A guide to your Special Purpose Health Care and Dependent Care Flexible Spending Accounts

All you need to know about using your Flexible Spending Accounts

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www.wageworks.com
877-WageWorks (877-924-3967)
The WageWorks Website

You can do all this online, anytime:

- Sign up for direct deposit to your bank account
- View your account activity and balance
- Check the status of claims and payments
- Download "Pay My Back" forms
- Request "Pay My Provider" payments
- Get help

If you have not yet registered...

Complete the simple online registration process.
2. Enter the information requested so we can identify you.
3. Confirm or update the contact information in your Profile.
4. Review the User Agreement and confirm your acceptance.

If you have already registered...

- Visit www.wageworks.com and enter your User Name and Password.

The Special Purpose Health Care Flexible Spending Account –
A Health Savings Account-compatible Flexible Savings Account

Automatic Reimbursement “Pay My Provider”

Pay your providers directly from your Health Care Flexible Spending Account.

Why You Should Use “Pay My Provider:”

- No claims to file
- Providers are reimbursed directly
- Works like an online bill-pay service
- Deducts automatically from your Health Care Flexible Spending Account
- Most convenient way to pay for most recurring eligible services

When to Use Health Care “Pay My Provider:”

- When you have regularly scheduled payments for eligible services such as orthodontic care
- When your provider bills you for the amount not covered by your health plan (i.e., coinsurance under your dental or Medical Plan Plus plan) after your Medical Plan Plus deductible has been met

How to Use Health Care “Pay My Provider”

2. Click on the Health Care tab.
3. Click Request “Pay My Provider”.
4. Confirm or enter your email address.
5. Enter your provider information.
6. Enter patient information.
7. Enter your payment amount.

WageWorks will make the requested payment from your account and mail it directly to your provider. In addition, WageWorks will send you a confirmation email each time your requested payment is made.

Reimbursement “Pay Me Back”

Get reimbursed from your Health Care Flexible Spending Account for eligible expenses you pay for out-of-pocket.

When to Use Health Care “Pay Me Back”

Sometimes, it’s easier to pay for products and services first and then get reimbursed. For example:

- For dental and vision out-of-pocket expenses.
- When your provider requires you to pay before you receive the product or service.
- You receive a bill from your provider after your plan pays and your portion is less than $50, the minimum “Pay My Provider” payment amount.

How to Use Health Care “Pay Me Back”

1. Pay for your eligible products and services as you usually do and save your detailed receipt.
3. Fax your form and appropriate proof of expense to the number indicated on the form (see page 4 for Proof of Expense Information). Or, mail your form and photocopies of your proof of expense to the address indicated on the form.

All claims (including resubmissions) for the 2011 plan year must be received no later than March 31, 2012 to be eligible for reimbursement.

NOTE: Once you have satisfied your Medical Plan Plus deductible your Flexible Spending Account will be switched to a Standard FSA, and the majority of your medical claims will be streamlined; however, if you opt out of the Streamlined Claims Reimbursement Process, you must use a "Pay Me Back” Claim form for claims reimbursement.
Proof of Expense


You must provide proof for each expense listed on your “Pay Me Back” claim form. Your proof should be appropriate for the type of expense:
- Pharmacy receipt for prescriptions and other pharmacy purchases
- Doctor’s office receipt for office visit
- Explanation of Benefits (EOB) from your insurance or health plan, for covered medical and dental expenses*
- Bill or invoice from doctor or dentist for expenses not covered by your insurance or health plan
- Payment contract, monthly payment coupon or statement from your orthodontist
- Receipt from your optometrist or other medical service provider
- Receipt for your over-the-counter prescriptions including a prescription or prescription number on the register receipt**

For some eligible expenses, additional requirements may be requested. For a list of these expenses, visit www.wageworks.com/hclist. The items listed as “Maybe” may require a written statement from your provider indicating the diagnosis and medical necessity of the product or service.

“Streamline” Claims Reimbursement Process

Automatic reimbursement for eligible out-of-pocket medical expenses after you have satisfied your Medical Plan Plus deductible. (Please see important message on page 5.)

Once you have satisfied your medical plan deductible your Flexible Spending Account will be switched to a Standard FSA, and most eligible out-of-pocket medical and prescription drug expenses will automatically be submitted by Premera to WageWorks for processing. Note: Dental claims will not streamline.

Verify your mailing address for check reimbursement or provide WageWorks with your banking information for direct deposit. That’s all you need to do. You do not need to file a Health Care Flexible Spending Account claim form (“Pay Me Back” claim form) for expenses that are streamlined.

Should you decide you do not want to automatically be reimbursed from this account, you should opt out of the Streamline Claims Reimbursement Process, either online in the Account Dashboard in the Health Care section of the WageWorks Employee website or by calling WageWorks Customer Service at 1-877-924-1967, Monday through Friday, 5:00 a.m. to 5:00 p.m. Pacific Time.

Exceptions to Automatic Claims Rollover (Streamline Claims)

Claims will not be automatically submitted to WageWorks for reimbursement in certain circumstances. For example:
- Denied prescription drug claims
- Denied medical claims (some exceptions)
- Medical claims for participants that are considered to be “sensitive” (e.g., mental health, contraceptive management and maternity)
- Claims for medical plans other than Premera Blue Cross
- Dental claims
- Medical Plan Plus claims until the medical deductible is met

If your eligible claim was not automatically submitted to WageWorks for reimbursement, you will need to complete the “Pay Me Back” claim form (see page 3 for instructions), attach the appropriate documentation, and either mail or fax these items to WageWorks.

Who’s Covered by Your Health Care Flexible Spending Account?

Who’s Covered by Your Health Care Flexible Spending Account?

You can use your Health Care Flexible Spending Account to pay for eligible expenses incurred by the following persons (per the IRS) even if they are not covered by your employer’s health plan:
- You
- Your spouse
- Your qualifying child*
- Your qualifying relative*

* Special rules allow a dependent to be eligible for this plan even when that dependent does not qualify to be claimed as your tax dependent on your tax return form. For more information, go to www.wageworks.com/forms/hcdependents.pdf and contact your personal tax advisor.

Special Purpose (HSA-compatible) Health Care Flexible Spending Account Rules

The following rules have been established per IRS regulations.

1. By enrolling in the plan, you authorize your employer to deduct your election amount from your paycheck on a pre-tax basis.
2. Your account can be used to pay for eligible expenses incurred while you are enrolled during the plan year. Expenses are considered incurred on the day of service, not when you are billed or pay.
3. Your account cannot be used to pay for expenses incurred before or after you are covered under this Health Care Flexible Spending Account.
4. Your account can only be used to pay for eligible expenses for which you have not sought and will not seek reimbursement from any other health plan or source.
5. You cannot take a deduction or a tax credit on your tax return form for any health care expense paid for through this account.
6. You are responsible for maintaining documentation (e.g., detailed receipts) to verify your expenses (the nature of each expense, the amount, and the date incurred). Keep these with your other important tax papers for the calendar year as you may be requested to submit these to verify your expenses.
7. You will have until March 31, 2012 to get reimbursed from your account by filing a Health Care Flexible Spending Account claim form (“Pay Me Back” claim form) for eligible expenses incurred by December 31, 2011. Both dates are displayed online and are subject to change should you stop participating in this plan before the end of the plan year.
8. Be sure to incur eligible expenses totaling your election amount by December 31, 2011. Your balance remaining in your account after March 31, 2012 will be forfeited in accordance with IRS regulations.
9. The Health Care Flexible Spending Account is beneficial for anyone who has out-of-pocket medical, dental, vision or hearing expenses beyond what their insurance plan covers. Changes to your election may be made only if you have a qualifying change in status or event as described in the Summary Plan Description (SPD) that allows you to stop your participation in the plan. When your participation ends, your contribution is reduced to zero for the remainder of the year. To end participation, you must contact the Employee Service Center (ESC) at 1-800-833-0030 (6:00 a.m. to 4:30 p.m. Pacific Time) within 31 days of the qualifying change in status or event. Other changes and increases are not permitted.
10. Your Special Purpose Health Care Flexible Spending Account operates as a Full Purpose Health Care Flexible Spending Account once you have met your deductible under your Medical Plus Plan for the year, in accordance with IRS regulations.

Participation in this plan reduces your current taxable income and may affect other future compensation-based benefits. Consult a tax advisor if you have any questions regarding your personal situation.

** Important according to the Affordable Care Act that was passed in early 2010 as part of the Healthcare Reform, IRS rules effective January 1, 2011 now require a doctor’s prescription for the reimbursement of Over-the-Counter (OTC) drugs and medicines from a Health Care Flexible Spending Account or a Health Savings Account.
The Dependent Care Flexible Spending Account

Who's Covered by Your Dependent Care Flexible Spending Account?

You can use your Dependent Care Flexible Spending Account to pay for employment-related care for your eligible dependents:

- Your qualifying child – under the age of 13
- Your spouse, or qualifying child or relative* – who is physically or mentally incapable of providing care for themselves

* Special rules allow a dependent to be eligible for this plan even when that dependent does not qualify to be claimed as your tax dependent on your tax return form. For more information, visit www.wageworks.com/forms/dctdependents.pdf and contact your personal tax advisor.

What’s Covered by Your Dependent Care Flexible Spending Account?

All of the following must be true about the dependent care for the expense to qualify for reimbursement from the Dependent Care Flexible Spending Account:

- The dependent care must be provided while you are employed, or to enable you to be employed.
- If you are married, the care must be provided while your spouse also is employed, or to enable your spouse to be employed or go to school full-time (at least five months a year), or if your spouse is mentally or physically incapable of providing care for him/herself.
- The care may be provided by a relative or a non-relative, but cannot be provided by your child under the age of 19 (tax dependent or not) or another tax dependent.
- Your dependent care provider conforms to state and local laws (including being licensed, if required) and is able to provide you with his/her Social Security or Tax ID number. Note: In order to file a claim, you will need to include the provider’s Social Security number or Tax ID number. This same information is required by the IRS when filing your taxes.

Automatic Reimbursement “Pay My Provider”

Pay your providers directly from your Dependent Care Flexible Spending Account.

Why You Should Use Dependent Care “Pay My Provider.”

- No claims to file
- Providers reimbursed directly
- Works like an online bill-pay service
- Deducts automatically from your Dependent Care Flexible Spending Account
- Most convenient way to pay for eligible dependent care services on a monthly basis

When to Use Dependent Care “Pay My Provider.”

- You have predictable dependent care expenses each month
- Your dependent care provider does not require payment in advance (before the first of the month) and will accept monthly payments

How to Use Dependent Care “Pay My Provider”

2. Click on the Dependent Care tab.
3. Click Request “Pay My Provider.”
4. Confirm or enter your email address.
5. Enter your provider information.
6. Enter dependent information.
7. Enter your payment amount.

WageWorks will make the requested payment from your account and mail it directly to your provider. In addition, WageWorks will send you a confirmation email each time a requested payment is made.

Reimbursement “Pay Me Back”

Get reimbursed from your Dependent Care Flexible Spending Account for eligible expenses you pay for out of pocket.

When to Use Dependent Care “Pay Me Back”

Sometimes, it’s easier to pay for products and services first and then get reimbursed. For example:

- When your dependent care provider requires you to pay in advance (before the first of the month during which services will be provided)
- When your dependent care provider wants to be paid other than monthly
- When your expenses vary from month to month

How to Use Dependent Care “Pay Me Back”

1. Pay your dependent care provider as you usually do and save your detailed receipt (or have your dependent care provider sign your claim form).
2. Complete a Dependent Care Flexible Spending Account Claim Form (“Pay Me Back” claim form). All covered participants can download a form at www.wageworks.com or at www.premera.com/wy.
3. Fax your form and proof of expense to the number indicated on the form. Or, mail your form and photocopies of your proof of expense to the address indicated on the form. All claims (including resubmissions) for the 2011 plan year must be received no later than March 31, 2012 to be eligible for reimbursement.

Proof of Expense

You must provide proof for each dependent care service listed on your Dependent Care Flexible Spending Account claim form ("Pay Me Back" claim form). Your proof should be appropriate for the type of expense:

- Your provider’s signature in the designated area on your claim form
- Statement or bill from your provider

For more information about the Dependent Care Flexible Spending Account, visit www.wageworks.com/forms/taxaccount.pdf.
Dependent Care Flexible Spending Account Rules

The following rules have been established per IRS regulations.

1. By enrolling in the plan, you authorize your employer to deduct your election amount from your paycheck on a pre-tax basis.

2. Your account can be used to pay for eligible services incurred during the plan year. Expenses are considered incurred on the day of service, not when you are billed or pay.

3. Your account can only be used to pay for expenses incurred while you are covered under this Dependent Care Flexible Spending Account.

4. You will need to provide the Social Security or Tax ID number of your dependent care provider to request payments or get reimbursed from your Dependent Care Flexible Spending Account. You will also be required to report it to the IRS when you file your tax return form.

5. Your account can only be used to pay for employment-related and eligible dependent care expenses for which you have not sought and will not seek reimbursement from any other plan or source.

6. You cannot take a deduction or a tax credit on your tax return form for any dependent care expense paid for through this account.

7. You are responsible for maintaining documentation (e.g., detailed receipts) to verify your expenses (the nature of each expense, the amount, and the date incurred). Keep these with your other important tax papers for the calendar year.

8. You will have until March 31, 2012 to get reimbursed from your account (by filing a “Pay Me Back” claim form) for eligible expenses incurred by December 31, 2011.

9. Be sure to incur eligible expenses totaling your election amount by December 31, 2011. Any balance remaining in your account after March 31, 2012 will be forfeited in accordance with IRS regulations.

10. You may be able to change your contributions only if you have a qualifying change in status or event during the plan year. This includes marriage, divorce, death, birth/adoption or a change in employment. To change participation, you must contact the Employee Service Center (ESC) at 1-800-833-0030 (6:00 a.m. to 4:30 p.m. Pacific Time) within 31 days of the qualifying change in status or event.

Participation in this plan reduces your current taxable income and may affect other future compensation-based benefits. Consult a tax advisor if you have any questions regarding your personal situation.