

# FlexPro

**Flexible Benefits  
Plan**



**State of Indiana**

**Section 125**

**General Purpose Medical  
Flexible Spending Account (FSA)**

**Employee Enrollment Information Packet**

**PLAN YEAR: JANUARY 1, 2013 - DECEMBER 31, 2013**



**Key Benefit Administrators - FlexPro**

P.O. Box 55210 Indianapolis, IN 46205  
Phone: 800-558-5553 \* 317-284-7150  
Fax: 866-241-1488 \* 317-284-7269

## Information You Will Find in This Packet

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The information in this packet will help you decide if this benefit is right for you. A Flexible Benefit Plan for Health Care expenses and Dependent Care expenses can provide you and your family with more take home pay to help with these expenses.

- Information You Will Find in This Packet & Online Made Easy
- Is A Medical Care Flexible Spending Account Right For You?
- If You Participate in a Health Savings Account
- Plan Specifics Page
- Plan Definitions
- What Type of Expenses Are Eligible?
- Over-The-Counter Medicine Reimbursement “CHANGES”
- Benefits Payment System (BPS) Benefits Card (Flex Card) and Claims Procedure
- How Flex Works and How Much You Can Save
- Flexible Spending Accounts Frequently Asked Questions
- Claim Form
- Spouse/Dependent Debit Card Request Form
- On-Line Account Access
- Direct Deposit Form

## Your Online Account Has Been Made Easy

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Your Flexible Benefit online account has been updated with a number of new features. If you have not already set up your online account, go to [www.mywealthcareonline.com/flexpro](http://www.mywealthcareonline.com/flexpro) and set up your account today. Your online account may be used to communicate and submit information to KBA with the following tools:

- Update Your Address
- Update Your Email Address
- Submit Receipts for Flex Card Purchases
- Submit a Request for Claim Reimbursement
- Order a New Flex Card
- Review Pending Claims
- Review Claim Payment Status from Uploaded Claims
- And More.....

**Please note:** Many of these new features include an event-based notification that will email you once your change is made or a claim is submitted.



## Is a Medical Care Flexible Spending Account Right For You?

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	YES	NO
Do you have out-of-pocket costs associated with the State's medical plan? (i.e. co-payments, deductibles, co-insurance)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have other out-of-pocket medical care expenses not covered by insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have out-of-pocket dental expenses? (i.e. cleanings, fillings, orthodontia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have out-of-pocket vision expenses? (i.e. exams, glasses, contact lenses, LASIK, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

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, *FlexPro*, and therefore **increase your take home pay!**

## If You Participate in a Health Savings Account -

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Health Savings Account (HSA) participants may only participate in a Limited Purpose Flexible Spending Account. If you are an HSA participant or plan to be an HSA participant in 2013, please refer to the Limited Purpose Flexible spending Account (LPF) plan documents.





## State of Indiana

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### Medical Care Flexible Spending Account Plan Specifics

<b>PLAN YEAR:</b>	<b>01/01/13 - 12/31/13</b>
<b>Plan Options:</b>	<b>Plan Maximums:</b>
Medical Care FSA Plan Option	\$ 2,500.00

#### Eligibility Requirements:

**Participation in the Medical Care FSA  
Plan Option by New Hires:**

Upon eligibility

**Participation After Termination In The  
Medical Care FSA Plan Option:**

Terminated employees will be allowed 0 days past termination of employment to incur expenses and an additional 30 days to submit expenses.

**Claims Submission:**

Claims may be submitted as needed because daily payouts occur for State participants.

**Orthodontia Services:**

At the time services begin, the initial down payment may be reimbursed. The remaining balance may only be reimbursed according to the monthly payment structure outlined in the Orthodontia contract. A copy of the Orthodontic contract needs to be provided to KBA at time of reimbursement

**Grace Period:**

The Grace Period will allow expenses incurred within the first 74 days of this Plan Year to be reimbursed from your previous Plan Year if a balance remains in that account. Claims may be incurred through the end of the Grace Period, March 15<sup>th</sup>, each plan year and submitted via the claim form no later than 90 days after the end of the Grace Period, June 15<sup>th</sup>, each plan year.

**Claims Submitted After the End  
Of the Plan Year:**

Claims incurred prior to the end of the plan year and subsequent grace period must be submitted no later than 90 days after the expiration of the grace period on June 15<sup>th</sup>.

**Status Change Notification  
Time Frame:**

Status changes must be submitted within 30 days of the Qualifying Event



## Plan Definitions

Flexible Benefit Plans under Section 125 of the Internal Revenue Code enables you to pay for certain expenses with pre-tax dollars. Benefits offered by the State of Indiana include:

**A. Limited Purpose Medical Care Flexible Spending Account (FSA) – “Limited Purpose Medical Care FSA” coverage is *qualified coverage* for those also participating in a Health Savings Account (HSA).**

Reimbursement under the Limited Purpose Medical Care FSA will be limited to:

- a. Services or treatments for dental care (excluding premiums)
- b. Services or treatments for vision care (excluding premiums)
- c. Services for preventive care. Preventive care limited to diagnostic procedures and services or treatments taken to prevent the onset of a disease or condition that is imminently possible. Preventive 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. **Post-Deductible Medical Care Flexible Spending Account (FSA)** - Eligible medical expenses incurred after the “minimum annual HDHP deductible under Code Section 223”. The minimum deductible under this plan is conditioned on the Participant’s family status (single coverage deductible \$1,250 or family coverage deductible \$2,500). The employee does not have to satisfy the higher annual deductible under the State’s CDHP before the post-deductible health FSA can begin paying additional qualified medical expenses.

**B. Medical Care Flexible Spending Account (FSA) – Participation in a Medical Care (FSA) disqualifies you from contributing to a HSA.** This is a plan designed to allow employee pre-tax dollars to cover health care costs include medical, dental, vision and hearing expenses that are not paid by insurance and other “out-of-pocket” expenses. *These expenses must be incurred within the plan year plus the grace period.* These expenses may include, but are not limited to: expenses for medical plan co-payments, deductibles, prescriptions, physician visits, chiropractic care, vision, dental/orthodontia care, and eligible over-the-counter items. Expenses must be incurred within the Plan Year and must be “medically necessary” to qualify. Expenses are considered “incurred” when the service is performed not when it is billed or paid. Expenses solely for cosmetic reasons or merely beneficial to one’s general health are not eligible expenses. The expenses that qualify are those permitted by Section 213 of the Internal Revenue Code, but only to the extent that the expense is not prohibited by any other code or regulation. The Grace Period for this plan will extend the time that you can incur expense 2 ½ months after the end of the plan year. *If you are enrolled in a HSA, you are not eligible to participate in a regular Medical Care FSA. Your participation in a regular Medical Care FSA prior plan year during the Grace Period disqualifies you from contributing to a HSA until the end of the grace period.*

**C. Dependent Care Flexible Spending Account (DCA) —** You may participate in the Dependent Care FSA without any HSA restrictions. 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 attend school. Your dependent must be under age 13 or physically and/or mentally incapable of caring for him or herself if older than age 13. At each payroll period, the Employer will credit the Participant’s Dependent Care account the amount of the deduction. Reimbursement is limited to the account balance.

Dependent Care expenses for the care of a qualifying individual that are for the purpose of enabling the employee to be gainfully employed 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. See Dependent Care Flexible Spending Account (FSA) Employee Information Packet for more details.

**D. Health Savings Account**

Health Savings Account (HSA) is a special type of individual account that “eligible individuals’ covered by consumer-driven health plans (CDHP) can establish with a qualified HSA trustee or custodian. It allows eligible individuals to pay for certain eligible medical, dental and vision expenses on a tax-free basis for eligible individuals, their spouses, and/or any eligible tax dependents on a tax-free basis.

**E. Grace Period**

The Grace Period will extend the time that you can incur expenses up to 2 ½ months. Incurring expenses in a Medical Care FSA during the Grace Period would disqualify HSA contributions until the end of the Grace Period. Incurring expenses in a Limited Purpose Medical Care FSA does not disqualify HSA contributions.

# What Type of Expenses Are Eligible?

## Medical Care FSA Expenses

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The following list, while **not intended to be complete**, illustrates expenses that **may** be reimbursed under the Medical Care Flexible Spending Account: Restrictions may apply.

### I. ELIGIBLE DENTAL & VISION EXPENSES

#### DENTAL EXPENSES

- Routine & Preventive Services
- X-rays
- Orthodontia (*A treatment plan may be required*) (see Plan Specifics page for your Plan's orthodontia guidelines)
- Restorative services, fillings, extractions, dentures

#### VISION CARE EXPENSES

- Eye exams
- Prescription eyeglasses & sunglasses
- Contact lenses & supplies
- Corrective surgery (*RK & LASIK*)

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### II. ELIGIBLE MEDICAL CARE EXPENSES

#### MEDICALLY NECESSARY EQUIPMENT

- Wheelchair, crutches & lifts
- Oxygen equipment & supplies
- Blood pressure monitor

#### DIABETIC SUPPLIES

- Insulin
- Test strips, lancets, etc.
- Glucose monitor

#### PHYSICAL EXAMINATIONS

- Annual physical exam (*including prostate screening, pap smears & mammograms*)
- School & work physicals

#### COUNSELING & PSYCHIATRIC TREATMENT

(*Prescribed by a doctor to treat a medical condition.*)

*Statement required from the doctor. See Marriage/Family Counseling*)

- Psychologists
- Psychotherapists
- Psychiatrists

#### FEES & SERVICES

- Physicians, surgeons, anesthesiologists, OB/GYN
- Ambulance
- Nursing (*including room & board*)
- Chiropractic service

- Fertility treatment
- Sterilization & reversals
- Medically necessary reconstructive services (*i.e. mastectomy or following an accident*)
- Hospital expenses

#### HEARING EXPENSES

- Testing
- Hearing aids
- Batteries & repairs

#### OTHER EXPENSES

- Prosthesis & artificial limbs
- Organ tissue donation expenses
- Tuition at special school for handicapped
- Travel necessary to seek medical treatment (*limitations apply*)
- Orthotics & orthopedic shoes (*medically necessary*)
- Laboratory fees
- Acupuncture
- Alcohol & drug rehabilitation expenses
- Special equipment for those who are deaf and/or blind (*i.e. Braille books, hearing devices, guide dogs*)
- Weight loss programs and drugs (*ONLY when prescribed by a doctor to treat obesity and/or a specific medical condition – statement required from the doctor*)
- Medical supplies
- Therapy treatments (*when prescribed by a doctor*)
- Physician-prescribed Over-the-Counter medicines\*

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### III. INELIGIBLE EXPENSES

- Cosmetic treatments or surgery (*unless necessary to alleviate a deformity related to a congenital abnormality, trauma, or disfiguring disease*)
- Expenses (*treatments and drugs*) only to improve your general health or well being
- Hair replacement treatments and drugs
- Health club dues
- Long Term Care Insurance
- Marriage & family counseling
- Nutritional supplements/vitamins
- Teeth whitening, toothbrush
- Vacations
- Vitamins to improve or to preserve general health (*even when prescribed by a doctor*)
- Over-the-Counter medicines (unless prescribed by a physician)\*

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\*Please refer to following page for additional detail



# Over-the-Counter Drug Reimbursements

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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 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. Subject to additional guidance from the IRS.)

Eligible Expense	Requires a prescription from physician (after December 31, 2010)
Band-Aids/Bandages	Allergy Medicine
Carpal Tunnel Wrist Supports	Antacids
Cold/Hot Packs for Injuries	Anti-diarrhea Medicine
Condoms	Bug Bite Medication(oral)
Contact Lens Cleaning Solution	Calamine Lotion
First Aid Kits	Cold Medicines
Incontinence Supplies	Cough Drops
Insulin	Diaper Rash Ointments
Pregnancy Test Kits	First Aid Cream
Reading Glasses	Hemorrhoid Medication
Rubbing Alcohol	Laxatives
Thermometers (ear or mouth)	Liquid Adhesive for Small Cuts
	Menstrual Cycle Products for pain and cramp relief
	Nasal Sinus Sprays or Strips
	Nicotine Gym or patches for Stop-Smoking Purpose
	Pain Reliever
	Pedialyte for Ill Child's Dehydration
	Products for Muscle Pain or Joint Pain, i.e. Ben Gay, Tiger Balm, etc.
	Sinus Medications
	Sleeping Aids used to treat occasional Insomnia
	Special Ointment or Cream for Sunburn
	Spermicidal Foam
	Throat Lozenges
	Wart remover treatments



## **Benefits Payment Card (BPS) Benefits Card (Flex Card) and Claims Procedures**

You may use your BPS Benefits Card (Flex Card) 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 but are eligible FSA expenses.

### **1. 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 provider. As a Flexible Spending Account participant, a Flex Card will be mailed to your home address.



### **2. 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 P.I.N. number before processing a transaction. There is no additional line of credit associated with the card, and no credit check will be performed.

### **3. OVER-THE-COUNTER MEDICINES**

The debit card will not work on Over-the-Counter items that need a prescription from a physician.

### **4. IAS Certified Merchants -**

Retail merchants including Grocery Store, Discount Retail Stores, Pharmacies and Mail Order Pharmacies



Revenue Ruling 2006-69 and 2007-2 requires all Grocery Stores, Discount Retail Stores, Mail Order Pharmacies and Retail Pharmacies to be compliant with an Inventory Information Approval System (IAS) and be certified as compliant. The implementation of the IAS will allow expenses that qualifies as eligible purchases outlined in Code Section 213(d) to automatically be approved at the point-of-purchase. ***Effective January 1 2011, a prescription will be required for Over-The-Counter Medicines.*** Recognizing that significant changes will be needed to existing debit card systems as a result of the new restriction, the guidance provides that “the IRS will not challenge the use of health FSA and HRA debit cards for expenses incurred through January 15, 2011,” so long as the existing IRS debit card rules are met.

#### Approved items at the Point-of-Sale By the IAS Certified Merchant:

- Only Eligible Items are authorized at the point-of-sale against your available account balance in your Flexible Spending Account.
- Purchases automatically approved at the point-of-purchase will not require substantiation.

*Note: In the event of an IRS audit, the participant should retain copies of all receipts for their records.*

#### Non-Approved items at the Point-of-Sale By the IAS Certified Merchant:

- Ineligible items will be denied at the point-of-sale. An alternate method of payment will be required for the purchase. Purchase made with an alternative method of payment may be made at a Non-Certified IAS Retail Merchant and be reimbursed by Key Benefit Administrators - Flexpro by submitting a completed claim form. See Substantiation Requirements.

*Note: Cash register receipts or credit card receipts are ineligible unless the receipt includes the information outlined under the Substantiation Requirements.*

### **5. 90% Rule Merchant.**

A second option for pharmacies and mail order pharmacies is to register as a 90% Rule Merchant. They must register each year. On a store-location-by-store-location, pharmacies and mail order pharmacies with 90% of the store's gross receipts during the prior taxable year consisting of items that qualify as medical expenses may be registered as a 90% Merchant. The regulations would then permit the use of the healthcare benefits card at these



merchants. The participant may still be required to substantiate their purchase for transactions at a registered 90% Rule Merchant.

We hope this enhancement for healthcare benefits card use will provide additional ease for the participant whom these merchants serve. If you have additional questions, contact a Flexpro Customer Care Representative at 800-558-5553.


## 6. Substantiation Requirements

- a. **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 Administrator to verify the eligibility of the item(s) purchased as requested by the IRS.

The following substantiation criteria may be required.

### Substantiation Requirements

- 
- **Name of Patient**
  - **Date of Service or purchase**
  - **Name of Provider or Merchant**
  - **Type of Service or Supply**
  - **Amount of Service or Supply**
  - **Copy of prescription for Over-The-Counter medicines**

***Note:** Cash register receipts or credit card receipts are ineligible unless the receipt includes the information outlines under the Substantiation Requirements*

**IMPORTANT UPDATE: EFFECTIVE JANUARY 1, 2011** The cost of *Over-The-Counter medicines* may not be reimbursed with through a Health FSA, HRA, HSA, unless the medicine is prescribed by a physician.

- b. **Ineligible Expenses** — Should your transaction detail show that your Flex Card purchase was for an ineligible expense, or if the required documentation for a "pending" service was not provided to KBA FlexPro in a timely manner, the transaction will be considered denied or ineligible. IRS rules require reimbursement to KBA FlexPro for the amount charged to the Flex Card for ineligible expense(s); or, you may submit other eligible medical expenses paid out-of-pocket (not with the Flex Card) to KBA FlexPro for consideration as "offsetting claims" to reduce the amount owed back to the account. Once a transaction has been deemed ineligible, however, the Flex Card will be temporarily deactivated until repayment or offsetting, eligible claims are received.

## 7. Where can I view my Flexible Spending Account history?

Go to [www.mywealthcareonline.com/flexpro](http://www.mywealthcareonline.com/flexpro). After following the instructions to 'Create Account,' you will be able to check on your current account balance, request statements on demand, and review your detailed transaction history.



# How Flex Works and How Much Can You Save?

This illustration demonstrates how a participating employee might save \$650 in taxes during the Plan Year by paying for expenses with pre-tax dollars.

Please Note: This example is for illustrative purposes only.

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

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

## I. Medical Care Expenses

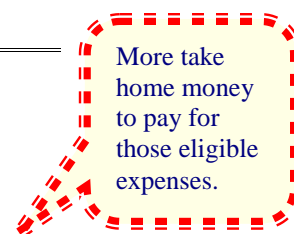
Estimated family annual medical/dental/vision expenses **not covered** by insurance:

Co-pays, deductibles, co-insurance \$ \_\_\_\_\_  
 Prescription drugs \$ \_\_\_\_\_  
 Over-the-counter drugs/medicines *Prescribed by a physician* \$ \_\_\_\_\_  
 Doctor office visits \$ \_\_\_\_\_  
 Physical exams \$ \_\_\_\_\_  
 Well-baby care \$ \_\_\_\_\_  
 Chiropractic care \$ \_\_\_\_\_  
 Dental care \$ \_\_\_\_\_  
 Orthodontia \$ \_\_\_\_\_  
 Vision Exams \$ \_\_\_\_\_  
 Eyeglasses, Contact lenses, solution \$ \_\_\_\_\_  
 Insulin and related supplies \$ \_\_\_\_\_  
 Hearing care \$ \_\_\_\_\_  
 Other Medical Expenses \$ \_\_\_\_\_

Total Annual Medical, Dental, Vision Expenses: \$ \_\_\_\_\_

Multiply by an estimated tax savings of 26% x 26%

Your Estimated Annual Tax Savings: \$ \_\_\_\_\_



## Frequently Asked Questions:

### Who can participate in the Plan?

All employees who have met the eligibility requirements established by the State of Indiana may participate in the Plan.

### How do I sign up?

Enroll using People Soft self service by Monday following pay period in which you were hired or during open enrollment.

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

Be conservative! Only consider your known expenses. Do not allow for things that might happen. A list of eligible expenses and a worksheet are provided to help you calculate your expenses for the upcoming plan year.

### Are there limits?

The maximum annual family amount for the General Purpose Medical Care FSA is \$2,500.

### 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 have one of the eligible status changes as defined in the State'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 (not just the taxes.) So, please be conservative when you determine your annual allocation.

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

A list of eligible and ineligible expenses as well as a list of over-the-counter items previously listed. 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 has a regulation governing Section 125 Flexible Spending Plans. It allows the State to extend the deadline for participants to incur claims for their Flex Plan (medical and dependent daycare) after the end of the plan year (12/31), into the new plan year for **74** days. For employees re-enrolling their current plan year forward to the next, the debit card has been adjusted to utilize leftover dollars first from the old plan year. If the participant does not re-enroll, then Paper claims to access the previous year money must be submitted no later than 90 days after the end of the Grace Period; the debit card will not work past December 31st.

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

Yes, you will receive periodic reports showing what has been credited to your account. You may also access your personal account on-line at any time, at: [www.mywealthcareonline.com/flexpro](http://www.mywealthcareonline.com/flexpro)

### What happens if I terminate my employment?

Termination from employment ends eligibility. Terminated employees will be allowed 0 days past termination of employment to incur expenses and an additional 30 days to submit expenses and no later than June 15<sup>th</sup>. Also, you may be eligible to continue coverage under the Medical Care FSA option through federal COBRA regulations.

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

Copies of receipts for Medical 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 FlexPro™. Cancelled checks are not eligible as receipts for Medical Care FSA expenses. The total amount of reimbursement you selected for the Plan Year will be available at all times during the Plan Year.

Claim forms, including detailed receipts/invoices, may be sent for processing via:

Fax to: (317) 284-7269 or (866) 241-1488

Email to: [FlexPro@keybenefit.com](mailto:FlexPro@keybenefit.com)

Mail to: Key Benefit Administrators – FlexPro

PO Box 55210

Indianapolis, IN 46205

If you have not already set up your online account, go to [www.mywealthcareonline.com/flexpro](http://www.mywealthcareonline.com/flexpro) and do it today! Your request for reimbursement may be uploaded to your personal online account. Your claim(s) will then be processed. Claim forms, including detailed receipts/invoices, may be faxed for processing to (317) 284-7269 or (866) 241-1488, or e-mailed to [FlexPro@keybenefit.com](mailto:FlexPro@keybenefit.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.

### How do I submit expenses, if I have money left from the previous year?

State employees will utilize a signed claim form and corresponding third-party substantiation, if necessary, to access the previous year's money. Debit Cards will be re-loaded with the new year plan dollars on January 1st, and previous year plan dollars will not be available except through the paper claims process.

See the **Plan Specifics** provided to the State for employee's additional answers to questions and further clarification.

### Over-The-Counter Medicines or Drugs

As of January 1, 2011, *over-the-counter medicines may not be reimbursed* through a FSA, HRA, or HSA, unless the medicine is prescribed by a physician. This *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).



State of Indiana – 580

FLEXIBLE BENEFIT PLAN CLAIM FORM

THIS SIGNED FORM MUST ACCOMPANY EACH GROUP OF RECEIPTS SUBMITTED

Employee Name: \_\_\_\_\_ ID or SSN Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Address: \_\_\_\_\_
Number & Street City State Zip Code

Please check if new address

Daytime Phone Number: \_\_\_\_\_ Number of pages: \_\_\_\_\_

To the best of my knowledge and belief, my statement in this Request for Reimbursement is complete and true. I am claiming reimbursement only for eligible expenses with the date of service incurred by me, my spouse, or my qualified dependent(s) during the applicable plan year. I certify that these expenses have not been reimbursed by any other source, nor will any reimbursement be sought from any other source. By signing and submitting a Dependent Care Reimbursement Request, I am certifying that expenses for which I request reimbursement satisfy all dependent care guidelines. I and my spouse, where applicable, are gainfully employed or a full-time student and not on leave. In accordance with the Flex Benefit Plan, I authorize my Flexible Spending Account(s) to be reduced by the amount requested.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Signature Required

IMPORTANT: Your request for reimbursement may be submitted from your personal online account. This form is not required when you submit your claim from your personal online account. If you have not already set up your online account, go to www.mywealthcareonline.com/flexpro and set up your account today.

Medical Care Expenses:

Expenses that may be covered by your (or your spouse's) medical, dental or vision plan must first be submitted to the appropriate insurance carrier. The Explanation of Benefits (EOB) you receive from your insurance carrier may then be submitted to Key Benefit Administrators - FlexPro as a qualifying receipt towards your FSA Plan. Medical care receipts must be from an independent third party and must include the Name of the Patient, Name of the Provider, Type and date of Service or Supply provided (Names of Prescriptions are required), and the Amount of the Service or Supply. Receipts for eligible over-the-counter (OTC) drugs or medicines must include the same information but the type of Supply and the Patient's Name may be hand written on the receipt by the participant if necessary. If necessary please add additional pages.

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. Copy of prescription from Physician is required.

Table with 6 columns: Name of Patient or Dependent, Date(s) of Service, Name of Provider or Merchant, Type of Service or Supply, Medical Care Charge for each service/supply, Flex Card Purchase Substantiation. Includes a Total row.

As requested, a letter of medical necessity is included. A letter of medical necessity is on file.

Dependent Care: Dependent Care receipts must include the Name of the Provider, Dates of Service, Name of the Dependent(s), Fee for Service or you may have your Dependent Care Provider complete and sign below (Original Signature required).

Date(s) of Service: (to & from) \_\_\_\_\_ Amount to be reimbursed: \_\_\_\_\_

Dependent(s) Name: \_\_\_\_\_ Dependent(s) Date of Birth: \_\_\_\_\_

Dependent Care Provider Name and Tax ID #: \_\_\_\_\_

Dependent Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

The following reimbursement request rules apply: Medical Care and Dependent Care expenses must be incurred within the appropriate Plan Year. See Plan Specific page for eligibility requirements. Photocopies of receipts are acceptable. Please retain a copy of all receipts for your own records. Cancelled checks are not acceptable receipts. This form must be signed and submitted with applicable receipts.





## Dependent/Spouse Card Request Form

I. Employer Name: **State of Indiana - 580**

Employee Name: \_\_\_\_\_  
(Please Print)                                      FIRST                                      MI                                      LAST

Employee SSN: \_\_\_\_\_ Employee Email Address: \_\_\_\_\_

II. Please issue BPS Benefits Card<sup>®</sup> Flex Card<sup>™</sup> to the spouse/dependent(s) listed below. I understand that it is my responsibility to maintain all records necessary to substantiate the eligibility of all items/services purchased with the Flex Card by my dependent(s). Must be age 18 or older.

Name: Spouse or Dependent	Social Security Number (REQUIRED)	Date of Birth (Must be 18)	Yes, order an additional Debit card.	No, do not order an additional Debit card.

III. I UNDERSTAND AND AGREE THAT:

I accept responsibility that all Flex Card transactions of my above-listed spouse/dependent(s) are for expenditures incurred within the Plan Year. Each time the Flex Card is presented for payment, the signed receipt will evidence that the expense has been incurred and reaffirming that it is a qualified expenditure that has not been reimbursed, nor will any reimbursement be sought from any other source. Upon request, I will immediately submit any required documentation and/or transaction detail. I understand that if the Flex Card is used for purchases other than qualified expenditures, I have violated this Agreement and my obligations under my Employer's Plan. I understand that, upon notification, I must immediately re-pay the expense to the Account and that my Flex Card(s) may be immediately suspended or revoked for such failure to comply.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# On-Line Account Access

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Online account access is available through [www.mywealthcareonline.com/flexpro](http://www.mywealthcareonline.com/flexpro) - below is an overview of all of online features available to you.

## Create Your Account

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

- Enter your I.D. (This is usually your SSN to begin set-up, thereafter your own personal I.D.)
- Choose your own secure password
- 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 FlexCard
- Update your personal information, including e-mails, addresses and phone numbers
- Download Forms including a claim form
- And more....

## E-Mail Alerts

If you choose, you can provide us with an e-mail address and opt in/opt out of receiving regular communications via e-mail. Many of the e-mails are event based, and will go out to the e-mail address on file in your account upon certain occurrences. For example, we will e-mail you to confirm changes made to your account, such as a new address. We will also e-mail 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 e-mails that we can send to you, if you choose.





# Direct Deposit Authorization Form

## Direct Deposit Authorization Form

Employer: <b>State of Indiana - 580</b>			
Employee Last Name: (Please Print)	Employee First Name	Employee Middle Initial	SSN
Email Address		Daytime Phone Number (     )     -	

### TWO WAYS TO CHOOSE TO SIGN UP:

**Choice #1:** Log on to: [www.mywealthcareonline.com/flexpro](http://www.mywealthcareonline.com/flexpro)

Select "My Accounts" then "Reimbursement Settings" on the left side of the screen

Enter your bank information

OR

**Choice #2:** Complete, sign and return this form

Account Number: \_\_\_\_\_

Bank Account Transit Routing  
Number: \_\_\_\_\_

(Use the TRN from your Checking Account, not the number on the Savings Deposit Slip)

Type of account:  Checking  Savings

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**\*\*SPECIAL NOTE: You may update your direct deposit information online anytime. No need to submit this form if enrolling for the Direct Deposit feature online. Claims processed before the direct deposit is set up will be paid by check \*\***