LP**

Osteopath
Oxygen
Physical Exams
Physical Therapy
Prescription Drugs
Prescription Safety Glasses
Prosthesis
Psychiatric Care
Psychoanalysis
Psychologist
Reading Glasses - **LP**
Screening Tests
Sleep Deprivation Treatment
Sterilization Procedures
Sunscreen
Supplies for Medical Condition
Surgery
Therapy (individual only)
Transplants
Vaccines
Vasectomy
Vision Correction Procedures - **LP**
Wheelchair
X-Ray Fees

INELIGIBLE EXPENSES

Appearance Improvements
Baby-Sitting / Child Care
COBRA Premiums¹
Controlled Substances
Cosmetics
Cosmetic Procedures
Chemical Peels
Dancing Lessons
Diapers
DNA Collection / Storage
Electrolysis
Face Lifts

Funeral Expenses
Genetic Testing
Hair Removal
Household Help
Illegal Operations
Insurance Premiums¹
Long-Term Care¹
Maternity Clothes
Medicare Premiums¹
Personal Use Items
Prepayment for Services
Retin-A

Rogaine
Safety Glasses
Student Health Fee
Sunglass Clips
Tanning Salons / Equipment
Teeth Whitening

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WHAT ARE DUAL PURPOSE EXPENSES?

There are some expenses that may be considered cosmetic or general use items that may also serve a medical purpose. If a doctor recommends a service/item that would not normally be considered “medically necessary” to treat or alleviate a specific diagnosable medical condition, it is considered a dual-purpose expense. A written statement from the physician must be obtained for these expenses. This statement must explain what the condition is, what service/item is recommended, and how it will alleviate this condition.

DUAL PURPOSE EXPENSES

Air Purifier

Acne Treatment

Capital Expenses

Chondroitin

Cryogenic Storage Fees

Dietary Supplements

Ear Plugs

Exercise Equipment / Programs

Glucosamine

Health Club Dues

Language Training (for disability)

Massage Therapy

Nutritional Supplements

Orthopedic Inserts

Prescription Weight Loss Drugs

Treadmill

Varicose Veins Treatment

Weight Loss Programs

ELIGIBLE OVER-THE-COUNTER ITEMSAcid Controllers²Allergy Medicine²Anti-Diarrheals²Anti-Gas Treatments²Antiseptic Cream / Wash²

Bandages

Birth Control Products

Blood Pressure Monitoring Kits

Braces / Supports

Canes / Walkers

Cold / Hot Packs

Cold, Cough, and Flu Medicines²

Compression Stockings

Contact Lens Solution - **LP**

Corn / Callus Pads

Crutches

Decongestants²Denture Supplies - **LP**

Diabetic Supplies

Diagnostic Products

Digestive Aids²Expectorants²

External Catheters

Hearing Aid Batteries

Incontinence Supplies

Laxatives²Menstrual Care Items²

Nebulizers

Ointments / Rash Creams²

Ostomy Products

Oxygen Equipment

Pain Relievers / Fever Reducer²

Pregnancy Test Kits

Reading Glasses - **LP**Sleep Aids²Stomach Remedies²

Syringes

Thermometers

Wheelchair and Accessories

¹ADDITIONAL HSA EXPENSES (PREMIUMS)

In addition to health care expenses, the HSA also covers some insurance premiums. This includes COBRA and Long-Term Care Premiums, as well as premiums for health insurance while receiving unemployment compensation. Additionally, once the HSA owner is age 65, the HSA covers Medicare and general health insurance premiums.

²Must be purchased after 01.01.2020.

This communication is provided for informational purposes only. Although this information is believed to be reliable, we cannot guarantee accuracy of information.

Investment products: 1) are not FDIC insured, 2) are not deposits or obligations of a bank, and 3) involve risk, including possible loss of the principal amount invested.

FLEXIBLE SPENDING ACCOUNT ORTHODONTIA CLAIMS



USING YOUR FLEXIBLE SPENDING ACCOUNT (FSA) FOR ORTHODONTIA EXPENSES

You can use the funds in your Health or Limited Purpose Flexible Spending Account (FSA) to pay for orthodontia expenses incurred by yourself, your spouse, and/or your qualified dependents. Providers offer various payment options for orthodontic treatment. You also have various options when claiming such expenses from your FSA. These options are summarized below.

DOWN PAYMENT

The down payment is typically required to be paid at the start of orthodontic treatment. You can claim the down payment as soon as treatment begins. The down payment can only be reimbursed by the plan year in which treatment begins.

UP-FRONT PAYMENT IN FULL

If you pay the entire cost of orthodontic treatment at the start of the treatment, you can:

- Claim the entire amount from your FSA at that time; or,
- Split the amount you claim by multiple plan years, based on the number of years treatment is expected to last - you will be required to submit a new claim at the start of each subsequent plan year.

Proof of payment will be required with your claim(s) when using this reimbursement option.

ANNUAL INSTALLMENTS

If you pay your provider in annual installments, you may claim such payments from your FSA during the plan year in which they are made. Proof of payment will be required with your claims when using this reimbursement option.

MONTHLY INSTALLMENTS

If you pay your provider in monthly installments, you may claim such payments from your FSA as they are due. If you elect to pay ahead, you may claim the future months' payments from your FSA, as long as you include proof of payment with your claim.

WHAT TO SUBMIT WITH YOUR CLAIMS

Please include an itemized statement from your provider, such as the service contract, when claiming the down payment, full payment, and/or annual installments. This statement should clearly show the start date of the treatment, expected length of treatment, amount of the required down payment, and the payment plan you will be following.

Please keep in mind that you must provide proof that payment has been made when claiming the full cost of treatment, annual installment, or future monthly payments. Proof of payment includes a statement from the provider showing that payment has been made. Claims for monthly payment should include a copy of the provider bill or payment coupon.

If you have questions about your orthodontia claim, please contact Alerus Retirement and Benefits at **877.661.4727** or **healthbenefits@alerus.com**.

ALERUS HEALTH BENEFITS CARD

SWIPE YOUR CARD. SAVE YOUR RECEIPTS.

The Alerus Health Benefits Card draws funds directly from your FSA to pay for eligible expenses and eliminates the wait for reimbursement. It can only be used at places where you might obtain medical, dental, vision, parking or transit services (please check your plan for covered benefits). Dependent Care providers accepting Visa® will also accept this card.

Using the Alerus Health Benefits Card is easy! Simply present it at qualified merchants and the cost will come directly from your FSA.

SUBMIT RECEIPTS

IRS rules require all Alerus Health Benefits Card transactions be substantiated. In some cases, this will occur electronically and you will not need to submit any documentation for your purchase.

However, you will sometimes be required to send in documentation for an Alerus Health Benefits Card swipe after it occurs, in order to meet IRS requirements.

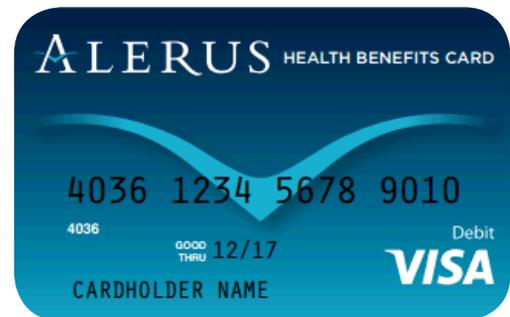
RECURRING AMOUNTS

Transactions that recur in the same amount at the same merchant will only require documentation the first time in a given plan year.

SOME TRANSACTIONS REQUIRE RECEIPTS

If you are required to submit receipts for any of your Alerus Health Benefits Card purchases, they will be requested by email or mail and you will have 60 days to submit them.

Remember, if Alerus asks you to send receipts for a purchase, the merchant **has already been paid** for your service or expense.



OTHER THINGS TO KNOW

- Do not use the Alerus Health Benefits Card to pay for expenses that took place in a previous plan year. The Alerus Health Benefits Card is only linked to your current plan year balance. Use online or paper claims to submit run-out expenses.
- Retain documentation for all Alerus Health Benefits Card purchases, even if Alerus Retirement and Benefits does not request it.
- Only use the Alerus Health Benefits Card to pay for eligible expenses — ineligible transactions will require repayment.
- Using the Alerus Health Benefits Card is optional — paper or online claims can still be submitted any time.

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ALERUS HEALTH BENEFITS MOBILE APP



NOW YOU CAN MANAGE YOUR BENEFITS ON THE GO!

ACCESS YOUR BENEFITS

CHECK YOUR BALANCE. VIEW YOUR SPENDING.

- View your account balance and any required action items.
- Enter new claims and attach documentation using your device's camera.
- Submit documentation for debit card purchases using your device's camera.
- Easily contact Alerus Retirement and Benefits customer service team.
- **Eligible Expense Scanner** - Scan a product bar; this will tell you if an item is eligible based on the 213(d) eligible expense list.
- **HSA Investment Detail** - View (read only) HSA investment information such as current and beginning balance, recent activity, rate of return, and related graphs.

DOWNLOAD THE APP*

- Search **Alerus Retirement and Benefits** in either the App Store or Google Play to download our mobile app.
- The mobile app is available for Apple, iPad, and Android devices.
- Monthly statements and HSA tax forms may be retrieved through the mobile app.



LOGGING IN

- *User ID* is first initial of first name + last name + last four digits of SSN.
- *Password* is last four digits of SSN.
- Once you have established your username and password you will be prompted to create a four digit passcode. At that time you can also enable Touch ID.

ALERUS

*Alerus charges no fees to download or use the app. However, your carrier's message and data rates may apply.

06.18.2019

CONSUMER PORTAL GUIDE



FLEXIBLE SPENDING ACCOUNT (FSA), HEALTH REIMBURSEMENT ACCOUNT (HRA), AND/OR PARKING/TRANSIT

Welcome to your Alerus Health Benefits Account Consumer Portal. This one-stop portal gives you 24/7 access to view information and manage your Flexible Spending Account (FSA), Health Reimbursement Account (HRA), and Parking/Transit Accounts.

- File a claim online
- Upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims history, and payment (reimbursement) history
- Report a lost/stolen card and request a new one
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms and notifications

HOW DO I LOG IN?

First time users will need your Social Security number, date of birth, and hire month and year to create an account.

- Go to alerusrb.com > **Login**
- At the Access MY ALERUS prompt, click **Create account**, enter the required information, click **Create account**.
- Create a Username and Password and provide a valid email address (future password resets will be verified over email).
- Review electronic consent and terms of use documents, click **Accept**.
- Select a phone number and method (text or phone call) to have a code sent to verify your identity, click **Submit**.
- Enter the six-digit verification code you receive, click **Submit**.

The Home Page is easy to navigate:

- Easily access the **Available Balance** and **I Want To** sections to work with your accounts right away.
- The **I Want To...** section contains the most frequently used features for the Consumer Portal.
- The **Accounts** section links to the Account page, where you can see and manage your accounts.
- The **Tasks** section displays alerts and relevant links that enable you to keep current on your accounts.
- The **Recent Transaction** section displays the last three transactions on your account(s).
- The **Quick View** section graphically displays some of your key account information.

You can also hover over the tabs at the top of the page.



HOW DO I FILE A CLAIM AND UPLOAD A RECEIPT?

- On the **Home Page** > **I Want To** > **File a Claim** OR from any page on the portal, expand the **Accounts** section.
- The claim filing wizard will walk you through the request including entry of information, payee details, and uploading a receipt.
- To submit more than one claim, click **Add Another**, from the Transaction Summary page.
- When all claims are entered in the Transaction Summary, agree to the terms and conditions click **Submit** to send the claims for processing.
- The Claim Confirmation page displays. You may print the Claim Confirmation Form as a record of your submission. If you did not upload a receipt, you can upload the receipt from this screen or print a Claim Confirmation Form to submit to the administrator with the required receipts.

NOTE: If you see a **Receipts Needed** link in the Tasks section of your Home Page, click on it. You will be taken to the Claims page where you can see the claims that require documentation. Upload the receipts from this page. Click to expand the line item to view claim details and the upload receipts link.

Investment products: 1) Not FDIC insured, 2) Not guaranteed by a bank, 3) May lose value.

ACCOUNT SUMMARY

ACCOUNT	ELIGIBLE AMOUNT	SUBMITTED CLAIMS	PAID	PENDING	DENIED	AVAILABLE BALANCE
+ Health FSA	\$2,700.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,700.00
+ Dependent Care	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,923.04
+ Parking	\$1,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$692.30

HOW DO I VIEW CURRENT ACCOUNT BALANCES AND ACTIVITY?

- For current account balance only on the **Home Page** scroll down to **Accounts**
- For the summary of your account, click **Accounts > Account Summary**. Select the benefit to view more.

EXPENSE TRACKER

To view and manage ALL healthcare expense activity from EVERY source, use the Expense Tracker. Adding an expense to the expense tracker doesn't automatically submit for payment until **Pay** is clicked. See "How Do I Pay an Expense?"

- Accounts > Expense Tracker** is an easy-to-use consolidated view of healthcare expenses for ongoing management of medical claims, premiums, and card transactions.
- Easily filter expenses by clicking on the filter options on the navigation pane on the left side of the screen or, by clicking on the field headers within the Expense Tracker.
- Search for specific expenses using the search field.
- Export expenses into an Excel spreadsheet by clicking on the **Export Expenses** button.

DATE	EXPENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	SUBMITTED AMOUNT	STATUS
+ 8/6/2018	Pharmacy	FSA Sample	Costco	\$12.25	\$ Pay

HOW DO I ADD AN EXPENSE TO THE EXPENSE TRACKER?

- From the **Expense Tracker** > click **Add Expense** button
- Complete the expense detail fields. You can even upload a copy of the receipt and, add notes for your records.
- Once the expense has been added to the Expense Tracker you can pay the expense, if desired.

HOW DO I PAY AN EXPENSE?

- You may process payments/ reimbursements for unpaid expenses directly from the Expense Tracker page.
- Expenses will be categorized and payment can be initiated for unpaid expenses by clicking on the button to the right of the expense details.
- Choose which expenses you would like paid and you will be presented with the eligible accounts from which you can initiate payment.
- Click **Pay**, the claim details from the Expense Tracker will be pre-populated within the claim form. Review and edit the claim details as needed.
- You will have the option to either request a reimbursement to yourself or pay the provider.

HOW DO I EDIT AN EXISTING EXPENSE IN THE EXPENSE TRACKER?

- You can edit expense details for all claim statuses directly from the Expense Tracker page.
- Expand the claim details visible by clicking on the expense line item from the Expense Tracker.
- You will be presented with options to add expense notes, update the expense details, mark the expense as paid/unpaid or, remove the expense from the Expense Tracker.

PAYMENTS

HOW DO I VIEW MY PAYMENT (REIMBURSEMENT) HISTORY?

- Accounts > Payments** you will see reimbursement payments made to date, including debit card transactions.
- By clicking on the line of a payment, you can expand the data to display additional details about the transaction.

BANKING

HOW DO I REPORT A DEBIT CARD MISSING AND/OR REQUEST A NEW CARD?

- Accounts > (Profile) Banking**
- Under the Debit Cards column, click Report Lost/Stolen or Order Replacement and follow instructions.

PROFILE SUMMARY

HOW DO I UPDATE MY PERSONAL PROFILE?

- **Accounts** > (Profile) **Profile Summary**. There are links to update profile information including profile summary details, dependents, and beneficiaries.
- Click the appropriate link on the Profile screen for your updates: **Update Profile** or **Add/Update Dependent**. Some profile changes will require you to answer an additional security question.
- Complete your changes in the form.
- Click **Submit**.

PAYMENT METHOD

PLAN YEAR	ACCOUNT(S)	PRIMARY	ALTERNATE
01/01/2019 - 12/31/2019	Health FSA Dependent Care Parking Transit	Debit Card	Check

HOW DO I GET MY REIMBURSEMENT FASTER?

The fastest way to get your money is to sign up online for direct deposit to your personal checking account. Make sure that your employer is offering direct deposit setup online.

- **Accounts** > (Profile) **Payment Method** > **Update** OR **Tools & Support** > (How Do I?) **Change Payment Method**
- Select the Primary Payment Method and/or Alternate Payment Method click **Submit**. The Add Bank Account: Direct Deposit Setup page displays.
- Enter your bank account information, and click **Submit**.
- A confirmation message displays.
- If there is a bank validation requirement, you will be notified on the portal to look for a small transaction or “micro-deposit” in your designated bank account in the next couple of days to enter online, which will validate your account.

LOGIN INFORMATION

HOW DO I CHANGE MY LOGIN AND/OR PASSWORD?

- **Accounts** > (Profile) **Login Information**
- Follow instructions on the screen. (For a new account, the first time you log in, you will be prompted to change the password that was assigned by your plan administrator. Follow the instructions.)
- Click **Save**.

MISCELLANEOUS

HOW DO I VIEW/ACCESS DOCUMENTS & FORMS?

Tools & Support click any form or document of your choice.

HOW DO I VIEW/ACCESS NOTIFICATIONS?

Message Center click any link of your choice. You will be able to view and archive current documents, as well as reference documents archived previously. You can Update Notification Preferences by clicking on the link.

HOW DO I VIEW/ACCESS PLAN INFORMATION?

- **Accounts** > **Account Summary** click onto the applicable account name and the Plan Rules will open in a pop-up window. OR
- **Tools & Support**, you may view Plan Summaries for basic information. Then click each applicable plan to see the plan details.