

BPAS



**THE PEO
AUXILIARY**

The logo for The PEO Auxiliary, featuring a stylized red and green swoosh above the text "THE PEO" in green and "AUXILIARY" in red, all within a white circular background.

Flexible
Spending
Account
(FSA)

The text "Flexible Spending Account (FSA)" is written in white on a dark blue circular background.

Information Guide

real

simple

savings

Flexible Spending Account (FSA)

It's like giving yourself a raise!

Using an FSA is a great way to stretch your benefit dollars. Simply set aside a portion of your earnings to pay for qualified medical and dependent care expenses. Money is deducted from your gross pay before taxes so you enjoy tax savings and increased take-home pay. You even get quick and easy access to your FSA funds with the convenience of a prepaid benefits card.



It just takes a little time and planning to estimate how much you'll spend in the coming year



Tax Saving

Simply determine a dollar amount that your employer will transfer to your FSA before calculating taxes each pay period (up to the annual limit set by the IRS).

The amount of your pay that goes into an FSA won't count as taxable income, so you'll have immediate tax savings. **Use the money in your FSA to pay for certain out-of-pocket expenses like deductibles and coinsurance.** And, if you're paying for dependent care each month, you can put pre-tax money aside to cover those expenses as well.



Health FSA

A Health FSA pays for eligible out-of-pocket medical expenses. A Health FSA could save you money if you or your dependents:

- Have out-of-pocket expenses like co-pays, coinsurance, or deductibles for health, prescription, dental or vision plans
- Take prescription medications on an ongoing basis
- Wear glasses or contact lenses or are planning LASIK surgery
- Need orthodontia care, such as braces, or have dental expenses not covered by your insurance



Dependent Care

A Dependent Care FSA allows reimbursement for dependent care expenses (such as daycare) incurred by eligible dependents. This benefit may make sense if you (and your spouse, if married) are working or in school, and:

- Your dependent children under age 13 attend daycare, after-school care or summer day camp
- You provide care for a person of any age whom you claim as a dependent on your federal income tax return and who is mentally or physically incapable of independent care



Easy to Access

- Access funds using the prepaid benefits card at point of sale, or request to have funds directly deposited to your bank account
- Access a secure, easy-to-use web portal where you can track your account balance, view your claim history and submit requests for reimbursements
- Manage your FSA "on the go" with an easy-to-use mobile app
- File claims easily online
- Get one-click answers to benefits questions

The Benefit Card



Because you're enrolled in the FSA, you'll receive the Benefit Card at no cost. **It's a quick and easy way to access your funds.**

It works just like a credit or debit card. When you use it at the doctor's office or pharmacy, funds are automatically pulled from your FSA and paid directly to the healthcare provider. No more writing checks or paying cash.

Use your Benefit Card for qualified health-care expenses, like:

- Prescription drug co-pays
- Over-the-counter (OTC) medications
- Menstrual care products
- Health plan deductibles
- Office visit co-pays
- Coinsurance
- Lasik surgery
- Eyeglasses/contact lenses
- Dental and vision services

Pay off your health care bills with the card too. Simply write the Benefit Card number on your statement for services you received in the plan year and send it to your health care provider. Then, send us a copy of the itemized bill from your provider or insurance carrier. (Sorry, it's an IRS requirement.)

Details & Tips

- **It's in the mail** — After enrolling, you'll receive two Benefit Cards in a white envelope marked "do not throw away." If a family member mistakenly throws away the cards, a \$5 VISA replacement fee will be charged.
- **Available Balance**— Your entire annual election for the Health FSA is available on your plan effective date. Funds for the Dependent Care FSA are available as they are deducted from your paycheck and contributed to the plan each month (money in, money out).
- **Making a Purchase** — Check your account balance before making a purchase so you can split the cost if you'll be short. Use the card for the exact amount in your account, then pay the remaining amount separately. Benefit Card purchases are controlled at the merchant level. If your card is denied for a purchase, it is likely due to a merchant restriction. If that happens, you'll need to use another form of payment. Then, keep your receipts and submit them for reimbursement.
- **Keep Your Receipts** — The IRS requires you to use the card only for eligible expenses. The card is "merchant coded" so it won't work at gas stations or restaurants. Many major retail outlets, particularly pharmacies, are required to automatically identify and approve FSA-eligible items. In most cases, we won't have to ask for receipts as long as you shop at an approved location. However, there may be times we'll need to see an Explanation of Benefits (EOB) or receipt to verify an expense. If you receive a receipt request, be sure to submit it as soon as possible to avoid having your card suspended.



What is an itemized receipt?

According to IRS rules, an itemized receipt must include:

- merchant or provider name
- patient name
- description of services received or item purchased
- date of service
- amount charged

Canceled checks, handwritten receipts, card transaction receipts, or previous balance statements are not considered itemized receipts. EOBs are always the best method to ensure all 5 items are included.



Add your BPAS Benefits Card to your mobile wallet!

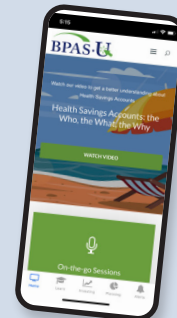
Easily pay for eligible expenses from anywhere without fumbling for your debit card or touching a key pad! It's fast, secure, and safe!

BPAS University

BPAS University (BPAS U) is a proprietary online library that offers a diverse array of free planning tools, articles, calculators, videos, links, and more to guide you along your journey to a secure future. The BPAS U mobile app puts account information into the palm of your hand allows you to:

- Utilize a variety of free educational multimedia tools and resources
- Participate in workshops and webcasts and learn how to apply critical financial concepts to your own life
- Receive notification when new information is available to explore
- Access your secure online account, get forms, plan guides, regulatory updates, and more

Visit u.bpas.com to get started.



Rollover or Grace Period

Your FSA may include a rollover or a grace period. Please review your Summary Plan Description to see if your plan includes either of these options:

- **Rollover.** The IRS has changed the “Use-or-Lose” rule that used to be required of FSAs. With the rollover option, you can rollover up to your plan’s maximum rollover amount of unused FSA funds at the end of the year to use in the next plan year.
- **Grace Period.** The grace period allows you an additional 2.5 months beyond the end of the plan year to incur eligible health care expenses. In other words, you have a total of 14.5 months to utilize your 12-month election. Eligible expenses incurred during the grace period will be paid from the “prior” plan year balance first to help you spend down remaining funds. Once the prior plan-year balance is exhausted, claims will be applied toward the current plan year.

Note that not all plans include these options. Please review your Summary Plan Description to see if your plan includes the rollover or grace period.

Recurring Claims

A recurring claim allows you to submit your claim only once, but continue receiving reimbursements throughout the plan year. You may set up your Dependent Care and Orthodontia claims on recurring status.

To get your claim set up as recurring, select “Recurring Payment” on the claim form and submit a copy of your contract. Below is the information required for each type of recurring claim.

- Dependent Care claims can only be paid with funds that are available in your FSA at the time of the claim. The balance of the claim will continue to release as you contribute more funds to your account.
- Orthodontia. Submit a completed claim form and a copy of your orthodontia contract. The contract needs to show the charges, description of services, dates of service (can be a date range), and name of the patient. You’ll need to submit a new contract each plan year.

We’ll automatically generate a payment without any more effort on your part. For the fastest payment, we recommend signing up for direct deposit at u.bpas.com.

BPAS Mobile App Anywhere. Anytime.

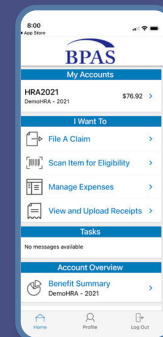


Check your account balance, file claims, and even upload receipts using the camera on your phone. Download the free BPAS mobile app by searching BPASClaims from the app store or marketplace.

To activate the app, you’ll need a unique username and password.

- Your username is your first initial, last name, and last 4 digits of your Social Security Number.
- Your temporary password is your first name, the 2-letter abbreviation for the state you live in, and the last 5 digits of your SSN.

You’ll then be prompted to create a new password and 4-digit PIN.



What's Covered

Your FSA dollars can be used for a variety of out-of-pocket health care expenses. The following list is a summary of eligible and ineligible expenses.

Eligible Expenses

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care
- Baby Electrolytes and Dehydration
- Pedialyte, Enfalyte

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic-Alert Bracelet or Necklace
- Menstrual Care Products
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse
(inpatient and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination *(not employment related)*
- Reconstructive Surgery *(due to a congenital defect, accident, or medical treatment)*
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants *(including organ donor transportation)**

MEDICATIONS

- Insulin
- Over-the-Counter (OTC) Medications
- Prescription Drugs

OBSTETRICS

- Breast Pumps and Lactation Supplies
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees
(reimbursable after date of birth)
- Pre- and Post-natal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian-Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling *(not marital or career)*
- Exercise Programs*
- Hypnosis*
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

Ineligible Expenses

- Contact Lens or Eyeglass Insurance
- Cosmetic Surgery/Procedures
- Marriage or Career Counseling
- Lotions and Creams
- Personal Trainers
- Electrolysis

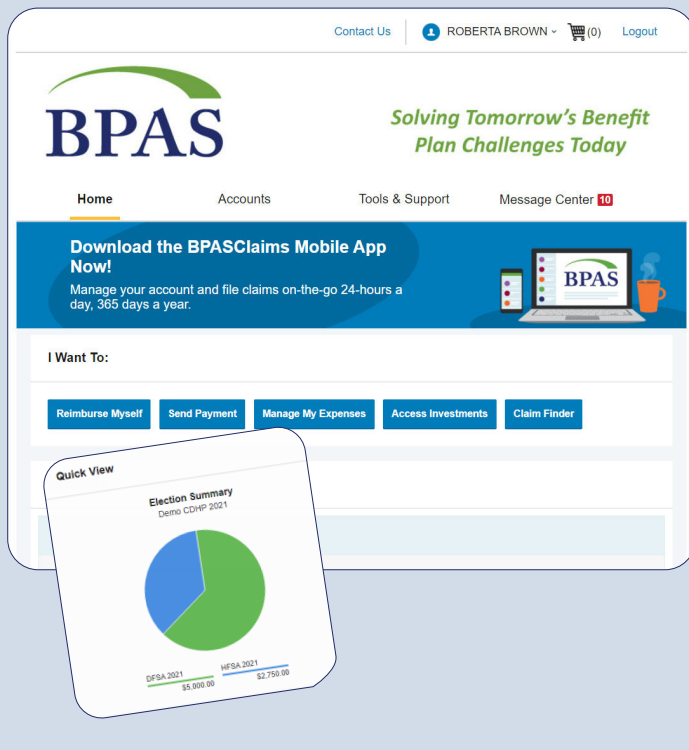
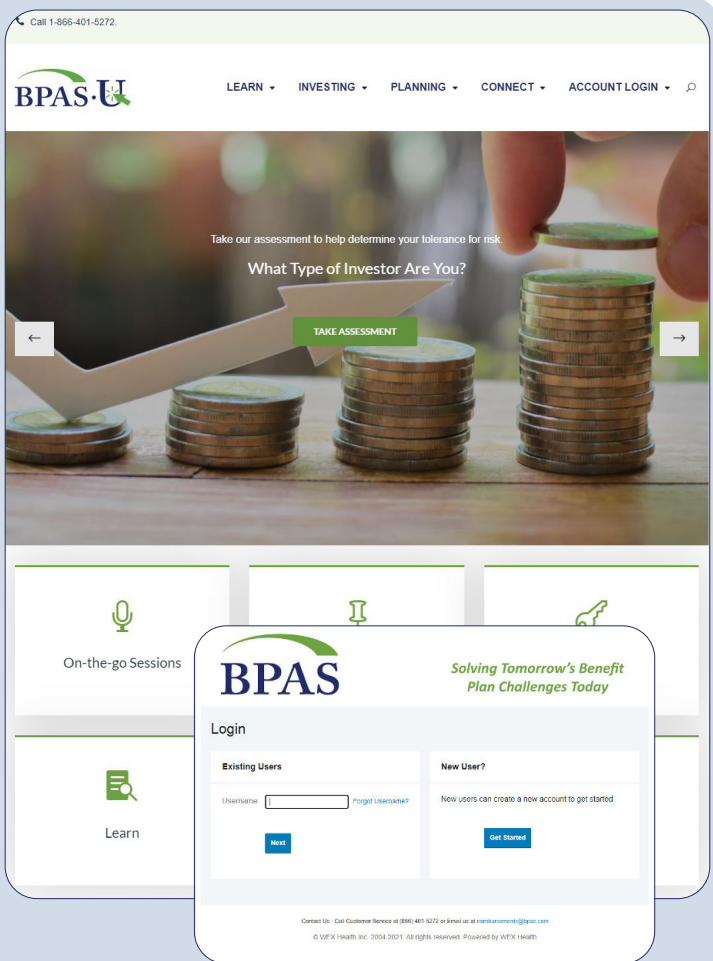
Note: This list is not all-inclusive; other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. Please visit [irs.gov/publications/p502/](https://www.irs.gov/publications/p502/) for a full list of eligible and ineligible expenses. Publication 502 should be used as a reference guide only.

Online Account Access

With your BPAS FSA, you'll have access to all of your account and claims information at the click of a mouse. From a security perspective, it's essential that you set up your account, access it frequently, and keep your contact and email information up to date. To get started with your online services, follow the easy steps below.

1. Go to **u.bpas.com**.
2. In the **Account Login menu**, select **HRA or FSA** for your account type.
3. Enter your User ID, which is the first initial of your first name, last name, and last four digits of your SSN.
4. Enter your temporary password which is your first name, the two-letter abbreviation for the state in which you live, and the last five digits of your Social Security Number. Here is an example:
Employee Name: Jane Doe
SSN: 123-12-6789 State: TX
User Name: jdoe6789 Password: janetx26789
5. Click **Login**. The system will prompt you to create a new Username, Password, and security questions/answers for verification.

Note: If you're an existing BPAS participant, your current login information will remain the same.



Home Page

Here you'll find everything you need to view your account balance, claims status and history, file claims, view summary information, update your profile and more.

- Easily access the **"Accounts"**, **"I Want To"**, and **"Tasks"** sections from the home page.
- The **I Want To...** section contains the most frequently used options within the Consumer Portal.
 - To **register for ClaimFinder**, click on the ClaimFinder button located in the I Want To section.
- Click the plan links in the **Account** section to view and manage your account from the **Accounts/Claims** page.
- The **Tasks** section displays alerts and relevant links that enable you to keep current on your accounts.
- The **Quick View** section graphically displays some of your key account information.

You can also hover over the tabs at the top of the page.

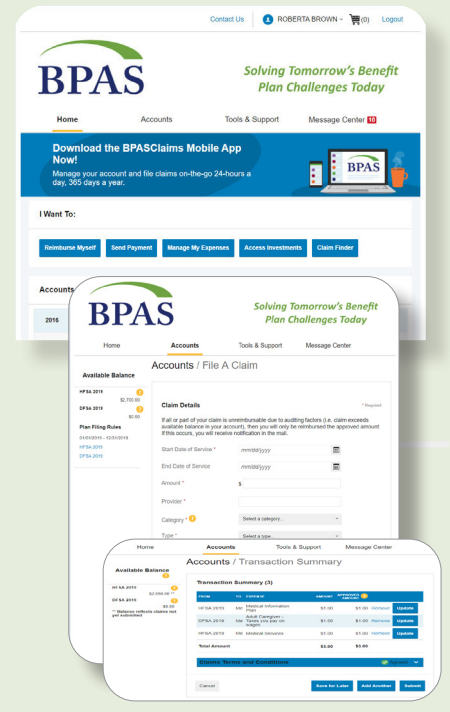
Remember to update your email address!

It's the fastest, easiest way to keep your account secure. We'll notify you immediately via email of any account activity. Don't worry, we won't send any solicitation emails.

Fast & Easy Online Claims

1. Login to your account.
2. On the **Home Page**, select the “I want to... **Reimburse Myself**” button.
3. Choose which account you want to **Pay From** (e.g., FSA) and who you want to **Pay To** (you or someone else) from the drop-down menus.
4. Upload valid documentation. Scan the documentation or receipt for the expense for which you'd like reimbursement. Save it as .jpg, gif, png, or pdf. Then select **Upload valid documentation** and follow the online instructions.
5. Follow the easy online instructions to enter your claim details. Choose **Update** when completed.
6. To submit more than one claim, click **Add Another Claim..**
7. When all claims are entered, click **Submit** to send the claim(s) for processing.
8. Click **View Confirmation** to print the form for your records.
9. That's it! Watch your email in the next day or two for notification that your reimbursement is on the way.

NOTE: If you see a **Receipts Needed** link in the **Tasks** section of your Home Page, click on it to see a listing of any claims that require receipts or documentation.



Direct Deposit

The fastest way to get your money is to sign up online for direct deposit to your personal checking account. Before you begin, make sure your employer allows you to set up direct deposit online.

1. On the Home Page, hover over Accounts and select the Banking/Cards link.
2. You may add your bank account and update your payment method for each account.
3. The Payment Method Changed confirmation displays.



BPAS ClaimFinder. Fast and Easy!

Automatically find EOBs (substantiation) for your FSA and/or HRA claims. Just connect your insurance accounts with BPAS ClaimFinder and we'll autosubstantiate your claims. No need to upload receipts—we'll do it for you! Simply click on the ClaimFinder button located in the “I Want To” section on the landing page of your online BPAS Claims portal to connect your insurance accounts.

Home	Accounts	Tools & Support	Message Center			
Accounts / Account Summary						
The information displayed on the Account Summary page will vary depending upon your specific healthcare benefits. View More						
Demo CDHP 2019		ESTIMATED PER PAY PERIOD DEDUCTION: \$641.67				
ACCOUNT	ELIGIBLE AMOUNT	SUBMITTED CLAIMS	PAID	PENDING	DENIED	AVAILABLE BALANCE
+ HFSA 2019	\$2,700.00	\$102.00	\$0.00	\$0.00	\$102.00	\$2,700.00
+ DFSA 2019	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Demo CDHP 2018		ESTIMATED PER PAY PERIOD DEDUCTION: \$0.00				
ACCOUNT	ELIGIBLE AMOUNT	SUBMITTED CLAIMS	PAID	PENDING	DENIED	AVAILABLE BALANCE
+ HFSA 2018	\$1.00	\$1.00	\$0.00	\$0.00	\$1.00	\$1.00

Available Claims Balance & Account Activity

1. For your **Account Balance**, hover over **Accounts** and select **Account Summary**.
2. To view your **Account Activity, Expenses, Claims, Payments,** and **Statements** hover over Accounts and select the applicable link.

Documents & Forms

1. On the Home Page, use the Tools & Support tab.
2. Click the form or document of your choice.

All Health Care Expense Activity in One Place

To view and manage ALL healthcare expense activity from EVERY source, use the **EXPENSES** page.

1. On the **Home Page**, click on **Manage My Expenses**, there's an easy-to-use consolidated view of health care expenses for ongoing management of medical claims, premiums, and debit card transactions.
2. Easily filter expenses by clicking on the **filter options** on the left side of the screen or on the field headers within the **Expenses** page.
3. Export expenses to an Excel spreadsheet by clicking on the **Export Expenses** button on the upper left side of the page.

Add an Expense

1. Click the **Add Expense** button in the upper left.
2. Complete the expense detail fields. You may upload a copy of the receipt and add notes for your records.
3. You may choose to pay the expense, or save for reimbursement at a later date.

Pay an Expense

1. Process payments/reimbursements for unpaid expenses directly from the **Manage My Expenses** page.
2. To initiate payment for unpaid expenses click on the **Pay** button to the right of the expense detail. You'll be presented with the eligible accounts from which you may initiate payment.
3. You may choose to pay yourself or the provider. Note, if you choose to pay yourself, be sure you have already paid your provider for the eligible services. Otherwise, you'll need to send payment to them separately.
4. Review the claim details pre-populated from the Expenses page within the claim form. Review and edit the claim details as needed.
5. Click Submit. To add another expense, repeat steps 1 - 5.

Edit an Existing Expense

1. Edit expense details for all claims directly from the Expenses page.
2. Expand claim details by clicking the expense line item.
3. Add expense notes, update expense details, view or upload receipts, mark expense as paid/unpaid, or remove the expense.

Update Profile

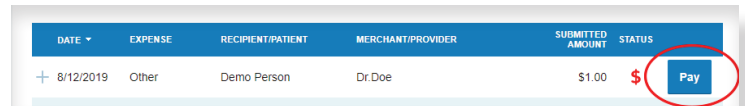
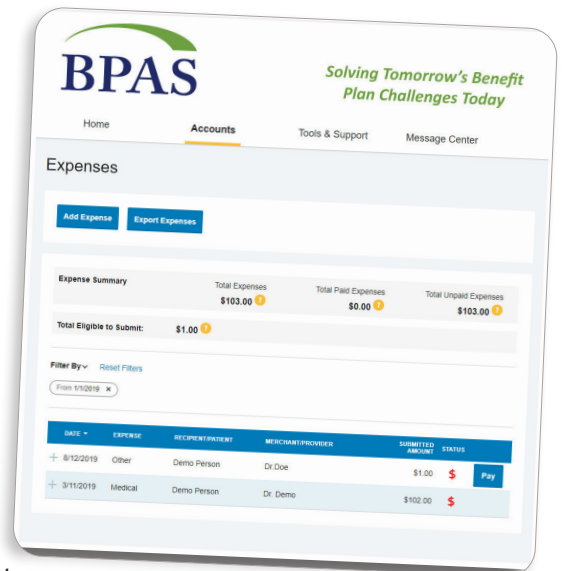
1. On the Home Page, hover over **Accounts**, select **Profile**.
2. Select the applicable link to update your profile, spouse, and/or dependent(s). Payment method and Banking/ Cards links are also located under the Profile link. Follow instructions as prompted to make changes.

View or Access Notifications

1. On the Home Page, click the **Message Center** tab to view all current messages. Follow links to view statements and update your notification preferences.

View or Access Plan Information

1. On the Home Page, under **Accounts**, click **Account Summary** from the menu on the left.
2. Click the applicable account to open the Plan Rules in another browser.



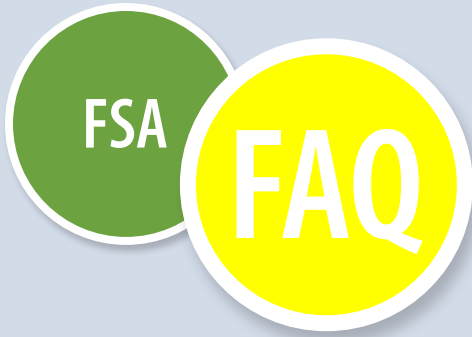
Add Dependents

IRS guidelines prevent us from paying for services to dependents not listed in your profile. To add/remove dependents:

1. Hover over **Accounts** and select **Profile Summary**.
2. Edit dependent data by clicking the view/update link under the dependent name or select Add Dependent to enter a new dependent to your plan. (You'll need a social security number for each dependent to request reimbursements under your FSA.)

Change Password

1. On the Home Page, hover over **Accounts**, select **Login Information** on the left-hand side of the screen.
2. Follow instructions on the screen. (For a new account, the first time you login, you will be prompted to change the password that was assigned by your plan administrator. Follow the instructions.)



What is a Flexible Spending Account (FSA)?

An FSA is an employer-sponsored plan that allows you to deduct dollars from your paycheck and deposit them into a special account that's protected from taxes. FSA accounts are exempt from federal taxes, Social Security (FICA) taxes and, in most cases, state income taxes. The money in an FSA can be used for eligible health and/or dependent care expenses that are incurred while you are participating in the plan.

How do I participate in an FSA?

To participate, you must enroll within the time frame established by your employer or annual Open Enrollment. If you have a life-event change (for example, birth or adoption of a child), then you may be able to enroll without waiting for annual Open Enrollment, if you enroll within 31 days of the change. It's important to note that you must enroll in the FSA each year. It doesn't automatically renew like other benefits.

What does it mean to incur expenses?

The IRS considers expenses to be "incurred" at the time you receive medical care or dependent care--not when you are formally billed or actually pay for services. Only eligible expenses you incur within the plan year, including any employer-allowed grace period, are eligible for reimbursement.

Who qualifies as an eligible dependent under the Dependent Care FSA?

An eligible dependent is any dependent for which an employee pays a provider to care for him/her while they are at work or looking for work. The dependent must be under the age of 13 or incapable of taking care of him/herself, and live in the employee's home for more than half of the year.

How often can I request reimbursements?

You may request reimbursements as often as you incur qualified expenses. Expenses must be incurred during the plan year (or grace period if applicable) and reimbursements must be requested before the end of the run-out period.

Can I change my election or stop contributing to my FSA during the plan year?

No. Federal regulations state that once you have enrolled in an FSA, you cannot change your election amount unless you have a qualifying life event. Your employer can give you a list of permitted life events.

How much in taxes will I save with an FSA?

Generally, contributions you make to your FSA are not subject to federal or Social Security taxes. In most instances, there are no state taxes taken out either. The amount you may save depends on:

- The amount you put into your FSA
- The tax percentage you would normally pay on that money (tax bracket)

Let's say you want to contribute \$2,000 to your FSA. The money you direct to your FSA is taken out of your paycheck over the course of the plan year before taxes are calculated. That reduces your taxable income by \$2,000. And, let's say you normally pay 30 percent in federal, Social Security and state taxes on your income. In this example, you would enjoy a tax savings of 30 percent of the \$2,000 or \$600 in tax savings.

What if I incur a large expense at the beginning of the plan year that will use funds I don't yet have in my FSA?

Under the "Uniform Coverage Rule" created by the IRS, you'll have access to the full amount of your annual election to your Health FSA, even if you don't yet have the entire amount in your FSA. Your payroll deductions will continue throughout the plan year, even though you've already spent the funds. Under the Dependent Care FSA, however, you're only eligible to spend funds that are accrued in your account up to your maximum annual election. The Uniform Coverage Rule doesn't apply to dependent care.

Do you offer direct deposit for reimbursements?

Yes. In fact, we prefer it. We offer direct deposit at no charge. You'll receive payments by direct deposit faster and cut down on costs and paper use as well.

Does the Benefit Card require a PIN?

No. Simply swipe the card as you would for any purchase with a credit card. You'll likely be asked for a signature. You may, however, request a PIN by calling 1-866-898-9795.

How Do I Report a Lost or Stolen Debit Card and/or Request a New Card?

1. On the Home Page, hover over Accounts and click Banking/Cards from the menu.
2. Under the Debit Cards column, click Report Lost/Stolen or Order Replacement and follow instructions.

Why do I need to sign a release for you to speak with my spouse or family member?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects your health information and safeguards individually identifiable information, called protected health information or PHI. Under HIPAA, we can only discuss PHI with the individual patient and/or primary plan member unless you authorize us in writing to share the information with someone else, like your spouse. So, even if you tell us it's OK to share PHI with your spouse, we can't legally discuss any information with him/her unless you sign the authorization. For assistance with HIPAA authorization, please contact BPAS Participant Services at 1-866-401-5272.

What if I use the card for an ineligible expense?

When you use the Benefit Card, you'll be required to submit receipts or documentation for the purchase. Upon receipt of your written claims documentation, each expenditure will be reviewed for eligibility. If you used the card for an ineligible expense, you'll be notified in writing to refund the cost of the ineligible expense. Your card will be suspended until you repay the full amount. By using your card, you agree to refund any ineligible amount in a timely manner. Therefore it's very important that you only use the card for eligible expenses to avoid losing your card privileges.

Why do I need to keep receipts for things I buy with the Benefit Card?

Many major retail outlets are now required to code their registers to identify and approve FSA-eligible items at the point of purchase. In most cases, we won't ask for receipts for eligible purchases as long as you shop at an approved location. Please visit www.sig-is.org for the most current IIAS list of participating stores.

There will be times when we'll require a receipt to comply with the IRS guidelines even for debit card purchases.

If we do need a receipt for a Benefit Card purchase, we'll send out three notices. If we don't receive the receipt/documentation, we'll have to temporarily deactivate your Card until we receive the complete substantiation required by the IRS. Please make sure we have your current email address. If we need a receipt for a Card purchase, we'll send you an email notice after the debit purchase is made. Documentation can be sent to us via fax, email, mail, or by uploading securely on your online account.

If you've lost documentation for a Card purchase, you can contact the vendor for a reprint of your receipt.

Why do you ask for receipts when the service I received was from my doctor or dentist?

Sometimes the bill from your doctor or dentist doesn't provide us with enough information to determine whether the services you received are eligible for reimbursement under IRS rules. For example, you may purchase cosmetic services, like teeth whitening from your dentist or liposuction from your doctor that aren't covered under your FSA. Or, the date of service may not be included in the information we receive. It's best to send an itemized statement or Explanation of Benefits (EOB) from your insurance carrier so we can verify that the service you received does comply with the IRS rules.

What's an itemized receipt?

According to IRS rules, an itemized receipt must include the merchant or provider name, patient name, description of the services received or item purchased, date of service, and amount charged. Canceled checks, handwritten receipts, card transaction receipts, or previous balance statements aren't considered itemized receipts.

Can I get reimbursed if I don't use the Benefit Card?

Yes. You may file a claim and upload documentation by logging into your account online or through the BPAS Mobile App.

If my employment is terminated during the plan year, can I claim expenses through the rest of the plan year?

No. If you terminate your employment, eligibility under your health FSA ends on your last date of employment. You'll only be able to submit claims for services incurred prior to your date of termination. Claims must be submitted within 90 days of termination. Some employers offer a period of time after employment ends for you to submit claims for dependent care. We recommend asking your employer about your options.

What happens to unused funds in my FSA?

It's important to plan carefully so you don't have money left over in your account at the end of the plan year. Contact your employer to see if your plan offers a grace period or rollover option to give you more time to spend-down your account.

How do I setup BPAS ClaimFinder?

Your data is encrypted with BPAS ClaimFinder allowing your information to remain secure, unalterable, and completely confidential. To setup ClaimFinder:

1. Have your insurance company credentials at your fingertips (user ID, password).
2. Once logged in to your BPAS Claims Portal, go to the landing page and click on the ClaimFinder button under the "I Want To" section to complete the registration using the on-screen instructions.
3. We'll take care of the rest--every time a carrier issues an EOB, we'll retrieve the information automatically for you.

Are individual insurance premiums reimbursable?

Individual insurance premiums may be reimbursable under a Section 105 HRA plan if it's a post-retirement Healthcare Reimbursement Arrangement (HRA); however, these premiums are not reimbursable under a Section 125 Healthcare Flexible Spending Account (HFSA).

How do I reach BPAS for help?

- Call 1-866-401-5272 Monday through Friday from 8 am to 8 pm ET.
- Access the automated voice response line 24 hours a day, 7 days a week. Just dial 1-800-530-1272
- Visit u.bpas.com

It just takes a little planning to see what fits your needs. These handy worksheets will help estimate how much you expect to spend in the coming year.



Health FSA Worksheet

Health insurance deductibles	\$ _____
Coinsurance (usually 20%) and co-pays	\$ _____
Eye care (glasses, contacts, solutions, exams)	\$ _____
Routine physicals and exams (co-pays)	\$ _____
Prescription drug co-pays	\$ _____
Birth control methods	\$ _____
Medical miles	\$ _____
Dental services	\$ _____
Medical supplies	\$ _____
Orthodontia	\$ _____
Other uninsured medical costs <i>(e.g., acupuncture, laser eye surgery, sunscreen over SPF 15)</i>	\$ _____
Estimated Annual Total	\$ _____

Note: This worksheet is designed to help you estimate eligible medical care expenses not covered under any health insurance plan. This list contains some of the more common categories of medical expenses eligible under the plan. The expenses listed above may have limitations or conditions that must be met before reimbursement is permitted. If you have a question on whether an expense is covered under the Health FSA, please consult with BPAS before including it in your election. For a full list of eligible expenses, visit irs.gov/publications/p502/

Dependent Care Worksheet

	DC FSA	You	The Does
A	Total annual family adjusted gross income	\$	\$75,000
B	Estimated cost for dependent care (up to \$5,000)	\$	\$5,000
C	Tax bracket	%	32.65%
D	Tax savings (multiply expenses in item B by the percentage in item C.		\$
2 Tax Credit			
A	Enter the amount in item 1(b) above (not to exceed the IRS maximum per child. Visit irs.gov/pub/irs-pdf/f2441.pdf)	\$	\$6,000
B	Tax credit percent (visit irs.gov/pub/irs-pdf/f2441.pdf)	%	20%
C	Tax credit (multiply amount in 2A by the percentage in 2B)	\$	\$1,200
3 Comparison			
	Subtract item 2C from item 1D (if result is positive, DFSA is right for you)	\$	\$

Expenses incurred for the care of dependents under age 13, or disabled or elderly dependents who spend at least 8 hours per day in your home are eligible for favorable tax treatment if the expenses are custodial (not educational) and incurred so you (you and your spouse, if married) may work at gainful employment. Services may be provided in or out of your home. If services are provided out of your home by a facility which cares for seven or more children, it must be a qualified day care center and meet local and state regulations.

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One Company. One Call.



Questions? We're here to help.



 866.401.5272

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