



Live your life, enjoy your life

A guide to using your Medical and
Dependent Care Flexible Spending Account

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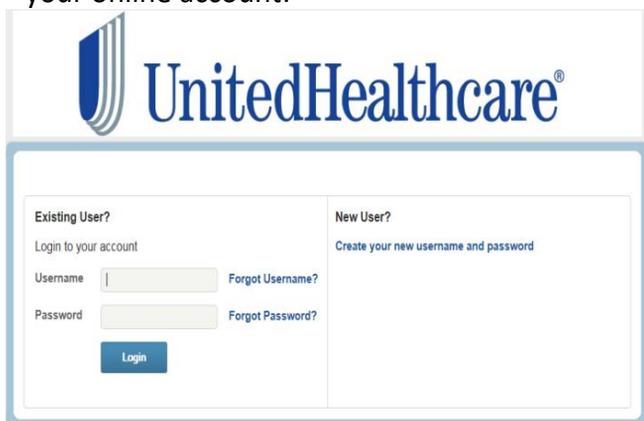
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Your guide to managing your Flexible Spending Account (FSA)

If you are enrolled in a Medical or Dependent Care Flexible Spending Account from UnitedHealthcare, use this guide to manage your account through our Member Portal at <https://member.uhcs.com>.

FSA Checklist

Use the list below for steps to create your online account:



The screenshot shows the UnitedHealthcare Member Portal interface. It features the UnitedHealthcare logo at the top. Below the logo, there are two main sections: 'Existing User?' and 'New User?'. The 'Existing User?' section includes a 'Login to your account' link, a 'Username' input field with a 'Forgot Username?' link, a 'Password' input field with a 'Forgot Password?' link, and a 'Login' button. The 'New User?' section includes a 'Create your new username and password' link.

- Select the **Create your new username and password** link
- Complete the registration form

Once you have registered you can:

- Sign up for direct deposit
- Submit claims and upload claim substantiation documents
- View claims and claim status
- Update your account profile and dependents
- Update banking information and report your lost/stolen debit card
- Access forms and other resources

 If your employer terminates FSA services, you will no longer be able to log into the website.

Flexible Spending Account

The FSA is a benefit available through your employer which allows you to set aside a portion of your earnings, tax-free, for eligible expenses incurred by you and any qualified dependent as defined by the IRS:

- Dependent day care expenses
- Medical, dental, vision, over-the counter medications, and prescription drug expenses

Please check with your employer to see which type of FSA is available to you.

Direct Deposit

Direct deposit may be available. Once activated, paper or online claims that you submit for reimbursement from your FSA are automatically deposited into your personal checking or savings account.

You can also count on:

- Secure and automatic receipt of reimbursement funds
- You will not have to wait for a minimum of \$25.00 before a check will be issued
- Direct deposit can be cancelled at anytime

Timeframes

- Claims are processed within 3 business days
- Paper checks arrive in 7-10 business days of claim approval and direct deposit within 2 business days of claim approval
- Reimbursement of approved claims are processed daily

CLAIM

You can submit your claims through:

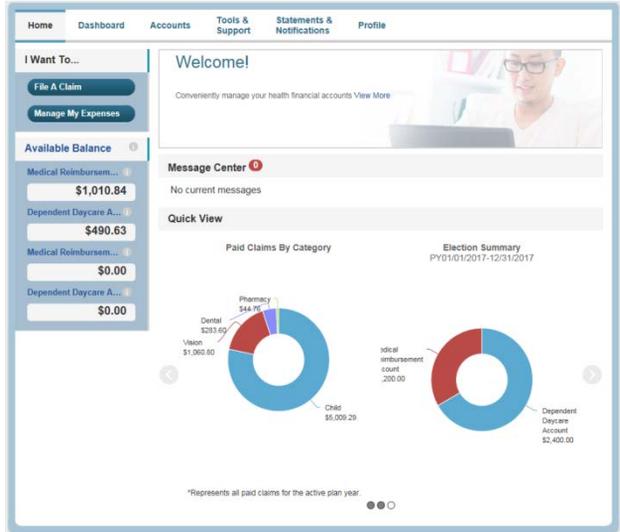
- <https://member.uhcs.com> – click on the 'I Want To File A Claim' link
- Submitting paper claim forms
- Or by using your Health Care Spending MasterCard (if available)

Please Note: The debit card is deactivated if you are not enrolled in the FSA for the new plan year or have terminated from the plan. Please submit paper claim forms for prior year expense reimbursements.

Website Features

Home Tab

- Real time account balances
- Quick view elections & account balances
- Easy to read graphics
- Intuitive navigational tabs
- Important Message Center Communication
- 'I Want To...' frequently used links



Accounts Tab

- View account summary
- View payment history
- Submit claims
- Upload documents
- View claim detail & notifications

The Account Summary page displays a table of account activity for three periods: PY01/01/2017-12/31/2017, PY01/01/2016-12/31/2016, and PY07/01/2015-12/31/2015. The table includes columns for Account, Eligible Amount, Submitted Claims, Paid, Pending, Denied, and Available Balance. For PY01/01/2017-12/31/2017, the Medical Reimbursement Account has an available balance of \$1,010.84, and the Dependent Daycare Account has \$490.63. For PY01/01/2016-12/31/2016, the Medical Reimbursement Account has an available balance of \$0.00, and the Dependent Daycare Account has \$103.00. For PY07/01/2015-12/31/2015, the Medical Reimbursement Account has an available balance of \$0.00, and the Dependent Daycare Account has \$103.00. A note at the bottom states: 'Payroll deductions are based on your election and the remaining number of scheduled pay periods within the plan year. Actual deductions will be determined by your employer.'

Profile Tab

- Setup direct deposit
- Update demographic information
- Update dependent information
- Report debit card lost/stolen

The Profile Summary page displays a table of profile information with update links. The table includes columns for Profile, Update Profile, Dependents, and Add Dependent. For the Profile section, the Gender is Unspecified and the Marital Status is Unspecified. For the Dependents section, there are two entries with 'View / Update' links. For the Add Dependent section, there is one entry with a 'View / Update' link. For the Username section, the Participant Account ID is displayed with a 'View / Update' link.

Claim Submission

'I Want To...' Tab

- Click on 'File a Claim' link from whatever tab you may be on

The screenshot shows the UnitedHealthcare portal dashboard. The 'I Want To...' dropdown menu is open, and the 'File A Claim' option is highlighted in a red box. The main content area shows an 'Account Summary' page with a table of claims data for various periods.

Account	Eligible Amount	Submitted Claims	Paid	Pending	Desired	Available Balance
PY01/01/2017-12/31/2017 Estimated Per Pay Period Deduction: \$150.00						
Medical Reimbursement Account	\$1,200.00	\$431.06	\$189.16	\$0.00	\$242.20	\$1,010.84
Dependent Daycare Account	\$2,400.00	\$9.37	\$9.37	\$0.00	\$0.00	\$430.63
PY01/01/2016-12/31/2016 Estimated Per Pay Period Deduction: \$258.33						
Medical Reimbursement Account	\$1,200.00	\$1,215.95	\$1,200.00	\$0.00	\$15.96	\$0.00
Dependent Daycare Account	\$4,999.52	\$5,102.52	\$4,999.52	\$0.00	\$103.00	\$0.00
PY07/01/2015-12/31/2015 Estimated Per Pay Period Deduction: \$293.75						
PY07/01/2014-06/30/2015 Estimated Per Pay Period Deduction: \$233.33						
PY07/01/2013-06/30/2014 Estimated Per Pay Period Deduction: \$39.33						

To Submit A Claim Online

- Fill in the requested data
- All fields marked with a red asterisk must be filled in
- Upload your supporting documents
- Add any mileage that you may have incurred

The screenshot shows the 'File A Claim' form in the UnitedHealthcare portal. The form includes fields for 'Pay From' and 'Pay To', and a 'Next' button.

To Submit A Mailed or Faxed Claim

- Complete the appropriate claim form located on the **Tools & Support** Tab
- Mail or fax your completed form and all documentation to UnitedHealthcare

Medical/HRA Claim Submission / Withdrawal Request Form



MAIL CLAIM FORM TO:
 UnitedHealthcare
 P.O. Box 38265
 Salt Lake City, UT 84130-0506
 Fax: 1-844-881-2247
 Customer Service 1-877-797-7475

Part 1 Employee Information (Please Print) (Please check)			
Employee name (Last and first)	Member ID (SSN or state ID)	Employee telephone no.	
Mailing address, City, State, ZIP Code	Employee name	Employee email	
Please notify your benefits administrator of any address changes			
Part 2 Type of Claim (Please check)			
New claim <input type="checkbox"/>	Reimbursement <input type="checkbox"/>	e-Claim documentation <input type="checkbox"/>	Debit card documentation <input type="checkbox"/>
Part 3 Health Care Expenses (Please print) (Please check) (Please use separate entries below. Use additional forms as necessary)			
Type of Claim (Please check)	Date of Service From	Date of Service To	
Med <input type="checkbox"/> Rx <input type="checkbox"/> etc <input type="checkbox"/> vs <input type="checkbox"/> DR <input type="checkbox"/> DR <input type="checkbox"/>			
Please name Relationship		Provider name	
Description of service		Amount \$	

Claim Documentation

Claim Documentation

Five pieces of information are required to help ensure the approval of your claim. They are:

- **Patient:** Person who received the service or who the service is for
 - For retail store purchases, this may be excluded
- **Provider:** Who delivered the service or if a purchase, where was the item purchased
- **Date of Service:** Date services occurred or date item was purchased
- **Type of Service:** Detailed description of what service or product was paid for
- **Financial Responsibility:** The member responsibility for the service or product and/or the portion not reimbursed through your insurance carrier

Medical Claim Documentation

The following documents are commonly accepted as they generally have all the necessary required information:

- Insurance Explanation of Benefits (EOB)
- Detailed patient ledgers
- Itemized account summaries
- Retail store/pharmacy receipts

Dependent Care Claim Documentation

The following documents are commonly accepted as they generally have all the necessary required information:

- Claim form with provider signature
- Provider statements
- Handwritten or emailed receipts
- Credit card receipts
- Paystubs
- W-2's for proof of nanny services

*For both Medical and Dependent Care FSA documentation copies of checks, credit card receipts, hand written receipts, retail store and pharmacy receipts with ONLY the proof of payment will not be accepted.

Claim Payments

Once Your Claim Has Been Submitted

- You can monitor the claim status via the **Dashboard** tab
- View the status legend on the left-hand menu
- Click on the claim and it will expand to show the payment details
- Click on the denied or paid amount to see why the claim was denied or how it was reimbursed

The screenshot shows the 'View Now Healthcare' dashboard. At the top, there are navigation tabs: Home, Dashboard, Accounts, Tools & Support, Statements & Notifications, and Profile. Below these, there are sections for 'Add Expense', 'Expense Summary', and 'Expenses'. The 'Expense Summary' shows Total Healthcare Expenses of \$556.96, Total Paid Expenses of \$314.76, and Total Unpaid Expenses of \$242.20. Below this is a table of claims with columns for Date, Expense, Recipient/Patient, Merchant/Provider, Submitted Amount, and Status.

Date	Expense	Recipient/Patient	Merchant/Provider	Submitted Amount	Status
2/7/2017	Dental			\$242.20	❌
2/2/2017	Pharmacy			\$44.76	✅
1/5/2017	Vision			\$125.60	✅
1/3/2017	Vision			\$144.40	✅

To View Payments

- Click **Accounts** tab and then **Payments** on the left-hand menu for more information regarding payments

The screenshot shows the 'Payments' page. At the top, there are navigation tabs: Home, Dashboard, Accounts, Tools & Support, Statements & Notifications, and Profile. Below these, there are sections for 'Account Summary', 'Account Activity', 'Claims', and 'Payments'. The 'Payments' section shows a table of payment transactions with columns for Date, Number, Method, Status, and Amount. A 'Payment Details' section is expanded for the first payment, showing Account, Recipient, Merchant/Provider, Date of Service, Claim Amount, and Payment Amount.

Date	Number	Method	Status	Amount
03/09/2017	0000091949	Direct Deposit	Paid	\$30.00
02/27/2017	0000090716	Direct Deposit	Paid	\$50.00
02/09/2017	170002323	Debit Card	Paid	\$242.20
02/09/2017	0000098962	Direct Deposit	Paid	\$65.00
02/03/2017	896433179	Debit Card	Paid	\$44.76
01/31/2017	0000087891	Direct Deposit	Paid	\$90.00
01/30/2017	0000087227	Direct Deposit	Paid	\$22.50
01/05/2017	164691333	Debit Card	Paid	\$125.60
01/05/2017	164691333	Debit Card	Paid	\$144.40
01/04/2017	0000084824	Direct Deposit	Paid	\$180.00
12/28/2016	0000084071	Direct Deposit	Paid	\$360.00
12/27/2016	0000083656	Direct Deposit	Paid	\$70.00
12/22/2016	0000083490	Direct Deposit	Paid	\$30.00
12/19/2016	151773191	Debit Card	Paid	\$110.00
12/14/2016	160991309	Debit Card	Paid	\$531.80

Direct Deposit

Direct Deposit Set Up

- You can set up direct deposit so that all reimbursements are deposited into the account you have specified, once the claim has been approved
- Click on **Profile**



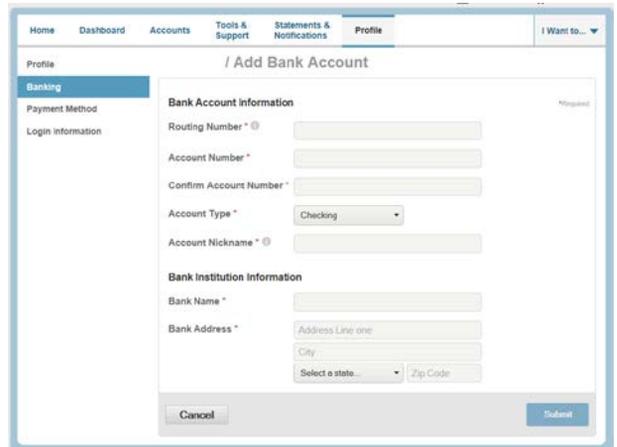
The screenshot shows the 'Profile Summary' page. The navigation menu at the top includes Home, Dashboard, Accounts, Tools & Support, Statements & Notifications, and Profile. The left-hand menu has Profile, Banking, Payment Method, and Login Information. The main content area is titled '/ Profile Summary' and contains sections for Profile, Update Profile, Dependents (No dependents), Add Dependent, Gender (Unspecified), Marital Status (Unspecified), Username, and Participant Account ID.

- Click **Banking** on the left-hand menu
- Click **Add Bank Account** in the middle of the page



The screenshot shows the 'Banking' section of the Profile page. The left-hand menu has Banking, Payment Method, and Login Information. The main content area is titled '/ Banking' and contains a section for Bank Accounts with the text 'No bank accounts exist' and an 'Add Bank Account' button.

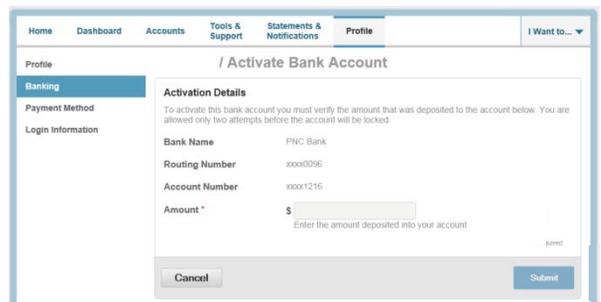
- Complete all banking information and click **Submit**



The screenshot shows the 'Add Bank Account' form. The left-hand menu has Banking, Payment Method, and Login Information. The main content area is titled '/ Add Bank Account' and contains sections for Bank Account Information (Routing Number, Account Number, Confirm Account Number, Account Type, Account Nickname) and Bank Institution Information (Bank Name, Bank Address, City, State, Zip Code). There are 'Cancel' and 'Submit' buttons at the bottom.

Direct Deposit Activation

- Once the banking information is received there will be a small deposit and withdrawal of the same amount to your bank account
- Expect to see the transactions in your bank account 1-3 business days after you enter the information
- Go back to the Member Portal, click **Profile** and then **Banking**
- Please enter the deposit/withdrawal amount on the page and click **Submit**



The screenshot shows the 'Activate Bank Account' form. The left-hand menu has Banking, Payment Method, and Login Information. The main content area is titled '/ Activate Bank Account' and contains an 'Activation Details' section with a warning message: 'To activate this bank account you must verify the amount that was deposited to the account below. You are allowed only two attempts before the account will be locked.' The form includes fields for Bank Name (PNC Bank), Routing Number (xxxx096), Account Number (xxxx1216), and Amount. There are 'Cancel' and 'Submit' buttons at the bottom.

Eligible Expenses for Dependent Care Flexible Spending Accounts

- Child care for dependents under the age of 13 that is necessary for you and your spouse to work or attend school full-time
- Before and after school care
- Day camp if it is in lieu of day care
- Au pair/Nanny dependent care
- Application fees, agency fees and deposits are allowable if they must be paid in order to obtain care
- Preschool fees
- Custodial care for qualified tax dependents
- Elder care including adult day care
- Transportation expenses are eligible for the day care provider transporting the child to or from the place where care is provided (i.e.) daycare provider picks the child up at school and takes them to an after-school day care program

In divorce situations, only the custodial parent can claim child care expenses.

Non-eligible Expenses for Dependent Care Flexible Spending Accounts

- Late payment fee
- Finance charges
- Child care supplies
- Schooling: kindergarten – 12th grade (including summer school)
- Child support
- Overnight camp
- Food expenses broken out, itemized or separated from care

Eligible Over-The-Counter Supplies for Medical Flexible Spending Accounts

The Coronavirus Aid, Relief, and Economic Security (CARES) Act, signed into law March 27, 2020, contains important updates on the use of Flexible Spending Accounts (FSAs).

- The CARES Act restores the ability to use FSAs to purchase OTC drugs and medications, like pain relief medications, cold and flu products, allergy products, heartburn medications, etc... without a doctor's prescription
- It further expands the definition of qualified OTC items to include menstrual care products
- This change is effective for expenses incurred on or after January 1, 2020 (regardless of plan year start date)

Medical supplies that continue to be eligible:

- Braces and supports
- Bandages, adhesive, wraps or elastic
- Catheters
- Condoms
- Contact lens solution and supplies
- Crutches
- Dentures and denture adhesives
- Diagnostic monitors – glucose monitors
- Insulin and diabetic supplies
- First-aid supplies
- Ostomy products
- Pregnancy tests
- Reading glasses
- Walkers, wheelchairs and canes

The above list should not be considered all inclusive and may change per IRS guidelines.

Non-eligible Over-The-Counter Supplies for Medical Flexible Spending Accounts

Here are some common services and expenses that are not eligible for FSA reimbursement:

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Breast enhancements
- Cosmetics
- Cotton swabs
- Dental Floss
- Deodorants
- Hair Regrowth
- Low-calorie foods
- Mouthwash
- Petroleum jelly
- Shampoo and conditioner
- Skin care
- Spa salts
- Sun-tanning products
- Toothbrushes



- Ask your employer for information about your FSA plan and eligible expenses.
- The IRS publishes information on FSA's and qualified medical expenses. Visit www.irs.gov
- Most major grocery, department, retail and drug stores cannot identify at the cash register if supplies qualify for FSA reimbursement.



The IRS has limitations for FSA contributions, information can be found at: [http://www.irs.gov/publications/p15b/ar02.html#en_US_2014_publink1000250341*](http://www.irs.gov/publications/p15b/ar02.html#en_US_2014_publink1000250341)

Health Care Spending Card (Debit Card) Claims

If your plan offers the FSA debit card, IRS regulations impact where you are able to use it. Debit cards may be used at grocery stores, discount outlets, wholesale clubs and major retailers that utilize an Inventory Approval System (IIAS). This system automatically approves eligible medical expenses at the time of check-out. Similar rules apply to drug stores and pharmacies. You may also use your FSA debit card at medical providers (hospitals and doctor offices), dentists, and eye care facilities.

Please retain all receipts and documentation from your debit card purchases. These will be used to verify that your expenses are eligible according to IRS regulations. If UnitedHealthcare Benefit Services is unable to automatically approve your claim, you will receive notification via e-mail or mail requesting additional documentation. Supporting documentation can be submitted online via the member portal, <https://member.uhcbs.com>, by email, mail or fax. Keep in mind all documentation must include the following information: date of service, amount, provider, type of service and who the service is for.

- **Your card will be good until the expiration date, you will not receive a new card every year**
- **It is important to read the debit card agreement that is attached to the card**



If you are enrolled in the Dependent Daycare Account, you can also use the debit card (if accepted) to pay for those expenses. The amount charged cannot exceed your current available cash balance.

When Not to Use Your Debit Card

- Once the plan is within the run off period, in order to be reimbursed from the previous plan year, you will need to submit manual claims. If the debit card is used during this period the funds will come from the new plan year.
 - Claims cannot be manually moved from one plan year to the next. If claims submitted during the run off period need to be reimbursed from another plan year, a refund must be sent to UnitedHealthcare and a new claim submitted.
-

Qualifying Events – Changing Your Elections

Your plan year election must be made during your employer's open enrollment period. Once the plan year has begun, your election may only be changed if you experience certain qualifying events. Please check your Summary Plan Description for the complete list.

Examples of qualifying events include:

- Change in employee's legal marital status
- Change in number of dependents
- Change in employment status of the employee or spouse
- Change in dependent eligibility requirements

If you experience a qualifying event, contact your employer for more information.

You Have More Time To Spend Your FSA Dollars

The Internal Revenue Service (IRS) allows a “Grace Period” which gives you additional time to use your Flexible Spending Account (FSA) dollars. This grace period reduces the worry you may have about the FSA’s “use it or lose it” rule.

Q: What is the “Grace Period”?

A: The grace period is additional time beyond the end of the plan year that allows you to incur expenses so that you can spend down your remaining balance in your FSA. This extension applies to both Healthcare and Dependent Daycare accounts.

Example: You contribute \$1,200 to a Healthcare FSA for a January 1, 2017 to December 31, 2017 plan year. On December 31st you have \$200 remaining in your FSA. Instead of losing those funds, the grace period allows you until March 15, 2018 (2 ½ months) to incur additional expenses that could be reimbursed from the 2017 plan year.

Q: How do I know if my plan offers the “Grace Period”?

A: You should refer to your employer’s FSA Summary Plan Description or contact UnitedHealthcare’s Customer Care Center (877-797-7475).

Q: How long is the “Grace Period”?

A: The grace period begins the first day after the plan year end date and can last up to 2 ½ months into the new plan year. For exact dates, please contact UnitedHealthcare’s Customer Care Center (877-797-7475).

Q: I have dollars remaining in my Healthcare FSA at the end of the plan year and have also re-enrolled in the Healthcare FSA for the new plan year. If I have remaining eligible expenses from last year or have a new expense during the grace period, how will they be reimbursed?

A: Any claims for eligible expenses incurred during your plan’s grace period will be reimbursed from the prior plan year balance before being reimbursed from the new plan year. If you have expenses from the prior plan year that have not yet been submitted for reimbursement, you will want to submit those before submitting claims for expenses incurred during the grace period. Once a claim has been submitted, the plan year from which it has been reimbursed cannot be changed. (See Page 7 regarding using your debit card and the Grace Period)

Example: At the end of the 2017 plan year (December 31, 2017) you still have \$200 remaining in your Healthcare FSA. You have a \$200 eligible expense from December 15th that you have not submitted for reimbursement, but you also have a \$250 expense from January 15th 2018. If you submit the 2018 before the 2017 expense, the \$250 expense will reimburse from the 2017 (incurred during the grace period) and no additional funds will be available for the \$200 expense.

You Have More Time To Spend Your FSA Dollars

The Internal Revenue Service (IRS) allows a “\$500 carryover” provision which allows you to carryover unused Flexible Spending Account (FSA) dollars into the next plan year. This carryover reduces the worry you may have about the FSA’s “use it or lose it” rule.

Q: What is the \$500 carryover provision?

A: This provision allows employers to offer the carryover provision instead of the Grace Period. This allows employees the ability to carryover up to \$500 of unused FSA dollars into the next plan year. This \$500 carryover provision only applies to the Healthcare FSA.

Q: How do I know if my plan offers the “\$500 Carryover”?

A: You should refer to your employer’s FSA Summary Plan Description or contact UnitedHealthcare’s Customer Care Center (877-797-7475)

Q: If my employer has chosen the carryover provision, who is eligible for the carryover?

A: Active employees who are enrolled in the Healthcare FSA and have unused funds in their account at the end of the plan’s runoff period. Up to \$500 of unused funds will carry over into the new plan year automatically.

Q: When do carryover funds become available?

A: Funds are available on the first day of the new plan year

Q: If I still have FSA dollars remaining at the end of my plan year, can I re-enroll in my employer’s FSA for the new plan year? Would I still be able to enroll up to the plan’s maximum amount?

A: Yes, you can re-enroll in a Healthcare FSA up to the allowable maximum, even if you anticipate having dollars remaining in your account from the prior year. You may want to take into consideration any estimated carryover before making your election for the new plan year.

Example: Your employer allows a plan year maximum of \$2600 for the Healthcare FSA. If at the end of the 2017 plan year, you have \$500 in your Healthcare FSA, you would still be allowed to elect the maximum amount allowed for the new 2018 plan year. The \$500 carryover from 2017 plan year, will not count towards the maximum election amount for the 2018 plan year.

Q: If I have funds that carryover from one plan to the next, can I submit claims from the previous year towards my current plan year balance?

A: No, once the runoff period for the plan year has expired, claims for expenses incurred during the previous plan year will be denied. Claims can only be reimbursed from the plan year funds in which the expense was incurred.

Additional Questions Regarding the FSA

Q: Can I view my election, claims and reimbursement data via the <https://member.uhchs.com> portal?

A: Yes, members are able to view the current plan year as well as previous plan year election, claim and reimbursement records via our member portal.

Q: What happens if I leave my job before the end of the plan year?

A: Your plan's normal termination provision will apply. Some employer plans are subject to COBRA continuation rules, so you may be offered to continue participation in the Healthcare FSA by agreeing to make additional contributions to the plan through COBRA. You should refer to your employer's FSA Summary Plan Description for additional information.

Q: What happens to unused funds if my employment is terminated during the plan year?

A: Please refer to your employer's FSA Summary Plan Description for details specific to your plan.

Glossary of Reimbursement Terms

Section 125 (Healthcare FSA) and Section 129 (Dependent Day Care) of the law, as with any law, have their own special terminology that can quickly become confusing. The definitions of these FSA terms have been prepared based on UnitedHealthcare's understanding and knowledge of FSA laws. UnitedHealthcare is not engaged in the practice of law. The employer should consult with its own attorney on the legal implications of FSA for the employer's situation.

Dates of Service – The date the service was incurred. This date could be different than the date you are billed or the date you pay for the expense. Prescription drugs are based on the date the prescription is filled and eyeglass/contact lens purchases are based on the date ordered. These dates could be different than the date picked up or the date paid.

Plan Year Election – The amount you wish to put into the corresponding account type for the entire plan year. This amount will then be divided by the number of paychecks you receive during the plan year to equal your paycheck deduction amount.

Provider Name / Type of Service – Doctor name, store name, dentist, clinic, hospital, etc... along with what service was performed

Summary Plan Document (SPD): The SPD will outline the plan guidelines. A copy can be provided by your employer.

Prescription – Instruction written by a medical practitioner that authorizes a patient to be provided a medicine or treatment.

Qualifying event – a life event that triggers the ability to make a change during the plan year to your election(s).

