



MERITAIN[®]
HEALTH

An Aetna Company



Flexible Spending Account

Case Western Reserve University
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Meritain Health® and Case Western Reserve University

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Flexible Spending Account and Dependent Care FSA



A health Flexible Spending Account, (FSA), is an employer-sponsored, pre-tax, IRS regulated benefit that allows you to pay for qualified health care expenses not covered by your medical plan. All plans managed by Meritain Health are administered in accordance with the IRS guidelines and substantiation requirements. A Dependent Care Account (DCA), is an employer sponsored plan that allows you to set aside funds for childcare expenses to enable you to work. Eligible dependents must be under the age of 13, or tax dependent adults who are unable to care for themselves.

How does my FSA work?

You may contribute pre-tax dollars, up to the maximum election amount of \$2,750 to pay for eligible health care expenses not reimbursed by an insurance plan. All IRS code 213(d) expenses are eligible, including your deductible, coinsurance and copays. Out-of-pocket expenses on prescription drugs, dental, vision, hearing and orthodontic care are eligible as well. Some over-the-counter items may be eligible for reimbursement.

How does my Dependent Care work?

You may contribute pre-tax dollars, up to the maximum election amount of \$5,000 per household or \$2,500 per spouse if filing separate tax returns. Your contributions can be set aside for childcare expenses for tax eligible dependents under age 13 or adult tax dependent who are unable to care for themselves.

Claim reimbursement requests:

Manual reimbursement requests can be submitted by mail, fax, the consumer portal or the mobile app. Please note, dependent care claims are reimbursed based on the available balance.

FSA/Dependent Care Reimbursement Deposits:

Payments are processed weekly on Monday.

FSA/DCA Cont'd

End of the year run-out:

FSA and DCA claims can be submitted up to 06/30/2023. Dates of service must be within the plan year.

What if I still have money in my FSA at year's end?

The plan allows you two months and 15 days at end of the plan year to incur health care expenses and dependent care expenses from the previous year; however, a portion of your unused funds may be lost at the end of the plan year.

What if I terminate employment?

You will have up to 06/30/2023 to submit health care FSA claims and dependent care FSA claims incurred while employed at Case Western Reserve University.

How does my debit card work for dental, vision, pharmacy and OTC expenses?

Your FSA benefits debit card works like a credit card. Your FSA election is added to the card balance at the beginning of the plan year. When you have a qualified, eligible expense at a business that accepts MasterCard debit cards, you can simply use your benefits debit card. The amount of the qualified purchases will be deducted—automatically—from your account, and the pre-tax dollars will be electronically transferred to the provider/merchant for payment. Medical expenses are not available on the debit card and must be submitted manually.

Where can I use my debit card?

Your card can be used to pay for eligible FSA expenses at providers/merchants that offer these services and accept MasterCard.





FSA Debit Card “Essentials”

- To provide assurance that only eligible medical expenses are being reimbursed, the IRS rules state all FSA claims must be substantiated. To satisfy the substantiation requirement, proof that the expense is FSA-eligible must be provided.
- The FSA debit card can only be used for expenses that are incurred by the employee and their dependents (i.e., spouse, child [under the age of 26], an adult child with a permanent disability, adopted children, stepchildren and foster children). Eligible dependents must be enrolled on the member FSA record.
- The card can only be used at merchants and service providers that have merchant category codes related to health care, such as physicians, pharmacies, dentists, vision care offices, hospitals, and other medical care providers.
- Medical, dental, and vision providers – please use the card after insurance has been considered. Many merchants (especially dentists) do not take into consideration the network discounts applied by the plan.
- Only use for balances that are from dates of service in the current plan year - not services from past year(s)

One of the below documents will be required to substantiate your debit card swipes:

Explanation of Benefits (EOB)

- The name of the patient that incurred the services
- Provider name and address
- Date of service
- Service type
- Member responsibility after insurance has paid

Itemized statement (must include)

- The name of the patient that incurred the services
- Provider name and address
- Date of service
- Service type
- Member responsibility after insurance has paid
Please note: if the statement reflects pending, estimated or billed it will be denied
- Credit card receipts are not acceptable documentation

Auto-substantiation

85–95 percent of the time, debit card transactions are auto-substantiated via one of the below methods:

- **Inventory Information Approval System (IIAS):** this system can verify that the merchandise being purchased with an FSA card is an eligible medical expense as defined by the IRS.
- **Plan designated copays**
- **Recurring eligible expenses**

Therefore, you will only need to submit documentation when requested. You should, however, **retain all your receipts** in case they are requested by either Meritain Health or the IRS.

If a transaction is auto substantiated, no further action is necessary. However, a small percentage of charges may not be auto substantiated.



Debit card request for documentation

If Meritain Health is unable to substantiate your debit card swipe, you will receive a letter requesting additional documentation.

We utilize a series of letters:



Documentation



First letter:
30 days
post-swipe



Second letter:
60 days
post-swipe

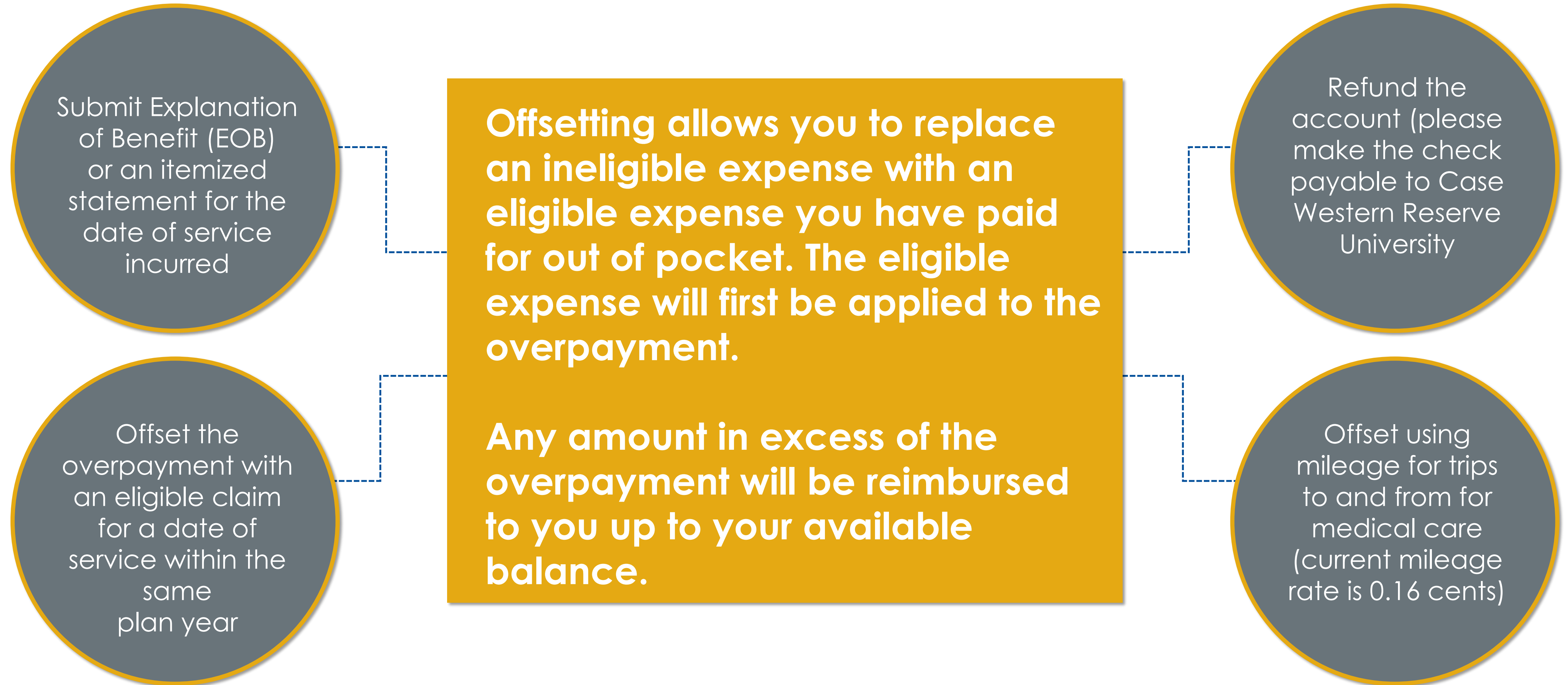


Third letter:
90 days post-swipe.
This letter indicates that if the necessary documentation is not received within fourteen days from the date of the third letter, the card will be suspended.

Next steps...

- Cardholder submits documentation which is reviewed and if appropriate, the transaction will be manually substantiated.
- If a transaction is ineligible, documentation is not sufficient or if supporting documentation is not submitted, the member's card may be suspended and a request for refund of overpayment from cardholder will be sent.
- **Card may be reinstated when the overpayment is satisfied.**
- Once you have submitted the required documentation, you may contact customer service to confirm your card has been reinstated.

Ways to substantiate a claim

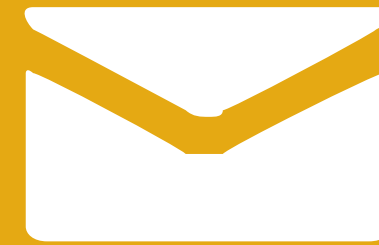


How to submit documentation for debit card substantiation and/or manual claims

Fax



Mail



Consumer Portal



You may fax your claim/documentation to:

1-888.837.3725

You may mail your claim/documentation to:

**Meritain Health
P.O. Box 30111
Lansing, MI 48909**

You may upload your claim/documentation through the Consumer Portal or mobile app. To access the portal or mobile app, please refer to the FSA Mini-Kit

For questions regarding your FSA, you may contact the FSA Customer Service Team at 1.800.566.9305, Option 5 or send an email to flexonline@meritain.com.

Enhanced Online Tools to Support Your Flex and DCA Account through the Consumer Portal

Your online member portal is an easy-to-use, one stop resource. You'll get anytime access to the following useful benefits information on services.

With your portal, you can:

- File a claim online.
- View up-to-the-minute balances.
- Access your account, claims and payment histories.
- Update your phone number.
- Update your bank account
- Download plan information, forms and notices.

Instructions to register and log into the consumer portal can be found in your FSA Mini Kit.



Manage Your Flex Spending from the Palm of Your Hand Intuitive. Simple. Convenient.



Want to manage your Flex/CDHP benefits spending from anywhere? There's an app for that!

Access the app from your smart phone or mobile device

The member portal app is available for IOS and Android™ processing systems, as well as mobile devices. This includes iPhone®, iPad®, iPod® touch and Android smart phones and tables.

Never lose a receipt again

With the member portal app, you can snap a photo of your receipt to submit with a new claim or add to an existing one. You'll be able to capture a receipt the moment a transaction happens. That's a peace of mind with the touch of a button.

Check balances on the go

Wondering whether you can pay for an elective procedure or a mounting bill? You can quickly check your account to view your current balance—without waiting to get home to your computer. The app features summarized financial information and charts. Everything you need is right at your fingertips.

Stay up to speed

Using your app, you can set your account to send you text notifications. Plus, you'll be alerted of claims that require receipts. So, you can rest easy that when you need to take action, you won't be left in the dark.

To get your temporary mobile app credentials:

1. Log in to www.meritain.com
2. Click the green Go button in the box titled *Flex/CDHP Accounts* to access the Flex/CDHP Portal

3. Click the *Download Mobile App* message on the Flex/CDHP Portal home page to access your temporary mobile app credentials
4. Use the temporary credentials to log into the mobile app, which can be downloaded from the App Store or Google Play





Dedicated Service Team

Who should I call if I have a question about my FSA benefits?

You can contact your dedicated service team for help with questions, or for more information about your benefits. The phone number for Meritain Health Customer Service Team is **1.800.566.9305, option 5.**





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