



Select Flex

Flexible Spending Account
Enrollment Packet



Flexible Spending Accounts

What are they and how do they work?



Unreimbursed Medical Account

You can use pre-tax dollars to pay for your family's expenses that are not reimbursed by your health insurance plan. IRS code section 213(d) defines eligible expenses. You can elect to contribute up to the maximum set by your employer. However, the IRS does not allow you to change your elected amount during the plan year unless you have a qualified event—marriage, divorce, birth, adoption, death of dependent, or change in employment status. If there is money left in your account at the end of the plan year or if you terminate employment, please refer to your SPD (Summary Plan Description) to determine your claim filing deadlines.

Dependent Care Account

Individuals can set aside pre-tax dollars for day care expenses for dependents. You (and your spouse, if married) must be working, looking for work (must have income during the year), or attending school full-time. The household limit for a family is \$5,000 (this includes child care subsidy amounts) and if you are married filing your taxes separately the maximum is \$2,500. If there is money left in your account at the end of the plan year or if you terminate employment, please refer to your SPD (Summary Plan Description) to determine your claim filing deadlines. You may want to contact a tax advisor to determine whether the dependent care account or the federal child care tax credit program is better for you.

Compare and see the FSA tax advantage

Savings will vary depending on income levels, election amounts, and taxes

	No FSA Plan	FSA Plan
Gross Income	\$ 50,000	\$ 50,000
Pre-tax Medical Expenses	\$ -	\$ 2,500
Pre-tax Day Care Expenses	\$ -	\$ 5,000
Taxable Income	\$ 50,000	\$ 42,500
Withholdings (28% for taxes, FICA, and Medicare)	\$ 14,000	\$ 11,900
Post-tax Medical Expenses	\$ 2,500	\$ -
Post-tax Day Care Expenses	\$ 5,000	\$ -
Net Income	\$ 28,500	\$ 30,600

★ ★ ★ ★ **Savings of \$2,100.00** ★ ★ ★ ★

Flexible Spending Accounts

How much should I elect to contribute?

Estimating the correct medical and dependent care election amount is important to ensure there are no unused funds at the end of the plan year. Use this worksheet to help determine what election amount is right for you.

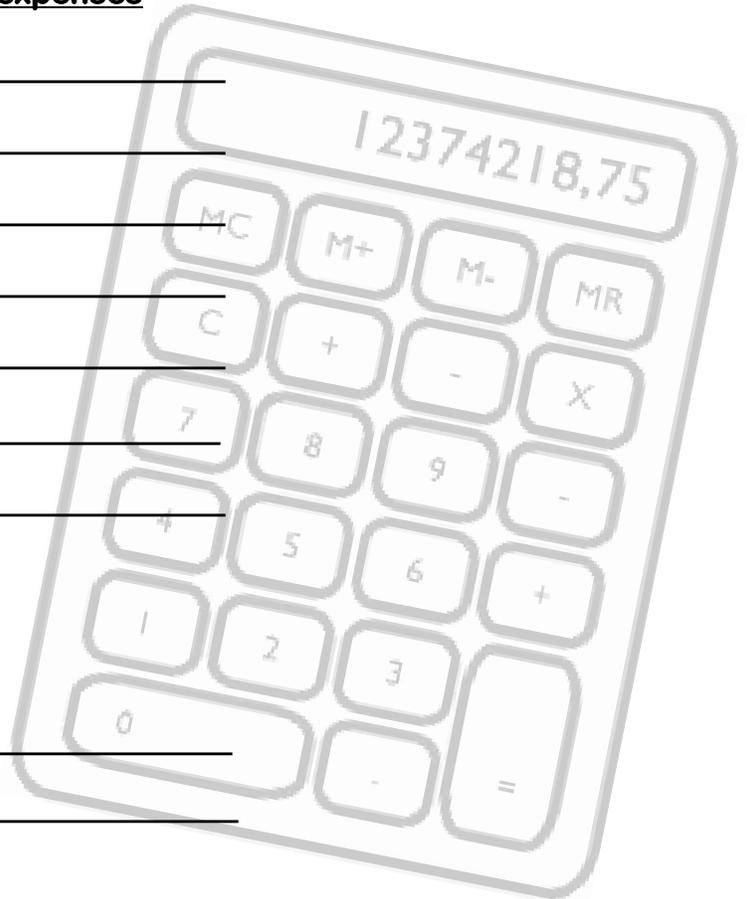
Unreimbursed Medical Account

Estimated out-of-pocket expenses

Deductibles/Coinsurance	\$	_____
Co-payments	\$	_____
Vision Care	\$	_____
Dental & Orthodontic Care	\$	_____
Annual Total	\$	_____
Number of Pay Periods	÷	_____
Amount to Deduct (Per Pay Period)	\$	_____

Dependent Care Account

Monthly Day Care &/or Pre-School Expense	\$	_____
Number of Months	X	_____
Annual Total	\$	_____
Number of Pay Periods	÷	_____
Amount to Deduct (Per Pay Period)	\$	_____



Flexible Spending Accounts

What other features are available?

Online Account Resources

You can access your account balances, submit claims, and see how claims are processing by simply logging into your account.

To login for the *first time*:

- Go to www.regionalcare.com
- Click on "login" at the top of page
- Click on the tab FSA/HRA/HSA
- Click on the blue "Member Login"
- Click "Create your new username and password"
- Complete the form and follow the Prompts

Online help is available 24-7 for account help using the Let's Chat feature.

Direct Deposit

You can choose to have your reimbursements deposited directly into your personal checking or savings account. You can sign up for this option on your enrollment form and then would not receive a paper check in the mail. We do require a copy of a voided check to ensure we have the correct routing and account number.

Mobile App (iPhone and Android)



RCI FSA/DCAP/HRA

Mobile

Regional Care

You can use the same username and password used for the website to login to a user friendly mobile app! You can view balances, submit claims, check claim status, and submit additional documentation.

Automatic Claim Filing

If RCI processes your medical plan, you have the option of allowing claims to be automatically processed towards your flex account. If you would like this feature, please sign up on your enrollment form.

WEX Health Card Debit Card

If your employer has elected to offer the debit card with your plan, you will receive 2 cards in the mail to use for your eligible flexible spending account purchases. RCI is required to substantiate your transactions on the card, so it is very important to save all of the documentation for your charges. You will receive an email or letter asking for the documentation and will need to submit your Explanation of Benefits (EOB) or a detailed statement from the provider that includes:

- Patient Name
- Date of Service
- Services/Products Received and their Cost
- Insurance Payments

Debit card documentation can be uploaded directly to the transaction by logging in to your account at www.regionalcare.com (go to login, click the FSA/HRA/HSA tab, click on member login, and use your login credentials).



Flexible Spending Accounts

How do I file a claim?

What to submit?

Medical Accounts Claim

Completed claim form

Copies of your insurance Explanation of Benefits (EOB) – if applicable

Detailed statement from the provider that includes:

- Patient Name
- Date of Service (balance forward amounts are not eligible)
- Services/Products Received and their Cost
- Insurance Payments

Dependent Care Reimbursements

Completed claim form

Receipts or statements from day care provider

- expenses must be for the care of your dependent who is under age 13 and entitled to a dependent deduction under the IRS code section 151(3) or a dependent who is physically or mentally incapable of caring for himself/herself
- provider cannot be someone claimed as your dependent
- day care centers providing care of more than 6 individuals must comply with all state and local laws

How to submit?

To submit claims electronically, please complete the following steps after logging into your account (either online or through the mobile app):

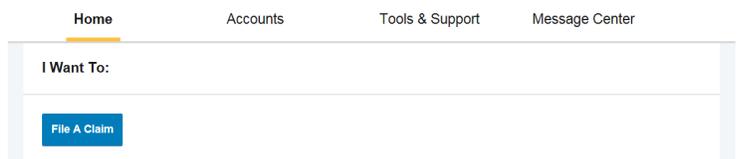
Select the blue “File A Claim” button from the home page (it is also under the Accounts tab)

Fill out the required fields (electronic documentation is required)

Verify the claim information looks correct; read the terms and conditions and check the box; Click Submit



Regional Care, Inc.
Caring People, Quality Service



You may also submit claims by:

Fax: 308-635-1241

Email: rci-flex@regionalcare.com

Mail: 905 West 27th Street
Scottsbluff, NE 69361

Flexible Spending Accounts

What are eligible expenses?



Maximize the Value of Your Reimbursement Account - Your Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

Eligible Expenses		
<p>BABY/CHILD TO AGE 13 Lactation Consultant* Lead-Based Paint Removal Special Formula* Tuition: Special School/Teacher for Disability or Learning Disability*</p> <p>DENTAL Dental X-Rays Dentures and Bridges Exams and Teeth Cleaning Extractions and Fillings Oral Surgery Orthodontia Periodontal Services</p> <p>EYES Eye Exams Eyeglasses and Contact Lenses Laser Eye Surgeries Prescription Sunglasses Radial Keratotomy</p> <p>HEARING Hearing Aids and Batteries Hearing Exams</p> <p>LAB EXAMS/TESTS Blood Tests and Metabolism Tests Body Scans Cardiograms Laboratory Fees X-Rays</p>	<p>MEDICAL EQUIPMENT/SUPPLIES Arches and Orthotic Inserts Contraceptive Devices Crutches, Walkers, Wheel Chairs Exercise Equipment* Hospital Beds* Mattresses* Medic Alert Bracelet or Necklace Nebulizers Orthopedic Shoes* Oxygen* Post-Mastectomy Clothing Prosthetics Syringes Wigs*</p> <p>MEDICAL PROCEDURES/SERVICES Acupuncture Alcohol and Drug/Substance Abuse (inpatient treatment 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*</p>	<p>MEDICATIONS Insulin Prescription Drugs</p> <p>OBSTETRICS Breast Pumps and Lactation Supplies Douglas* Lamaze Class OB/GYN Exams OB/GYN Prepaid Maternity Fees (reimbursable after date of birth) Pre- and Postnatal Treatments</p> <p>PRACTITIONERS Allergist Chiropractor Christian Science Practitioner Dermatologist Homeopath Naturopath* Optometrist Osteopath Physician Psychiatrist or Psychologist</p> <p>THERAPY Alcohol and Drug Addiction Counseling (not marital or career) Exercise Programs* Hypnosis Massage* Occupational Physical Smoking Cessation Programs* Speech Weight Loss Programs*</p>

Note: This list is not meant to be all-inclusive, as 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. For additional information, check your Summary Plan Document or contact Regional Care, Inc.

Flexible Spending Accounts

Are Over-the-Counter Items Eligible?

Eligible Over-the-Counter Items may be reimbursed under the Flexible Spending Account.

<p>Baby Electrolytes and Dehydration Pedialyte, Enfalyte</p> <p>Contraceptives Condoms, Plan B</p> <p>Denture Adhesives, Repair, and Cleansers PoliGrip, Benzodent, Plate Weld, Efferdent</p> <p>Diabetes Testing and Aids Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products</p> <p>Diagnostic Products Thermometers, blood pressure monitors, cholesterol testing, pulse oximeters</p> <p>Ear Care Ear drops, syringes, ear wax removal, ear candles, hearing aid cleaners and dryers</p>	<p>Elastics/Athletic Treatments ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts</p> <p>Eye Care Contact lens care</p> <p>Family Planning Pregnancy, ovulation, and fertility kits; prenatal vitamins</p> <p>First Aid Dressings and Supplies Band Aid, 3M Nexcare, non-sport tapes</p> <p>Foot Care Treatment Corn and callus treatments (e.g., callus cushions), therapeutic insoles, orthotic inserts, arch supports, heel cups</p>	<p>Glucosamine &/or Chondroitin Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements</p> <p>Hearing Aid/Medical Batteries</p> <p>Home Health Care (limited segments) Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs</p> <p>Incontinence Products Attends, Depend, GoodNites for juvenile incontinence, Prevail</p> <p>Reading Glasses and Maintenance Accessories</p>
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Effective 1/1/2020 these over the counter items no longer need a CMN/RX from the doctor. These include products that diagnose, alleviate or treat existing or imminent injuries, illnesses or medical conditions, or are used for the prevention of disease.

<p>Acid controllers Acne medications Allergy & sinus Antibiotic products Antifungal (Foot) Antiparasitic treatments Antiseptics & wound cleansers Anti-diarrheal Anti-gas Anti-itch & insect bite Baby rash ointments & creams Baby teething pain</p>	<p>Cold sore remedies Cough, cold & flu Digestive aids Feminine antifungal & anti-itch First aid burn remedies Hemorrhoidal preps Homeopathic remedies Incontinence protection & treatment products Laxatives (non-fiber) Medicated nasal sprays, drops, & inhalers Medicated respiratory treatments & vapor products</p>	<p>Menstrual care products (tampons, pads, liners, cups, sponges) Motion sickness Oral remedies or treatments Pain relief (Tylenol, Advil, Midol, Bayer Aspirin) Skin treatments Sleep aids & sedatives Smoking deterrents Stomach remedies Unmedicated vapor products</p>
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Ineligible Expenses are not eligible for reimbursement.

<p>Contact Lens or Eyeglass Insurance Cosmetic products Cosmetic Surgery/Procedures Electrolysis</p>	<p>Insurance Premiums and Interest Long Term Care Premiums Marriage or Career Counseling</p>	<p>Personal Trainers Sunscreen (spf less than 30) Swimming Lessons Toiletries</p>
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Note: These lists are not meant to be all-inclusive.

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Reimbursement requested for: Current Year Prior Year

REGIONAL CARE, INC.
Spending Accounts Claim Form



Remit to: Regional Care, Inc.
 905 West 27th Street
 Scottsbluff, NE 69361

Phone (308) 635-2260
 Fax (308) 635-1241
 Watts 1-800-795-7772
 Email: rci-flex@regionalcare.com

EMPLOYEE INFORMATION

Please type or print.

Name: _____ Employer: _____
 Telephone Number/Ext: _____ Date Submitted: _____

MEDICAL EXPENSES

Dependent Name	Age	Relationship to Employee	Provider	Date of Service	Type of Unreimbursed Medical Expenses	Amount

Total Medical Reimbursement Requested \$ _____

I request payment from my spending account for these itemized expenses. I certify that I have not requested reimbursement under this plan or from any other source for these expenses. I certify that I have met all of the requirements for eligible health care expenses. I understand that expenses paid through these accounts cannot be claimed on my personal income tax form.

Signature _____ **Date** _____

DEPENDENT CARE EXPENSES

Name	Age	Relationship to Employee	Date of Service	Amount

Total Dependent Care Reimbursement Requested \$ _____

Name and address of individual or institution providing day care services:

Name _____ Address _____

Tax ID Number or Social Security Number of institution/person providing day care: _____

I request payment from my spending account for these itemized expenses. I certify that I have not requested reimbursement under this plan or from any other source for these expenses. I certify that I have met all of the requirements for eligible day care expenses. I understand that expenses paid through these accounts cannot be claimed on my personal income tax form.

Signature _____ **Date** _____