



**Flexible Spending
INSURANCE BENEFIT
GUIDE
2017**

WELCOME TO YOUR BENEFITS!

This is a benefit summary only and may not outline all of your benefits. When you enroll, you will receive a summary plan description or certificate of coverage. This booklet does not replace, supplement or change any of the individual benefit product summary plan descriptions or certificates of coverage and should not be used in determining actual benefits available. Remember this is a summary only and the legal plan documents determine actual benefits. Please be aware that if there are differences between the statements in this booklet and actual legal plan documents or laws, the legal course will prevail. Contact the insurance carrier for more information and answers to specific questions, or see your Human Resource Office for a copy of the plan document before making a decision.

This booklet provides an overview of the following insurance benefits:

- Flexible Spending Accounts (FSA)

Corporate Health Systems is the Benefit Consultant and/or Administrator for the above insurance benefits. For questions concerning enrollment, eligibility or ID cards (if applicable) please contact Corporate Health Systems at the number listed below.

Reimbursement Team
(952) 939-0911 option 1
mn-reimbursement@onedigital.com

You may also contact your employer's benefits representative.
Molly Viesselman
(507) 663-0624

To verify coverage or for questions concerning how a specific claim will be paid, please consult the applicable insurance carrier or plan document of the coverage in question. Neither Corporate Health Systems nor your employer can quote benefits for reasons involving accuracy and confidentiality. When in doubt, contact Corporate Health Systems and you will be directed to the appropriate resource.

FLEXIBLE SPENDING ACCOUNTS

(FSA)

Plan Details

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Administrator:	Corporate Health Systems, Inc. Local Phone: (952) 939-0911 Toll Free Phone: (888) 939-0922 Website: https://www.corphealthsys.com/fsa/index.php
Plan year:	January 01 - December 31
Employee Eligibility:	You are eligible to join the plan as of your day of employment
Waiting Period for Enrollment: <i>(Time employee must wait before being eligible to enroll)</i>	First day coinciding with or following the date you met the eligibility requirements
Initial Enrollment Period: <i>(Time frame after the waiting period during which employee must enroll)</i>	30 days
Coverage Termination Date upon loss of Eligibility:	Date of termination
Maximum <u>Annual</u> Health FSA Election:	\$2,600
Maximum <u>Annual</u> Dependent Care FSA Election:	\$5,000 (\$2,500 if married but filing separately)
Pre-Tax Premiums Account: <i>(for health care and dental insurance premiums)</i>	Premiums for Employer sponsored insurance plan are automatically withdrawn from your paycheck on a pre-tax basis.
Flex Run-Out Period: <i>(this is the number of days after the end of the plan year you have to file a claim that was incurred within the plan year)</i>	90 days
Claims Grace Period: <i>(this is the time period after the end of the plan year during which you may incur claims. Claims incurred during this time period must be submitted for reimbursement before the end of the Flex Run-Out Period)</i>	2 ½ after the end of the plan year

General Commonly Asked Questions

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What is an FSA?

The FSA benefit is a plan that allows you to pay for certain unreimbursed expenses prior to income tax calculations.

What is the advantage of participating in an FSA?

By contributing to the plan you reduce your Federal and State income taxes as well as your FICA or Social Security Taxes. These tax savings mean additional disposable income for you from each of your paychecks.

How are the rules for FSA's determined?

The IRS determines the rules and regulations for FSA's. All FSA's must meet one of the following IRS Code Sections: 125 (Pre-Tax Premiums), 105 (Health FSA), 129 (Dependent Care FSA).

When can I enroll?

You can enroll during your initial enrollment period. You can also enroll during your company's annual open enrollment period, which is typically during the 1-2 months prior to your employer's Plan Year Anniversary Date (you will be notified with exact dates). **Elections are irrevocable**; the ONLY other opportunity you may have to make or change an election is if you experience a Family Status Change.

What is a Family Status Change?

Under the federal government a "change in status" allows you to change your elections during the plan year if the change is due to and consistent with any of the following events:

- Marriage
- Divorce
- Birth or adoption of a child
- Death of a spouse or child
- Commencement or termination of you or your spouse's benefit eligibility
- *A significant change in you or your spouse's healthcare coverage due to your spouse's employer ***(applies only to your Pre-tax premium deductions)**
- Taking an unpaid leave of absence by you or your spouse
- Dependent satisfies or ceases to satisfy dependent eligibility requirements

Status Change forms are available by contacting either Corporate Health Systems or your employer's benefit contact. When you have a Status Change and wish to make election changes, you MUST return the Status Change form within 30 days of the occurrence of the change in status.

To which of the plans does the Family Status Change rule apply?

The Family Status Change rule applies to the pre-tax plans including but not limited to; *Pre-tax premium deductions, Health FSA and Dependent Care FSA.

Will participating in a pre-tax plan reduce my future Social Security retirement benefits?

Converting pay to a Flexible Spending program may have an effect on the benefits you and your family will receive from Social Security. The formula used in determining your Social Security benefit takes into account your W-2 wages, which are lowered by your pre-tax elections. However, for most people the reduction is minimal, particularly when compared to the tax savings they enjoy through participation in the plan.

This summary is only an outline of general information. It is not a contract for coverage. Please refer to your summary plan description or certificate for detailed information.

General Commonly Asked Questions continued⁶

How do I get information regarding my Flexible Spending Account?

Go to <https://www.corphealthsys.com/fsa/index.php> to view your account's claim history, account balance and payment history. Claim forms can also be printed from the website. Enter your login ID (ssn without dashes) and password (changeme) to access your account. Your account information can only be accessed with these codes. You can also contact your Corporate Health Systems Benefit Administrator. To view additional frequently asked questions please go to <https://www.corphealthsys.com/fsa/index.php> and open the LINKS tab.

What are the steps for employee participation in the plan?

1. Once you have made an election, pre-tax payroll deductions will be taken from your paycheck evenly divided by the number of payrolls in a year (or remaining in the year) and applied to the account(s) in which you have chosen to participate. Accounting is maintained separately for each account.
2. You incur an expense (example: you have an office visit co-pay).
3. You submit a claim for the expense by completing a "Request for Reimbursement" claim form and supplying the appropriate documentation to Corporate Health Systems.
4. Your claim is verified for eligibility by Corporate Health Systems staff according to the IRS regulations.
5. If your claim is denied for any reason, a copy of your claim form and directions as to what is needed or an explanation of denial (i.e. duplicate claim) is sent to you.
6. CHS reimburses you according to your employer's reimbursement schedule (see your employer's reimbursement schedule located in this section).

How do I submit a claim?

Complete a Request for Reimbursement claim form and submit **itemized receipts** for each line you have filled out. Receipts must include the following information:

- Nature of the expense – the specific service that was provided (not payment on accounts)
- Date of service – when the service happened (not when the service was paid for)
- Person receiving service (can be an eligible dependent)
- Amount of the service
- Name of the provider – clinic name and/or doctor's name and address

If any of these requirements are not met, the line missing the documentation cannot be paid until the corrected portion is received. All other lines with correct documentation will be paid. The IRS regulates the requirements for documentation.

NOTE: Eligible Over-the-Counter Drugs are reimbursable with a written prescription from your doctor and a valid cash register receipt that includes the date of service, cost and name of the drug.

Claim forms and documentation must be mailed or faxed to:

Corporate Health Systems, Inc.
PO Box 46390
Eden Prairie, MN 55344-6390
Fax: (952) 939-0990

You now have the ability to enter your claims via the CHS Website, <https://www.corphealthsys.com/fsa/index.php>. Simply log into your account, click on "File A Claim", complete all applicable fields, and click on the submit button. Once you have submitted your claim, you can either upload your receipt and email or simply fax your receipt for review. Step by step instructions will be included with your confirmation mailing if you choose to enroll in the flexible spending accounts.

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General Commonly Asked Questions continued⁷

Is there an alternative way to be reimbursed?

Yes, the debit card is an alternative to traditional reimbursement methods.

While it does not completely eliminate reimbursement claim forms, it can significantly reduce them.

- *When used for expenses such as office visit and prescription co pays, which make up **55%** of all claims, a claim form will not be required. You may be asked to provide documentation of the expense, if the expense cannot be auto-adjudicated.*

Simply swipe your card at an eligible location such as pharmacies, physician or dental offices and the funds are directly withdrawn from your pre-tax Flexible Spending Account and auto-adjudicated – eliminating all out of pocket expenses and reimbursement waiting periods.

Corporate Health Systems may request documentation for claims paid using the debit card that cannot be auto-adjudicated. Corporate Health Systems will request that you submit documentation to support your purchase via email. You then submit your receipt and a copy of the email to Corporate Health Systems and your claim will be processed without your completing a traditional reimbursement claim form.

If you do not submit the required documentation, your debit card will be deactivated and the expense paid using the debit card will be deducted from your paycheck. ***It is important that you retain documentation for ALL claims, regardless of the reimbursement method.***

Where can I use my Debit Card?

The IRS now requires that the Debit Card can only be used at health care providers who have a health care-related merchant category code (such as physicians, dentists, vision care offices, hospitals, and other medical care providers) or at grocery stores, discount stores and pharmacies who utilize an Inventory Information Approval System (IIAS).

You may **not** use the Debit Card at any merchant, including pharmacies, that does not have a health care related merchant category code unless that merchant or pharmacy utilizes an IIAS.

- When utilizing an IIAS, the Debit Card may be used to purchase only those items identified on a list of eligible medical expenses maintained by the merchant.
- When purchasing eligible health care-related items AND ineligible non-health care-related items, the merchant will only accept the Debit Card as payment for the health care-related items. You must pay for the ineligible items with another form of payment (cash, personal credit or debit card, etc).
- In rare circumstances, purchases made at merchants utilizing an IIAS may fail to process appropriately. In those cases, you will be required to submit substantiating documentation as described below. You must maintain proper documentation for purchases made with your Debit Card.
- A list of merchants utilizing an IIAS is available online on the CHS website at <https://www.corphealthsys.com/fsa/index.php> and open the LINKS tab. Please note that some merchants, including Walgreens, have implemented a custom IIAS solution and do not appear on this list.

Please remember to keep documentation for all purchases made with the Debit Card. Per IRS regulations, we may be required to request itemized receipts to verify the eligibility of purchases made with the card.

- Valid documentation of a purchase must include the dollar amount, date of service, name of provider, and a description of the purchased service or product. For over-the-counter health care items, the name of the product must be listed on the receipt.
- Any receipt that does not contain the detailed information described above is not acceptable. Credit card receipts are not acceptable.
- If the requested receipt is lost or otherwise unavailable, most providers can provide a detailed statement documenting FSA eligible purchases.

Important point to remember: You cannot use your Debit Card at stores that do not participate in IIAS, even if you have used your Debit Card at these stores before. (Your transaction will be declined.)

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General Commonly Asked Questions continued⁸

When is a Doctor's Statement Form required?

On occasion, a claim may require further information via a Doctor's Statement Form. Your CHS administrator will notify you if this is required. Some examples of expenses which require a Doctor's Statement Form are:

- Services that are not covered by insurance but are medically necessary for you.
- Over-the-counter supplements and vitamins.
- Items that are considered dual purpose.

The Doctor's Statement Form must indicate the specific medical condition, the specific treatment needed and how this treatment will alleviate the medical condition. You may download this form by going to the CHS website: <https://CorporateHealthSystems.lh1ondemand.com> and open the FORMS tab.

When must a claim be incurred in order to be eligible?

All claims must be incurred during the plan year or during the subsequent Claims Grace Period if applicable as determined by your employer. Claims incurred outside of the plan year or outside of the Claims Grace Period, before your enrollment date, or after your participation terminates, will not be reimbursed.

If I submit a claim during the Grace Period, does CHS determine which expenses are paid from the old plan year and which expenses are paid from the new plan year?

No. Corporate Health Systems will process claims as they are received. It is important for you to submit all expenses you wish to have reimbursed from your prior year's account balance **before** you submit new plan year expenses. Corporate Health Systems will NOT be able to reprocess claims. For example: You submit an expense incurred *during* the grace period and this claim reimburses all remaining prior year funds. At a later date you submit an expense incurred *prior* to the grace period. This claim will be denied because no funds remain in your prior year's account.

Plan Specific Commonly Asked Questions

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PRE-TAX PREMIUMS

~Allows you to pay health and dental premiums on a pre-tax basis.

How are my premiums taken out of my paycheck?

Your employer will automatically take your health and dental premium contribution(s) out of your check on a pre-tax basis unless you notify them otherwise.

HEALTH FSA

~Allows you to fund your un-reimbursed health, dental & optical expenses on a pre-tax basis.

When is my Health FSA election available to me for reimbursement?

Your entire annual election is available to you on the first day of the plan year or on your first day of participation.

If I participate in Health FSA will those expenses still be eligible for credit on my personal tax return?

By participating in the Health FSA and Pre-Tax portion of the plan, you are already receiving the tax savings on these expenses and are unable to claim them again on your tax return. Participation in a Flexible Benefit Plan may affect your Earned Income Credit amount.

DEPENDENT CARE FSA

~Allows you to fund your un-reimbursed dependent care expenses on a pre-tax basis.

When is my Dependent Care FSA election available to me for reimbursement?

You can only be reimbursed for money, which you have already contributed to your account. Since your annual election is divided and deducted evenly over the number of payrolls in a year (or remaining in the year) it is likely that you may not have contributed an amount equal to your Dependent Care claim. When this happens, Corporate Health Systems will reimburse you up to the amount contributed, pending the remaining amount until you have made further contributions. The remainder of the claim, up to the deposited amount, will be paid out automatically until the entire claimed amount has been reimbursed.

How does participating in Dependent Care FSA affect my ability to claim these expenses on my personal tax return?

You may use a combination of Dependent Care FSA and the Federal Child Care Tax Credit, but you are limited by the maximum as defined under the Federal Child Care Tax Credit. Participation in a Flexible Benefit Plan may affect your Earned Income Credit amount.

Eligible Health FSA Expenses

The Health FSA covers a variety of health care services that may not be included in certain health and dental insurance plans. These expenses can be paid, with pre-tax dollars, through use of the Health FSA. All health, dental and optical expenses that qualify as medical deductions under IRS rules will qualify for tax-free reimbursement under this plan. Below, is a short list of example expenses; both allowable and not allowable.

HEALTH FSA EXPENSES ALLOWED:

Dental and Orthodontic Care:

- Artificial teeth or dentures
- Braces, orthodontic devices

Therapy and Treatments:

- X-ray treatments
- Speech therapy
- Alcoholism treatment
- Drug therapy treatment
- Legal sterilization
- Acupuncture
- Physical therapy treatment
- Vaccinations
- Hair transplant (if medically necessary)
- Electrolysis (if medically necessary)
- The cost of a weight loss program (only to treat obesity as prescribed by a physician)

Fees and Services:

- Physicians' fees
- Hospital services fees
- Services of chiropractors
- Christian Science practitioner
- Services connected with donating an organ

Hearing Expenses:

- Hearing aids and batteries

Eye Care:

- Eyeglasses
- Contact lenses
- Contact Solution
- Lasik surgery

Medical Equipment:

- Wheelchair or autoeette (cost of operating/maintaining)
- Excess cost of orthopedic shoes over cost of ordinary shoes
- Crutches (purchased or rented)
- Excess cost of special mattress prescribed to alleviate arthritis
- Prescribed oxygen equipment and oxygen used to relieve breathing problems
- Support hose (if medically necessary)
- Artificial limbs

Co-Payments (not premiums):

- Health insurance out-of-pocket
- Dental insurance out-of-pocket
- Prescription medication co-payments

Assistance for individuals with disabilities:

- Cost of guide for the visually impaired
- Special devices, such as tape recorder and typewriter, for the visually impaired
- Costs of equipping automobile
- Cost of Braille books and of regular editions
- Seeing Eye Dog

Psychiatric Care:

- Services of psychotherapists, psychiatrists and psychologists

Physical Exams

Prescription & Over-the-counter medications:

- Prescription co-payments
- Over-the-counter medications used to treat a medical condition (with doctor's prescription)

HEALTH FSA EXPENSES NOT ALLOWED:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • Illegal medication • Mechanical exercise device not prescribed • Vacuum cleaner purchased by an individual with dust allergy • Expenses of divorce when doctor or psychiatrist recommends divorce • Sunglass clips | <ul style="list-style-type: none"> • Contributions to State disability funds • Maternity clothes • Insurance against loss of income, life, limb or eyesight • Distilled water purchased to avoid drinking fluoridated city water supply • Mobile telephone used for personal calls as well as calls to physician | <ul style="list-style-type: none"> • Treatments unrelated to a specific problem (for example, massage for general well-being) • Marriage counseling • Nursemaids or practical nurses in charge of healthy infants • Cosmetic procedures • Over-the-counter supplements/vitamins or other substances related to general good health. |
|--|---|--|

Eligible Over-the-Counter Medications

What documentation is required when I submit an Over-the-Counter medication expense?

- The nature of the expense – the name of the medication must be on the receipt OR a copy of the packaging (i.e. box) must be attached to the claim form
- Date of Service
- Amount of service
- Name of the provider
- Prescription from your physician, if required

Why are certain items not reimbursable?

All reimbursable items must meet the definition of “Medical Care” – in particular, the medication must cure, mitigate, treat or prevent or affect the structure or function of the body. Certain items (as listed toward the bottom of this page) do not meet this definition of “Medical Care”.

What if I wish to be reimbursed for items not on these lists?

Contact Corporate Health Systems for additional information regarding reimbursable Over-the-Counter medications.

OVER-THE-COUNTER EXPENSES ALLOWED: (The items below do not represent a complete list)

- | | | |
|------------------------------|-------------------------------------|--------------------------------|
| • Band-Aids, bandages, gauze | • Contact lens supplies & solutions | • Insulin & diabetic supplies |
| • Birth control | • Denture adhesives | • Ostomy supplies |
| • Catheters | • Diagnostic tests & monitors | • Pedialyte for dehydration |
| • Cold pack | • Elastic bandages & wraps | • Reading glasses |
| • Condoms | • First aid kits | • Rubbing alcohol |
| | • Hot pak | • Wheelchairs, walkers & canes |
| | • Incontinence supplies | |

OVER-THE-COUNTER EXPENSES ALLOWED ONLY WITH A DOCTOR'S PRESCRIPTION: (The items below do not represent a complete list)

- | | | |
|--------------------------------|--------------------------------------|---------------------------------------|
| • Acne Treatments | • Bug bite ointments | • Motion Sickness pills |
| • Allergy & sinus medicine | • Calamine lotion | • Muscle pain creams |
| • Antacids | • Carmex/Blistex/Medicated lip balms | • Nasal strips – medicated/vapor only |
| • Antibiotic products | • Cold medicine | • Nicotine gum and patches |
| • Anti diarrhea medicine | • Cough drops, lozenges | • Pain reliever |
| • Anti-gas | • Diaper rash ointments | • Respiratory treatments |
| • Anti-itch & insect bite | • Digestive aids | • Sinus sprays |
| • Anti-parasitic treatments | • Feminine anti-fungal / anti-itch | • Sleeping aids & sedatives |
| • Aspirin | • First aid cream | • Sunburn ointment |
| • Baby rash ointments & creams | • Hemorrhoidal preps | • Suppositories |
| • Bactine | • Lactaid for lactose intolerance | • Visine eye |
| • Bee Sting kits | • Laxatives | • Wart remover |
| | • Menstrual cycle products for pain | |

**THE IRS WILL CHANGE THIS LIST FROM TIME TO TIME.
FOR A COMPLETE AND CURRENT LISTING OF HEALTH EXPENSES SEE IRS PUBLICATION 502.**

Eligible Over-the-Counter Medications Continued

OVER-THE-COUNTER EXPENSES ALLOWED ONLY WITH A DOCTORS NOTE:

These items would not normally be eligible for reimbursement under your Flexible Spending plan, but, could be if used to treat a specific medical condition. The IRS requires a letter from your attending physician stating your medical condition and also stating that the following item is being prescribed for treatment of that condition.

(The items below do not represent a complete list)

- | | | |
|----------------------------------|---|-----------------------------------|
| • Acne Treatments | • Fiber supplements for constipation | • Lactaid for lactose intolerance |
| • Feminine hygiene products | • Glucosamine/Chondroitin for arthritis | • Orthopedic shoes |
| • St. John's Wart for depression | • Hormone therapy for menopause | • Sunscreen for cancer |
| • Weight loss medications | | • Prenatal vitamins |

OVER-THE-COUNTER EXPENSES NOT ALLOWED:

(The items below do not represent a complete list)

- | | | |
|--------------------------------|---------------------------|--------------------------------|
| • Chapstick | • Food, food replacements | • Medicated shampoos and soaps |
| • Face creams and moisturizers | • Toiletries | • Toothbrush/toothpaste |
| • Vitamins* | • Dietary supplements | |
| • Cosmetics | | |

** Vitamins would not normally be eligible for reimbursement under your Flexible Spending plan, but, could be if used to treat a specific medical condition. The IRS requires a letter from your attending physician stating your medical condition and also stating that the vitamin is being prescribed for treatment of that condition.*

Eligible Dependent Care FSA Expenses

For which expenses can I use the Dependent Care FSA?

You may use the Dependent Care FSA to pay for childcare or other dependent care services if you meet the following criteria:

- You need to pay for childcare or other dependent care services in order to be gainfully employed.
- You need to pay for the care of a mentally or physically incapacitated dependent or spouse to be gainfully employed.

Are there any requirements pertaining to the Dependent Care FSA?

Yes. Childcare or dependent care services will qualify for reimbursement under the plan if they meet the following requirements:

1. If you are married, the services must be provided to enable both you and your spouse to be employed, unless one spouse is a full-time student at an educational institution and the other is employed full time.
2. The amount to be reimbursed must not be greater than either you or your spouse's income; whichever is lower.
3. The child must be under 13 years old, or, if older, mentally or physically incapable of caring for herself or himself.
4. The services may be provided inside or outside your home, but not by someone who is your dependent for income tax purposes, such as an older child, your spouse, or a grandparent who lives with you.
5. If childcare is at a daycare center, the center must comply with all state issued rules and regulations.
6. You may also use the Dependent Care FSA to pay for expenses for care of a mentally or physically incapacitated dependent or spouse if such care is necessary to enable you to work.

Are Kindergarten expenses eligible for reimbursement under the Dependent Care plan?

No, the IRS has stated that no Kindergarten expenses are eligible for reimbursement. They are considered to be educational in nature rather than dependent care.

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Sample Case of Benefits Taken Pre-Tax vs. After-Tax

The following is an example of how Flexible Spending Accounts affect your taxes and can boost your take-home pay.

The following example shows the effect of paying for eligible benefit expenses AFTER-TAX (salary deduction) compared to paying for benefits PRE-TAX (salary reduction). This example is based on monthly gross pay of \$2,000 for a married person claiming two exemptions (2015 tax tables). They figure their monthly day care is \$200, their annual health and dental bills are around \$120 or \$10 per month and their monthly medical contribution is \$50.

	Benefits Taken <i>WITH</i> FLEXIBLE BENEFITS (Pre-tax)	Benefits Taken <i>WITHOUT</i> FLEXIBLE BENEFITS (After-tax)
Gross Wages	\$2,000.00	\$2,000.00
Benefits Paid Before Taxed:		
Health Premiums	\$50.00	\$0.00
Dependent Care	\$200.00	\$0.00
Medical Spending Account	\$10.00	\$0.00
Taxable Wages	\$1,740.00	\$2,000.00
Taxes:		
Social Security Tax	\$133.11	\$153.00
Federal Tax	\$38.00	\$66.00
State Tax	\$29.00	\$44.00
Benefits Paid After Tax:		
Health Premiums	\$0.00	\$50.00
Dependent Care	\$0.00	\$200.00
Medical Spending Account	<u>\$0.00</u>	<u>\$10.00</u>
Take Home Wages	\$1,539.89	\$1,477.00

By paying these expenses *PRE-TAX*, take-home pay is \$62.89 per month higher or \$754.68 annually.

Health Care Expenses Worksheet

Use this worksheet to estimate the health care expenses you (and your eligible dependents) expect to incur during the plan year that will not be reimbursed from another source (that is, insurance). The total you get here is the total amount you may want to deposit in your Health Flexible Spending Account. Remember to be conservative in your estimates because any unused balances in your Health FSA are forfeited.

ESTIMATE YOUR UN-REIMBURSED COSTS FOR:

Medical:

Medical deductibles	\$ _____
Out-of-Pocket payments	\$ _____
Routine exams (OB-GYN, physicals, etc.)	\$ _____
Medical Office Co-payments (\$10 per visit, for example)	\$ _____
Prescription Drugs (including birth control, allergy shots, insulin)	\$ _____
Hearing aids and exams	\$ _____
Vision Care (eye exams, contact lenses, prescription eyeglasses)	\$ _____
Medically required equipment (wheelchair, prosthetic devices)	\$ _____
Chiropractor	\$ _____
Emergency Room charges	\$ _____
Over-the-counter expenses	\$ _____
Other medical expenses not covered by insurance	\$ _____

Dental:

Dental deductibles	\$ _____
Co-insurance payments	\$ _____
Orthodontia (braces, retainers)	\$ _____
Other Dental expenses not covered by insurance:	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL HEALTH CARE EXPENSES \$ _____
(indicate this amount on your Enrollment Form)

Note:

To determine the impact on each paycheck, divide your Total Health Care Expenses by the number of pay periods remaining in the plan year.

\$ _____ / _____ = _____ /paycheck

Dependent Care Expenses Worksheet

In determining whether to participate in the Dependent Care Flexible Spending Account, you should consider the dependent care Income Tax Credit. Whether the tax credit or the spending account is more advantageous is dependent upon each individual's tax situation.

The Dependent Care Income Tax Credit and the Dependent Care Flexible Spending Account interact with various other tax laws concerning items of income, losses, deductions and credits. Consult a tax advisor for more information regarding your individual tax situation.

Taking the Income Tax Credit on Form 1040:

1. Your Annual Eligible Expenses:
(\$3,000 maximum for 1 child;
\$6,000 maximum for 2 or more children) \$ _____ / Year
2. Your Tax Credit Percentage:
(use chart below to determine percentage) x _____ %

Adjusted Gross Income	Credit %	Adjusted Gross Income	Credit %
\$0 - \$15,000	35%	\$29,001 - \$31,000	27%
\$15,001 - \$17,000	34%	\$31,001 - \$33,000	26%
\$17,001 - \$19,000	33%	\$33,001 - \$35,000	25%
\$19,001 - \$21,000	32%	\$35,001 - \$37,000	24%
\$21,001 - \$23,000	31%	\$37,001 - \$39,000	23%
\$23,001 - \$25,000	30%	\$39,001 - \$41,000	22%
\$25,001 - \$27,000	29%	\$41,001 - \$43,000	21%
\$27,001 - \$29,000	28%	\$43,000 or higher	20%

3. Your **Estimated** Tax Credit Savings: \$ _____ / Year

Using the Dependent Care (Section 125) Flexible Spending Account Plan:

1. Your Annual Dependent Care Expenses (\$5,000 maximum): \$ _____ / Year
2. Your Tax Savings Percentage:
(7.65% FICA + federal tax percentage from the chart below) x _____ %

<u>Head of Household</u>		<u>Married, Filing Joint</u>	
Adjusted Gross Income	Tax %	Adjusted Gross Income	Tax %
\$0 - \$9,800	10%	\$0 - \$22,600	10%
\$9,800 - \$31,500	15%	\$22,600 - \$66,200	15%
\$31,500 - \$69,750	25%	\$66,200 - \$120,750	25%
\$69,750 - \$151,950	28%	\$120,750 - \$189,600	28%
\$151,950 - \$328,250	33%	\$189,600 - \$333,250	33%
\$328,250 and higher	35%	\$333,250 and higher	35%

3. Your **Estimated** Section 125 Flexible Spending Account Savings: \$ _____

This worksheet is provided for informational purposes only. Corporate Health Systems, Inc. does not guarantee its accuracy nor do we provide legal or accounting advice. If you have questions about participating in this plan, consult your attorney or tax advisor.

Reimbursement of Orthodontic Expenses

With growing confusion concerning reimbursement for orthodontic expenses, it is necessary to specifically address these issues in an effort to clarify the subject.

The IRS guidelines for reimbursement affirm that an expense cannot be reimbursed until the service has been provided. What this means for reimbursement of orthodontic expenses is the full amount for orthodontic services cannot be reimbursed when the work commences, even if the total orthodontia expenses have been paid in full. The reason for this is, the person receiving orthodontic work will continue to have services provided, usually for the next 12 to 36 months.

Monthly reimbursements with Service Agreement or Contract:

We can reimburse orthodontic expenses on a monthly basis in an amount established by a service agreement or contract between the orthodontist and the patient. Such an agreement should include:

- 1) Place of service (Name of Orthodontic facility)
- 2) Total cost of services less insurance payments or provider discounts
- 3) Initial fee (typically a banding fee)
- 4) Monthly payment amount
- 5) Number of month's treatment and payments are expected to last
- 6) Date treatment began
- 7) Name of person receiving treatment

Some providers may require a down payment on your account. A down payment is not eligible for reimbursement as it does not represent any incurred services. You must have the provider break down the initial fee (the cost to have the braces placed) and that amount would be eligible at the time of the banding. The remaining amount would be rolled into the monthly payment amounts. If your provider requires a down payment, please have them complete the service agreement on the next page or go to the CHS website: <https://www.corphealthsys.com/fsa/index.php> and open the FORMS tab and you can print one from there.

If no Service Agreement or Contract is available:

If such an agreement or contract is not available, please have your provider complete the Orthodontic Service Agreement Form on the following page or go to the CHS website: <https://www.corphealthsys.com/fsa/index.php> and open the FORMS tab and you can print one from there to determine the amount you are eligible for reimbursement each month. This form should be completed and signed by your orthodontic provider and submitted with your initial claim.

Submitting an orthodontic expense for reimbursement:

When submitting your *first* orthodontic claim, the orthodontic service agreement or contract must be included with a completed Request for Reimbursement Claim Form. Please make sure the claim form indicates the person receiving service, provider name, date of service, the monthly payment amount, and nature of expense being orthodontia.

Once the initial orthodontic agreement or contract is submitted, you may request future reimbursements by completing a Request for Reimbursement Claim Form, and one of the following options:

- 1) Attach a receipt or copy of the "coupon" (if you were provided a payment book) that *clearly indicates* the person receiving service, provider name, date of service, the monthly payment amount, and the nature of the expense being orthodontia.

OR

- 2) In the Nature of Expense column, write, "**contract on file**". No other information or receipt is required.

Orthodontic Service Agreement Form

(Should be used when orthodontic service agreement or contract is not available from your orthodontist)

Name of the person receiving the service _____

Date braces were placed: ____/____/____

Total amount for orthodontic services \$ _____

Insurance payments - \$ _____

Provider discount - \$ _____

Initial payment due upon application of braces - \$ _____
(this amount may be submitted for reimbursement)

Remaining balance = \$ _____

Remaining Balance

Divided by _____ treatment months,

Equals monthly reimbursements

\$ _____
(Qualified monthly reimbursable amount)

Provider Signature

Name of Orthodontist/Clinic

CHS USE ONLY:

Date Received: ____/____/____

Processed by: _____

Notes Entered: ____/____/____

Date Contract ends: ____/____/____

Northfield School District 659

2017 Reimbursement Schedule

Reimbursement Request Deadline Date	**Reimbursements Distributed By
01/13/2017	01/20/2017
01/30/2017	02/06/2017
02/15/2017	02/22/2017
02/28/2017	03/07/2017
03/15/2017	03/22/2017
03/30/2017	04/06/2017
04/14/2017	04/21/2017
04/28/2017	05/05/2017
05/15/2017	05/22/2017
05/30/2017	06/06/2017
06/15/2017	06/22/2017
06/30/2017	07/07/2017
07/14/2017	07/21/2017
07/28/2017	08/04/2017
08/15/2017	08/22/2017
08/30/2017	09/06/2017
09/15/2017	09/22/2017
09/29/2017	10/06/2017
10/13/2017	10/20/2017
10/30/2017	11/06/2017
11/15/2017	11/22/2017
11/30/2017	12/07/2017
12/15/2017	12/22/2017
12/29/2017	01/05/2018
**01/31/2018	**02/07/2018
**02/28/2018	**03/07/2018
**03/30/2018	**04/06/2018

Claims must be received by the end of the day on the "Reimbursement Request Deadline Date" in order to be paid on the "Reimbursements Distributed By" Date.

- ✓ For employees electing to have Direct Deposit, your reimbursement is deposited on the "Reimbursements Distributed By" Date.
- ✓ If you choose to have a standard check mailed to you, the check is mailed on the "Reimbursements Distributed By" Date.

* If your employer renews their flex contract with CHS for the next plan year, that year's reimbursement schedule will be used for reimbursement distribution dates: if not, the dates listed above will be used.

**If the "Reimbursements Distributed by" date conflicts with a holiday, your reimbursement will be mailed the next working day.



CONSUMER PORTAL QUICKSTART GUIDE

20

Welcome to your Corporate Health Systems (CHS) Benefit Accounts Consumer Portal.
This one-stop portal gives you 24/7 access to view information and manage your reimbursement accounts.

HOW DO I LOG ON TO THE HOME PAGE?

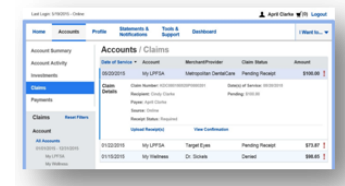
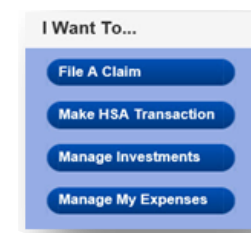
1. Go to: <https://corporatehealthsystems.lh1ondemand.com/Login.aspx>
2. Your initial login ID is your SSN without dashes and password is changeme*
3. Click **Login**

**If you have previously logged in, the default login will not work. Please use the setting you created.*



HOW DO I FILE A CLAIM AND UPLOAD A RECEIPT?

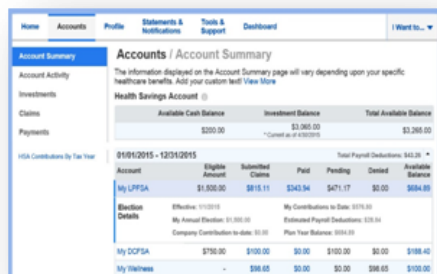
1. On the **Home Page**, you may simply select the “**File a Claim**” section which can be located on the left-hand side of the homepage. **OR** from any page on the portal, expand the “**I want to...**” section on the right-hand side of any screen.
2. The claim filing wizard will walk you through the request including entry information and uploading a receipt.
3. For submitting more than one claim, click **Add Another**, from **Transaction Summary** page.
4. When all claims are entered in the **Transaction Summary**, agree to the terms and conditions click **Submit** to send the claims for processing.
5. The **Claim Confirmation** page displays. You may want to print the **Claim Confirmation Form** as a record of your submission. If you did not upload a receipt, you can upload the receipt from this screen or print a **Claim Confirmation Form** to submit to the administrator with required receipts.



HOW DO I VIEW CURRENT ACCOUNT BALANCES AND ACTIVITY?

1. For current Account Balance only, on the **Home Page**, see the **Available Balance** section.
2. For all Account Activity, click on the **Available Balance** link from the Home Page to bring you to the Account Summary Page. Then you may select the underlined dollar amounts for more detail. For example, click on the amount under the “Eligible Amount” to view enrollment detail.

NOTE: You can see election details by clicking to expand the line item for each amount.



1MOBILE

The 1Mobile app makes it far easier to submit claims, view your account(s), and more. If you have any questions, feel free to e-mail info@corphealthsys.com or call (952) 939-0911

1. **Download the app:** go to your Android or Apple app store, and conduct a search using the phrase, “**CHS Mobile**”. When it appears, click the install button to ensure it gets to your phone.
2. **View Account Balances:** the balance of your account(s) will automatically show up on the home screen when you pull up the app on your phone.
3. **Use the App to File Claims:** to file a claim, click “**File a claim**” and follow the prompts on the phone for each step. You’ll be asked to take a picture of your receipt and upload it into the app.





CONSUMER PORTAL QUICKSTART GUIDE

HOW DO I VIEW MY PAYMENT (REIMBURSEMENT) HISTORY?

1. From the **Home Page**, under the **Profile**, click the **Banking/Cards** link on the left-hand side of the screen.
2. By clicking on the line of payment, you can expand the data to display additional details about the transaction.

HOW DO I REPORT A DEBIT CARD MISSING AND/OR REQUEST A NEW CARD?

1. From the **Home Page**, under the **Profile**, click the **Banking/Cards** link on the left-hand side of the screen.
2. Under the Debit Cards column, click **Report Lost/Stolen** or **Order Replacement** and follow instructions.

HOW DO I GET MY REIMBURSEMENT FASTER?

The fastest way to get your money is to sign up online for direct deposit to your personal checking or savings account. Before you begin, make sure that your employer is offering direct deposit setup online.

1. From the **Home Page**, under the **Tools & Support**, click **Change Payment Method** under the “How do I” section.
2. Select **Reimburse Myself Using Direct Deposit** and click **Change Payment Method**. Then **Add Bank Account: Direct Deposit Setup** page displays.
3. Enter your banking information, click **Submit**.
4. The **Payment Method Changed** confirmation displays.
5. If there is a bank validation requirement, you will be notified on the portal to look for a small transaction or “micro-deposit” in your designated bank account in the next couple of days to enter online, which will validate your account.

HOW DO I UPDATE MY PERSONAL PROFILE?

1. From the Home Page, under the Profile, you will find links to updated profile information including profile summary details and dependents.
2. Click the appropriate link on the Profile screen for your updates.
- **Update Profile** or **Add/Update Dependent**; some profile changes will require you to answer an additional security question.
3. Complete your change in the form.

HOW DO I VIEW OR ACCESS...

-Documents & Forms?

1. From the **Home Page**, click the **Tools & Support** tab.
2. Click any form or document of your choice.

-Notifications?

1. From the **Home Page**, click the **Statements & Notifications** tab.
2. Click any link of your choice. **Receipt Reminders**, **Account Statements**, **Advice of Deposits**, **Denial Letters**, or **Denial Letters with Repayments** are a few options.

-Plan Information?

1. On the **Home Page**, under the **Accounts** tab, you will be directed to the **Account Summary** page.
2. Click onto the applicable account name and the **Plan Rules** will open in a pop-up window. **OR** from the **Home Page**, under the **Tools & Support** tab, you may view **Plan Summaries** for Basic information. Then click each applicable plan to see the plan details.

Corporate Health Systems, Inc.
Reimbursement Account Authorization Form
AUTOMATIC DIRECT DEPOSIT

EMPLOYEE NAME:	(Last)	(First)	(MI)
TELEPHONE NUMBER:	()		
SOCIAL SECURITY NUMBER:			
EMPLOYER:			
DIVISION OR LOCATION:			

FINANCIAL INSTITUTION:		BRANCH:	
CITY:	STATE:	ZIP:	
<input type="checkbox"/> CHECKING (Attach a Voided Check)		<input type="checkbox"/> SAVINGS	
For Savings Only: indicate 9-digit Routing/Transit Number			
For Savings Only: indicate Accounting Number			

I hereby authorize Corporate Health Systems, Inc. to deposit reimbursements from my Reimbursement Account directly into my checking or savings account indicated above. I also authorize the financial institution named above to accept my deposits and to credit the amount to my account. This authority will remain in effect until Corporate Health Systems, Inc. has received written cancellation notice from me in such time and such manner as to afford my employer a reasonable opportunity to act upon it.

Date: _____ Signature: _____

Please note: The first time a reimbursement is made on an Automatic Direct Deposit basis, your financial institution will process the reimbursement as a trial run. The funds will not actually be deposited to your account. Instead you will be issued a reimbursement check that you will have to cash and deposit yourself. After the trial run all subsequent reimbursements will be deposited directly into your account. Remember to attach a voided check if you want deposits made to your checking account.

AUTOMATIC DIRECT DEPOSIT

Another Convenient Feature of Your Reimbursement Account

You have the option to have your Reimbursements automatically deposited into your checking or savings account. This added service is designed to save you time handling your reimbursements from the plan. Instead of receiving a check for your Reimbursement, which you need to take to your bank or credit union to deposit, you will receive a notification stating the amount that has been deposited directly into your checking or savings account. You will continue to receive the flexible spending account summary highlighting the activity of your Reimbursement account(s) from Corporate Health Systems, Inc.

To sign up for Automatic Direct Deposit:

- ♦ Fill out the form completely, including: your name, Social Security number, telephone number, name and location of your financial institution and the name of your employer, including your division or location.
- ♦ Mark the appropriate box to indicate whether your Reimbursements will be deposited to your checking or savings account. If Savings, please indicate the 9 digit Federal Routing/Transit Number of your account.
- ♦ Attach a voided check to the form if you want Reimbursements deposited in your checking account.
- ♦ Sign the form and mail it along with the voided check to:

Corporate Health Systems, Inc.
P.O. Box 46390
Eden Prairie, MN 55344-6390

If you participated in this option with Corporate Health Systems, Inc. last plan year and your banking information has not changed, you do not need to complete this form again as your banking information is still on file.

NORTHFIELD PUBLIC SCHOOLS ISD 659

FLEXIBLE BENEFITS ELECTION FORM

PLAN YEAR: January 01 - December 31

EFFECTIVE DATE: _____

EMPLOYEE INFORMATION:
Name: _____ **Social Security #:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Primary Phone:** () -

Date of Birth: _____ **Gender:** ☐ Male ☐ Female **Hours worked per week:** _____

Date of Hire: _____ **Work Phone:** () - **Email:** _____

Flexible Benefits – Premium Conversion Account

Includes all employer sponsored premiums paid by payroll deduction - Participation is automatic.

☐ Waive Participation (I do not have an insurance deduction or do not want insurance deductions pre-taxed.)

Flexible Spending Account – Health Care
Plan Year Election: \$ _____ (IRS Maximum \$2,600 per Plan Year)

☐ Waive Participation

Group or individual insurance premiums are not an eligible expense under the Health Care Flexible Spending Account.

Flexible Spending Account – Dependent Care
Plan Year Election: \$ _____ (IRS Maximum \$5,000 per Plan Year or \$2,500 if married but filing separately)

☐ Waive Participation

Flexible Spending – Debit Card
***REQUIRED Email Address:** _____

*I understand that I may be required to provide documentation to substantiate the claim for an expense paid with the debit card and that I must do so within the timeframe stated in the request. In the event that I do not provide the required documentation and fail to repay the unauthorized charge; my employer will deactivate the card and consider the charge a debt to the organization and may deduct the charge from my paycheck.

ENROLLMENT AUTHORIZATION: I understand the benefit options and requirements presented therein. I am enrolling for the eligible benefits I indicate in the COVERAGE section and I authorize reductions from my earnings. I understand and agree that if my eligible expenses do not reach the amount I have allocated to that benefit, I will forfeit any amounts remaining in my participant account at the end of the Plan Year. I assume this risk of forfeiture of moneys remaining in my flex accounts. I also understand that all expenses for which I seek reimbursement must be for services performed during the Plan Year and while I am a participant in the Flexible Benefits Plan. I understand payments for Reimbursement Accounts will be made directly to me. I understand that I cannot revise or revoke this Enrollment Authorization or in any way change the amounts deducted from my salary during the Plan Year, except where the change is consistent with a family status as defined in the Flexible Benefits Plan. I agree to observe the terms and conditions of the Flexible Benefits Plan and all rules and regulations established by the Company to administer the Plan. I understand that the Employer cannot be held responsible for the tax consequences which may or may not result from the benefit(s) I have selected above. This plan is regulated by Internal Revenue Code Sections 105, 125, and 129, and is subject to discrimination regulations. In the event that the plan is found to be out of compliance with discrimination rules, I may be required to reduce or eliminate my pre-tax deduction election.

Corporate Health Systems, Inc.
PO Box 46390
Eden Prairie, MN 55344-6390
Phone: (952) 939-0911 Fax: (952) 939-0990 www.corphealthsys.com

EMPLOYEE SIGNATURE _____

DATE _____