

Flexible Benefit Plan Enrollment Guide

Ozarks Technical Community College 2023

01/01/23– 12/31/23

Instructions for Using This Guide:

1. Review the information and decide how this plan benefits you.
2. Estimate your out-of-pocket health care expenses using the worksheet.
3. Enroll or waive participation by completing the election process.
4. Update or add your Direct Deposit information through the online portal at <https://mpi.LH1ondemand.com> or complete the Direct Deposit portion of the enclosed Plan Participation Form.
5. Return the completed Form to your employer or complete the online enrollment process as instructed by Human Resources. Forms returned after deadline may not be accepted.
6. Call for assistance: Please contact Med-Pay's FSA Customer Service if you have questions regarding your FSA benefits or the enrollment process.

The information included in the Guide is for explanation only and is not intended as tax advice.
In all matters where tax or legal advice is needed the services of professional counsel should be sought.

Important Notes and Reminders about Your FSA Plan:

Plan Participants: ("prior" is 2022, "current" is 2023) New rollover provision of FSA funds

- FSA plans: Any remaining funds in your prior plan year account can be used for expenses incurred by December 31. All claims incurred for the plan year must be filed by March 31 of the current plan year. If you do not spend the entire elected amount in the prior FSA plan, you will be allowed to **rollover** up to \$610 to the current plan year. Any amount above \$610 will be forfeited.
- DCAP plans: Any claims filed for reimbursement incurred through March 15th of the current plan year will be paid first from any remaining funds in the prior plan year account before being taken from the funds for the current plan year. Claims must be filed by March 31st. Rollover does not apply to DCAP.
- If you terminate employment, only claims incurred prior to your termination date are eligible. All claims must be filed within 90 days of termination. If you qualify for and elect COBRA, claims may be incurred during the remainder of the plan year.
- Claims must be incurred in the same time period as the contributions are being withheld from your paycheck. You may not pay for prior year expenses with current year funds.
- Your FSA annual election cannot change during the plan year except in the event of a recognized Status Change or Qualifying Event.
- Per IRS or plan limitations, FSA elections cannot exceed \$3050 per employee and DCAP elections cannot exceed \$5000 per family per tax year.

The Tax Saving Benefit of an FSA Plan

Flexible Spending Accounts (FSAs) are reimbursement accounts that allow you to pay for certain eligible expenses with tax-free dollars. Through pre-tax salary reduction and reimbursement, you convert taxable income into non-taxable benefits. The result is reduced tax withholdings and more take-home pay. FSA participation results in **tax savings of approximately 30%** for all dollars run through the plan.

Your employer offers two types of FSA Plans:

1. **Unreimbursed Medical FSA (FSA)** can be used to pay for eligible unreimbursed health care expenses (not covered or paid by any insurance) incurred by you, your spouse and your dependents.

Common expenses that qualify for reimbursement are doctor visits, deductibles, co-payments, prescriptions, mental health care, dental services (including orthodontics), chiropractor services, eye exams, glasses and contacts. A general listing of reimbursable and non-reimbursable expenses is included in this Guide. For further details refer to the list in the Document Library on <https://mpi.LH1ondemand.com>.

Note: If you make contributions into a Health Savings Account, you cannot participate in this FSA plan.

2. **Dependent Care FSA (DCAP)** can be used to pay for eligible dependent care expenses (daycare, childcare) so you and your spouse can work, look for work or attend school full-time. Covered expenses must be for a qualified child who is a *dependent child age 12 and under or is a person of any age whom you claim as a dependent on your taxes and who is mentally or physically incapable of caring for himself or herself and spends at least 8 hours a day in your household*.

Eligible expenses include childcare (nursery, preschool or private sitter), before and after-school care and day camps.

Ineligible expenses include kindergarten tuition, overnight camps, and expenses paid to a tax-dependent.

Please note: A dependent care credit is available on your annual tax return. With a DCAP, you will receive your tax savings throughout the year rather than once a year when you file your taxes. You can only claim under the dependent care credit any expenses exceeding the amount you contributed pre-tax to your DCAP.

FLEXIBLE SPENDING ACCOUNT ADMINISTRATION CONTACT INFORMATION

Phone Number for Customer Service: (417) 841-4134 or (800) 777-9087

Fax Number: (417) 841-4117

Email Addresses: **Claims Processing:** flexcs@med-pay.com

Eligibility (For reporting address, name and election changes): flexplans@med-pay.com

Website: <https://mpi.LH1ondemand.com>

Mailing Address: Med-Pay, Inc
PO Box 10909
Springfield, MO 65808
Attn: FSA/HRA Department

Physical Address: Med-Pay, Inc.
1650 E Battlefield Ste 300
Springfield, MO 65804
Attn: FSA/HRA Department

Med-Pay, Inc.

Hours of Operation

Monday – Friday; 8:30am –4:30pm Central Standard Time

HOW TO RECEIVE REIMBURSEMENT:

File a claim or use your WEX Health Card

- Each employee with an Unreimbursed Medical FSA account (not the DCAP account) will receive a debit card ("WEX Health" card) they may use for such items/services as follows: medical office visit copays, prescription copays, medical plan deductible/coinsurance, dental expenses, vision expenses and over-the-counter items that are NOT considered a drug or medicine (bandages, contact lens solution, support braces, ice/heat packs, etc.).
 - Debit card is loaded with the full annual election amount for use beginning on the first day of the plan year.
 - Card purchases must be made for the amount equal to or less than the amount available in the account. The transaction will otherwise reject. If the merchant is unable to successfully process the payment, pay for the purchase with another form of payment and file the receipt to Med-Pay for processing.
- Under IRS Revenue Ruling 2003-43, every debit card transaction must be substantiated (fully validated by an independent third party, proving that the card has been used for eligible medical expenses). Substantiation can be through auto-adjudication or documentation submitted by the employee. If the transaction is not properly substantiated, the card must be suspended until amounts are recouped from the employee. If documentation is required, it will be noted on the employee portal and a monthly statement will be emailed/mailed to the employee.
 - The Ruling allows for Auto-adjudication (auto-substantiation) for the following transactions:
 - Purchases at any pharmacy meeting the IIAS requirements (The pharmacy has registered that they have inventoried their items to determine eligibility under flex plans.) You may search for eligible pharmacies at <https://www.sig-is.org/card-holders/store-locator>. Some pharmacies include Walgreens, Wal-Mart, George's, Convenient Care, Mercy, Grove, Family, Sam's Club and CVS.
 - All purchases which exactly match insurance plan co-pay amounts (up to a multiple of five); and
 - A recurring transaction for which the receipt for the first purchase was provided to Med-Pay.
 - At the beginning of the month, the employee will receive a statement indicating transactions for which itemized receipts must be provided to Med-Pay for substantiation. A second notice is provided the next month for any outstanding receipts. A final notice is sent the third month stating the debit card has been suspended if the documentation is still not provided. It will remain suspended until the documentation is provided.
- If the employee does not use a debit card for their purchase or if the employee is filing a claim for a Dependent Care Assistance Plan, the employee must file a manual claim for reimbursement.
- Manual claim or substantiation: Claims/substantiations may be filed by U.S. mail, scan/email, scan/upload to employee portal, faxed or hand-delivered to Med-Pay. (See front page for contact information.)
- Employees may choose to have banking information on file with Med-Pay in order to receive any reimbursements as a direct deposit into a checking or savings account. A notification of deposit will be mailed to the employee when a reimbursement is direct deposited. Without this information, all reimbursements will be made as a check. The notification or check will also contain year-to-date plan information. The direct deposit option can be added at any time. The employee may make this change on the employee portal <https://mpi.LH1ondemand.com>.
- All claims must be filed before the deadline (see front page) in order to be considered timely filed for consideration under the Plan.

About The WEX Health Card

- The WEX Health Card is a limited merchant category Visa® Card which provides instant access to FSA funds, reducing out-of-pocket expenditures for which you must file a claim and await reimbursement.
- By using the WEX Health Card, there is less paperwork to submit. It is designed to work at merchants with a health-care merchant category code, such as a doctor's office, hospital, dentist or optometrist, as well as, day care service providers. (Note that your card may not work to pay an individual.) Charges are automatically approved at many of these locations, so you will only need to submit requested receipts instead of submitting receipts to Med-Pay for all transactions.
 - Card transactions which match your employer-sponsored plan copays will automatically substantiate. Therefore, you will not need to submit receipts.
 - The WEX Health Card will also work at retail merchants which have an Inventory Information Approval System (IIAS) in place. The IIAS will provide automatic substantiation at the point of sale for FSA-eligible items. This means you can only purchase eligible items with your card at these locations, and you will not need to submit receipts.
 - A recurring transaction for which the receipt for the first purchase in a plan year was provided to Med-Pay will also automatically substantiate.
- Receipts will need to be submitted for debit card purchases that do not meet the above auto-substantiation criteria. You will receive a statement at the beginning of the month if there are transactions for which receipts are required for substantiation. The receipt must contain the following information: Patient Name, Provider, Date of Service, Details of the Service and the Patient Responsibility. An Explanation of Benefits from the insurance plan or superbill from the provider works best.
- Your card(s) will be mailed to the address on file with Med-Pay's FSA department. Keep your card even if you have used all available funds from your account. The card will not expire for 3 years. Your new election in subsequent years will be loaded to this card. **Please contact Med-Pay to order new cards.**

Note: According to IRS requirements, **save your receipts**. Even if you are not required to provide receipts for substantiation of the charges, you should keep your receipts in case of a tax audit.

You will automatically be issued a debit card.
Each year, eligible funds will be loaded to the card.

Contact Med-Pay for more information about the WEX Health Card.

What's Reimbursable?

This non-exhaustive list of expenses reimbursable by your Medical Flexible Spending Account is based on Internal Revenue Code 213(d). Please note that there have been important changes in the way over-the-counter drugs and <https://mpi.LH1ondemand.com> for further information, or please feel free to contact us if you have any questions about eligible expenses.

Reimbursable Expenses:

| | | |
|---|---|--|
| Acupuncture | Diagnostic fees | Physician fees |
| Ambulance | Diagnostic devices | Practical nurse fees |
| Artificial limbs | Drug & alcohol addiction treatment | <u>Prescribed</u> medicine (if not cosmetic; hair-loss medications are not reimbursable) |
| Artificial teeth | Drug & medical supplies | Psychiatrist's care |
| Automobile modifications (hand controls, lifts, etc.) | Eyeglasses, incl. exam fee | Routine physicals |
| Bandages | Guide Dog | Smoking cessation (prescribed drugs and non-drug program) |
| Birth control | Handicapped persons' schools | Special communications equipment for the deaf |
| Blood pressure monitor | Insulin | Special education for the blind |
| Braille books & magazines | Laboratory fees | Transportation expenses for medical services |
| Chiropractors | Lactation expenses | Tubal ligation |
| Copays, deductibles, & coinsurance | Laser eye surgery | Tuition at special school for the handicapped |
| Contact lenses & supplies | Learning disability - special school fees | Vasectomy |
| Contraception | Obstetrical expenses (after services have been performed) | Wheelchair |
| Costs for physical/mental illness | Operations (medically necessary) | X-rays |
| Crutches | Orthodontia (special rules apply) | |
| Deductible, all family members | Orthotics/Orthopedic shoe inserts | |
| Dentist fees (if not cosmetic: e.g., teeth whitening is a non-reimbursable expense) | Oxygen | |
| Dentures | Physical therapy | |

OTC Drugs and Medicines are now Reimbursable without a Prescription:

Over-the-counter (OTC) drugs and medicines no longer require a prescription for FSA reimbursement.

Some OTC medications are listed below:

- Acid control medication (Prevacid, Prilosec, Zantac, etc.)
 - Acne treatment
 - Allergy medication (Zyrtec, Claritin, etc.)
 - Antacids (Tums, etc.)
 - Anti-itch medication
 - Cold medication Cough drops
 - Nicotine patches or gum
 - Pain relievers (Advil, Tylenol, etc.)
 - Sleep aid medication
 - Stomach remedies (Pepto-Bismol, etc.)
-
- Feminine hygiene/menstrual care products

Reimbursable with a Letter of Medical Necessity:

These items may be reimbursable if accompanied by a note from a doctor recommending the item to treat a specific medical condition. This form is available on <https://Mpi.LH1ondemand.com>.

- Cord blood storage
- Home improvements for medical conditions
- Nutritionist
- Orthopedic shoes (not mass-produced)
- Vitamins & nutritional supplements (only if recommended by a doctor for a specific medical condition)
- Weight loss to treat existing disease
- Wigs

Not Reimbursable through your FSA plan:

- Cosmetic surgery (unless restorative)
- Finance Charges
- Food
- Imported drugs (Canada, Mexico)
- Marriage counseling
- Missed appointment fees
- Teeth whitening
- Toothbrushes
- Vision Club Memberships
- Warranties
- Personal Hygiene Products

Estimating Your Expenses

Use this worksheet to help estimate what out-of-pocket expenses you can pay with tax-free dollars through a Flexible Spending Account (FSA).

1. Medical/Dental/Vision FSA:

What is your estimate of medical/dental/vision costs to be incurred during the plan year and not reimbursed by insurance or another benefit plan? Be sure to include expenses for you, your spouse and all dependents, even if they are not enrolled under your employer's insurance coverage. Confirm the eligibility of an expense on our website (<https://mpi.LH1ondemand.com>) or call us to discuss.

Medical:

| | |
|---|----------|
| Insurance Deductibles | \$ _____ |
| Copays and Coinsurance (amount not paid by insurance) | \$ _____ |
| Routine Exams (Physicals, Ob-Gyn, etc.) | \$ _____ |
| Prescription Drugs (Including birth control) | \$ _____ |
| Over-the-Counter Medications | \$ _____ |
| Over-the-Counter Non-Drug Medical Items | \$ _____ |

Dental:

| | |
|---|----------|
| Insurance Deductibles, if applicable | \$ _____ |
| Copays and Coinsurance (amount not paid by insurance) | \$ _____ |
| Exams, Cleaning, X-rays, etc. (<u>NOT</u> teeth whitening) | \$ _____ |
| Fillings, Caps, Crowns, Bridges, etc. | \$ _____ |
| Orthodontia (Braces) <i>Note: Special rules apply</i> | \$ _____ |

Vision Care:

| | |
|--|----------|
| Exams, Contacts, Glasses, LASIK Surgery) | \$ _____ |
| Hearing Care (Exams, Hearing Aids & Batteries, etc.) | \$ _____ |

| | |
|---|----------|
| Other unreimbursed medical expenses: | \$ _____ |
|---|----------|

Total Medical/Dental/Vision Expenses = \$ _____/Year

2. Dependent Care FSA:

If your spouse works or if you are a single parent, how much do you pay for employment-related dependent day care or childcare services for children age 12 and under? Remember to take into account vacation and other time off work during the year. *Only fees for actual care may be reimbursed. Kindergarten tuition, overnight camps and expenses paid to a tax-dependent are ineligible.*

Total Dependent Care Expense = \$ _____/Year

Remember:

- Reimbursement is based on the date of service, **not** the date of payment. In order for you to be reimbursed from your FSA funds, **the date the expense is incurred (NOT PAID)** must be within the current plan year and while you are an active participant in the plan.
- Prepayments, such as deposits for surgery, dental work or dependent care summer programs, **are not eligible for reimbursement until the service has actually been rendered.**
- You have **91** days after the end of your plan year or **90** days after termination to file reimbursement claims for eligible expenses.
- Your Dependent Care and Medical/Dental/Vision FSAs are two separate plans, and funds cannot be transferred between them.

Acknowledgements

Flexible Benefit Plan and Flexible Spending Accounts

1. My portion, if any, of insurance premiums for eligible employer-sponsored insurance plans elected for myself and my dependents will be automatically pre-taxed unless I sign a Pre-Tax Waiver form provided by my employer. My employer may adjust pre-tax premiums if rates change during the year, but I may not be able to change my election during the Plan Year.
2. I cannot change or revoke my elections prior to the start of the next plan year, unless I have a Change in Status or other Qualifying Event described in the Plan. The Summary Plan Description ("SPD") includes a full explanation.
3. Signing this form does not initiate my coverage under any insurance policy.
4. My Plan Year benefit elections may be slightly rounded, if necessary, to allow per-pay-period salary reductions.
5. My benefit account(s) and claim data may be maintained on a computer system providing automated access.
6. Participation in this Plan may mean paying less Social Security tax, which could reduce my future Social Security benefits.
7. Enrollment in the Medical Flexible Spending Account listed covers me and my eligible dependents, if any. I understand that FSA enrollment may impact my eligibility, or eligibility of my spouse or dependent(s), for a Health Savings Account (HSA). I also understand that I cannot change or reduce my Medical FSA during the plan year in order to enroll in an HSA.
8. This document provides general information about a Flexible Benefit Plan. For more specific information, I will review my Plan's SPD.
9. Due to IRS non-discrimination rules for flex plans, in some circumstances the pre-tax elections of Highly Compensated Employees or Key Employees must be adjusted mid-year to meet IRS compliance testing guidelines. If you are deemed to be a Highly Compensated Employee or Key Employee, your election may be reduced or discontinued in such a circumstance. If so, the benefits administrator will provide notice and further details.

Flex Card (If offered by your plan)

After completing the WEX Health Card - Initial Signup on the Plan Participation Form, as an FSA participant you will receive a *WEX Health Card™* Visa Card and agree to use it according to these Acknowledgements and the Cardholder Agreement that will be provided with the card.

1. I understand that the Flex Card is restricted to certain merchant categories and approved ILAS vendors and is not accepted at all Visa Card authorized locations.
2. I understand that I may not obtain a cash advance with the card at any merchant, bank or ATM.
3. I understand that the card is to be used *exclusively* for Qualified Expenses as defined by the plan(s) in which I participate. If the card is used for an expense that is not a Qualified Expense, I understand that I am indebted to my employer and must repay the full amount of the non-qualified expense. Repayment for non-qualified expenses may be in the form of an offsetting claim or a personal check.

Direct Deposit Reimbursement Authorization Agreement

1. I hereby authorize Med-Pay, Inc. (hereinafter "Plan Service Provider") to initiate credit entries (electronic and otherwise) and, if necessary, debit entries and adjustments for any erroneous credit entries to my Personal Bank Account in the financial institution named (hereinafter "Financial Institution").
2. This authority is to remain in force until the Plan Service Provider has received written notification from me of its termination in such time and manner as to afford Plan Service Provider and Financial Institution a reasonable opportunity to act on it. I can discontinue this arrangement at any time and receive reimbursements monthly by check.

Please complete, sign and return the Plan Participation Form in order for your election to become effective. There is no automatic re-enrollment in your FSA plans.

Staying Informed

With 24/7 access to the secure online portal, <https://mpi.LH1ondemand.com>, you can:

- Make changes to your contact information
- Add or change your direct deposit information
- View account balances
- Fill out and print a claim form
- Check the status of your claims
- View images of claims you have submitted through the portal.
- View WEX Health



24/7 access available on the mobile app.
Search "Med-Pay Flex Mobile" on your device.
Submit claims and receipts using your device's camera.
Receive text alerts.

Log into your Med-Pay FSA account online portal:

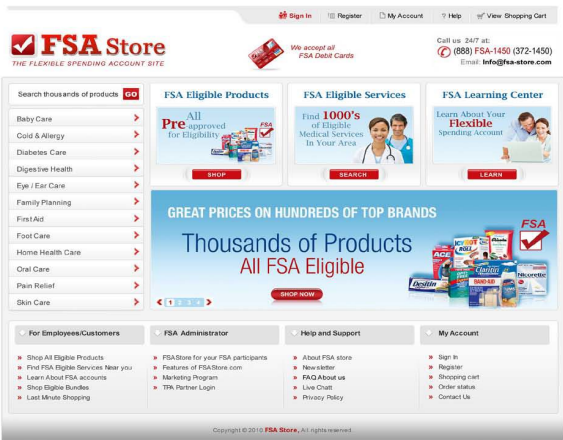
First Time Users: Go to <https://mpi.LH1ondemand.com> and scroll down until you see the sign in box. Follow the instructions for "Existing Users" for your initial login. Username is last name and last 4 of your social security number, the password is your full social security number with no spaces or dashes. You will be prompted to choose a new password for future use.


Forgot username and/or password: If you have logged in before but have forgotten your username and/or password, click the "Forgot Password?" link and follow the steps to have your login information reset, or you may call our FSA department at (417) 841-4134 or (800) 777-9087.

Med-Pay, Inc. will mail direct deposit confirmations or checks with account balances to help you keep track of your account.

Access to more Flex-Eligible Items

Go to the consumer portal, <https://mpi.LH1ondemand.com>, and click on the FSA Store link to access over-the-counter items that are eligible under your FSA plan. Your FSA account is automatically debited when you use your flex debit card. However, for certain items, you may be requested to provide a prescription or a letter of medical necessity from your physician.





FSAStore is the one-stop destination for Flexible Spending Accounts.

With three main channels in their website, they help make purchasing FSA eligible items, finding local and eligible physicians, and finally answering the many questions that come along with having a Flexible Spending Account both simple and rewarding.

FSAStore makes spending your FSA funds easy.

Flexible Benefit Plan Participation Form

Please Print Clearly!

Employer: **OZARKS TECHNICAL COMMUNITY COLLEGE**

Plan Year: **01/01/2023** through **12/31/2023**

Employee Name: _____ Social Security # _____ Birth Date: _____
First Name Last Name

Mailing Address: _____
Street City State Zip

Paycheck Frequency: _____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____ Other

Email Address: _____ Home Phone: _____ Cell Phone: _____
(If email is listed, this is how we will communicate with you)

Reason for Eligibility: _____ Timely Enrollment After Waiting Period _____ Special Enrollment _____ Open Enrollment

Flexible Spending Accounts:

☐ Request to **PARTICIPATE**:

A. Unreimbursed Medical/Dental/Vision FSA (FSA) \$ _____/Plan Year

The cost paid by you or your dependents for eligible expenses (IRS Maximum \$3,050/ Year) which is not reimbursed by insurance or any other party.

B. Dependent Care FSA (DCAP) \$ _____/Plan Year

Employment-related custodial care for qualifying dependents (IRS Family Maximum \$5,000/ Year) (children age 12 and under or disabled dependent adults).

☐ Request to **WAIVE** FSA/DCAP Participation:

The Flexible Benefit Plan has been explained, and I elect to waive participation in Flexible Spending Accounts. I understand that without a Change in Status or other Qualifying Event described in the Plan, my next opportunity to enroll will be at the start of the next plan year; if not changed, this waiver will continue in effect indefinitely.

WEX Health Card - **ONLY** for Initial Signup

- ☐ I want a WEX Health Card. IMPORTANT: If you already have a WEX Health Card DO NOT complete this section. You will automatically receive new cards in the mail just prior to your current card expiring. If you and/or your dependent have lost your card(s), please call Med-Pay's FSA department.

Direct Deposit Set-up

Type of Account:

- ☐ Checking
☐ Savings

Please Check One:

- ☐ I am signing up for Direct Deposit for the first time.
☐ I would like to change my account information.
☐ I would like to keep my account information as is.
☐ Please remove the direct deposit option and send checks for my reimbursements.

IMPORTANT: Only include a voided check if this is a new election or your account information has changed.

You may add or change Direct Deposit information any time during the plan year by logging into your account online <https://mpi.LH1ondemand.com>.

Please tape a **Voided Check** here.
(Do not use a deposit slip.)

A voided **check** supplies the account numbers and routing information required by the bank to establish your Direct Deposit arrangement. **Deposit slips** sometimes do not include all needed information.

By signing below, I certify that I have read the Flexible Spending Accounts Acknowledgments (enclosed) and, if applicable, the WEX Health Card Acknowledgments and/or the Direct Deposit Reimbursement Authorization Agreement. I agree to the terms of participation listed in this Guide. I authorize my employer to adjust my compensation by the amount of my Benefit Elections shown above.

Signature: _____ Date: _____

Med-Pay, Inc., 1650 E Battlefield Ste. 300 · Springfield, MO 65804 · Phone: (417) 841-4134 · (800) 777-9087 · Fax (417) 841-4117 ·
Email: flexplans@med-pay.com – Website: <https://Mpi.LH1ondemand.com>

Effective Date

Employer: Please Complete

FSA (MEDICAL) Per Pay Period Deduction amount:

\$ _____

FSA (DCAP) Per Pay Period Deduction amount:

\$ _____

First Paycheck Deduction Date:

____/____/____

Please Initial to Indicate Approval:

Employer: Is employee a participant in your group health plan? ☐ Yes ☐ No