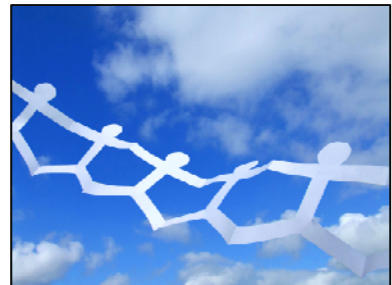




Enrollment Information

**IU HEALTH LA PORTE HOSPITAL
FLEXIBLE BENEFITS PLAN**

Effective: January 1, 2013



HEALTHSMART BENEFIT SOLUTIONS, INC.

WWW.HEALTHSMART.COM

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An Introduction: *Welcome to HealthSmart!*

IU Health La Porte Hospital is pleased to offer you this Flexible Benefits Plan. As you know, healthcare and day care expenses can really add up. Flexible Spending Accounts (FSAs) give you a way to pay for these expenses with tax-free dollars. Because you bypass taxes, you save money.

There are two types of accounts:

- **Healthcare Flexible Spending Account**
- **Dependent Care Flexible Spending Account**

You may choose to participate in one or both of these accounts, depending on your individual needs. A detailed explanation of this program begins on page 3.

Notable Mentions

- ✓ After you receive a reimbursement check, you may view your flex Explanation of Benefits (EOB) online. Please see page 17 for detailed log-on instructions.
- ✓ Please see separate packet regarding debit card information.
- ✓ Information regarding the 2-½ month grace period for the healthcare account can be found on page 10.
- ✓ Claim forms are available online; please see page 17 for detailed log-on instructions.
- ✓ Instructions for submitting claims online can be found on page 18.

YOUR FLEX CLAIMS ADMINISTRATOR IS:

HealthSmart Benefit Solutions | 10303 E. Dry Creek, Suite 200 | Englewood, CO 80112
Phone: 800.821.8197 | Fax: 866.471.6028 | Email: ask.flex@healthsmart.com

The Value Of A Pre-Tax Dollar

FSAs allow you to save money because your contributions to the accounts are deducted from your paycheck before Federal and Social Security taxes are calculated. The amount of savings you will enjoy by participating in an FSA will depend on your individual tax bracket and the amount of money that is withheld from your paycheck on a tax-free basis. For example, an individual in the 15% tax bracket will save approximately \$0.23 on each dollar. The above savings example is derived from 15% federal income tax and 7.65% Social Security (FICA) tax, which equals 22.65%. Depending on where you live, you may also save on state and local income taxes (*see the tax savings example below*).

Tax Savings Example:		
	With Plan	Without Plan
Gross Salary	\$25,000	\$25,000
Health / Day Care Expenses (<i>Pre-Tax</i>)	\$ 1,200	N/A
Taxable Income	\$23,800	\$25,000
Tax (25%)	\$ 5,950	\$ 6,250
Net Salary	\$17,850	\$18,750
Health / Day Care Expenses (<i>After-Tax</i>)	N/A	\$ 1,200
Take-Home Pay	\$17,850	\$17,550
Tax Savings	\$300	N/A

How a Flexible Spending Account Works

A Flexible Spending Account is an account with automatic deposits of pre-tax payroll deductions. Here's how it works:

- You decide, in advance, how much to contribute to each account each plan year.
- Your contributions are automatically withheld in equal amounts from your paychecks throughout the year before taxes are applied. Your contributions will be credited to an account(s) in your name.
- You pay for eligible expenses as you normally would. Then you submit your receipts with a claim form for reimbursement.
- Reimbursements are tax-free so you never pay taxes on the money you set aside!
- Your claims are processed and reimbursements are issued on a weekly basis on Fridays.

Making Your Healthcare Flexible Spending Account Decision

A Healthcare Flexible Spending Account is designed to help you pay for health expenses that are not covered by your basic health plans, including any deductible amounts you have to pay and co-pays or coinsurance amounts required by your insurance plans. Eligible expenses also include many expenses that may not be covered by your basic plans, for example, eyeglasses and many over-the-counter drugs available at your local store or pharmacy.

When calculating your out-of-pocket expenses, please keep in mind that you are able to get reimbursed for out-of-pocket medical expenses on your spouse, child and any dependent who is a “qualifying child” or relative. A child is a son, daughter, stepchild or foster child under the age of 27. The definition of a “qualifying child” or relative is defined below (A “qualifying child” is not the same definition as a child of yours). To determine who is a qualifying child or relative, the following 4 tests must be met: *relationship test, residency test, support test and not anyone’s qualifying child or qualifying relative test.*

Relationship Test:

- A descendant of your son, daughter, stepchild or foster child (*for example, your grandchild*);
- Brother, sister or a son or daughter of either of them (*for example, a niece or nephew*);
- Father, mother or an ancestor or sibling of either of them (*for example, your grandmother, grandfather, aunt or uncle*);
- Stepbrother, stepsister, stepfather, stepmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law; or
- Any other person (*other than your spouse*) who lived with you **all year** as a member of your household if your relationship did not violate local law.

Residency Test:

- Must reside in your home for more than half of the year (*1 year requirement for last bullet under relationship test*).
- Must be a Citizen or National of the U.S., Canada or Mexico (*except for an adopted child*).

Support Test:

- Must provide over half of the individual's support.

Not Anyone's Qualifying Child or Qualifying Relative Test:

- Dependent is eligible if you are the only one claiming this qualifying child* or qualifying relative as a tax dependent.
 - ❖ *Special rules apply in divorced or separated situations. For further clarification, please review IRS Publications 502 available at www.irs.gov. You may still be able to claim your child even if the other parent is also claiming this same child.*

If all 4 tests are met, you may include your child or relative in your calculations.

If you decide to open a Healthcare Flexible Spending Account, you may deposit up to \$2,500 into the account each year.

Expenses that are reimbursed through your Healthcare Flexible Spending Account are not tax deductible at the end of the year. (You receive not only Federal tax savings but also FICA savings by using the Flexible Spending Account).



Making Your Dependent Care Reimbursement Account Decision

The Dependent Care Flexible Spending Account is similar to the Healthcare Flexible Spending Account; it allows you to pay for eligible dependent day care expenses with pre-tax dollars. To decide whether a Dependent Care Flexible Spending Account is right for you, determine if you will incur eligible expenses. Generally, child and elder care companion services are eligible expenses, as are Social Security and other taxes you pay a caregiver. For the expense to be eligible, all of the following must be true:

1) A qualifying child or relative can be any one of the following:

- Son, daughter, stepchild, foster child or descendent of any of them (*for example, your grandchild*)
- Brother, sister or a son or daughter of either of them (*for example, a niece or nephew*)
- Father, mother or an ancestor or sibling of either of them (*for example, your grandmother, grandfather, aunt or uncle*)
- Stepbrother, stepsister, stepfather, stepmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law

2) And the qualifying child or relative must meet all the below conditions:

- Be under age 13 (*stops on 13th birthday*) or mentally or physically unable to care for him/herself
- Relies on you for over half of their support
- Lived with you more than half of the year
- Be a resident, citizen or national of U.S., Canada or Mexico (*except adopted children*)
- Spend at least eight hours a day in your home
- Eligible to be claimed as a dependent on your Federal income tax
- **Receiving care when you are at work. If married, your spouse must also be working, searching for work, in school full-time or is mentally or physically disabled and unable to provide the care**

3) The care must be provided inside or outside your home by a licensed day or elder care center or by babysitters or companions; this includes relatives but excludes your dependent children under age 19.

4) The caregiver must claim the wages you pay him or her on his or her income tax return for the year, and you must be able to provide the tax identification number or Social Security Number of the provider when submitting a claim.

When you file your personal income tax return, this same information will need to be reported on Form 2441.

If you decide to participate in a Dependent Care Flexible Spending Account, you may deposit up to \$5,000 into the account each year. However, if you and your spouse both work, the IRS currently limits your maximum contribution to a Dependent Care Flexible Spending Account as follows:

- **If you file separate personal income tax returns, the annual contribution amount is limited to \$2,500 each for both you and your spouse.**
- **If you file a joint income tax return and your spouse also contributes to a Dependent Care Flexible Spending Account, your family combined limit is \$5,000.**
- **If your spouse is disabled or a full-time student, special limits apply. Limits are defined in the IRS Publication 503.**
- **If you or your spouse earns less than \$5,000 combined, the maximum is limited to you or your spouse's combined earnings.**



A Word About Using The Dependent Care Reimbursement Account & The Tax Credit



Eligible dependent care expenses may be reimbursed through a Flexible Spending Account or used to obtain a Federal tax credit. You cannot use both options for the same expenses, and typically, greater savings can be achieved through the Flexible Spending Account.

Every dollar reimbursed through your Dependent Care Flexible Spending Account reduces, dollar-for-dollar, your maximum eligible expenses under the Federal tax credit. Depending on your individual tax bracket, you may be entitled to include a maximum of \$2,400 a year in expenses under the Federal tax credit if you have one qualifying dependent and \$4,800 a year in expenses if you have two or more qualifying dependents.

The chart below details the 2011 tax credit information released by the IRS. Please consult your tax advisor or IRS publication 502 (*available at www.irs.gov*) for more information.

Dependent Care Tax Credit: 2011 and Subsequent Years		
<i>If Adjusted Gross Income Is Over:</i>	<i>But Not Over:</i>	<i>Then The Applicable % Is:</i>
\$0	\$10,000	30%
\$10,000	\$12,000	29%
\$12,000	\$14,000	28%
\$14,000	\$16,000	27%
\$16,000	\$18,000	26%
\$18,000	\$20,000	25%
\$20,000	\$22,000	24%
\$22,000	\$24,000	23%
\$24,000	\$26,000	22%
\$26,000	\$28,000	21%
\$28,000	No Limit	20%

How Reimbursements Are Made

When you incur an eligible expense, handle it as you normally would. Healthcare claims should first be submitted to the insurance carrier, and dependent care providers should be paid as usual. To receive reimbursement from your Healthcare or Dependent Care Flexible Spending Account, submit a claim form with your bills or receipts to HealthSmart via online or by mail to the address located on the claim form. (*Claim forms are available through Human Resources and online at www.healthsmart.com*). For more information on submitting FSA claims online, see page 18 or go online to: healthsmart.com/pdfs/fsaonlineclaims.pdf

When submitting a healthcare reimbursement claim, a fully itemized receipt that includes the date of service, type of service and the provider's name and/or a copy of the Explanation of Benefits (EOB) statement provided by the insurance company is required.

Claims for over-the-counter (OTC) items must include the itemized cash register receipt attached to the claim form. You may only submit for up to a three month supply, per dependent, per claim submission. Refer to page 12 for more information on new IRS rules regarding OTC purchases, effective January 1, 2011.

Your healthcare claim(s) will be reimbursed up to your total annual contribution amount. This is true regardless of how much you have contributed to the account at the time you submit your claim(s).

When submitting a dependent care reimbursement claim, complete a claim form. If Section C of the claim form is not completed and signed, attach fully itemized receipt with date of service, type of service, provider's name and amount due. Claims should not be submitted until after the dependent care services have been received. You will be reimbursed for your claim in full only if there are sufficient funds in your account. Otherwise, you will receive reimbursement for the amount in your account and the remainder of your claim will be pended and automatically paid as you make additional payroll deposits to your account.

***Be sure to keep copies of your submitted claims and supporting documentation.
No documentation will be returned to you.***

You will have **45 days** following the end of the plan year to submit claims incurred during the plan year. Termination of employment may affect your eligibility for this program (*refer to General Provisions on pg 10*).

General Provisions

Flexible Spending Accounts are valuable benefits that can greatly increase your take-home pay through tax savings. To receive these savings, however, you must abide by the rules established by the IRS for the program as follows:

- You must make your elections prior to the beginning of the plan year and/or your effective date. The Flexible Spending Account plan year is January 1, 2013 through December 31, 2013, with an additional 2-½ month grace period for your HCA account. Eligible expenses must be incurred during this time frame to be eligible for reimbursement. (*Incurring refers to the date the service is provided, regardless of when you are billed or when you pay for it.*)
- Your elections for the plan year **cannot be changed at will**. Election changes are allowed only in the event of a status change as defined by the IRS. *These include:*
 - Marriage or Divorce
 - Birth or Adoption of a Child
 - Death of an Eligible Dependent
 - Certain Changes in Your Spouse's Employment Status
 - Change of Care Giver (*Dependent Care Only*)
 - Child Turns 13 (*Dependent Care Only*)
- If you currently have a 2012 healthcare or dependent care reimbursement account, claims submitted or incurred 1/1/2013 - 3/15/2013 will first be applied to any unused funds from the 2012 plan year. Once your 2012 plan year's balance has been depleted, and assuming you sign-up for the 2013 plan year, claims incurred during that time frame will automatically spill over into the 2013 plan year.
- Healthcare and dependent care claims submitted or incurred 1/1/2014 – 3/15/2014 will first be applied to any unused funds from the 2013 plan year.

If you have a status change during the plan year, you may be allowed to make a change in your benefit election that is consistent with the reason for the change. You must contact Human Resources within 30 days. Changes will be effective on the later of either the date you sign the form or the date specified.

We encourage all employees to conservatively elect how much to deposit into the Healthcare and Dependent Care Flexible Spending Accounts because the IRS requires that money in the accounts, not used for eligible

expenses incurred in the same plan year or during the 2-½ month grace period, be forfeited. This is known as the "use it or lose it" rule.

This may sound intimidating, but do not let it keep you from participating in the accounts. Remember, the risk of forfeiture can be significantly reduced, even more so now with the new 2 ½ month grace period for the healthcare account. Consider, for example, that many out-of-pocket healthcare and dependent care expenses are predictable. Dependent care expenses can be budgeted ahead of time.

Additionally, your tax savings offset any forfeiture. You must leave a balance of more than your tax savings to "lose." For example, if you deposit \$1,000 into your accounts, you will save \$230 in taxes. If you leave no more than \$230 in your accounts, you will break-even because you would have paid \$230 in taxes.

- > Your account balances appear on your reimbursement check stub. You will also be notified quarterly of the amount of money remaining in your account(s). At that time, you might want to schedule elective expenses, such as a physical exam or a new pair of eyeglasses, to fulfill the unused balance in your account. Remember, however, that you have tax savings from the plan. Therefore, before you would lose any of your money, the unused balance would have to be greater than your tax savings.
- > All reimbursements will be made to you. You will be responsible for paying the healthcare or dependent care provider.
- > FICA savings of 7.65% result if you are below the Social Security wage base. Savings of 1.45% exist if your earnings are over the wage base.
- > Money cannot be transferred from one account to another.
- > If you leave the Company during the plan year, any money in your accounts can only be used to reimburse you for eligible expenses incurred through your coverage termination date. You will have 45 days following the end of the plan year to remit claims. You may also be eligible for COBRA election rights under the Healthcare Flexible Spending Account.
- > The amount you elect to deposit into your account(s) will be deducted from your pay in equal payroll installments throughout the plan year.
- > Participation in the plan may result in a slight reduction in your Social Security benefits. This is because you are reducing your taxable income. You do, however, realize the immediate tax savings.

IRC Section 125 cafeteria plans are currently allowed by the Federal Government. However, the Government may limit or discontinue these plans in the future at its discretion. In the meantime, you should enjoy using the tax-free advantages that Flexible Spending Accounts offer.

Eligible Healthcare Expenses

★ *These items require a prescription from a doctor*

- Acne Medicine (*medical diagnosis*)
- Acupuncture
- Alcoholism Treatment
- Ambulance Service
- ★ Analgesics (*all pain relievers*)
- ★ Anti-Inflammatories
- ★ Antacids
- ★ Antibacterials (*including creams, ointments & sprays*)
- ★ Antidiarrheal
- ★ Antiemetics (*for treating nausea, vomiting or motion sickness*)
- ★ Antifungals (*including Monistat, Gyne-Lotrimin anticandidal*)
- ★ Antihistamines (*allergies & colds*)
- Band Aids
- Birth Control Pills
- Braille Books and Magazines
- Breast Pump
- ★ Calamine & Bug Bite Lotion
- Car Controls for the Disabled
- Chiropractic Care
- ★ Cold Remedies
- Contact Lenses and Solutions
- Cosmetic Surgery (*necessary due to birth defects, accidents*)
- ★ Cough Suppressants / Expectorants
- Crutches
- ★ Decongestants
- Dental Fees
- Dental Implants
- Dental Plan Deductibles or Copays
- Dermatologists
- Diagnostic Tests
- ★ Diaper Rash Ointments
- Doctor's Fees
- Durable Medical Equipment (*with Rx, treatment plan and letter*)
- Enemas
- Equipment for the Disabled
- ★ Eye Drops
- ★ Fiber Supplements
- Health Club Dues (*letter of medical necessity, proof of membership*)
- Hearing Aids & Batteries
- Hearing Exams
- Hearing Treatment
- Hospital Services (*minus phone/TV*)
- Immunizations
- Injections
- Insulin
- In Vitro Fertilization
- Lab Fees
- Lab / X-ray Deductibles or Copays
- ★ Laxatives
- Medical Nursing Home Services
- Massage Therapy (*with medical letter & treatment plan*)
- Medical Plan Deductibles or Copays
- ★ Menstrual Cycle Products for Pain and Cramp Relief
- Midwife
- Mileage To/From Medical Services (*documentation required*)
- ★ Muscle or Joint Pain Ointments
- ★ Nasal Sprays
- Nicotine Gum or Patches
- Nursing Services
- Optometrist Fees
- Ophthalmologist Fees
- Organ Transplants
- Orthodontic Treatment
- Orthotics
- Oxygen
- Osteopaths
- ★ Pedialyte for Dehydration
- Periodontal Fees
- Physical Exams
- Physical Therapy
- Pregnancy Test (*OTC*)
- Prenatal Care
- Prescription Drug Copayments
- Prescription Drugs (*dispensed by a licensed pharmacist*)
- Prescription Eyeglasses (*excludes sunglass clips*)
- Psychiatric Fees (*medical diagnosis*)
- Psychologist Fee (*medical diagnosis*)
- Psychotherapy (*medical diagnosis*)
- Reading Glasses
- Radial Keratotomy, PRK, Lasik
- ★ Saline Solution
- Services for Diagnosing and Treating Severe Learning Disabilities
- ★ Sinus Medications (*including nasal sinus sprays*)
- ★ Sleeping Aids
- Sterilization
- Substance Abuse Treatment
- ★ Sunburn Ointment
- ★ Sunscreen
- ★ Suppositories & Hemorrhoid Creams
- Surgery
- Telephone for the Deaf and the Hearing Impaired
- Therapy for Mental and Nervous Disorders
- Transportation for Medical Care
- Vaccinations
- Vision Plan Deductibles or Copays
- ★ Vitamins
- ★ Wart Removal Treatments
- Weight Loss Program/Drugs (*must be prescribed by a doctor with a specific IRS-approved diagnosis*)
- Wheelchairs
- X-ray Fee
- Wheelchairs
- X-ray Fee

Non-Eligible Healthcare Expenses

Alcohol, Caffeine and Tobacco
Baldness Treatments
Cosmetic Surgery, Procedures, Services and Products
(non-medically necessary)
Childcare Classes
Dancing Lessons
Dandruff Shampoos
Diaper Service
Electrolysis
Electronic Toothbrushes
Fingernail or Cuticle Maintenance Products
Funeral Services
Hair Transplants
Herbal Remedies
Holistic Drugs
Illegal Drugs *(as defined by Federal law including medications procured from out of the country)*
Insurance Premiums
Lamaze Classes
Maternity Clothes
Moisturizers
Nasal Strips for Snoring
Nutritional Supplements
Rogaine *(or similar products)*
Shaving Creams or Lotions
Soaps
Special Diet Supplements
Swimming Lessons
Teeth Bleaching or Whitening, Including Products
Toothpaste
Vacation Expenses *(even if recommended by a doctor or physician)*
Veneers

Non-Eligible Dependent Care Expenses

Transportation To/From Dependent Care Location
Amounts Paid for Child and Dependent Care While
You or Your Spouse Are Off Work Due To Illness
*(including maternity leave), Injury, Vacation or
Leave of Absence*
Summer Sleep-Over Camps
Charges for Food, Diapers, Clothing or Supplies
Fees for Extracurricular Classes
(i.e., gymnastics, swimming, dance)
Boarding Schools
Nursing Homes
Full & Half Day Kindergarten

Lists of eligible and non-eligible healthcare expenses are also provided in IRS publication 502. Please note the following two exceptions:

- 1). Premiums are tax deductible on your personal tax return but not reimbursed through your healthcare FSA.
- 2). Over-the-Counter (OTC) purchases are not tax deductible on your personal tax return but are reimbursed through your healthcare FSA.

A list of eligible and non-eligible dependent care expenses are provided in IRS publication 503. Both are available from the IRS by calling 800.829.1040 or visiting www.irs.ustreas.gov.

Determining Your Healthcare & Dependent Care Reimbursement Account Contributions

Your Healthcare Reimbursement Account Contribution

Complete this worksheet to estimate the amount of pre-tax money you wish to contribute to your healthcare reimbursement account. Remember, it's important to conservatively estimate what your expenses may be; any amounts remaining at the end of the year are forfeited due to IRS regulations.

Some expenses not eligible for reimbursement include:

- Elective cosmetic surgery and treatments
(i.e., sclerotherapy, Botox, electrolysis, hair treatments & microdermabrasion)
- Cosmetic dental procedures *(i.e., teeth bleaching or whitening)*
- Holistic drugs, vitamins, herbal medicines and fiber supplements
- Drugs and medications prescribed for cosmetic purposes *(i.e., Retin-A for wrinkles)*
- Insurance premiums

Eligible Healthcare Expenses	Estimates
Medical and Dental Plan Deductibles	\$
Medical, Dental, Vision and Prescription Drug Co-Payments	\$
Routine Physicals and Immunizations	\$
Vision Exams, Eyeglasses, Contact Lenses, Contact Saline Solution and Cleaner	\$
Hearing Exams and Hearing Aids	\$
Orthodontics*	\$
Other Expenses Not Covered By Medical, Dental or Vision Plans Enrolled In	\$
Eligible Over-the-Counter Items <i>(quantity restrictions apply)**</i>	\$
TOTAL	\$

* *Orthodontics may be reimbursed when services are incurred or by payment date. If requesting payment date, proof of payment is required.*

** *Maximum individual claim submission is a 90 day supply per dependent, per claim submission.*

Your Dependent Care Reimbursement Account Contribution

Complete this worksheet to estimate the amount of pre-tax money you wish to contribute to your dependent care reimbursement account. (Remember, it's important to conservatively estimate what your expenses may be; any amounts remaining at the end of the year are forfeited due to IRS regulations).

A dependent care expense is only eligible when:

- Your dependent is under the age of 13 or is mentally or physically disabled.
- Disabled dependents over the age of 19 must reside with you for more than half of the taxable year and receive at least half of their support from you.
- Care is necessary so you can work.
- If you are married, your spouse must also work. (Special rules apply if your spouse attends an educational institution full-time or is disabled).
- Expenses do not exceed the lesser of: (a) your income or your spouse's income; (b) \$5,000; or (c) \$2,500 if married and filing separate tax returns.
- The day care center is state licensed if the center provides care for more than six children.
- You are claiming benefits for the care of a dependent that regularly spends at least eight hours a day in your home.
- In a divorce situation, dependents must reside with you more than 50% of the time.
- Expenses do not represent fees paid to any of your children under the age of 19 or to anyone who lives with you and who you could legally claim as a dependent for federal income tax purposes.
- You can provide the correct name, address and Taxpayer Identification Number or Social Security Number of the dependent care provider when filing your claim.

Eligible Dependent Care Expenses	Estimates
Nursery Schools and Day Care Centers For Preschoolers	\$
Individual Providing Care For Your Dependent Inside or Outside Your Home	\$
"Latch-Key" Programs For Elementary School Students Under Age 13	\$
Centers Providing Day Care (not residential care) For Adults	\$
TOTAL	\$

Online eServices Login Instructions

- 1) Log on to www.healthsmart.com and navigate to the member section by clicking on the **member's link** at the bottom of the home page. →
- 2) A prompt will appear; indicate that you are a HealthSmart customer, not Wells Fargo TPA. To access your personal eServices account, click on the link that says '**Login to Benefit Solutions**' located under **Benefit Plan** on the left-hand side of your screen. ↓



- 3) For new users, refer to the following notice under the login information: →
 - ▶ **"If you are accessing the website for the first time and you are enrolled in a FLEX Option Account Only, click the Flex link below."**
 - ▶ Click on the word **FLEX** and begin the account creation process.
 - ▶ Enter your first name, last name and your member ID (*generally your SSN without dashes or the ID number provided on your HealthSmart medical ID card*).
- 4) If you have already established a username and password for another HealthSmart service, you will need to click on 'New Subscription' at the bottom of your account screen. It will ask you for the key code – type in the word **Flex** then click the submit button. This will add the Flex menu to your home screen.
- 5) Once you have created your new account, you may begin managing your FSA benefits by downloading claim forms, submitting claims online, viewing balances and tracking your claim submissions for reimbursement.

*Claim forms are located under **All Flex Members** on the green menu bar at the top of your screen. The options to submit a flexible spending claim online are located under **My Flex Benefits**.

If you are a Benny Card holder, you can access real-time transactions at www.mybenny.com. You will need to register with your member ID (generally your SSN without dashes or the ID number provided by your employer), your Benny Card number shown on the front of your card and your home zip code.

Submitting Your FSA Claims Online

You can submit a Flexible Spending Account (FSA) claim online by uploading completed claim forms, receipts and other documents required for reimbursement. Below are step-by-step instructions on submitting your FSA claims online:

Getting There

Log on to www.healthsmart.com and navigate to the member section by clicking on the **member's link** at the bottom of the home page.

To access your HealthSmart Benefit Solutions eServices account, simply click on the link that says **'Login to Benefit Solutions'** located under **Benefit Plan** on the left-hand side of your screen. Sign on to your personal eServices account by entering your Username and Password.

Complete the FSA Claim Form

Before you begin the submission process, you must first complete an FSA healthcare reimbursement claim form. If you already have a paper copy of the claim form, complete the form in ink first. If you need a copy of the form, your Human Resources representative may have copies for you, or you can download the form from your eServices account.

Downloading an FSA Claim Form*

To download an FSA claim form from your eServices account, click on **"All Flex Members"** from the green menu bar and scroll down to select **"HealthSmart Standard Flex Forms and General Information."** Under the list of flex claim forms, choose **"Health Care Claim Form."**



The form will open in a new browser window. Print the blank form and complete using ink.

**If you do not have access to a scanner, you will not be able to submit an FSA claim online; however, you can still submit the claim by mail or by fax to 866.471.6028.*

A scanned image of a completed FSA claim form. The form is titled 'HEALTHSMART FLEXIBLE SPENDING ACCOUNT HEALTH CARE REIMBURSEMENT CLAIM FORM'. It includes sections for 'Section A: Completed by Employee', 'Section B: Completed by Employer or Co-ordinator', 'Section C: Spending Account Expenses (Must be completed in full)', and 'Section D: Authorization'. The form is filled out with handwritten information, including the name 'Jane Doe', company 'ABC Company', and various dates and amounts. A signature 'Jane Doe' is visible at the bottom.

If you do have access to a scanner, scan the completed form along with supporting documents and receipts, and save the file to your computer in one of the following formats: **PDF, TIFF or JPEG.**

Submission Instructions

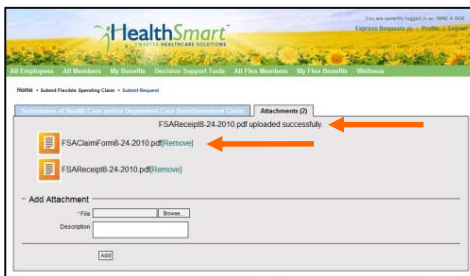
After scanning your completed claim form, receipts and other necessary documents for your claim submission, click on **“My Flex Benefits”** from the green menu bar and select **“Submit Flexible Spending Claim.”** When the window opens, look under the ‘Flex Claim Submission’ heading and click on the link for **“Health Care and/or Dependent Care Claim Submission.”**



Read through the submission instructions. When you are ready to start attaching your completed and scanned claim form and receipts, click on the blue **“Attachments”** tab.

Adding Attachments

- 1) Click on the **browse** button next to **file** and navigate to the location on your computer where you saved the scanned FSA claim form receipts, and click on the filename that you used to save the documents.
- 2) In the description area, type in a brief explanation of the information in the file that you are adding (attaching).
- 3) Next, click on the **add** button. A file icon and the name of the uploaded file will appear above the ‘Add Attachments’ area.



Add any additional files that support your claim including payment receipts for the product or service – such as a receipt from a pharmacy or doctor’s office. For every additional file, complete steps 1-3 above. Each time you upload a file and click on the ‘add’ button, you should see a note that says the file was uploaded successfully. You should also see a file icon and the name of the file that was uploaded.

Submitting Your Claim

When you are finished attaching all of your files, click on the **“Submission of Health Care and/or Dependent Care Reimbursement Claim”** tab then click on the ‘submit’ button.

Tracking Your Claim Submission

After the files have been submitted, you will receive a **tracking number**; be sure to print and/or save a copy of this number for your records. To print a copy of your transaction, click on the ‘print’ icon.

