



DIVERSIFIED
BENEFIT SERVICES, INC.

Excellence in Benefit Management Solutions

Health Care Flexible Spending Account (HCFSA)

What expenses qualify for Health Care FSA reimbursement?

- Medical deductibles
- Co-pays
- Glasses
- Contact lenses
- Vision exams
- Dental expenses
- Prescription drugs
- Over-the-counter (OTC) drugs
- Office visits
- Diabetic supplies
- Chiropractic expenses
- ... and much more

What is a Health Care Flexible Spending Account?

A Health Care FSA (HCFSA) is a program that saves you money by allowing you to pay for eligible medical, dental and vision expenses for you, your spouse and your dependents (including children to age 26) using **pre-tax dollars**. That means the money you set aside for your HCFSA is not subject to federal income tax, Social Security, Medicare and, in most cases, state and local taxes. Using a HCFSA can save you approximately 20-30% in taxes on your expenses!

How does it work?

During your employer's open enrollment period, you calculate your annual expenses and determine an election amount that you are comfortable with. Your employer will take pre-tax deductions from your paychecks in equal amounts throughout the entire plan year. Ex: You elect \$1,300 and you are paid 26 times per year. Your employer will deduct \$50 pre-tax from each paycheck over the course of the plan year. The plan year is the timeframe in which services need to be rendered to qualify for reimbursement. Check your enrollment materials for the plan year your employer has chosen.

When you have an eligible expense to be reimbursed, you simply file a claim with DBS. Services must be incurred within the plan year to be eligible for reimbursement.

How am I reimbursed for expenses?

Filing a claim is **easy!** Once you have incurred an eligible expense, file a claim with DBS online at DBSbenefits.com on your mobile phone or via mail or fax. You need to provide documentation showing the date of service, description of the expense incurred, name of the service provider and the amount of the expense. Dates of service need to be within the HCFSA plan year.

A great benefit of the plan is that you have access to your entire election amount on the first day of the plan year. This means that if you have an expense at the beginning of the plan year, you can be reimbursed up to your entire election amount, even though you have not yet contributed that amount, easing the financial burden on you.

Why should I enroll?

- Improve your cash flow and increase your spendable income
- Save approximately 20-30% in taxes on your expenses

Need more information? Contact DBS at **(800) 234-1229** to speak with a representative. You can review plan balance, claims and reimbursement information online at DBSbenefits.com

What if I don't use my entire election amount by the end of the plan year?

It is uncommon for participants to have money remaining in their account at the end of the plan year, but it is important to plan carefully. If you do have remaining funds, the unused funds may be forfeited and become the property of your employer, depending on the provisions of the plan. This is known as the use-or-lose provision.

Some employers offer a carryover provision, allowing you to carry over unused funds into the new plan year, while others offer a grace period that allows additional time to incur expenses. If you are unsure if your plan offers either option, please contact DBS at **(800) 234-1229**.

What is a run-out period?

The run-out period is the period of time that you have after the end of the plan year to submit claims for expenses incurred during the plan year. Please check your enrollment materials for the run-out period your employer has chosen.

Additional Health Care FSA Information

- If you are enrolled in a HCFSA, you are not able to contribute to a Health Savings Account (HSA) during the plan year. This applies to you and your spouse's HSA.
- Participation in a Health Care FSA may slightly affect your Social Security retirement benefit because you are lowering your annual gross income. For most people, the effect is minimal.
- If you are a highly compensated employee, an owner of the company or a family member of an owner, federal law may impose limits on your eligibility to participate in the plan.
- Expenses reimbursed from the HCFSA cannot be reimbursed through any other source. This includes any insurance company, insurance plan, other Flexible Benefit Plan, Medical Savings Account (MSA), Health Reimbursement Arrangement (HRA), Health Savings Account (HSA) or another reimbursement plan.

Can I change my Health Care FSA election during the plan year?

In certain situations, you may modify your election amount upon a "change in status" such as those listed below. There are several conditions and/or limitations that apply. Contact your employer if you believe that you may qualify for an election change.

- **Change in marital status (marriage, divorce, death of spouse)**
- **Change in number of dependents (birth, adoption, death of dependent)**
- **Change in employment status**
- **Change that causes your dependent to no longer meet dependent eligibility**
- **You take leave under FMLA**

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Over-the-Counter (OTC) Drug and Product Guide

The following list includes examples of expenses that qualify for reimbursement through a Section 125 Flexible Benefit Plan

Acne treatments	Expectorants
Allergy medications	Eye drops
Antacids	Fever reducing medications
Antibiotic ointments	First aid creams
Antihistamines	First aid kits
Anti-itch creams	Hearing aid batteries
Arthritis gloves	Heating Pads
Aspirin	Hemorrhoid treatments
Bactine	Incontinence supplies
Bandages and gauze pads	Insect bite creams and ointments
Birth control	Insulin
Breast pump	Laxatives
Diagnostic Items (examples include: blood pressure monitoring devices, blood sugar test kits and test strips, pregnancy tests, and ovulation monitors)	Liniments (i.e. vaporizing rub)
Calamine lotion	Menstrual products (pads & tampons)
Carpal tunnel wrist supports	Motion sickness medications
Cold medicines	Nasal strips and sprays
Cold/hot packs (for a medical condition)	Pain relievers
Cold sore relievers	Rubbing alcohol
Contact lenses, saline solutions and enzyme cleaners	Sinus medications
Cough suppressants	Smoking cessation products
Crutches	Sunburn creams and ointments
Decongestants	Thermometers for medical use
Denture adhesives	Throat lozenges
Diabetic supplies	Toothache and teething pain relievers
Diaper rash ointments and creams	Vaporizer
Diarrhea medicine	Walkers
Ear wax removal products	Wart removal medications
	Yeast infection medications

The following list includes OTC drugs and products that require a letter of medical necessity from a medical practitioner verifying the item's use is to treat a current and specific medical condition.

Air purifier	Glucosamine
Anti-balding treatments	Herbs
Chondroitin	Humidifier
Dietary supplements	Mineral Supplements
Earplugs	Snoring Cessation aids
Fiber Supplements	Vitamins
Fluoridation device or supplies	

The following list includes examples of OTC drugs and products that DO NOT qualify for reimbursement.

Cosmetic products	Vitamins for general health
Cologne/perfume	Safety glasses
Dental floss	Shampoo
Deodorant	Shaving cream
Diapers	Soap
Diet Foods	Teeth whitening kits
Hand lotion/moisturizers	Tooth brushes/tooth paste
Mouthwash	

Note: For OTC drugs and products to qualify under the Section 125 Flexible Benefit Plan, the item's use must be to treat, heal, or cure a medical condition. This guide is intended to provide examples of OTC drugs and products that are reimbursable through a Section 125 Flexible Benefit Plan and is not all inclusive. If further verification is needed regarding whether an expense qualifies, please contact DBS at (800) 234-1229. Items will not qualify if purchased in bulk or used for resale. Consult your tax advisor for maximum benefit. It is understood DBS is not engaged in the practice of law or giving tax advice.

DBSbenefits.com

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Claims Filing Options that meet your needs.

Why file online?

- **Fast**
There's no quicker way to get reimbursed for your FSA or HRA claims.
- **Convenient**
Day or night, on your favorite device, go online and get account information.
- **Safe**
You have encrypted Internet access to the site, which is protected and Verisign secured.
- **Comprehensive**
View account balance and activity.

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File Online—it's fast, convenient and secure

Using your laptop or PC, you can submit your claims online 24/7. DBS's exclusive A.S.A.P.[®] (Advanced Strategic Administration Program) is a safe and quick way to see claim information and get reimbursed from your Health Care FSA (HCFSA), Dependent Care FSA (DCFSA), Limited Purpose FSA (LPFSA), or Health Reimbursement Arrangement (HRA).

1. Login to your online account at DBSbenefits.com
2. Select the Benefit Plan Type (FSA, HRA)
3. Select "Claims > Claims View/Submit > Submit"
4. Complete the required information
5. Attach an image with supporting documentation (.pdf or .jpg)
6. Submit

File on the go—use our Mobile Phone App

Filing using your smartphone or tablet is simple.

1. Login using your A.S.A.P.[®] name and password, click "File a Claim"
2. Take a picture or use an existing photo, click "Attach Image"
3. Select the Benefit Plan Type
4. Enter dollar amount, answer questions, click "Submit"

Visit your favorite app store to download.



File via mail or fax

More traditional filing is available, too.

1. Download a claim form at DBSbenefits.com
2. Select the "Participant Resources Tab > Forms"
3. Complete the form and attach copies of your documentation
4. Mail to Diversified Benefit Services, P.O. Box 260, Hartland, WI 53029
5. Or fax to 262-367-5938

For assistance, please call DBS at **(800) 234-1229**
or visit **DBSbenefits.com**

WINC GME Consortium
Flexible Spending Account
Employee Online Account Viewing Setup
(Provided by Diversified Benefit Services, Inc. (DBS))

As a Plan Participant, you have access to your account information through the DBS online account viewing system known as **A.S.A.P.®** - Advanced Strategic Administration Program. This system allows you to view your claim and reimbursement information related to your Plan(s).

To begin viewing your information you will need to create your personal online account. (All information provided is securely encrypted and protected.)

CREATING YOUR ONLINE ACCOUNT

1. Go to the DBS website at DBSbenefits.com
2. Click 'User Login' located on the top right of your screen.
3. On the Login screen, click on "Create New Account"
4. Enter your employer PIN: **WINC GME** (then click the red arrow)
5. Enter the New Account Information requested.
 - a. Your Email address is required.
 - b. You may choose any combination of characters (minimum of 8 characters) when entering your Login Name
 - c. You may choose any combination of characters, 1 upper case, 1 lower case and 1 numeric when entering your Password.
6. When you are finished click "submit". A message will indicate that your account has been successfully created. You will also receive an email confirmation.
7. You may now logon with your Login Name and Password and view your current account information.

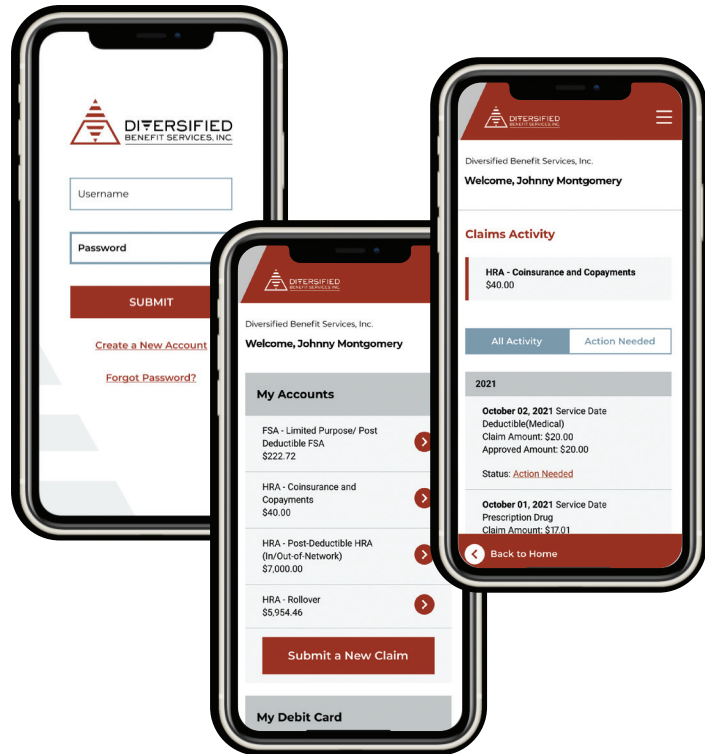
ENHANCED DBS MOBILE APP



There's no easier way to submit claims and review account information than with the latest version of our mobile app. Day or night, you have convenient and secure access to account activity from your mobile phone.

NEW APP FEATURES:

- ▲ View account balances
- ▲ Submit new claims and view claim status
- ▲ Submit supporting documentation
- ▲ Manage debit card transactions
- ▲ Create a new account or reset your password



Download the updated app to begin
using the new features today!



Health Care FSA Debit Card FAQs

Q: What is the Health Care FSA debit card?

A: The debit card is a limited-use Mastercard®, a payment facilitator that lets you pay for qualified expenses without being out-of-pocket and having to wait for reimbursement.

Q: What can I use the Health Care FSA debit card to pay for?

A: You can use your card to pay for qualified goods and services that you previously would have paid for out-of-pocket and then submitted a claim to your administrator for reimbursement.

Q: How do I use the Health Care FSA debit card?

A: Present the debit card as payment for qualified goods and services. The amount of the transaction will be paid directly from the available balance in your reimbursement account.

Q: Since this is a debit card, do I need a PIN?

A: A PIN is not required. If presented with the option between Debit or Credit, choose Credit.

Q: Does the provider have to do anything different to take the Health Care FSA debit card?

A: No, the card is compatible with standard Mastercard processing systems. The only requirement is that the provider's credit card Merchant Category Code matches one of those assigned to qualified goods and services. (For example, the card will not work at a gas station, sporting goods store, dog kennel, hair salon, etc.)

Q: What happens after I swipe the card?

A: As soon as a transaction is authorized, your "purse value" (the amount of money available to spend on your card) is reduced by the transaction amount. Depending on your plan, within moments you will receive an email that confirms the transaction and shows your remaining balance after the transaction has been deducted.

Q: Do I ever have to send in receipts or other supporting documentation?

A: Always keep your receipts. All card transactions must be substantiated (verified). If the transaction did not auto-substantiate, then you will need to

send in an itemized receipt showing the date of service, type of service, provider name and address, and amount of payment. Credit card slips are not valid receipts.

Certain merchants have adopted an inventory control standard (IIAS) that cancels out the need for a receipt in nearly all cases. Transactions with these merchants (including Walmart, Walgreens, Target, Kroger, Harps, Kmart, Sam's Club, and many others) should automatically substantiate.

Q: What happens if I am required to send in a receipt but don't do so promptly?

A: If you have a pending card transaction that has not been substantiated with a receipt within a certain period of time (depending on your plan, typically either 30 or 60 days), your card may be temporarily blocked from further use until the transaction is either substantiated, paid back, or offset with manual claims.

Q: What if there is not enough money in my account when I swipe the card?

A: If the transaction exceeds the available balance in the account you are trying to draw against, the transaction usually will be declined. Some merchants do have the capability of accepting "split tender" which will only pull the amount off your card that's available and then ask for a different form of payment for the rest.

Q: How can I check on my account balance, transactions status, etc.?

A: You have online account access 24 hours a day at [DBSbenefits.com](https://www.dbsbenefits.com).

Q: What if I still need help after looking at my online account?

A: Contact DBS at (800) 234-1229 to speak with a Customer Service Representative.



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Many More Reasons to Sign Up for the Health Care FSA Debit Card

Reimbursements will be automatically approved when you use your Health Care FSA debit card for prescriptions and FSA-eligible/non-medication OTC items at approved locations including:



When you use your Health Care FSA debit card at any of these merchants, only expenses that are FSA-eligible will be paid by the card, eliminating the need to submit receipts for substantiation.

You may also use your card at medical merchants, including Physician Providers, Dental Providers, Vision Providers and Hospitals.



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Important Information About Prepaid Benefits Card Substantiation

Participants may have questions about the requirements for submitting receipts when the Prepaid Benefits Card is used to pay for a service. This handout provides an explanation of the receipt substantiation requirements.

IRS rules govern substantiation requirements

The IRS has established specific guidelines that require all Flexible Spending Account (FSA) and Health Reimbursement Arrangement (HRA) transactions – even those made using a health care payment card – to be substantiated (verified that the purchase was an eligible medical expense).

The IRS requires that FSA/HRA administrators have the date of service, nature of the expense, provider name and the out-of-pocket cost on file for each expense paid for with a card.

Common myths about receipt requirements

1. If the Prepaid Benefits Card is used for an eligible service, no further receipts or documentation are needed to support the expense.
2. All claims at a doctor, dentist or vision provider do not require receipts.

These are misconceptions since some services from medical, dental, vision or pharmacy providers are ineligible expenses. As an example, teeth whitening is an ineligible expense. In addition, the date of service must be within the FSA/HRA plan year. The payment date is not always the date of service.

IIAS and Auto Substantiation

Inventory Information Approval System (IIAS) is a Federal Government approved system used by many pharmacy merchants that identifies eligible prescription and over the counter products. This system limits FSA/HRA health care payment cards to only those eligible items.

This system makes it easier for account holders to manage eligible over-the-counter products and pharmacy expenses, since the merchants automatically substantiate purchases at the point of sale.

Always save itemized documentation of your expenses

Employees should save their itemized receipts from every health care payment card transaction and all of the Explanation Of Benefits (EOBs) they receive from health/pharmacy/dental plans.

An easy approach for keeping this information on hand is to designate one envelope or folder to store all itemized health care payment card receipts and EOBs. Using this process will help employees find documentation if requested.

Information required on documentation

All receipts or documentation must include the following information:

- Name of person who incurred the service or expense
- Name and address of the provider or merchant
- Date of service for the amount charged
- Detailed description of the service
- Amount due for the service provided



EOBs contain all of the required information and are excellent sources of documentation.
Credit card receipts and cancelled checks are not acceptable!

Receipts for over-the-counter (OTC) products and prescription items do not need to include the person's name, but must display the name of the item (e.g. band aids).

IMPORTANT - Requests for additional information

If a debit card transaction is not auto-substantiated, DBS will send you a request for documentation via email or traditional mail.

It is important that you act upon the request. If you do not, the IRS requires DBS to suspend the use of your card. You are responsible for submitting proper documentation and may need to pay the plan back if you fail to do so. Contact DBS for assistance.

For assistance please call our Customer Service Department at 1-800-234-1229.