

Flexible Benefit Plan Enrollment Guide

COUNTY OF CALLAWAY 2021

01/01/21- 12/31/21

Instructions for Using This Guide:

1. Review the information and decide how this plan benefits you.
2. Estimate your out-of-pocket health care expenses using the worksheet.
3. Enroll or waive participation by completing the election process. Complete the Plan Participation Form included in this packet and return to HR.
4. Update or add your Direct Deposit information through the online portal at <https://mpi.LH1ondemand.com> or complete the Direct Deposit portion of the enclosed Plan Participation Form.
5. Return the completed Form to your employer or complete the online enrollment process as instructed by Human Resources. Forms returned after deadline may not be accepted.
6. Call for assistance: Please contact Med-Pay's FSA Customer Service if you have questions regarding your FSA benefits or the enrollment process.

The information included in the Guide is for explanation only and is not intended as tax advice. In all matters where tax or legal advice is needed the services of professional counsel should be sought.

Important Notes and Reminders about Your FSA Plan:

Your plan has the "Rollover" option

Plan Participants: ("prior" is 2020, "current" is 2021)

- FSA plans: Any remaining funds in your prior plan year account can be used for expenses incurred by December 31. All claims incurred for the plan year must be filed by January 31 of the current plan year. If you do not spend the entire elected amount in the prior FSA plan, you will be allowed to rollover up to \$550 to the current plan year. Any amount above \$550 will be forfeited.
- DCAP plans: Any claims filed for reimbursement incurred through March 15th of the current plan year will be paid first from any remaining funds in the prior plan year account before being taken from the funds for the current plan year. Claims must be filed by April 15th. Rollover does not apply to DCAP.
- If you terminate employment, only claims incurred prior to your termination date are eligible. All claims must be filed within 30 days of termination. If you qualify for and elect COBRA, claims may be incurred during the remainder of the plan year.
- Claims must be incurred in the same time period as the contributions are being withheld from your paycheck. You may not pay for prior year expenses with current year funds.
- Your FSA annual election cannot change during the plan year except in the event of a recognized Status Change or Qualifying Event.
- Per IRS or plan limitations, FSA elections cannot exceed \$2750 per employee and DCAP election cannot exceed \$5000 per family per tax year.

The Tax Saving Benefit of an FSA Plan

Flexible Spending Accounts (FSAs) are reimbursement accounts that allow you to pay for certain eligible expenses with tax-free dollars. Through pre-tax salary reduction and reimbursement, you convert taxable income into non-taxable benefits. The result is reduced tax withholdings and more take-home pay. FSA participation results in **tax savings of approximately 30%** for all dollars run through the plan.

There are three types of FSA Plans: (Your Employer may not offer all of these plans.)

- 1. Unreimbursed Medical FSA (FSA)** can be used to pay for eligible unreimbursed health care expenses (not covered or paid by any insurance) incurred by you, your spouse and your dependents.

Common expenses that qualify for reimbursement are: doctor visits, deductibles, co-payments, prescriptions, mental health care, dental services (including orthodontics), chiropractor services, eye exams, glasses and contacts. A general listing of reimbursable and non-reimbursable expenses is included in this Guide. For further details refer to the list in the Document Library on <https://mpi.LH1ondemand.com>.

- 2. Dependent Care FSA (DCAP)** can be used to pay for eligible dependent care expenses (daycare, childcare) so you and your spouse can work, look for work or attend school full-time. Covered expenses must be for a qualified child who is a *dependent children age 12 and under or is a person of any age whom you claim as a dependent on your taxes and who is mentally or physically incapable of caring for himself or herself and spends at least 8 hours a day in your household*.

Eligible expenses include childcare (nursery, preschool or private sitter), before and after-school care and day camps.

Ineligible expenses include kindergarten tuition, overnight camps, and expenses paid to a tax-dependent.

Please note: A dependent care credit is available on your annual tax return. Whether or not to participate in the daycare portion of this plan depends on your income, filing status, number of dependents and annual daycare expenses. With a DCAP, you will receive your tax savings throughout the year, rather than once a year when you file your taxes.

- 3. Adoption Expense Reimbursement FSA (ADOPT)** can be used to pay for reasonable and necessary legal adoption fees, court costs and attorney fees. Covered expenses must be for a qualified child who is *an individual who has not attained the age of 18 as of the time of the adoption or is physically or mentally incapable of caring for himself*. A qualified child does not include the child of an individual's spouse.

Staying Informed

With 24/7 access to the secure online portal, <https://mpi.LH1ondemand.com>, you can:

- Make changes to your contact information
- Add or change your direct deposit information
- View account balances
- Fill out and print a claim form
- Check the status of your claims
- View images of claims you have submitted through the portal.



24/7 access available on the mobile app. Search "Med-Pay Flex Mobile" on your device. Submit claims and receipts using your device's camera. Receive text alerts.

Log into your Med-Pay FSA account online portal:

First Time Users: Go to <https://mpi.LH1ondemand.com> and scroll down on the page until you see the blue Sign In box. Follow the instructions for "Existing Users" for your initial login. You will be prompted to choose a new user name and password for future use.

Forgot user name and/or password: If you have logged in before but have forgotten your username and/or password, click the "Forgot Password?" link and follow the steps to have your login information reset, or you may call our FSA department at (417) 841-4134 or (800) 777-9087.

About The WEX Health Card

- The WEX Health Card is a limited merchant category Visa® Card which provides instant access to FSA funds, reducing out-of-pocket expenditures for which you must file a claim and await reimbursement.
- By using the WEX Health Card, there is less paperwork to submit. It is designed to work at merchants with a health-care merchant category code, such as a doctor's office, hospital, dentist or optometrist. Charges are automatically approved at many of these locations, so you will only need to submit requested receipts instead of submitting all receipts to Med-Pay.
 - Card transactions which match your employer-sponsored plan copays will automatically substantiate. Therefore, you will not need to submit receipts.
 - The WEX Health Card will also work at retail merchants which have an Inventory Information Approval System (IIAS) in place. The IIAS will provide automatic substantiation at the point of sale for FSA-eligible items. This means you can only purchase eligible items with your card at these locations, and you will not need to submit receipts.
 - A recurring transaction for which the receipt for the first purchase in a plan year was provided to Med-Pay will also automatically substantiate.
- Receipts will need to be submitted for debit card purchases that do not meet the above auto-substantiation criteria. You will receive a statement at the beginning of the month if there are transactions for which receipts are required for substantiation. The receipt must contain the following information: Patient Name, Provider, Date of Service, Details of the Service and the Patient Responsibility. An Explanation of Benefits from the insurance plan or superbill from the provider works best.
- You will receive one card and it will be mailed to the address on file with Med-Pay's FSA department. If you need additional cards for your spouse or dependents, they can be ordered on the web portal at <https://mpi.LH1ondemand.com>. Keep your card even if you have used all available funds from your account. The card will not expire for 3 years. Your new election in subsequent years will be loaded to this card.

Note: According to IRS requirements, ***save your receipts***. Even if you are not required to provide receipts for substantiation of the charges, you should keep your receipts in case of a tax audit.

FLEXIBLE SPENDING ACCOUNT ADMINISTRATION CONTACT INFORMATION

Phone Number for Customer Service: (417) 841-4134 or (800) 777-9087

Fax Number: (417) 841-4117

Email Addresses:

Claims Processing: flexclaims@med-pay.com

OR

flexcs@med-pay.com

Eligibility: flexplans@med-pay.com

Website: <https://mpi.LH1ondemand.com>

Mailing Address: Med-Pay, Inc
PO Box 10909
Springfield, MO 65808
Attn: FSA/HRA Department

Physical Address: Med-Pay, Inc.
1650 E Battlefield Ste 300
Springfield, MO 65804
Attn: FSA/HRA Department

Med-Pay, Inc.

Hours of Operation

Monday – Friday; 8:30am –4:30pm Central Standard Time

What's Reimbursable?

This non-exhaustive list of expenses reimbursable by your Medical Flexible Spending Account is based on Internal Revenue Code 213(d). Please note that there have been important changes in the way over-the-counter drugs and <https://mpi.LH1ondemand.com> for further information, or please feel free to contact us if you have any questions about eligible expenses.

Reimbursable Expenses:

Acupuncture	Diagnostic fees	Physician fees
Ambulance	Diagnostic devices	Practical nurse fees
Artificial limbs	Drug & alcohol addiction treatment	<u>Prescribed</u> medicine (if not cosmetic; hair-loss medications are not reimbursable)
Artificial teeth	Drug & medical supplies	Psychiatrist's care
Automobile modifications (hand controls, lifts, etc.)	Eyeglasses, incl. exam fee	Routine physicals
Bandages	Guide Dog	Smoking cessation (prescribed drugs and non-drug program)
Birth control	Handicapped persons' schools	Special communications equipment for the deaf
Blood pressure monitor	Insulin	Special education for the blind
Braille books & magazines	Laboratory fees	Transportation expenses for medical services
Chiropractors	Lactation expenses	Tubal ligation
Copays, deductibles, & coinsurance	Laser eye surgery	Tuition at special school for the handicapped
Contact lenses & supplies	Learning disability - special school fees	Vasectomy
Contraception	Obstetrical expenses (after services have been performed)	Wheelchair
Costs for physical/mental illness	Operations (medically necessary)	X-rays
Crutches	Orthodontia (special rules apply)	
Deductible, all family members	Orthotics/Orthopedic shoe inserts	
Dentist fees (if not cosmetic: e.g., teeth whitening is a non-reimbursable expense)	Oxygen	
Dentures	Physical therapy	

OTC Drugs and Medicines are now Reimbursable without a Prescription:

Over-the-counter (OTC) drugs and medicines no longer require a prescription for FSA reimbursement. .

Some OTC medications are listed below:

- Acid control medication (Prevacid, Prilosec, Zantac, etc.)
 - Acne treatment
 - Allergy medication (Zyrtec, Claritin, etc.)
 - Antacids (Tums, etc.)
 - Anti-itch medication
 - Cold medication Cough drops
 - Nicotine patches or gum
 - Pain relievers (Advil, Tylenol, etc.)
 - Sleep aid medication
 - Stomach remedies (Pepto-Bismol, etc.)
-
- Feminine hygiene/menstrual care products are now a covered expense

Reimbursable with a Letter of Medical Necessity:

These items may be reimbursable if accompanied by a note from a doctor recommending the item to treat a specific medical condition. This form is available on <https://mpi.LH1ondemand.com>.

- Cord blood storage
- Home improvements for medical conditions
- Nutritionist
- Orthopedic shoes (not mass-produced)
- Vitamins & nutritional supplements (only if recommended by a doctor for a specific medical condition)
- Weight loss to treat existing disease
- Wigs

Not Reimbursable through your FSA plan:

- Cosmetic surgery (unless restorative)
- Finance Charges
- Food
- Imported drugs (Canada, Mexico)
- Marriage counseling
- Missed appointment fees
- Teeth whitening
- Toothbrushes
- Vision Club Memberships
- Warranties
- Personal Hygiene Products

Estimating Your Expenses

Use this worksheet to help estimate what out-of-pocket expenses you can pay with tax-free dollars through a Flexible Spending Account (FSA).

1. Medical/Dental/Vision FSA:

What is your estimate of medical/dental/vision costs to be incurred during the plan year and not reimbursed by insurance or another benefit plan? Be sure to include expenses for you, your spouse and all dependents, even if they are not enrolled under your employer's insurance coverage. Confirm the eligibility of an expense on our website (<https://mpi.LH1ondemand.com>) or call us to discuss.

Medical:

Insurance Deductibles	\$ _____
Copays and Coinsurance (amount not paid by insurance)	\$ _____
Routine Exams (Physicals, Ob-Gyn, etc.)	\$ _____
Prescription Drugs (Including birth control)	\$ _____
Over-the-Counter Medications	\$ _____
Over-the-Counter Non-Drug Medical Items	\$ _____

Dental:

Insurance Deductibles, if applicable	\$ _____
Copays and Coinsurance (amount not paid by insurance)	\$ _____
Exams, Cleaning, X-rays, etc. (<u>NOT teeth whitening</u>)	\$ _____
Fillings, Caps, Crowns, Bridges, etc.	\$ _____
Orthodontia (Braces) <i>Note: Special rules apply</i>	\$ _____

Vision Care:

Exams, Contacts, Glasses, LASIK Surgery)	\$ _____
Hearing Care (Exams, Hearing Aids & Batteries, etc.)	\$ _____

Other unreimbursed medical expenses: \$ _____

Total Medical/Dental/Vision Expenses = \$ _____/Year

2. Dependent Care FSA:

If your spouse works or if you are a single parent, how much do you pay for employment-related dependent day care or childcare services for children age 12 and under? Remember to take into account vacation and other time off work during the year. *Only fees for actual care may be reimbursed. Kindergarten tuition, overnight camps and expenses paid to a tax-dependent are ineligible.*

Total Dependent Care Expense = \$ _____/Year

IMPORTANT:

- **Reimbursement is based on the date of service, not the date of payment.** In order for you to be reimbursed from your FSA funds, ***the date the expense is incurred (NOT PAID) must be within the current plan year*** and while you are an active participant in the plan.
- Prepayments, such as deposits for surgery, dental work or dependent care summer programs, are not eligible for reimbursement until the service has actually been rendered.
- Your Dependent Care and Medical/Dental/Vision FSAs are two separate plans, and funds cannot be transferred between them.

Acknowledgements

Flexible Benefit Plan and Flexible Spending Accounts

1. My portion, if any, of insurance premiums for eligible employer-sponsored insurance plans elected for myself and my dependents will be automatically pre-taxed unless I sign a Pre-Tax Waiver form provided by my employer. My employer may adjust pre-tax premiums if rates change during the year, but I may not be able to change my election during the Plan Year.
2. I cannot change or revoke my elections prior to the start of the next plan year, unless I have a Change in Status or other Qualifying Event described in the Plan. The Summary Plan Description ("SPD") includes a full explanation.
3. Signing this form does not initiate my coverage under any insurance policy.
4. My Plan Year benefit elections may be slightly rounded, if necessary, to allow per-pay-period salary reductions.
5. Participation in this Plan may mean paying less Social Security tax, which could reduce my future Social Security benefits.
6. Enrollment in the Medical Flexible Spending Account listed covers me and my eligible dependents, if any. I understand that FSA enrollment may impact my eligibility, or eligibility of my spouse or dependent(s), for a Health Savings Account (HSA). I also understand that I cannot change or reduce my Medical FSA during the plan year in order to enroll in an HSA.
7. This document provides general information about a Flexible Benefit Plan. For more specific information, I will review my Plan's SPD.
8. Due to IRS non-discrimination rules for flex plans, in some circumstances the pre-tax elections of Highly Compensated Employees or Key Employees must be adjusted mid-year to meet IRS compliance testing guidelines. If you are deemed to be a Highly Compensated Employee or Key Employee, your election may be reduced or discontinued in such a circumstance. If so, the benefits administrator will provide notice and further details.

Flex Card (If offered by your plan)

After completing the WEX Health Card - Initial Signup on the Plan Participation Form, as an FSA participant you will receive a WEX Health Card™ Visa Card and agree to use it according to these Acknowledgements and the Cardholder Agreement that will be provided with the card.

1. I understand that the Flex Card is restricted to certain merchant categories and approved IAS vendors and is not accepted at all Visa Card authorized locations.
2. I understand that I may not obtain a cash advance with the card at any merchant, bank or ATM.
3. **I understand that the card is to be used *exclusively* for Qualified Expenses as defined by the plan(s) in which I participate. If the card is used for an expense that is not a Qualified Expense, I understand that I am indebted to my employer and must repay the full amount of the non-qualified expense. Repayment for non-qualified expenses may be in the form of an offsetting claim or a personal check.**

Direct Deposit Reimbursement Authorization Agreement

1. I hereby authorize Med-Pay, Inc. (hereinafter "Plan Service Provider") to initiate credit entries (electronic and otherwise) and, if necessary, debit entries and adjustments for any erroneous credit entries to my Personal Bank Account in the financial institution named (hereinafter "Financial Institution").
2. This authority is to remain in force until the Plan Service Provider has received written notification from me of its termination in such time and manner as to afford Plan Service Provider and Financial Institution a reasonable opportunity to act on it. I can discontinue this arrangement at any time and receive reimbursements monthly by check.

There is no automatic re-enrollment in your FSA plans.

Access to more Flex-Eligible Items

Go to the consumer portal, <https://mpi.LH1ondemand.com>, and click on the FSA Store link to access over-the-counter items that are eligible under your FSA plan. Your FSA account is automatically debited when you use your flex debit card. However, for certain items, you may be requested to provide a prescription or a letter of medical necessity from your physician.



The screenshot shows the FSA Store website interface. At the top, there is a navigation bar with links for Sign In, Register, My Account, Help, and View Shopping Cart. The main content area features a sidebar with a list of product categories such as Baby Care, Cold & Allergy, Diabetes Care, Digestive Health, Eye Ear Care, Family Planning, First Aid, Foot Care, Home Health Care, Oral Care, Pain Relief, and Skin Care. The main content area is divided into several sections: 'FSA Eligible Products' with a 'SHOP' button, 'FSA Eligible Services' with a 'SEARCH' button, and 'FSA Learning Center' with a 'LEARN' button. A large banner in the center reads 'GREAT PRICES ON HUNDREDS OF TOP BRANDS' and 'Thousands of Products All FSA Eligible' with a 'SHOP NOW' button. At the bottom, there are four columns of links for 'For Employees/Customers', 'FSA Administrator', 'Help and Support', and 'My Account'. The footer includes the copyright notice: 'Copyright © 2016 FSA Store. All rights reserved.'



FSAStore is the one-stop destination for Flexible Spending Accounts.

With three main channels in their website, they help make purchasing FSA eligible items, finding local and eligible physicians, and finally answering the many questions that come along with having a Flexible Spending Account both simple and rewarding.

FSAStore makes spending your FSA funds easy.

Flexible Benefit Plan Participation Form

Please Print Clearly!

Employer: COUNTY OF CALLAWAY Division/Location: _____ Plan Year: 01/01/2021 through 12/31/2021

Employee Name: _____ Social Security # _____ Birth Date: _____
First Name Last Name

Mailing Address: _____
Street City State Zip

Paycheck Frequency: _____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____ Other

Email Address: _____ Home Phone: _____ Cell Phone: _____
(If email is listed, this is how we will communicate with you)

Reason for Eligibility: _____ Timely Enrollment After Waiting Period _____ Special Enrollment _____ Open Enrollment

Flexible Spending Accounts:

Request to PARTICIPATE:

A. Unreimbursed Medical/Dental/Vision FSA (FSA) \$ _____ /Plan Year

The cost paid by you or your dependents for eligible expenses (IRS Maximum \$2,750/ Year) which is not reimbursed by insurance or any other party.

B. Dependent Care FSA (DCAP) \$ _____ /Plan Year

Employment-related custodial care for qualifying dependents (IRS Family Maximum \$5,000/ Year) (children age 12 and under or disabled dependent adults).

C. Adoption Expense Reimbursement Account \$ _____ /Plan Year

(Maximum amount per child adopted is \$13,840 through this plan. If additional expenses are incurred for the adoption of this child, a credit may be available to you. Please see your tax advisor for further details.)

Request to WAIVE FSA/DCAP Participation:

The Flexible Benefit Plan has been explained, and I elect to waive participation in Flexible Spending Accounts. I understand that without a Change in Status or other Qualifying Event described in the Plan, my next opportunity to enroll will be at the start of the next plan year; if not changed, this waiver will continue in effect indefinitely.

Plan Year Benefit Elections:

Effective Date _____

Employer: Please Complete

FSA (MEDICAL) Per Pay Period Deduction amount:

\$ _____

FSA (DCAP) Per Pay Period Deduction amount:

\$ _____

First Paycheck Deduction Date:

_____/_____/_____

Please Initial to Indicate Approval:

Employer: Is employee a participant in your group health plan? Yes No

Flex WEX Health Card - ONLY for Initial Signup

- I want a WEX Health Card. **IMPORTANT:** If you already have a WEX Health Card DO NOT complete this section. You will automatically receive new cards in the mail just prior to your current card expiring. If you and/or your dependent have lost your card(s), please call Med-Pay's FSA department.

Direct Deposit Set-up

Type of Account:

- Checking
 Savings

Please Check One:

- I am signing up for Direct Deposit for the first time.
 I would like to change my account information.
 I would like to keep my account information as is.
 Please remove the direct deposit option and send checks for my reimbursements.

IMPORTANT: Only include a voided check if this is a new election or your account information has changed.

You may add or change Direct Deposit information any time during the plan year by logging into your account online <https://mpi.LH1ondemand.com>.

Please tape a Voided Check here.
(Do not use a deposit slip.)

A voided check supplies the account numbers and routing information required by the bank to establish your Direct Deposit arrangement. Deposit slips sometimes do not include all needed information.

By signing below, I certify that I have read the Flexible Spending Accounts Acknowledgments (enclosed) and, if applicable, the WEX Health Card Acknowledgments and/or the Direct Deposit Reimbursement Authorization Agreement. I agree to the terms of participation listed in this Guide. I authorize my employer to adjust my compensation by the amount of my Benefit Elections shown above.

Signature: _____ Date: _____

Automatic Processing Of Claims

County of Callaway

Employee Name: _____ Social Security #: _____ Phone Number: _____
Email address: _____

With **AUTO-PROCESSING** you do nothing! For plans administered by Med-Pay AND **if you do not have secondary coverage**, your out-of-pocket amounts can be automatically processed for reimbursement from your FSA plan.

When you receive services from a provider who files the claims to Med-Pay (i.e., hospital, doctor, chiropractor, dentist, optometrist, etc.), Med-Pay's claims processing department will share your EOB (Explanation of Benefits) with the FSA department who will process your copay, deductible, coinsurance and some excluded amounts and send you reimbursement (check or direct deposit if set up) from your FSA plan account.

For the category of services you would like auto-processing performed, you must pay your provider using your PERSONAL bank debit card, cash, charge, or check. You CANNOT use your WEX Health card which could result in duplicate reimbursements.

If your group does not have DENTAL and/or VISION coverage, you can only select MEDICAL claims to be auto-processed. You will need to file a claim with your receipt or use your WEX HEALTH CARD for these services.

To start **AUTO-PROCESSING**, place an X in the blank to the right of "A" for each category listed below.

Do you want Medical Claims auto-processed:

- A) Yes: Deductible, copays, coinsurance and some excluded amounts will be auto-processed. I do not have any secondary insurance.
- B) No: I will use my WEX HEALTH CARD or file manual claims for medical claims.

Do you want Prescription Claims auto-processed: (Option available only if MedTrak Services is the pharmacy network.)

- A) Yes: RX deductible and copays will be auto-processed. I do not have any secondary insurance.
- B) No: I will use my WEX HEALTH CARD or file manual claims for prescription claims.

(For Open Enrollment purposes only: I previously selected the auto-processing option and would like to remove this feature:
)

Return completed document to your HR department or directly to Med-Pay:
Attn: FSA Dept.
Fax # (417) 841-4117 or Scan/email to flexplans@med-pay.com