# Ball State University - 375 Employee Enrollment Information Packet

# FlexPro

**Key Benefit Administrators**Section 125 Flexible Benefit

# MAKING YOUR 2012 DOLLARS COUNT



### Introduction-

Ball State University has provided you with the opportunity to enroll in a Flexible Spending Benefit Plan. The information in this packet will help you decide if the Ball State University Flexible Spending Benefit Plan is right for you.

There are several advantages you can gain from enrolling in a Flexible Spending Plan. Below are just a few:

- 1. Increased take home pay
- 2. Easy access to funds to help pay for out-of-pocket healthcare and dependent care expenses
- 3. Reduced federal and/or state taxes

### Information you will find in this packet-

- 1. What is a Flexible Benefit Plan?
- 2. Is a Flexible Spending Account right for you?
- 3. How Flexible Spending Accounts work and How Much you can save
- 4. Type of Eligible and Non-Eligible Expenses
- 5. Requirements for "Over-the-Counter" Medicine Reimbursements
- 6. Frequently Asked Questions
- 7. Your Plan Specifics
- 8. Flex Debit Card and Claims Procedures
- 9. Claim Form
- 10. Online account access
- 11. **Direct Deposit Information**
- 12. Election Form/Salary Reduction Agreement

### What is a Flexible Benefit Plan?

Key Benefit Administrators (KBA)-FlexPro is the administrator for your Flexible Benefit Plan. A Flexible Benefits (Cafeteria) Plan is approved under Section 125 of the Internal Revenue Code. It enables you to pay for certain expenses with pre-tax dollars.

**Optional Benefits:** (Some or all of the these benefits may be offered by your employer)

**Employee Paid Insurance Premiums** — This account automatically allows you to pay for your portion of some insurance premiums with tax-free dollars. This may include premiums for medical, dental, vision, group term life, cancer coverage, etc.

**Health Care Flexible Spending Account (FSA)** — Health care costs including medical, dental, vision and hearing expenses that are not paid by insurance and other "out-of-pocket" expenses may be reimbursed by participating in a Health Care FSA. These expenses must be incurred within the plan year. These expenses may include, but are not limited to: expenses for medical plan copayments, deductibles, prescriptions, physician visits, chiropractic care, vision, dental/orthodontia care, and eligible over-the-counter until December 31, 2011. Beginning January 1, 2011, the cost of Over-the-counter medicines may not be reimbursed with excludible income through a Health FSA, unless the medicine is prescribed by a physician. See page 6 "Over the Counter Medicine Reimbursement for additional details.

Dependent Care Flexible Spending Account (FSA) — Dependent Care costs include most dependent care expenses for eligible children and adults. Qualified expenses include fees for adult and childcare centers, pre-school, and before and after school care. To be eligible you and your spouse (if married) must be employed or a full-time student. Your dependent must be under age 13 or physically and/or mentally incapable of caring for him or herself. As of each regular deduction date established by the Plan during a Plan Year, the Employer will credit an amount to each Participant's Plan Year Account for the corresponding amount by which the Participant's cash compensation has been reduced pursuant to his election under the Plan. Eligible claims incurred during the Plan Year and submitted within the appropriate timeframe shall be reimbursed up to the amount available in the account at the time of reimbursement. The maximum annual amount for the Dependent Care FSA is \$5,000 per family (\$2,500 if you are married and filing separate tax return).

Dependent Care expenses for the care of a qualifying individual that are for the purpose of enabling the employee and the spouse, when applicable, to be gainfully employed or a full-time student are eligible. Dependent Care may not be reimbursed while on Leave of Absence (LOA). Exception for short, temporary absences. An absence of no more than 2 consecutive calendar weeks is considered a short, temporary absence.

A taxpayer who is gainfully employed is not required to allocate expenses during a short, temporary absence from work, such as for vacation or minor illness, provided that the caregiving arrangement requires the taxpayer to pay for care during the absence.

# Is a Flexible Spending Account Right For You?

	YES	NO
Do you have out-of-pocket costs associated with your employer's medical plan? (i.e., co-payments, deductibles, co-insurance)		
Do you have other out-of-pocket medical care expenses not covered by insurance?		
Do you have out-of-pocket dental expenses? (i.e., cleanings, fillings, orthodontia, etc.)		
Do you have out-of-pocket vision expenses? (i.e., exams, glasses, contact lenses, LASIK, etc.)		
Do you have Dependent Care Expenses that allow you and your spouse (if married) to be gainfully employed or a full-time student?		

If you answered YES to any of these questions, you can reduce the taxes that you pay by participating in your employer-sponsored Flexible Benefits Plan, KBA-FlexPro, and therefore increase your take home pay!

# How Flex Works and How Much Can You Save

This illustration demonstrates how a participating employee might save \$780 in taxes during the Plan Year by paying for his expenses with pre-tax dollars. Please Note: This example is for illustrative purposes only.

	Without Flex	With Flex
- Annual Income - Out-of-Pocket Pre-Tax Expenses - Remaining Income To Be Taxed - Estimated Taxes (26%) FICA, Federal & State - Out-of-Pocket After-Tax Expenses - Take Home Pay YOUR ANNUAL TAX SAVINGS	\$ 30,000 \$ 0,000 \$ 30,000 \$ 7,800 \$ 2,500 \$ 19,700 <b>\$ 0</b>	\$ 30,000 \$ 2,500 \$ 27,500 \$ 7,150 \$ 0,000 \$ 20,350 <b>\$ 650</b>

# IN 2012, YOU DECIDE WHAT YOU \$SPEND!!!!!!!!!

Use the following worksheet to figure how much you can save by participating in a Flexible Benefit Plan.

### I. Health Care Expenses:

Estimated family annual medical/dental/vision expenses **not covered** by insurance:

Co-pays, deductibles, co-insurance	\$	_	
Prescription drugs	\$	_	
Over-The-Counter medical products	\$	_	
Over-The-Counter medicines – Prescribed by a physician	<mark>n</mark> \$	_	
Doctor office visits	\$	_	
Physical exams	\$	_	
Well-baby care	\$	_	
Chiropractic care	\$	_	
Dental care	\$	_	
Orthodontia	\$	_	
Vision Exams	\$		
Eyeglasses, contact lenses, solution	\$	_	The Maximum
Insulin and related supplies	\$	<del>_</del>	FSA contributions for
Hearing care	\$	<del>_</del>	the 2012-2013
Other Medical Expenses	\$	_	Plan Year is \$5,000.00
Total Annual Medical, Dental, Vision Expense	s:	\$	
II. Dependent Care Expenses			The Maximum
Weekly expenses	\$	_	DCA contributions for
	x 52		the Plan Year is \$5,000.00
Total Annual Dependent Care Expenses:		\$	
III. Total Flex Savings			
Total eligible annual expenses from above		\$	More take home money to pay for
Multiply by an estimated tax savings of 26%		x 26%	those eligible expenses.
Your Estimated Annual Tax Savings:		\$	*=====*

# **Types of Eligible and Non-Eligible Expenses**

The following list, while not intended to be complete, illustrates expenses that may be reimburses under the Flexible Spending Account. Some restrictions may apply.

**Health Care FSA Expenses** 

	re FSA Expenses
Eligible Dental Expenses	Eligible Vision Expenses
Routine & Preventive Services	Eye Exams
X-Rays	Prescription eyeglasses & sunglasses
Orthodontia (A treatment plan may be required- see Plan Specifics page for your plan's orthodontia guideline.)	Contact lenses & supplies
Restorative services, fillings, extractions and dentures	Corrective surgery (RK & LASIK)
Eligible Medical	Care Expenses
Medically Necessary Medical Equipment	Diabetic Supplies
Wheelchair, crutches & lifts	Insulin
Oxygen equipment & supplies	Test strips, lancets, etc.
Blood pressure monitor	Glucose monitor
1	
Physical Examinations	Hearing Expenses
Annual physical exam (including prostate screening, pap smears & mammograms)	Testing
School & work physicals	Hearing aids & hearing aid batteries & repairs
Counseling & Psychiatric Treatment	Miscellaneous Fees & Services
(Must be prescribed by a doctor to treat a medical condition. A	Physicians, surgeons, anesthesiologists or OB/GYN
statement may be required from the doctor.) Psychologists	Ambulance
Psychotherapists  Psychotherapists	Nursing (including room & board)
Psychiatrists	Chiropractic services
1 sycinatrists	Chiropractic services
Other Fligil	ble Expenses
Prosthesis & artificial limbs	Orthotics & orthopedic shoes (medically necessary)
Organ tissue donation expenses	Laboratory fees
Tuition at special schools for the handicapped	Acupuncture
Travel necessary to seek medical treatment (limitations apply)	Alcohol & drug rehabilitation expenses
Special equipment for those who are deaf and/or blind (i.e.,	Weight loss programs and drugs (ONLY when prescribed by a
Braille books, hearing devices, guide dogs)	doctor to treat obesity and/or specific medical condition-statement required from the doctor)
Medical Supplies	Therapy treatments (when prescribed by a doctor)
Eligible Dependent (	
	cessary for you and your spouse (if married) to be gainfully*
employed or a full-time stude	
Expenses paid for the care of a dependent under age 13	Expenses paid to an eligible dependent care provider
Expenses paid for the care of a dependent who is physically or	If you are divorced, your child must be in your custody for at
mentally incapable of caring for themselves (if older than age 13)	least six (6) months out of the year
Ineligible 1	Expenses
The following list illustrates some Medical Care Ex	
Cosmetic treatments or surgery (certain exceptions apply)	Marriage & family counseling
Expenses (treatments & drugs) only to improve your general	
health or well being	Nutritional supplements/vitamins
Hair replacement treatments & drugs	Teeth whitening, toothbrushes
Health club dues	Vacations
	Vitamins to improve or to preserve general health (even when
Long Term Care Insurance	prescribed by a doctor)
Long Term Care Insurance  The following list illustrates some of the Dependent Car	

Field trips, lunches, supplies and transportation fees

\*Note: an individual who is gainfully employed is not required to allocate expenses during short, temporary absences from work, such as for vacation or minor illness, when the care giving arrangement requires the employee to pay for care during the absence. An absence of up to two consecutive calendar weeks is treated as a short, temporary absence.

# **Over-The-Counter Medicine Reimbursement**

\*Under the provision of the bill HR 3590, the cost of Over-The-Counter medicines may not be reimbursed through a Health FSA, HRA, HSA, unless the medicine is prescribed by a physician. The bill does not apply to items that are not medicines, including equipment such as crutches, supplies such as bandages, and diagnostic devices such as blood sugar test kits. Such items may qualify as medical care if they otherwise meet the definition in § 213(d). Code §213(d) defines "medical care" to include amounts paid "for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." Items merely beneficial to your general health, such as dietary, nutritional supplements, vitamins, toothpaste, etc., are not eligible.

### **Examples of Eligible Expenses**

(The following list, while not intended to be complete, illustrates some Over-The-Counter expenses that may be reimbursed under the Health Care FSA; some restrictions may apply and may require a letter of medical necessity from a physician. Information is subject to

additional guidance from the IRS.)	
Eligible E	xpenses
Band-Aids/Bandages	Insulin
Carpal Tunnel Wrist Supports	Pregnancy Test Kits
Cold/Hot Packs for Injuries	Reading Glasses
Condoms	Rubbing Alcohol
Contact Lens Cleaning Solution	Thermometers (ear or mouth)
First Aid Kits	
Incontinence Supplies	
Expenses requiring a prescription fro	om a doctor (after December 31, 2010)
Allergy medicines	Menstrual cycle products for pain and cramp relief
Antacids	Nasal sinus sprays or strips
Anti-diarrhea medicine	Nicotine gum or patches for smoking cessation
Bug bite medication (oral)	Pain reliever
Calamine lotion	Pedialyte for ill child's dehydration
Cold medicines	Products for muscle pain or joint pain, i.e., Ben
Cold inculcines	Gay, Tiger Balm, etc.
Cough drops	Sinus medications
Diaper rash ointments	Sleeping aids used to treat occasional insomnia
First aid cream	Special ointment or cream for sunburn
Hemorrhoid medication	Spermicidal foam
Laxatives	Throat lozenges
Liquid adhesive for small cuts	



### Frequently Asked Questions

This packet is only a brief overview of benefits that may be eligible under your plan. You should consult your Summary Plan Description for specific information about your plan.

### Who can participate in the Plan?

All employees who have met the eligibility requirements established by their employer may participate in the Plan.

### How do I sign up?

Your employer will give you the opportunity to sign up prior to each effective date of the Plan, provided you have fulfilled the eligibility requirements.

### How do I determine how much money to allocate?

Be conservative! Only consider your known expenses. Do not allow for things that might happen. For dependent care, do not forget to consider vacations or times you will not be paying the dependent care provider. A list of eligible expenses and a worksheet are provided in this packet to help you calculate your expenses for the upcoming plan year.

### Are there limits to what you may contribute to your FSA?

Yes, the maximum annual amount for the Health Care FSA and Dependent Care FSA is printed in your Summary Plan Description provided by your Employer and Plan Specific Page included in this

### I went to the doctor before the plan year began, but I did not pay the expense until after the plan year started. May I include that expense?

No. Services must be incurred within the plan year. The date of payment does not matter.

### Can I change my annual allocation anytime during the Plan Year?

You may change your annual allocation if you experience one of the eligible status changes as defined in your Employer's Plan. Examples of qualifying changes in status are marriage or divorce, death of a spouse or dependent, birth or adoption of a child, and change in your employment or in your spouse's employment. Status changes must be consistent with the status change event. Please consult your Summary Plan Description for complete details.

### What happens if I do not use all of my annual allocation?

The IRS has established a "use it or lose it rule." If you do not use all of your annual allocation, you will forfeit any remaining amount. For example, if you allocate \$500 and only submit \$450 in expenses, you will lose the \$50. So, please be conservative when you determine your annual allocation.

### What expenses are eligible under the Flex Plan?

To assist you, a brief summary of eligible and ineligible expenses is included in this packet. Rules for Over-the-Counter Medicines are also explained. This rule was effective for all plans effective January 1, 2011. Please pay special attention to the orthodontia claims submission requirements for your Plan which are listed on the Plan Specifics page.

### Does my plan include a Grace Period?

The IRS recently issued a new regulation governing Section 125 Flexible Spending Plans. It allows employers to extend the deadline for participants to incur claims for their Flex Plan (medical and dependent daycare) after the end of the plan year. See the Plan Specifics.

### **Over-the- Counter Medicines or Drugs**

Over-the-counter medicines may not be reimbursed through a FSA, HRA, or HSA, unless the medicine is prescribed by a physician. The bill does not apply to items that are not medicines, including equipment such as crutches, supplies such as bandages, and diagnostic devices such as blood sugar test kits. Such items may qualify as medical care if they otherwise meet the definition in § 213(d).

Code §213(d) defines "medical care" to include amounts paid "for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the

### What if I have a balance in my prior year account?

Point-of-Sale transactions automatically come out of the previous year if there are funds available. If there are no funds available in the previous plan year, the transactions will come out of the new plan year. If you have \$10 available in the previous plan year and the charge is \$20, it will take the \$10 out of the previous plan year and the remaining \$10 out of the new plan year.

### What happens if I terminate my employment?

You may still submit eligible receipts for expenses incurred within the time frames established by your Employer. Also, you may be eligible to continue coverage under the Health Care FSA option through Federal COBRA regulations.

### How do I submit a claim for reimbursement?

Copies of receipts for Health Care FSA expenses must be submitted with a signed claim form. The receipts must be independent third party receipts showing the name of the provider, the date of service, the type of service, the amount of the service and the patient's name. If your insurance company covers the expense, please submit the receipt to the insurance company first. You may then forward a copy of the Explanation of Benefits from the insurance company along with the signed claim form to KBA-FlexPro. Cancelled checks are not eligible as receipts for Health Care FSA expenses. The total amount of reimbursement you selected for the Plan Year will be available at all times during the Plan Year.

For Dependent Day Care FSA expenses, send a signed claim form along with copies of statements or receipts, which show the day care provider's name, the dates of service, the amount of the service and the dependent's name to FlexPro. Reimbursement of expenses incurred during the Plan Year shall not exceed the balance of your Plan Year Account at the time of the reimbursement.

If you have not already set up your online account, go to www.benefitspaymentsystem.com and set up your account today. Your request for reimbursement may be uploaded to your personal account. Our Claims Administrators will then process your claim(s). Claim forms, including detailed receipts/invoices, may be faxed for processing to (317) 284-7269 or (866) 241-1488 or emailed to flexpro@keybenefit.com.

### Will I receive information throughout the year telling me where I stand on my account?

Yes, you will receive periodic reports via email showing what has been credited to your account. You may also access your personal account online at any time, by setting up your account at: https://www.benefitspaymentsystem.com.

### Will my participation in the Flex Plan affect my Social **Security?**

You will not pay Social Security taxes on the money you contribute to the Flex Plan. Therefore, your future Social Security benefits may be slightly reduced. However, the tax savings you receive from this plan should be more than any reduction in your Social Security benefits.



# Flex Benefit Card and Claims Procedures

You may use your Flex Benefits Card (issued by Benefits Payment Systems or BPS) for eligible FSA expenses such as co-pays, deductibles, out-of-pocket expenses, and other expenses that are not eligible under your medical, dental or vision plan.

### What is the BPS Benefits Card?

The BPS Benefits Card (Flex Card) is a MasterCard offered to enhance your Flexible Spending Account by providing instant access to your FSA account. The card is designed for use only at qualified providers or merchants that accept MasterCard and offer eligible goods or services for reimbursement under your Flexible Spending Account. Rather than paying out-of-pocket money for qualified expenses and waiting for reimbursement, your Flex Card transfers funds for qualified expenses directly from your available funds in your Flexible Spending Account to the provder. As a Flexible Spending Account participant, a Flex Card will be mailed to your home address.



### **How does the Flex Card work?**

The Flex Card is a debit card that allows you to pay for your eligible FSA expenses directly at the point-of-service. The Flex Card is treated like a credit card at a merchant or provider terminal because it does not require a personal identification (PIN) number before processing a transaction. There is no additional line of credit associated with the card, and no credit check will be performed.

### **Your Flex Card and Over-the-Counter Medicines**

I.R.S. regulations state that the cost of Over-the-Counter Medicines may not be reimbursed through a Health FSA, HRA, HSA, unless the medicine is prescribed by a physician. This does not apply to items that are not medicines, including but not limited to, equipment or supplies such as crutches, bandages and diagnostic devices such as blood sugar test kits. Some items may qualify as eligible medical care expenses if they meet the definition stated in Section 213 of the I.R.S. Regulations. Because of these regulations, you should be aware that you may not be able to use your Flex Card for certain over-the-counter medications and you may be required to send a manual claim for reimbursement.

### Using Your Flex Card at Retail merchants including Grocery Stores, Discount Stores, Pharmacies and **Mail Order Pharmacies**

An I.R.S. ruling (2006-09 & 2007-2) requires that Grocery Stores, Discount Retail Stores, Mail Order Pharmacies and Retail Pharmacy Merchants comply with an Inventory Information Approval System (IIAS) and be certified as compliant. Implementation of this regulation allows expenses that qualify as eligible purchases outlined in the regulations to automatically be approved at the point-of-purchase. Your Flex Card complies with these regulations. Only eligible items are authorized at the point-of-sale against your available flexible spending account balance. Purchases that are automatically approved at the point-of-sale through this process may require substantiation after your purchase. You should also keep copies of all receipts in your records, in case you are required to show them to the I.R.S.

Ineligible items will be denied at the point-of-sale. An alternate method of payment will be required for the purchase of an ineligible item. Purchases made with an alternate method of payment may be made at a Non-Certified IIAS Retail Merchant and may be reimbursed by KBA FlexPro by submitting a completed claim form. (See substantiation requirements)

Alternately, eligible purchases at certain Pharmacies and Mail Order Pharmacies will be approved at the point-of-sale, if the merchant is registered each year as a 90% Rule Merchant. These are merchants who can show that 90% of their gross receipts of the last tax year consisted of items that qualified as medical expenses. This permits the use of your Flex Card at these merchant locations. You may, however, be required to submit substantiation for purchases approved at the point-of-sale at a 90% Rule merchant.



# Flex Benefit Card and Claims Procedures (continued)

### **Substantiation Requirements**

### **Substantiation Request**

In order to confirm the eligibility of all expenses charged to your Flex Card, you may be asked to provide supporting information about your purchase. KBA FlexPro follows the IRS-defined Flexible Spending Account Flex Card audit guidelines.

Although the Flex Card provides direct access to your FSA dollars, it may not eliminate the need for your KBA FlexPro to verify the eligibility of the item(s) purchased as requested by the IRS.

The following substantiation criteria may be required.



- Name of Patient
- Date of Service or Date of Purchase
- Name of Provider or Merchant
- Amount of Service or Supply
- Copy of prescription as required (over-the-counter medicines, etc.)

<u>Please Note:</u> Cash register receipts or credit card receipts are NOT ELIGIBLE unless the receipt includes the information outlined above.

### **Ineligible Expenses**

Should your transaction detail show that your Flex Card purchase was for an ineligible expense(s), or if the required documentation was not provided to KBA FlexPro in a timely manner, the transaction will be considered denied or ineligible. You must reimburse KBA FlexPro for the amount charged to your Flex Card for the ineligible expense(s). Your Flex Card will be temporarily deactivated if reimbursement is not made immediately.

### Substantiation and/or Claim Form Submission

You can submit responses to substantiation requests and/or claims for reimbursement several different ways. Please be sure to include a signed claim form, including detailed receipts/invoices when you are submitting substantiation or requesting a reimbursement.

On-Line Submission - Substantiation information and/or requests for reimbursement may be uploaded directly to your personal account at www.benefitspaymentsystem.com. Please see the "On-Line Account Access" section of this document for more information on setting up and using your on-line account.

Fax Submission - Please fax your substantiation/claims to (317) 284-7269 or (866) 241-1488

E-mail Submission - You may also submit your substantiation or claim requests via e-mail at:

flexpro@keybenefit.com.

Mail Submission - Mailed substantiation information and/or claims should be sent to:

KBA FlexPro P.O. Box 1179 Ft. Mill, SC 29716-1179

You will find a claim form in this Employee Information Packet



### Section 125 FlexPro Plan Specifics

PLAN YEAR: 07/01/12 - 06/30/13
PLAN OPTIONS: PLAN MAXIMUMS:
Premium Plan Option Total Premiums
Health Care FSA Plan Option \$5,000.00
Limited Purpose HCFSA \$5,000.00
Dependent Care FSA Plan Option \$5,000.00

Plan Maximum \$10,000.00 + Total Premiums

Maximum Contributions to the HSA (includes Employee pre-tax salary reduction

and Employer contributions if applicable. Indexed annually) 2012 Maximum - Individual \$3,100, Family \$6,250

**Eligibility Requirements:** 1st day of employment.

Participation in the Premiun Plan

**Option by New Hires:** Premium enrollment upon eligibility.

Participation in the Health Care FSA Plan

Option by New Hires: Premium enrollment upon eligibility.

Participation in the Dependent Care FSA Plan

Option by New Hires: Spending account enrollment upon eligibility.

**Participation by Terminated Employees** 

In the Health Care FSA:

Terminated employees will be allowed 0 days past termination

to continue incurring expenses and an additional 90 days to

submit expenses.

**Participation by Terminated Employees** 

in the Dependent Care FSA:

Terminated Employees may incur expenses until the end of

the month in which termination occurs and will have an

additional 90 days to submit expenses.

Claims Submission: Checks issued Daily.

Orthodontia Services: The total reimbursement for orthodontia services may be made

as services begin provided the participant actually paid for those service in full at the beginning of treatment or in the initial down payment may be reimbursed plus remaining

balance may be reimbursed on a monthly basis.

**Grace Period:** If a balance remains in the account, the grace period allows 76

days for the participant to incur claims for their Flex Plan after

the end of the plan year.

Claims submitted after the end of

the Grace Period: Claims must be submitted no later than 90 days after the end

of the Grace Period.



**HSA Funding** Employee pre-tax salary reduction

**Qualified HSA Trustee/Custodian** Employer makes the choice

**Employer Contributions to the HSA** Employee contributions will be made through the Flexible

Benefit Plan

**HSA Contributions will be made:** Per pay period

**Limited Purpose Health Care FSA Option: a.** Services or treatments for dental care (excluding premiums)

**b.** Services or treatments for vision care (excluding premiums)

**c.** Services for preventative care. Preventative care limited to

diagnostic procedures and services or

treatments taken to prevent the onset of a disease or condition

that is imminently possible. Preventative

care does not include services or treatments that treat an existing condition. A diagnosis or letter of medical necessity

may be required to consider claim reimbursement.

**d.** Eligible medical expense incurred after the "minimum deductible" of the HDHP has been satisfied. The

minimum deductible under this plan is conditioned on the Participant's family status (single or family coverage).

Prospective election changes may be made to the HSA At any time

**Notification Timeframe for Status Changes:** Status changes must be submitted within 31 days of the

**Qualifying Event** 

# **On-Line Account Access**

Online account access is available through www.benefitspaymentsystem.com. Below is an overview of all of the online features available to you.

### **Create your account:**

When you first log in the www.benefitspaymentsystem.com, you will be asked to create your own personal user account following a few simple steps:

1) Enter your First and Last Name

2) Enter your Employee I.D. (Same as SSN)

3) Enter your Employer I.D. (SKIP through this) 4) Enter your debit "card number"

5) Choose your own secure password

6) Enter your secure personal information

### Manage your account:

After you create your account, you have access to all of the following online account management tools:

- Request a reimbursement
- View your account balances
- View your pending claims
- Order a new Flex Card
- Download Forms, including a claim form
- Update your personal information, including e-mail addresses, physical addresses and telephone numbers
- And much more.....

### **E-Mail alerts:**

It is important that you provide us with an e-mail address so that you may receive important information about your Flex plan. You may, however, opt out of receiving regular communications via email through the participant portal. Many of the emails are event based, and will go out to the email address on file upon certain occurrences. For example, we will email you to confirm changes made to your account, such as a new address. We will also email you when claims have been submitted or tell you about your balance at certain times of the plan year. These are just a few of the emails that we can send to you, if you choose.

# KBA-FlexPro Flexible Spending Account

For Employer Use Only:	
First Payroll Deduction date:	
Pay Frequency: W B S M Other	

# **Election Form and Salary Reduction Agreement**

Employer: Ball State University - 375				Employee Effecti	ive Date		
Employee Last Name: (Please Print)	Employee First Name		Employ	ee Middle Initial	SSN		DOB
Home Address		City			State		Zip Code
Email Address			Daytime (	e Phone Number			
Number of Pay Periods Per Plan Year			Departm	nent			
II. Pursuant to my Employer's Flex specified below. I authorize my Emploistributed among each benefit as sho	ployer to apply that a						
Health Care Flexible Spending Acco		deductions	from ef	fective date	)		
Per Pay Period Health Care Expense Annual Health Care FSA Total (I understand if my spouse participates in a Health Care I am enrolled in an HD	ulth Savings Account (HSA	A) at his/her en	nployer, I	may not be able to p			
participating unremimburse after the mini eligible FSA c	ted Health Care FSA.  The savings Account in a HSA can only particular and the savings Account in a HSA can only particular and the saving an	articipate in tages and pre- ductible has barticipate in the	the Limite ventive concern been satisfied Dependent	ed Health Care are expenses and sfied. The HSA p dent Care FSA.	FSA which included those medical participant is sole	udes elig expense ely respoi	gible, out-of-pocket, es that are incurred nsible for filing only
like to participate in th	e <u>Health Care FSA</u> .				eatti Saviilgs A	scourit (	rio <i>A)</i> and would
<b>Dependent Day Care Flexible Spend</b>	ling Account Expens	ses (# of de	ductions	s)			
Per Pay Dependent Day Care Expense Annual Dependent Day Care Total	es	\$ \$		- =			
☐ No, I do not wish to participate i	n any Employer spo	nsored Fle	xible Sp	ending Accou	nts.		
III. I UNDERSTAND AND AGREE THAT	<u>Γ:</u>						
1. I cannot change or revoke my election until may not be reduced below the amount that has 2. Any funds remaining in my reimbursement a 3. If my employment terminates for any reason 4. I understand that any receipt I submit must b 5. Before the first day of each Plan Year, I will 6. My Employer may reduce or cancel the ele discretion, deems that action advisable to satisf 7. Dependent Care expenses for the care of a quemployed or attend school full-time are eligible absences. An absence of no more than 2 consect to allocate expenses during a short, temporary a taxpayer to pay for care during the absence. 8. Individuals whose coverage ended, or who wended before attainment of age 26 are eligible to notice. Enrollment will be effective retroactive 9. By signing and using the Flex Card, if so proincurred within the Plan Year. Each time I president in the same of the card	been taken pre-tax as of the accounts at the end of the p, I understand expenses mue for an eligible expense in be offered the opportunity ction of any non-taxable by the requirements of the Intalifying individual that are an ended to be presented as the properties of the Intalifying individual that are an ended to be presented as the properties of the Intalifying individual that are an ended to be presented as the properties of the Intalifying individual that are an ended to be included in the enrolled as the properties of the Intalifying individual that are an ended to be included in the enrolled by the first day of the first day of the first day of the first day of the for payment, and the properties of the Intalifying individual that are an enrolled to the first day of the for payment, and the properties of the Intalifying individual that are an enrolled to the Intalifying individual that are an enrolled that are an enrolled to the Intalifying individual that are an enrolled to the Intalifying individual that are an enrolled that are an enrolled to the Intalifying individual that are an enr	e date of the st dan year will b ust be incurred neurred by me, to modify my benefit or othe nternal Revenu e for the purpo t be reimburse s for vacation of erre not eligible ment. Individust st plan year be ccept responsi I will sign a re	tatus change forfeited and subma, my spouse elections erwise more code or ore, tempor or minor il efor cover uals may reginning or billity that eccipt evid	ge. I by IRS regulations itted within the time or my qualified d for the following P diffy my election in the regulations their ling the employee at Leave of Absence arry absence. A taxy lness, provided that age), because the arequest enrollment for or after Septembe all Card transaction encing that the experience.	s to my employer. e frames set out in tependent(s) during lan Year. accordance with tre-under. and the spouse, who (LOA). Exception payer who is gainfut the care giving arrayailability of deperior such children for 23, 2010. It will be solely for ense has been incur	the Plan.  the applicate a policy of the applicate and a policy of the application and a policy of t	cable Plan Year.  If my Employer in its able, to be gainfully t, temporary oyed is not required it requires the erage of children from the date of d expenditures reaffirming that it is a
qualified expenditure that has not been reimbur request, I will immediately submit any required expenditures, I have violated this Agreement ar expense to the Account and that my Card may be remitted in a timely manner, I authorize my em * Subject to state/local laws.	documentation and/or transid my obligations under my be immediately suspended	nsaction detail y Employer's l or revoked for	. I underst Plan. I und such failt	and that if I use the derstand that, upon	Card for purchase notification, I mus	s other the	an qualified ately re-pay the
Employee Signature				Date		-	
		1	13				



# Flexible Benefit Plan Claim Form

THIS SIGNED FORM MUST ACCOMPANY EACH GROUP OF RECEIPTS SUBMITTED

Employer: Ball State Univer	rsity - 375	5					
Employee Last Name: (Please Print)	En	nployee First Name		Employee Middle Initial	SSN		
Home Address			City		State	2	Zip Code
Email Address				Daytime Phone Number			
To the best of my knowledge and belief with the date of service incurred by ne reimbursed by any other source, nor will am certifying that expenses for which full-time student and not on leave. In action to the signature:  Signature:	ne, my spous ill any reimbu I request rein ecordance with	e, or my qualified de rsement be sought froi nbursement satisfy all h the Flex Benefit Plan	pendent(s) n any othe dependent , I authori	during the applicable plan year r source. By signing and submitt care guidelines. I and my spouse, we my Flexible Spending Account(s	I certify ing a Depe where app ) to be redu	that these expendent Care Rein licable, are gain uced by the amount	enses have not been nbursement Request, nfully employed or a unt requested.
from your personal online account today.  The cost of Over-The-Count Copy of prescription from P	receipts must be defined (Names of lest include the receipts for your rement may be account. If	pe from an independent Prescriptions are requisame information as librar own records. Cando et al. Cando et a	t third partired), and sted above celled checker the c	ty and must include the Name of the the Amount of the Service or Sup e. If necessary, please add addition	e Patient, N ply. Recei nal pages. I is form mu  not require enefitspay s the medic	Name of the Pro- lepts for eligible Photocopies of st be signed and ed when you si mentsystem.co	vider, Type Over-The- receipts are d submitted  ubmit your claim m and set up your
					Sei	rvice/suppry	Substantiation
				To	tal		
Dependent Care:				er of medical necessity is on fi	Sub	nber Of pages mitted	
Dependent Day Care receipts must inclu Day Care Provider complete and sign be		l Signature required).			or Service of		
Dependent(s) Name:		Dependent Date of	f Birth	Date(s) of Service (to & from):		Fees for S	Service
Dependent Care Provider Name			ا	Dependent Care Provider Tax II	O or Socia	Security Num	ber
Dependent Care Provider Signatur							

Dependent Care expenses for the care of a qualifying individual that are for the purpose of enabling the employee and the spouse, when applicable, to be gainfully employed or attend school full-time are eligible. Dependent Care may not be reimbursed while on Leave of Absence (LOA). Exception for short, temporary absences. An absence of no more than 2 consecutive calendar weeks is considered a short, temporary absence. A taxpayer who is gainfully employed is not required to allocate expenses during a short, temporary absence from work, such as for vacation or minor illness, provided that the caregiving arrangement requires the taxpayer to pay for care during the absence.



# **Dependent/Spouse Information and Card Request Form**

Employer: Ball State University -	375						
Employee Last Name: (Please Print)	Employe	e First Name	Е	mployee Middle Initial	SSN		
Email Address			D (	aytime Phone Number			
II. Please issue BPS Benefits C responsibility to maintain all reco Card by my dependent(s). Must	rds neces	sary to substantiate t	e/d	ependent(s) listed b eligibility of all items	elow. I /service:	understand s purchased	d that it is my d with the Flex
Name: Spouse or Dependen	t	Social Security Number (REQUIRED)	er	Date of Birth (Cardholder must be a least 18 years of age.)		Yes, order additional ebit card.	No, do not order an additional debit card.
III. I UNDERSTAND AND AGREE  I accept responsibility that all Flex C	Card transa						
Plan Year. Each time the Flex Card reaffirming that it is a qualified expource. Upon request, I will immed Card is used for purchases other Employer's Plan. I understand tha Card(s) may be immediately suspended.	penditure to iately subrathan quali t, upon no	hat has not been reimb nit any required docum fied expenditures, I h tification, I must imme	ours ent ave	ted, nor will any reimbation and/or transaction violated this Agreenately re-pay the expen	oursemer n detail. nent and	nt be sought I understand I my obligat	from any other that if the Flex ions under my
Employee Signature				Date			

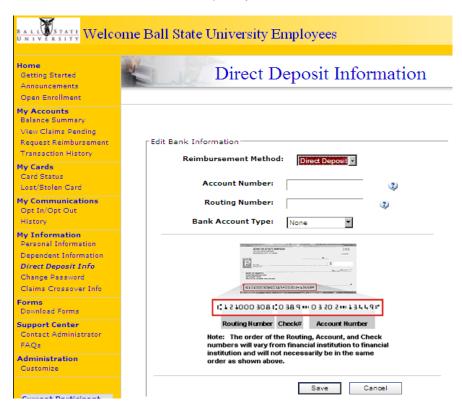
# **Direct Deposit Authorization Form**

Employer Name: Ba	II State Universi	<u>ty - 375</u>		
Employee Name:				
(Please Print)	FIRST	MI	LAST	
Employee SSN:		Employee Ema	nil Address:	
TWO CHOICE		ID.		

### I WO CHOICES TO SIGN UP:

Choice #1: Log on to: www.benefitspaymentsystem.com

- a. Select Direct Deposit under "My Information" on the left side of the screen
- Follow the instructions to complete your bank information



# OR

Choice #2: Complete, sign and return this form

a.	Account Number:
b.	Bank Account Transit Routing Number:(Use the TRN from your Checking Account, not the number on the Savings Deposit Slip
C.	Checking: or Savings:
Employee	Signature Date

\*\*NOTE: You may update your direct deposit information online anytime. No need to submit this form if enrolling for the Direct Deposit feature online.\*\*



# **Medical Claims Matching Feature**

Because both your Medical Benefits Plan AND your Flexible Spending Account are administered by Key Benefit Administrators, KBA has the ability to match your Flex Card transactions against your medical claims. Medical Matching makes it easier to use your Flexible Spending Account benefits. **How does this work?** 

The medical matching process compares your Flex Card transactions against your Explanation of Benefits EOB from medical plan claim payment system and matches your "patient responsibility" shown for each single EOB. If the systems generate a match, then the transaction is automatically approved and no further substantiation is required.

If, however, a matching EOB is not generated within 45 days from your date of service, and there is no match to your "patient responsibility" for your Flex Card transaction, a letter will be sent to you requesting substantiation of your Flex Card purchase. Below are some examples of how this process works.

### Example A – Hospital Claim with deductible

You go to the hospital and you are required to pay your deductible at the time of the visit. Hypothetically, your deductible is \$200 and you pay this amount with you Flex Card. The hospital then files your medical claim with KBA. You receive your Explanation of Benefits (EOB) for the medical claim that shows a "patient responsibility" of \$200 (your deductible). Your Flex Card transaction has automatically been approved since it matches the amount of the "patient responsibility" shown on your EOB.

### Example B – Doctor's Office Visit with copayment and additional patient responsibility

Your go to the doctor and pays your medical benefit plan office visit co-payment with your Flex Card at the time of your visit. Your payment matches the medical plan co-payment and is automatically approved. Your also have blood work done in the office. You receive your EOB from KBA for the medical claim that was filed by your doctor's office. Your blood work resulted in a "patient responsibility" above your office visit copayment. You would then pay your "patient responsibility" to the doctor's office and you can do so using your Flex Card. Your Flex Card transaction will automatically be approved since it matches the amount of your "patient responsibility" shown on your EOB.

### Example C- Doctor's Office Visit for two children on your plan

You take two of your children to the doctor and pay your co-payment with your Flex Card at the time of their visits. Your payment matches the medical copayment and is automatically approved. (The system allows for a multiple of 5x your copayment in one visit.) Both of your children have throat cultures taken while in the office. You receive the EOB's for the lab services rendered for each child that were filed by the physician's office. The lab services result in additional "patient responsibility" above the copayment for the claims on both children. You pay the doctor's office with your Flex Card for the amount of "patient responsibility" on both claims. *In this case, you will need to substantiate this transaction.* The medical matching system is only able to match the "patient responsibility" of one claim and is not able to calculate and match the transaction that relate to multiple EOB's. If, however, you ask your provider to charge separate transactions on your Flex Card for each child's "patient responsibility", then the medical matching feature of this plan will work and you would not have to supply substantiation.

### How can you avoid receiving Flex Card substantiation request letters?

- Your transactions must match a single EOB. The system cannot match on payments made on multiple EOB's. If you owe on multiple dates of service to a provider, ask your provider to charge them as separate transactions on your Flex Card, corresponding to your "patient responsibility" shown on each EOB.
- Your medical claims must be received, processed and paid within 45 days of the date of service. If your claim has
  not been paid within that time, unfortunately, you will receive a letter requesting additional information for the Flex
  Card transaction.

If you have any questions, please contact your Customer Care Team at 1-800-558-5553.





# **AUTOMATIC DEPENDENT DAY CARE REIMBURSEMENT AGREEMENT**

Employee Last Name (Please Print)	Employee First Name		Employee MI	SSN	
Employee Last Name (Flease Fill)	Employee First Name		Employee wii	33/1	
Home Address	City		•	State	Zip Code
Email Address			Daytime Phone Nu	ımber	
		(	)	ext.	
<b>Dependent Care Information</b>	on				
Day Care Provider					
Day Care Provider Address	City			State	Zip Code
Tax Identification Number / ssn			Day Care Phone N	lumber	
		(	)		
Child Name		Date	of Birth	Weeki \$	ly Rate
Child Name		Date	of Birth	Weekl	ly Rate
Child Name		Date	of Birth	\$ Weekl	ly Rate
Day Care Provider Signature			Dai	\$	
the amount of the day care in Reminder: Dependent Care expenses for t	an amount not to exceed the care of a qualifying individua	ceed m	y payroll dec	duction.	employee and the spo
Reminder: Dependent Care expenses for twhen applicable, to be gainfully employed Absence (LOA). Exception for short, temp temporary absence. A taxpayer who is gain such as for vacation or minor illness, provide All changes in amounts of autor	he care of a qualifying individua or attend school full-time are eorary absences: An absence of nfully employed is not required ded that the care giving arranger matic reimbursement will	al that are to eligible. De no more to allocate ment requi	for the purpose of ependent Care mathan 2 consecutive expenses during res the taxpayer to	enabling the ay not be rei e calendar w a short, tem o pay for car	e employee and the spo mbursed while on Leav reeks is considered a sh aporary absence from w e during the absence.
Reminder: Dependent Care expenses for twhen applicable, to be gainfully employed Absence (LOA). Exception for short, temp temporary absence. A taxpayer who is gai such as for vacation or minor illness, providable the Flex Department via mail,  Key Benefit Administrate	he care of a qualifying individual or attend school full-time are elegant absences: An absence of infully employed is not required ded that the care giving arranger matic reimbursement will fax or e-mail at:	Il requir	for the purpose of ependent Care mathan 2 consecutive expenses during res the taxpayer to	enabling the ay not be rei e calendar w a short, tem o pay for car be compl	e employee and the spo mbursed while on Leav reeks is considered a sh aporary absence from w e during the absence.
I request an automatic reimber the amount of the day care in the amount of the place of the amount of the place of the amount of the place of the	he care of a qualifying individual or attend school full-time are elevated as a school	al that are the ligible. Do no more to allocate ment required.	or the purpose of ependent Care mathan 2 consecutive expenses during res the taxpayer to e a new form	enabling the ay not be rei e calendar w a short, tem o pay for car be compl	e employee and the spo mbursed while on Leav reeks is considered a s apprary absence from we during the absence.
Reminder: Dependent Care expenses for twhen applicable, to be gainfully employed Absence (LOA). Exception for short, temp temporary absence. A taxpayer who is gai such as for vacation or minor illness, provided the Flex Department via mail,  Key Benefit Administrate FlexPro P.O. Box 1179	he care of a qualifying individual or attend school full-time are elegant absences: An absence of infully employed is not required ded that the care giving arranger matic reimbursement will fax or e-mail at:  To  Eligible Dependent Day Cursement from any other resonal income tax returnsibility to advise Key Better in a sibility in a sib	l that are the ligible. Do no more to allocate ment required.  Il required limits flee limail: flee limail: flee limail: flee limail: enefit A	or the purpose of ependent Care mathan 2 consecutive expenses during res the taxpayer to e a new form  Fax: 866-241-1  xpro@keyber  penses under e. I also certify  dministrators	enabling the ay not be reie calendar was hort, tempo pay for car be completed.  1488  1488  1488  1481  1488  1488  1596  1697  1698	e employee and the spo mbursed while on Leav reeks is considered a s apprary absence from we during the absence. Heted and forward hal Revenue Code se services will no hanges to my

