



FSA with CrossTech Enrollment Kit

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FSA with CrossTech



Save up to 30% on everyday health care expenses!

A Flexible Spending Account (FSA) is an employer-sponsored benefit that allows you to pay for certain eligible expenses using money that is not taxed. FSAs are a great way to save money while keeping you and your family healthy and protected.

There are three types of FSAs. A Health Care FSA lets you pay for eligible medical, dental and vision care expenses that are not covered by your insurance plan. A Limited Purpose FSA is generally used by individuals enrolled in a qualified high-deductible health plan with a Health Savings Account (HSA) and reimbursed eligible dental and vision expenses only. A Dependent Care FSA allows you to use tax-free dollars for qualified child or elder care expenses.

Why You Need It

- ✓ A **smart** way to plan for expected health care and dependent care expenses
- ✓ **Save up to 30%** on a variety of eligible expenses
- ✓ **Increase** your take home pay by reducing your taxable income
- ✓ **Easy and convenient** access to FSA funds and account information

You could
save up
to **\$600** each
year with
an FSA!



How it Works

You decide how much to contribute to the FSA. The amount you elect is divided up over your pay periods for the year and deducted from your paycheck before any payroll taxes are applied. You can use your FSA to pay for eligible expenses for you and all of your dependents, even if they are not covered under your primary health plan.



How You Use It

With our convenient CrossTech feature, your health insurance company will automatically send your medical claims to Flex via an electronic claims feed. The portion of the claim that you have to pay out-of-pocket will automatically be reimbursed to you from your FSA.

How You Manage It

Get account information anytime with our easy-to-use web site and mobile app. See your account balance in real time, file a claim for reimbursement and check on claim status. You can receive real time information and important updates via email or text message, and with our proactive texting feature, simply text "BAL" to receive a real time account balance.

How You Plan

You should look at your expected out-of-pocket expenses for the upcoming year to properly plan ahead. Be conservative with your election, because IRS rules state that you must forfeit any unused funds at the end of the plan year. For the most part, FSA elections are final and cannot be changed during the plan year. Exceptions may apply if you experience a qualifying change in status like marriage, divorce or the birth of a baby.

How Much Can You Save?

The example below illustrates how much you can save by participating in the FSA

Without FSA		With FSA	
Your gross annual pay	\$35,000	Your gross annual pay	\$35,000
Estimated tax rate (30%)	-\$10,500	Your annual FSA Election	-\$2,000
Your net annual pay	\$24,500	Your adjusted gross pay	\$33,000
Your annual healthcare expenses	-\$2,000	Estimated tax rate (30%)	-\$9,900
Your final take-home pay	\$22,500	Your final take-home pay	\$23,100

In this example, you'd take home \$600 more with an FSA!

Learn more

myflexaccount.com



Common FSA Eligible Expenses

FSA's can save you up to 30% on everyday expenses

Health Care FSA

Health Plan Related Expenses

- ✓ Prescription Drugs
- ✓ Co-payments
- ✓ Doctor Visits
- ✓ Hospital Charges

Dental Care

- ✓ Dental Exams and Cleanings
- ✓ Fillings, Root Canals and Crowns
- ✓ Dentures and Bridges
- ✓ Orthodontia

Vision Care

- ✓ Eyeglasses
- ✓ Contact Lenses
- ✓ Contact Lens Solution
- ✓ Laser Vision Correction

Medical Supplies

- ✓ Bandages
- ✓ Digital Thermometers
- ✓ First Aid Kits
- ✓ Over-the-Counter Medications





Limited Purpose FSA

Dental Care

- ✓ Dental Exams and Cleanings
- ✓ Fillings, Root Canals and Crowns
- ✓ Dentures and Bridges
- ✓ Orthodontia

Vision Care

- ✓ Eyeglasses
- ✓ Contact Lenses
- ✓ Contact Lens Solution
- ✓ Laser Vision Correction

Dependent Care FSA

- ✓ Day Care Centers
- ✓ Preschool Charges
- ✓ Before- and After-School Care
- ✓ Summer Day Camp
- ✓ In- and Out-of-Home Care for Children or the Elderly



Save on daycare costs!

Ready to Save?

Enroll in the FSA and start saving on these expenses and more.



CrossTech



Say Goodbye to Paper Claims with CrossTech

Tired of looking for receipts and filling out claim forms? With CrossTech® all of your medical, prescription and dental claims through Blue Cross® and Blue Shield® of Illinois (BCBSIL) PPO plans will be submitted automatically to your Flex Account.* The portion of the claim that you have to pay out-of-pocket will be automatically reimbursed to you from your Flex Account.

Benefits of CrossTech

- ✓ No claim paperwork to complete
- ✓ Guaranteed secure information transfer between BCBSIL and Flex
- ✓ Simple, automated claims process

CrossTech
**eliminates the
hassles** of claims
submission!

You Should Not Enroll in CrossTech if:

- ✓ You are on an HMO plan or any other plan that is not a BCBSIL PPO health plan
- ✓ Your or your dependents are covered under another health plan with coordination of benefits
- ✓ You are covering a domestic partner who is not your covered dependent for income tax purposes
- ✓ You do not want your out-of-pocket expenses automatically submitted to your Flex Account

*Check with your employer for the Flex Account available to you.



1. Point of Service

- ✓ You present your medical ID card to your healthcare provider
- ✓ Your healthcare provider submits a claim to your insurance company
 - *Time frame may vary depending on healthcare provider*



2. Insurance Company Claims Processing

- ✓ Your insurance company receives the claim data from your healthcare provider
- ✓ Your insurance company processes your claim
- ✓ Your insurance company sends the claim data to Flex for processing
 - *Generally within 7-10 business days*



3. Flex Processing

- ✓ Flex receives claim data from your insurance company
- ✓ Flex processes your claim and applies to your Flex Account
- ✓ Reimbursements are processed on all applicable approved claims
 - *The date your reimbursement is issued depends on your employer's reimbursement schedule*





FSA Carryover



FSA's now have more flexibility and less risk

In October 2013, the US Department of Treasury made arguably the most significant change to Flexible Spending Accounts (FSAs) since their inception in the 1970s. This change modified the “use it or lose it” rule that has governed FSAs for decades, giving you the ability to carryover unused FSA funds into the following plan year.

How it Works

- ✓ Carryover up to \$550 of unused FSA funds into the following plan year
- ✓ You can spend your carried over funds at any time during the next plan year, and even carry it over to the following year, if needed
- ✓ The carry over amount does not impact your following year maximum election—you can still contribute up to the maximum allowed by your employer

FSAs just got a whole lot better with carryover!

How it Helps

- ✓ Eliminates much of the worry about “use it or lose it”
- ✓ No more rushing to spend FSA funds on unnecessary items at the end of your plan year



myflexaccount.com
For Participants



Manage Your Benefits Online

The myflexaccount.com participant web site offers you a helping hand with your FSA, HRA, HSA, or Commuter Plan before and after logging in.

Resources Available *Before You Log in*

Get general account questions answered with these useful resources:

- ✓ Educational videos
- ✓ Eligible expense lists
- ✓ Plan calculators
- ✓ FAQs and more

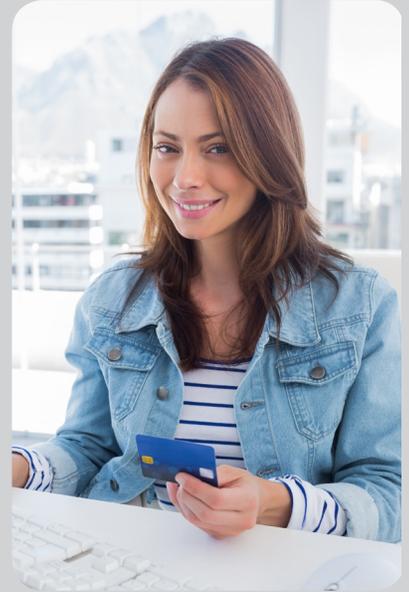


Resources Available *After You Log in*

Get the details for yourself and any dependents:

- ✓ View your benefit information, including account balance, transaction history and claim status
- ✓ Submit new claims online and add receipts to pending claims
- ✓ Edit personal demographic information
- ✓ Update reimbursement method
- ✓ Track medical, dental, vision and prescription expenses
- ✓ Get important announcements from your employer
- ✓ Set communication preferences
- ✓ Register your mobile phone for SMS text alerts
- ✓ Enroll online (if applicable)
- ✓ Manage your Flex Card (if applicable)

Pay Providers or Pay Yourself



Pay your provider directly or reimburse yourself for services you've paid for out-of-pocket from myflexaccount.com.

Get started on your way to *Save & Spend Healthy*

Visit myflexaccount.com today



My Flex Account Mobile App



Save and Spend Healthy On-the-Go

The secure My Flex Account Mobile App helps you make smart money moves by providing convenient access to your FSA, HRA or HSA.

Easily:

- ✓ Check account balance
- ✓ Get transaction details and claim status
- ✓ Submit new claims and add receipts to pending claims
- ✓ Update reimbursement method
- ✓ Manage your Flex Card (if applicable)

Submit New Claims in a Snap



Simply take a photo of your receipt or Explanation of Benefits from your phone or tablet.

Download the free My Flex Account Mobile App today!



FSA Election Form



Date: _____
Fax- # of Pages: _____

Personal Information (*Required)

*Company Name: _____ *Effective Date of Election: _____

*Employee Name: _____ *Gender: _____

Date of Hire: _____ *SSN: _____ *Date of Birth: _____

*Address: _____ *City: _____ *State: _____ *Zip Code: _____

Phone Number: _____ Fax Number: _____ *Email Address: _____

Does the employee wish to enroll in CrossTech? Yes No

Enter Annual Election

FSA Elections	Annual Election Amount	Pay Period Frequency (W, B, S or M*)	First Payroll Date Affected
Health Care FSA**	\$ _____	_____	_____
Limited Purpose FSA**	\$ _____	_____	_____
Dependent Care FSA	\$ _____	_____	_____

Remember, when your needs change, FlexFSA does too! You can change your premium elections any time you have a qualifying event that would change the status and/or premium amount of your employee insurance (i.e. marriage, divorce, birth or death of a child, death of a spouse, adoption or change of employment by spouse).

*Pay Period Frequency: **W** = Weekly; **B** = Biweekly; **S** = Semi-monthly; **M** = Monthly

**If you have an HSA, you are only eligible to participate in a Limited Purpose FSA if offered by your employer

Acknowledgement and Signature

I acknowledge that I am authorizing the company to deduct equal amounts from my paychecks to collect the designated pre-tax column above. I recognize that these selections constitute a deliberate binding decision on my part that may not be changed until the enrollment period for the next plan year or if I experience a change in status

Employee Signature: _____ Date: _____

OR

I elect **NOT** to participate in any portion of the FlexFSA plan. (i.e FSA, Dependent Care, Limited Purpose).

Employee Signature: _____ Date: _____

Save and Spend Healthy On-the-Go

Download the free
My Flex Account
mobile app today!



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