

Flexible Spending Accounts

An Informational Booklet for Employees



**FSA's Just
Got a Little
Easier!**

brought to you by:



 Strength. Knowledge. Direction.

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Flexible Spending Accounts (FSAs) provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, and participating in a FSA, you can actually lower your taxable income.

Essentially, the Internal Revenue Service set up FSAs as a means to provide a tax break to employees and their employers. As an employee, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state, or local income taxes - effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each plan year can be reduced significantly, depending on your tax bracket. As a result of the personal tax savings you realize, your spendable income will increase. The example below illustrates how a flexible spending account can save you money.

	Without FSAs	With FSAs
Gross Income:	\$30,000	\$30,000
FSA Contributions:	\$0	- \$5,300
Adjusted Gross Income:	\$30,000	\$24,700
Estimated taxes:		
Federal:	- \$2,550*	- \$1,755*
State:	- \$900*	- \$741*
FICA:	- \$2,295	- \$1,890
After-tax earnings:	\$24,255	\$20,314
Eligible out-of-pocket:		
Medical and dependent care expenses:	-5,300	0
Remaining spendable income:	\$18,955	\$20,314
Spendable income increase:		\$1,359

Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,300 for daycare next plan year, they decide to direct a total of \$5,300 into their FSAs.



*Assumes standard deductions and four exemptions.

Advantages of having a Flexible Spending Account

- ◆ Money goes into your account tax-free
- ◆ Money comes out of your account tax-free when used for qualified expenses
- ◆ Your full annual election is available to use on the first day of the plan year (for your Health FSA).

It is important to plan appropriately. If you have funds remaining in your FSA at the end of the plan year, those funds will be forfeited after any run-out period provided by your employer at the end of the plan year, unless otherwise provided by your Employer. The FSA summaries provided to you provide more information on what happens to any funds remaining in your FSA at the end of the plan year.

NOTE: The Patient Protection and Affordable Care Act imposed a new maximum limit on the contribution or election amount for Health FSAs which is indexed annually. The 2017 maximum contribution amount is \$2,600. This represents an increase of \$50 from the 2016 limit of \$2,550. The maximum contribution limit for Dependent Care FSAs remains at \$5,000. See your plan materials for the actual limit set by your employer for the FSAs available to you (i.e., your employer may have set contribution limits on your FSA that are less than these maximum contributions permitted by law).

If you elect to participate in the Health Flexible Spending Account (Health FSA), the Health FSA lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, copayments, or other out-of-pocket medical expenses may instead be contributed to a Health FSA pre-tax, to pay for these expenses.

Eligible Health Care Expenses for the Health FSA include more than just your deductible and copayments. Generally, any medically necessary health care expense that you can deduct on your tax return is considered an eligible expense. Some examples include:

- ◆ Hearing services, including hearing aids and batteries
- ◆ Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- ◆ Dental services and orthodontia
- ◆ Chiropractic services
- ◆ Acupuncture
- ◆ Prescription contraceptives

Types of Health FSAs include:

- ◆ General Health FSA
- ◆ Limited Purpose Health FSA
- ◆ Post-Deductible Health FSA
- ◆ Combined Limited Purpose and Post-Deductible Health FSA

Your Health FSA may offer a grace period (up to 2-1/2 months) or a carryover of unused amounts in your account (up to \$500). It is entirely up to your employer whether to offer a grace period that would enable you to continue to incur expenses against your Health FSA for 2-1/2 months past the end of the plan year, or, alternatively, to offer you the option to carryover any unused amounts in your account up to \$500 to be used in a subsequent plan year. However, under no circumstance may a Health FSA have both a grace period and a carryover provision.

If your employer elects to not offer a grace period or a carryover provision, any funds left in your Health FSA at the end of the year will be forfeited. Your employer will provide a set time period in which you can submit claims for payment or reimbursement for services provided during the plan year (known as a “run-out” period). Your “run-out” period occurs after the end of the plan year.

You were provided a summary (or summaries) during open enrollment describing the Health FSA(s) offered to you by your employer. Please refer to your specific summary for more details about your Health FSA. If you need another copy of a summary please contact your HR Department.



Eligible Expenses		
<p>BABY/CHILD TO AGE 13</p> <ul style="list-style-type: none"> ◆ Lactation Consultant* ◆ Lead-Based Paint Removal ◆ Special Formula* ◆ Tuition: Special School/Teacher for Disability or Learning Disability* ◆ Well Baby/Well Child Care <p>DENTAL</p> <ul style="list-style-type: none"> ◆ Dental X-Rays ◆ Dentures and Bridges ◆ Exams and Teeth Cleaning ◆ Extractions and Fillings ◆ Oral Surgery ◆ Orthodontia ◆ Periodontal Services <p>EYES</p> <ul style="list-style-type: none"> ◆ Eye Exams ◆ Eyeglasses ◆ Laser Eye Surgeries ◆ Prescription Sunglasses ◆ Radial Keratotomy <p>HEARING</p> <ul style="list-style-type: none"> ◆ Blood Tests and Metabolism Tests ◆ Body Scans ◆ Cardiograms ◆ Laboratory Fees ◆ X-Rays 	<p>MEDICAL EQUIPMENT/SUPPLIES</p> <ul style="list-style-type: none"> ◆ Air Purification Equipment* ◆ 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>MEDICAL PROCEDURES/SERVICES</p> <ul style="list-style-type: none"> ◆ 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>MEDICATIONS</p> <ul style="list-style-type: none"> ◆ Insulin ◆ Prescription Drugs <p>OBSTETRICS</p> <ul style="list-style-type: none"> ◆ Breast Pumps and Lactation Supplies ◆ Doulas* ◆ Lamaze Class ◆ OB/GYN Exams ◆ OB/GYN Prepaid Maternity Fees (reimbursable after date of birth) ◆ Pre and Postnatal Treatments <p>PRACTITIONERS</p> <ul style="list-style-type: none"> ◆ Allergist ◆ Chiropractor ◆ Christian Science Practitioner ◆ Dermatologist ◆ Homeopath ◆ Naturopath* ◆ Optometrist ◆ Osteopath ◆ Physician ◆ Psychiatrist or Psychologist <p>THERAPY</p> <ul style="list-style-type: none"> ◆ Alcohol and Drug Addiction ◆ Counseling (not marital or career) ◆ Hypnosis ◆ Massage* ◆ Occupational ◆ Physical ◆ Smoking Cessation Programs* ◆ Speech ◆ Weight Loss Programs*

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 Kapnick Insurance Group.

Ineligible Expenses

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> ✦ Contact Lens or Eyeglass Insurance ✦ Cosmetic Surgery/Procedures ✦ Electrolysis | <ul style="list-style-type: none"> ✦ Insurance Premiums and Interest (FSA Ineligible Only) ✦ LTD Premiums (FSA Ineligible Only) ✦ Marriage or Career Counseling | <ul style="list-style-type: none"> ✦ Personal Trainers ✦ Sunscreen (spf less than 30) ✦ Swimming Lessons |
|---|--|---|

Please Note: The IRS does not allow Over-the-Counter (OTC) medications or drugs to be purchased with Health Care FSA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your benefits card for these purchases.

Ineligible Over-the-Counter Medications and Drugs (unless prescribed in accordance with state laws)

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> ✦ Acid controllers ✦ Acne medications ✦ Allergy & sinus ✦ Antibiotic products ✦ Antifungal (foot) ✦ Antiparasitic treatments ✦ Antiseptic & wound cleaners ✦ Anti-diarrheals ✦ Anti-gas ✦ Anti-itch & insect bites ✦ Baby rash ointments & creams ✦ Baby teething pain ✦ Cold sore remedies ✦ Contraceptives | <ul style="list-style-type: none"> ✦ Cough, cold & flu ✦ Denture pain relief ✦ Digestive aids ✦ Ear care ✦ Eye care ✦ Feminine antifungal & anti-itch ✦ Fiber laxatives (bulk forming) ✦ First aid burn remedies ✦ Foot care treatment ✦ Hemorrhoidal preps ✦ Homeopathic remedies ✦ Incontinence protection & treatment products ✦ Laxatives (non-fiber) | <ul style="list-style-type: none"> ✦ Medicated nasal spray, drops & inhalers ✦ Medicated respiratory treatments & vapor products ✦ Motion sickness ✦ Oral remedies or treatments ✦ Pain relief (includes aspirin) ✦ Skin treatments ✦ Sleep aids & sedatives ✦ Smoking deterrents ✦ Stomach remedies ✦ Unmedicated nasal sprays, drops & inhalers ✦ Unmedicated vapor products |
|---|--|---|

Please Note: OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your benefit card for these items:

Eligible Over-the-Counter Items (product categories are listed in bold face; common examples are listed in regular face)

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> ✦ Baby Electrolytes and Dehydration
Pedialyte, Enfalyte ✦ Contraceptives
Unmedicated condoms ✦ Denture Adhesives, Repair and Cleaners
PoliGrip, Benzodent, Plate Weld, Efferdent ✦ Diabetes Testing and Aids
Ascecia, One Touch, Diabetic Tussin insulin syringes; glucose products ✦ Diagnostic Products
Thermometers, blood pressure monitors, cholesterol testing ✦ Ear Care
Unmedicated ear drops, syringes, ear wax removal | <ul style="list-style-type: none"> ✦ Elastic/Athletic Treatments
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts ✦ Eye Care
Contact lens care ✦ Family Planning
Pregnancy and ovulation kits ✦ First Aid Dressing and Supplies
Band Aid, 3M Nexcare, non-sport tapes ✦ Foot Care Treatment
Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles ✦ Glucosamine and/or Chondroitin
Osto-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements | <ul style="list-style-type: none"> ✦ Hearing Aid/Medical Batteries ✦ Home Health Care (limited segments)
Ostomy, walking aids, decubitus/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs ✦ Incontinence Products
Attends, Depend, GoodNites for Juvenile incontinence, Prevail ✦ Prenatal Vitamins
Stuart Prenatal, Nature's Bounty Prenatal Vitamins ✦ Reading Glasses and Maintenance Accessories |
|---|--|---|

For more information about eligible medical expenses, please refer to the attached list of examples of eligible and ineligible expenses, or refer to *IRS Publication 502, Medical and Dental Expenses* available at <http://www.irs.gov/publications/p502/index.html>.

If you elect to participate in the Dependent Care Flexible Spending Account (Dependent Care FSA), the

Dependent Care FSA permits you to be reimbursed, on a pre-tax basis for qualified dependent care expenses, which includes the cost of child care expenses (the child must be under 13 years of age) and/or the care of an incapacitated spouse or dependent when those services make it possible for you (and your spouse) to work.

The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. To be eligible to use this account, you must be at work during the time your eligible dependents are receiving the care.

You qualify to use this account if:

- ♦ you are a single parent; or
- ♦ you have a working spouse; or
- ♦ your spouse is a full-time student for at least five months during the year while you are working; or
- ♦ your spouse is disabled and unable to provide for his or her own care.

The Dependent Care FSA has been designed to meet IRS guidelines. Your expenses will be eligible for reimbursement if the services would be considered an eligible credit under the Code.

Expenses may be reimbursed for services provided:

- ♦ inside or outside your home by anyone *other than*
 1. your spouse,
 2. a person that is your dependent for income tax purposes,
 3. one of your children under the age 19; or
- ♦ in a dependent care center or a child care center (if the center cares for more than six children, it must comply with all applicable state and local regulations); or
- ♦ by a housekeeper whose services include, in part, providing care for an eligible dependent; or
- ♦ day camp expenses (overnight camp is **not** eligible)

A taxpayer must provide the name, address and taxpayer identification number of the dependent care provider. If the provider is exempt from federal income taxation under Code Section 501 (c)(3), the taxpayer is not required to report this number.

The maximum amount you may contribute from your salary to the Dependent Care FSA is the lesser of:

- ♦ one-half of your taxable income, or
- ♦ if you're married, your spouse's taxable income, or
- ♦ the maximum amount shown on your election form (if applicable).



A Dependent Care FSA may provide for a grace period that would enable you to continue to incur expenses against your FSA for up to 2-1/2 months past the end of the plan year. However, if your employer chooses not to offer a grace period, any funds left in your Dependent Care FSA at the end of the year will be forfeited. Plan carefully and budget only for those expenses you know will be incurred. Your employer will provide a set time period in which you can submit claims for payment or reimbursement for services provided during the plan year (known as a "run-out" period). Your "run-out" occurs after the end of the plan year.

If your employer offers a Dependent Care FSA, you were provided a summary during open enrollment describing that Dependent Care FSA. Please refer to your summary for more details about your Dependent Care FSA. If you need another copy of the summary please contact your HR Department.

Federal Child Tax Credit vs. Dependent Care FSA

It may not always be to your best advantage to make use of a Dependent Care FSA. For some people, the Federal Child Tax Credit ("Child Tax Credit") may be a better option. With whatever approach taken, you cannot use the same expenses for both the Child Tax Credit and a Dependent Care FSA. Further, the amount which a taxpayer may take into account in calculating the Federal Child Tax Credit under Code Section 21 will be reduced, dollar-for-dollar, by any amounts excluded from income through a Dependent Care FSA.

Generally individuals who are in a lower tax bracket (e.g., 15%) should use the Child Tax Credit and those individuals in a higher tax bracket (e.g., 25% and above) should consider allocating funds to a Dependent Care FSA. You should consult your tax professional for advise concerning which tax strategy to use. Information to calculate your tax savings may be found on the internet by searching "dependent care FSA vs child tax credit".

Child Care Expenses

Allowable expenses:

- After school programs
- Babysitting (someone else's home) (licensed provider with Tax ID)
- Babysitting (in your home) (licensed provider with Tax ID)
- Before school programs
- Child care
- Nursery school
- Pre-school
- Sick child care
- Summer day camp

Expenses specifically disallowed by the IRS or courts:

- Dance lessons
- Educational services (other than pre-school)
- Kindergarten
- Language classes
- Piano lessons
- Private school tuition (for kindergarten and up)
- Sleep-away camp
- Transportation to and from eligible care
- Tutoring

Adult Care Expenses

Allowable expenses:

- Adult day care
- Elder care (in your home) (licensed provider with Tax ID)
- Elder care (outside your home) (licensed provider with Tax ID)
- Senior day care

Expenses specifically disallowed by the IRS or courts:

- Day nursing care*
- Medical care*
- Nursing home care*
- Transportation to and from eligible care

*May be eligible for reimbursement under the Health Flexible Spending Account. For more information regarding eligible and ineligible expenses, please refer to IRS Publication 503 (Child and Dependent Care Expenses) available at <https://www.irs.gov/uac/About-Publication-503>. See also ,IRS Form 2441 and Instructions to IRS Form 2441 are located at <https://www.irs.gov/pub/irs-pdf/f2441.pdf> and <https://www.irs.gov/pub/irs-pdf/i2441.pdf> respectively.



Flexible Spending Account (FSA) Worksheet

Healthcare Expenses

for expenses not covered by insurance

- Copays to doctor \$ _____
- Eligible over-the-counter items \$ _____
- Prescription drugs \$ _____
- Office visits & checkups \$ _____
- Prescribed eyeglasses \$ _____
- Contact lenses & supplies \$ _____
- Eye exams, surgery & LASIK \$ _____
- Dental cleanings, fillings & x-rays \$ _____
- Sealants, crowns, bridges & dentures \$ _____
- Braces, spacers & retainers \$ _____
- Wisdom teeth, implants & Oral Surgery \$ _____
- Psychologist & psychiatrist fees \$ _____
- Obstetrics & fertility \$ _____
- Lab tests & body scans \$ _____
- Chiropractic & podiatrist fees \$ _____
- Oxygen, insulin, syringes & supplies \$ _____
- Hearing aids, batteries & exams \$ _____
- Artificial limbs & braces \$ _____
- Arches & orthopedic shoes \$ _____
- Walkers, canes & wheelchairs \$ _____
- Physical & speech therapy \$ _____
- Weight-loss program (prescribed by doctor) \$ _____
- Quit-smoking program & medications \$ _____
- Alcoholism & drug treatment \$ _____
- Medical alert bracelet & fees \$ _____
- Reconstructive surgery (birth defect, disease) \$ _____
- Wigs for hair loss caused by disease \$ _____
- Special school for disabled child \$ _____
- Travel & mileage to doctor or hospital \$ _____

TOTAL #1 \$ _____

Federal Limits

Dependent Care: Married Filing Jointly or Single: \$5,000 maximum allowable per year.
Married Filing Separately: \$2,500 per person maximum allowable per year.

Medical Care: \$2,600 limit on the contribution or election amount for health flexible spending accounts in 2017.



Dependent Care Expenses

Necessary expenses that allow you to work. (Must be through a "licensed" daycare provider and tax I.D. number must be provided)

- Nanny & babysitter through age 12 \$ _____
- Pre-K or nursery school \$ _____
- Before & after school care through age 12 \$ _____
- Day camp through age 12 \$ _____
- Daycare for a disabled adult or child \$ _____
- Elder daycare for parent or dependent \$ _____

TOTAL #2 \$ _____

Estimated Annual Expenses & Tax Savings

#1 \$ _____

+ #2 \$ _____

= \$ _____

Enter your tax: x _____ %

YOU SAVE: \$ _____

Based on national averages, you'll save 25% if your annual household earnings are less than \$30,000, 36% if you earn \$30,000 to \$60,000 or 40% if you earn more than \$60,000. Federal and/or plan limits apply to all options. See your summary plan description for plan limits.

Below are three examples of how the Flexible Spending Account (FSA) can give you tax savings throughout the year.

EXAMPLE #1: Single parent + one child

<input type="checkbox"/> Copay to doctors & pharmacies	\$135
<input type="checkbox"/> Prescription drugs	\$480
<input type="checkbox"/> Qualified over-the-counter items	\$60
<input type="checkbox"/> Eye exam & LASIK	\$80
<input type="checkbox"/> Prescribed eyeglasses	\$200
<input type="checkbox"/> Dental services	\$160
<input type="checkbox"/> Quit smoking program	\$125
<input type="checkbox"/> Before and after school care & day-camp	\$5,000
(SAVES \$1,560 to \$2,496) Total Budgeting Expenses:	\$6,240

EXAMPLE #2: Young couple + two children

<input type="checkbox"/> Copay to doctors & pharmacies	\$210
<input type="checkbox"/> Prescription drugs	\$520
<input type="checkbox"/> Qualified over-the-counter items	\$200
<input type="checkbox"/> Eye exam & LASIK	\$160
<input type="checkbox"/> Prescribed eyeglasses	\$400
<input type="checkbox"/> Dental services	\$320
<input type="checkbox"/> Sealants, crowns & bridges	\$200
<input type="checkbox"/> Braces, spacers & retainers	\$1,500
<input type="checkbox"/> Chiropractic & podiatrist fees	\$910
<input type="checkbox"/> After school care, day-camp & pre-K	\$4,080
(SAVES \$2,125 to \$3,400) Total Budgeting Expenses:	\$8,500

EXAMPLE #3: Mature couple + dependent elder

<input type="checkbox"/> Copay to doctors & pharmacies	\$360.00
<input type="checkbox"/> Prescription drugs	\$960.00
<input type="checkbox"/> Qualified over-the-counter items	\$300.00
<input type="checkbox"/> Eye exam & LASIK	\$800.00
<input type="checkbox"/> Prescribed eyeglasses	\$2,120.00
<input type="checkbox"/> Dental services	\$340.00
<input type="checkbox"/> Dentures, sealants, crowns & bridges	\$1,200.00
<input type="checkbox"/> Chiropractic & podiatrist fees	\$910.00
<input type="checkbox"/> Physical therapy	\$1,560.00
<input type="checkbox"/> Quit smoking program	\$569.00
<input type="checkbox"/> Weight loss program (for specific disease)	\$520.00
<input type="checkbox"/> Elder daycare for dependent adult	\$5,000
(SAVES \$3,635 to \$5,816) Total Budgeting Expenses:	\$14,539.00



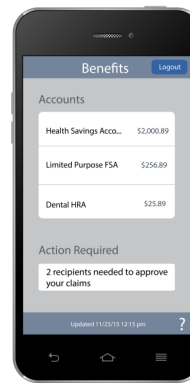
Below is an example of how a typical employee's take home pay will increase as a result of participating in the FSA plan. She pays her insurance premiums, health and daycare expenses through the plan with tax-free dollars and she actually saves \$110 each month!



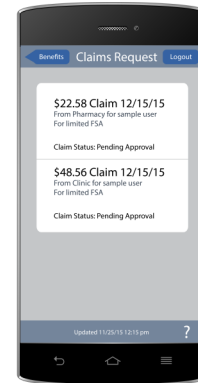
Her paycheck without the plan		Her paycheck with the plan	
Salary	\$2,000	Salary	\$2,000
Insurance Premium	- \$100	Insurance Premium*	- \$100
Health & daycare expenses	- \$300	Health & daycare expenses	- \$300
FICA, federal & state taxes	- \$500	Adjusted earnings	\$1,600
		FICA, federal & state taxes	- \$390
Net pay without the plan	\$1,100	Net pay with the plan	\$1,210
		*SAVED \$110!	

Kapnick HRemote™ FLEX 1 Mobile App

Submitting claims and providing required substantiation is as easy as reaching for your smartphone or tablet. The Kapnick HRemote™ FLEX 1Mobile app is available as an Apple or Android app and can be downloaded to your smartphone or tablet through Apple or Google Play. The Kapnick HRemote™ FLEX 1Mobile app is free and allows you to view your account at any time. You can view account balances and details, submit account claims, check the status of a claim, and capture and upload pictures of your receipts anytime, anywhere on any iPhone, Android or tablet device. You can also sign up to receive account alerts via text message.



Select Action Required



Select Claim



Take Picture of Receipt & Submit

Substantiation: When Will I Need to Submit Proof for An Eligible Claim?

Q: When will I need to substantiate?

A: Generally you will be required to substantiate (i.e., submit documentation or proof of) for any claim that is: (1) over \$50 and not a typical copayment amount; (2) coinsurance; and (3) spouse's insurance out-of-pocket expenses.

Q: What type of documentation is required to substantiate a claim?

A: Documentation for eligible expenses is satisfied with a receipt that contains the date of service, the description of service and the dollar amount (after insurance, if applicable). This information is also needed for a medical purchase.

Q: What are unacceptable forms of documentation?

A: Examples of unacceptable forms of documentation include:

- Provider statements that only indicate the amount paid, balance forward or previous balance
- Credit card receipts that only reflect a payment
- Bills for prepaid eligible expenses, but the services have yet to occur

Q: Do I need to provide substantiation with the Benny Card?

A: No, not if the expense is for health care providers with copays: inpatient hospital copay, pharmacy, physician's office, urgent care, recurring expenses, emergency room expenses or prescriptions and other qualified over-the-counter items. However, for expenses like deductibles or coinsurance, spouse's insurance out-of-pocket expenses, you may be required to provide documentation. We will contact you if necessary.

Q: Can I use my benny card to purchase over-the-counter medications ?

A: Over-the-counter medications must have a doctor's prescription submitted with the claim for reimbursement.

Accessing the Consumer Portal

Q: How can I see my balance?

A: We have an online portal and mobile app.

Q: How do I reset my password?

A: You have three options to choose from. You may: (1) click on the forgot password link located at <https://kigflex.lh1ondemand.com> and you will be sent an email with a temporary password; (2) call the Kapnick HRemote Flex Department at (800) 550-3539; or (3) email the Kapnick HRemote Flex Department at flex@kapnick.com.

Q: How can I submit my claim?

A: You can file a claim three different ways: (1) you may upload a claim on the consumer portal. You can find video instructions at www.kapnick.com/employee-benefits/kapnick-flex-account; (2) you can file claims via the Kapnick HRemote™ FLEX 1 Mobile App described above; or (3) you can file a manual claim by completing a form and submitting it via first class mail (the form, which contains the mailing address, is located at www.kapnick.com/employee-benefits/kapnick-flex-account).

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