Meritain Health®
an aetna® company



Flexible Spending Account

Case Western Reserve University
January 1, 2027 through December 31, 2027

Flexible Spending Account and Dependent Care FSA



How does my FSA work?

You may contribute pre-tax dollars, up to the maximum election amount of $3,500 to pay for eligible health care expenses not reimbursed by an insurance plan. The minimum election amount annually is $120. 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.



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

The plan allows you two months and 15 days (3/15/2028) at end of the plan year to in incur health care from the previous year through the grace period extension program; however, a portion of your unused funds may be lost at the end of the plan year.



How does my Dependent Care work?

You may contribute pre-tax dollars, up to the maximum election amount of $7,500 per household or $3,750 per spouse if filing separate tax returns. The minimum election amount annually is $120. 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 Mondays. Employees participating in the benefit plan can receive eligible reimbursements through one of the following options:

- Direct Deposit – Reimbursements are posted directly to your bank account. Complete and submit a direct deposit form to Meritain.
- Physical Check – Reimbursements through a check mailed to your address on file.
- Prepaid Benefits Debit Card for the FSA

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FSA/DCA Continued

End of the year run-out:

FSA and DCA claims can be submitted up to 6/30/2028. Dates of service must be within the plan year.

What if I terminate employment?

You will have through 6/30/2028 to submit health care FSA and dependent care FSA claims incurred while employed at CWRU.

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

Your FSA benefits debit card works like a credit card. Your 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.

The grace period extension is available on your debit card for the Health care FSA. This means dates of service incurred in a new plan year can be applied to prior plan year balance for a limited time. When you swipe your debit card, during the grace period extension date range (1.1.28-3.15.28), all transactions will be applied to the prior plan year's balance. Once the grace period date range ends all transactions will apply to the current running plan year. When using your card, make sure to only use it for expenses that have been incurred during the active plan year. **It's important not to use the card to pay for a prior plan year expense.**

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.

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Debit Card Essentials

To provide assurance that only eligible medical expenses are being reimbursed, the IRS rules state all claims must be substantiated. To satisfy the substantiation requirement, proof that the expense is eligible must be provided.

The 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)

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

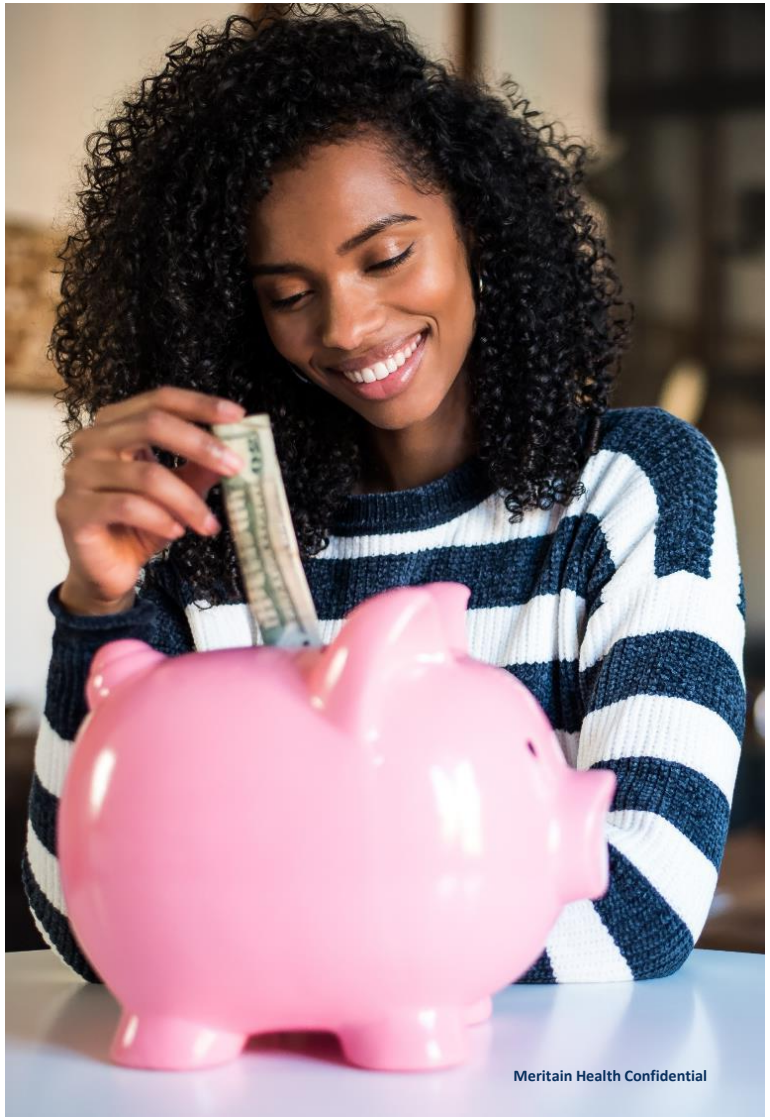
Auto Substantiation

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 supporting documentation or itemized statements 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.



Offsetting allows you to replace an ineligible expense with an eligible expense you have paid for out of pocket. The eligible expense will first be applied to the overpayment.

Any amount greater than the overpayment will be reimbursed to you up to your available balance.

Ways to substantiate a claim

- Submit Explanation of Benefit (EOB) or an itemized statement for the date of service incurred
- Offset the overpayment with an eligible claim for a date of service within the same plan year
- Refund the account via the portal OR check (please make the check payable to Case Western Reserve University)
- Offset using mileage for trips to and from for medical care (current mileage rate is $0.23.5 cents

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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

With your portal, you can:

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



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

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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!

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

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.

From your mobile device, Select the Meritain Health CDHP FSA app from your mobile app store and Download the app.

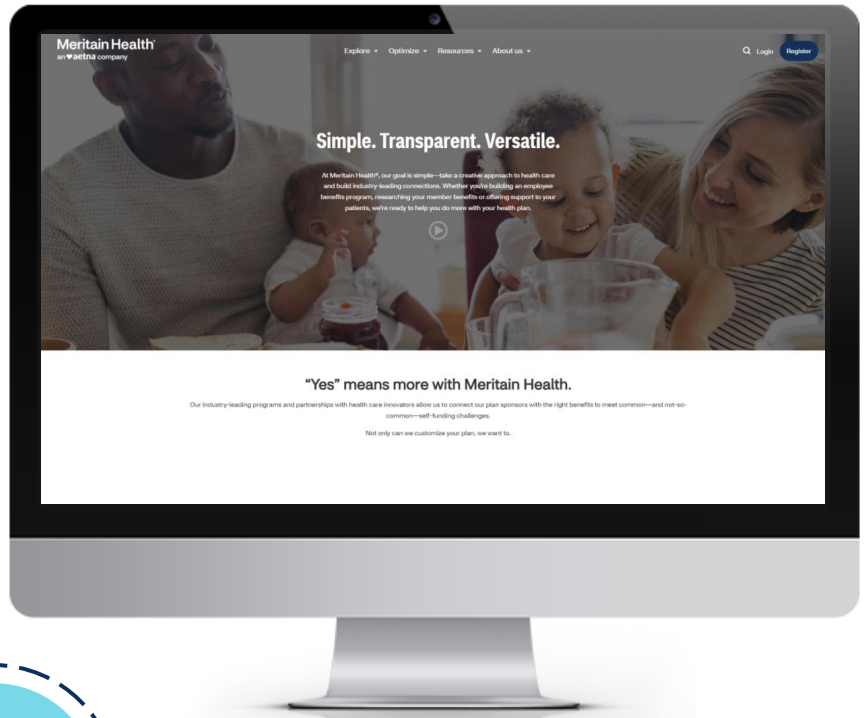
1. **Open the app, scroll to the bottom of the page and select new user? Set-up your Account.**
2. **You will be redirected to the User Identification page to begin step one of four.**
3. **Follow steps one through four to complete the set-up.**
4. **Once you have completed the set-up, you will be logged out.**
5. **You will then be required to log back in using your new username and password.**

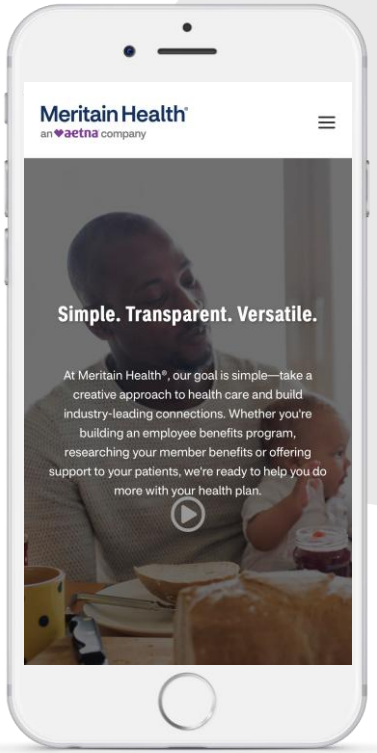
GET IT ON Google Play

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Get the help you need, when you need it

You can contact your dedicated Customer Service Team for help with questions, or for more information about your benefits.





www.meritain.com

1.800.566.9305, option 5

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Questions?



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