

# FSA Consumer Guide

SC State Credit Union



VISION • STRATEGY • BALANCE



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We are glad you have elected to participate in your employer’s FSA Plan. Benefit Coordinators, Inc. will be the administrator of the plan.

As a recipient of this Guide you have enrolled in the Medical and/or Dependent Care FSA.

Please review all the information included in this FSA Participant Guide to help you understand and manage your FSA account. As always, if you have any questions, please contact us and we will be happy to assist you.

We look forward to working with you!

## Plan Specifications for October 1, 2020 – September 30, 2021

Medical FSA Maximum Annual Contribution	\$2,500.00
Dependent Care FSA Maximum Annual Contribution	\$5,000.00 (or \$2,500 if married but filing separately)
Minimum Contribution Required to Participate	None
Medical FSA Carryover Amount	\$500.00
Reimbursement Schedule	Monday, Wednesday & Friday
Reimbursement Method	Direct Deposit / Debit Card
Minimum Reimbursement Amount	None
Run Out Period – to file claims	91 days after the end of the plan year

### REMINDERS:

- Expenses for entire family may be reimbursed regardless of whether or not they are covered by the health/dental insurance.
- Expenses must be incurred during the plan year and while you are actively employed.
- Election is irrevocable unless there is an IRS approved Qualifying Event.
- Use-It or Lose-It: If contributions made into the FSA are not used by the end of the plan year and corresponding grace period, you will lose the remaining funds that exceed \$500. The Carryover Provision will allow you to carry forward up to \$500 of your current year balance. You have 91 days from the end of your plan year to file claims for reimbursement.
- Your FSA Medical annual election (total amount to be contributed for the year) is available at any time.
- Only the amount contributed to date is available under the Dependent Care FSA, and the ending date of service must occur prior to the reimbursement.
- Claims are processed within 24-36 hours of receipt.



## WHAT IS A FSA?

Flexible Spending Accounts (FSAs) use pre-tax dollars for reimbursement of what would otherwise be after-tax expenses. Medical FSAs are used for unreimbursed medical, dental and vision expenses. Dependent Care FSAs are used to reimburse daycare expenses for children up to and including age 12 or care for a mentally or physically disabled spouse or other adult claimed as a dependent on your tax return. By enrolling in a FSA you are lowering your taxable income, paying less in taxes and increasing your spendable income! Take a look at the following real savings example:

Without a FSA	
Gross Monthly Income	\$ 5,000.00
Tax Withholding (est. 25%)	\$ 1,250.00
Spendable Income	\$ 3,750.00
* Qualified Expenses	\$ 750.00
<b>Net Spendable Income</b>	<b>\$ 3,000.00</b>

With a FSA	
Gross Monthly Income	\$ 5,000.00
* Qualified Expenses	\$ 750.00
Taxable Income	\$ 4,250.00
Tax Withholding (est. 25%)	\$ 1,062.50
Spendable Income	\$ 3,937.50
<b>Net Spendable Income</b>	<b>\$ 3,187.50</b>
Increase in Spendable Income (monthly)	\$ 187.50

\*Qualified expenses include insurance premiums, unreimbursed medical expenses and daycare costs

## HOW DOES A FSA WORK?

As an employee you elect to have a certain dollar amount deducted from your earnings before taxes and deposited into a Medical FSA and/or Dependent Care FSA. Once you incur an expense you submit the receipt along with a claim form for reimbursement.

## ELIGIBLE EXPENSES

### Medical FSA Eligible Expenses

The purpose of a FSA is to enable you to save tax dollars on the expenses that are not covered by your medical or other insurance plan. The IRS Publication 502 lists the potentially eligible expenses; however, **not all expenses in Publication 502 are eligible**. An eligible expense includes any item for which you could have claimed as a medical expense on an itemized federal income tax return with the exception of insurance premiums, long-term care and other similar charges. Eligible expenses may include:

- Medical copayments, deductibles and out-of-pocket expenses
- Dental and orthodontia charges not covered by insurance
- Vision and hearing charges, including glasses, contacts, Lasik surgery and hearing aids
- Pharmacy expenses, including prescription charges and diabetic supplies. *(restrictions apply)*
- Over-the-counter medications
- Menstrual Care Products
- Other miscellaneous expenses including durable medical equipment, speech, occupational, and physical therapy, mental health and substance abuse counseling, transportation for medical care, etc.
- Purchase and/or view eligible OTC expenses online through my-healthshopper and the FSA Store. Access these sites by logging onto [www.bci4me.com](http://www.bci4me.com).



### Dependent Care FSA Eligible Expenses

By enrolling in a Dependent Care FSA you are able to pay for expenses associated with daycare for your eligible dependents with pre-tax dollars. The following stipulations apply to dependent care accounts:

- The dependent must be under the age of 13 and considered your dependent under federal tax rules.
- The expenses must enable you (and your spouse, if married) to work, actively seek work, or attend school full-time.
- The child-care provider cannot be someone who is considered your child or stepchild and is under the age of 19 or if you claim the provider as a dependent for tax-purposes.
- Only expenses deemed essential to the care of the dependent are eligible. Expenses for meals, diapers, registration fees, late charges, etc. are not eligible.
- Costs for the care of a mentally or physically disabled spouse or other adult dependent are eligible if you claim them on your federal tax return as a dependent.



## MEDICAL FSA

The purpose of a Medical FSA is to enable you to save tax dollars on the expenses that are not covered under your medical, dental or vision insurance and are not considered cosmetic in nature. An eligible expense includes any item that you would have claimed as a medical expense on an itemized income tax return. There are a few exceptions such as insurance premiums, long-term care and other similar charges. Below is a list of the more common eligible expenses.

- Acupuncture
- Allergy Shots and Testing
- Ambulance
- Artificial Limbs and Teeth
- Asthma Treatment
- Birth Control Pills
- Blood Pressure Monitoring Devices
- Braces and Supports
- Chiropractor
- Coinsurance Amounts
- Contact Lenses and Solution
- Copays
- Deductible Amounts
- Dental Treatment
- Dentures / Denture Adhesives
- Dermatology
- Diabetic Equipment and Supplies
- Durable Medical Equipment (DME)
- Eye Exams, Eye Glasses and Supplies
- Flu Shots
- Health Screenings
- Hearing Aids and Batteries
- Home Health and Hospice
- Hospital Services
- Laboratory Fees
- Laser Eye Surgery
- Maternity Charges
- Occupational Therapy
- Orthodontia
- Physical Therapy
- Prescription Drugs
- Psychiatric Care
- Speech Therapy
- Substance Abuse Counseling
- Transplants
- Vaccinations



This is only a partial listing of eligible expenses.

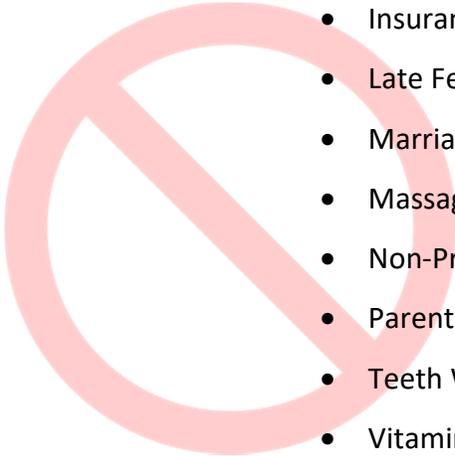
**Examples of Eligible Over-the-Counter (OTC) Items and Menstrual Care Products:**

- Ankle/Knee Supports
- Band-Aids – non-medicated
- Blood Glucose Test Strips
- Blood Pressure Monitor
- Contact Lens Solution
- Crutches
- Elastic Bandages (ie. ACE wraps)
- First Aid Kits
- Gauze Pads
- Heat wraps
- Ice Packs
- Pregnancy Tests
- Pulse Oximeter
- Sunblock
- Thermometer
- Tampons
- Pads
- Menstrual Sponges



**Examples of Ineligible FSA Expenses:**

- Cosmetic Procedures
- DNA Testing
- Electrolysis / Hair Removal
- Feminine Hygiene Products
- Funeral Expenses
- Health Club Dues
- Illegal Drugs
- Illegal Treatment (Medical)
- Insurance Premiums
- Late Fee Payments
- Marriage Counseling
- Massage Therapy
- Non-Prescription Sunglasses
- Parenting Classes
- Teeth Whitening
- Vitamins



## DEPENDENT CARE FSA

The Dependent Care FSA provides a tax savings for expenses incurred towards the care of a child, parent or disabled dependent. In order to be eligible for the Dependent Care FSA, you must meet the following IRS requirements:

- Dependent must be under age 13 and considered your dependent under tax rules.
- The expense must enable you (and your spouse, if married) to work, actively seek work or attend school full-time.
- The provider cannot be your dependent child under the age of 19.
- The provider must claim dependent care payment as income.
- Only expenses deemed as “custodial” care are eligible. Additional charges for meals, diaper fees, late payment fees, etc. are not eligible.
- Only expenses incurred for the care of a mentally or physically disabled spouse or adult dependent are eligible if you are claiming that individual as a tax dependent.



### Examples of Ineligible Dependent Care Expenses:

- Care by Child of Employee Under Age 19
- Care by Parent of Employee’s Under-Age-13 Qualifying Child
- Care by Spouse of Employee
- Child Support Payments
- Classes / Lessons (music, dance, swimming, etc.)
- Educational Expenses – Kindergarten
- Housecleaning Services
- Overnight Camp
- Placement Fees
- Summer School
- Tuition Expenses
- Tutoring Programs
- Volunteer Work (care while Employee/Spouse volunteer)

## HOW MUCH SHOULD I CONTRIBUTE?

### **Medical FSA Contributions**

Your **employer** will determine the maximum annual contribution that you can make to your Medical FSA. When determining your annual contribution the key is to not overestimate your expenses. Take into consideration the expenses you know you and your dependents will incur. If you know that you take 2 prescriptions monthly, go to the doctor once a year and always get a new pair of glasses then include those costs. Never assume that you will meet your deductible or out-of-pocket limit. The chart below may be used to help you calculate your expenses.



Cost of Physician Copayments: \$ \_\_\_\_\_  
Cost of Prescription Copayments/Deductible: \$ \_\_\_\_\_  
Dental / Orthodontia Expenses: \$ \_\_\_\_\_  
Vision Expenses (glasses/contacts): \$ \_\_\_\_\_  
Over-the-Counter Medications: \$ \_\_\_\_\_  
Other Medical Expenses: \$ \_\_\_\_\_  
  
Total Expenses: \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_ divided by # of pay periods \_\_\_\_\_ = deduction per pay cycle \$ \_\_\_\_\_

### **Dependent Care FSA Contributions**

The annual maximum contribution is \$5,000 (or \$2,500 if married but filing separately), and cannot exceed the earned income of either you or your spouse, whichever is less. Be sure to include before and after school care, summer programs, vacation, holiday and sick days if applicable.

Annual Daycare Expense \$ \_\_\_\_\_ divided by # of pay periods \_\_\_\_\_ = deduction per pay cycle \$ \_\_\_\_\_

### **USE-IT OR LOSE-IT RULE**

If the contributions made into a FSA are not used by the end of the plan year and corresponding grace period, you will lose the remaining funds. You have 90-days from the end of your plan year to file claims for reimbursement.



### **CAN I CHANGE MY ELECTION MID-YEAR?**

Your annual election is irrevocable unless you have an IRS approved Qualifying Event. Typically this includes marriage, divorce, birth, adoption or death of a dependent, change in the employment status of the employee, spouse or dependent, or change in the eligibility of a dependent.

Changes in daycare providers, daycare rates, or a child reaching age 13 all allow for a change in your FSA Dependent Care contribution. Other changes may be eligible but will require approval.

# SC State Credit Union

## Visa™ DEBIT CARD

### Where Can I Use the Card?

The Visa™ Debit Card operates through programmed merchant codes. Each provider that accepts Visa™ is assigned a Merchant Category Code. There are over 500 such codes; however, only those **Healthcare** merchant codes related to eligible expenses under your plan and dependent care merchant codes are programmed on the card. Qualified merchants include:

- Doctors
- Hospitals
- Dentists / Orthodontists
- Vision Providers
- Pharmacies
- Retail merchants using the IIAS (Inventory Information Approval System)
- Dependent Care Providers

### When will my debit card transactions auto-substantiate?

- \$20 & \$30 office visit copay
- Prescription copays
- IIAS approved vendors – eligible OTC items
- Recurring claims such as monthly orthodontist payments, if requested

### When will my debit card transaction NOT auto-substantiate?

- When the copay amount **AND** the merchant code does not match
- All other transactions not specifically listed under the auto-substantiated section

### What happens when my debit card transaction does NOT auto-substantiate?

- Participants must submit documentation to substantiate the card transaction
- Documentation includes an itemized statement or EOB from insurance company
- Documentation must be submitted within **30 days** of the swipe of the card
- Failure to submit within the 30 days will cause the card to be suspended until the transaction has been resolved



DEBIT CARD is administered under IRS regulations.

## CLAIM FILING INSTRUCTIONS

When submitting paper claims you must complete the FSA claim form (found on page 11 of this booklet) and submit it along with the documentation for your expense. Claims can be faxed, emailed or mailed. You can also submit your claim online via the consumer portal ([www.bci4me.com](http://www.bci4me.com)). Finally, you can submit your claims through the new BCI4me mobile app on your smart phone. All claims are processed within 24-36 hours of receipt and can be viewed online.



Documentation for medical reimbursement should include: name of the person incurring the service, provider name, date of service, type of service that was incurred and the amount charged less any amount that has been or will be paid by insurance or other sources.

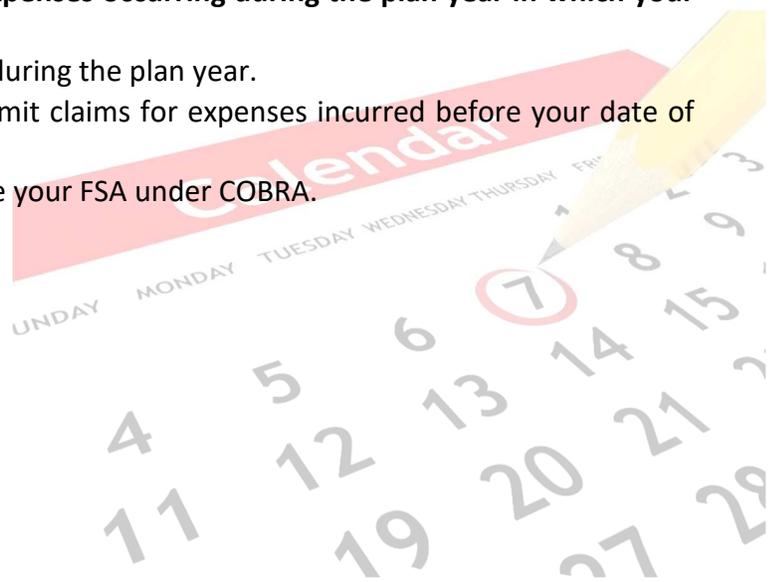
Over-the-counter medications and menstrual care products must include a receipt showing the name of the medicine, date of purchase, provider name and amount.

Daycare documentation should include the name of the child, name of the provider, beginning and ending date of service and amount charged. If the daycare provider is an individual, then the documentation should include that person's signature and tax ID or social security number.

Cash register receipts, cancelled checks and credit card receipts/statements are not acceptable forms of documentation. An explanation of benefits from your insurance company, walk-out statement from a physician's office, or pharmacy statement is acceptable depending on the nature of the expense.

### **OTHER THINGS TO REMEMBER:**

- You can only submit a claim if you are participating in a FSA.
- **Claims are based on the date the service was incurred, not when billed and/or paid.**
- **You can only be reimbursed for eligible expenses occurring during the plan year in which your contributions are made.**
- You can submit claims as often as you like during the plan year.
- If you terminate employment you can submit claims for expenses incurred before your date of termination.
- At termination you may be able to continue your FSA under COBRA.



## HOW DO I ACCESS MY ACCOUNT ONLINE?

You can view your FSA online 24/7 through [www.bci4me.com](http://www.bci4me.com). By accessing your account you can view claims submitted, funds available and reimbursements issued.



### Online Login Instructions

1. Open your internet browser and go to [www.bci4me.com](http://www.bci4me.com).
2. Under the “New User?” heading, click the “Create your new username and password” link.
3. Follow the prompts to setup your login. You will need your first and last name, zip code and SSN.

Once your login ID and password are setup, you can also access your account through our mobile app – BCI4me.

***Best Practice:** Setup your login before you have any claims! Make sure to provide your email address and check your notification preferences – click the Message Center Tab, then Update Notification Preferences. Make sure the email notification for payments is allowed.*

A screenshot of the BCI4me website home page. The header features the logo for 'benefit coordinators' with the tagline 'VISION - STRATEGY - BALANCE'. Below the logo are navigation tabs for 'Home', 'Accounts', 'Tools &amp; Support', and 'Message Center'. The main content area has a banner for 'It's Annual Enrollment Time' with a 'Sign up today!' message and an 'Enroll Now' button. Below the banner is a 'Tasks' section showing 'No current Tasks'. The 'I Want To:' section contains three buttons: 'Enroll Now', 'File A Claim', and 'Manage My Expenses'. The 'Accounts' section shows a table for the year 2019 with one entry: '2019 Flexible Spending Account' with an available balance of '\$632.00'.

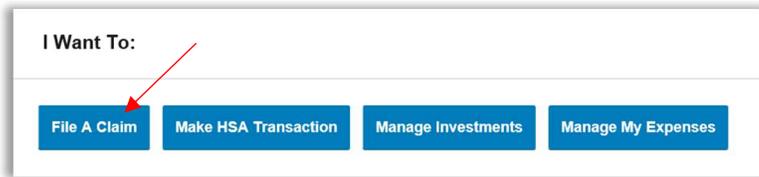
### The Home Page is easy to navigate:

- Easily access the **Available Balance** and “**I Want To**” sections to work with your accounts right away.
- The **I Want To...**section contains the most frequently used features for the Consumer Portal.
- The **Accounts** section links to your Accounts, Investments, and Profile.
- The **Tasks** section displays alerts and relevant links that enable you to keep current on your accounts.
- The **Healthcare Savings Goal** section graphically displays your HSA savings goals progress.
- The **Recent Transaction** section displays the last 3 transactions on your account(s).
- The **Quick View** section graphically displays some of your key account information.

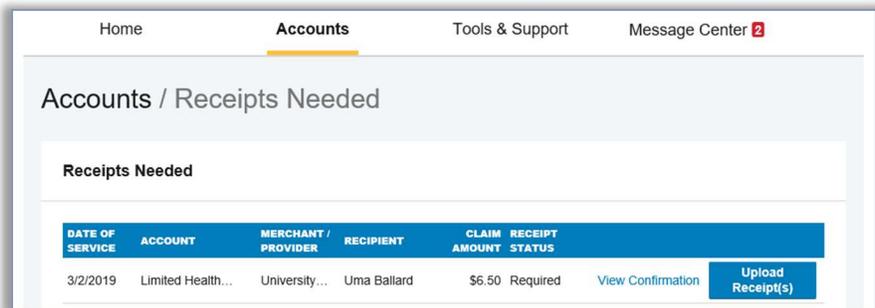
You can also hover over the tabs at the top of the page.

## HOW DO I FILE A CLAIM AND UPLOAD A RECEIPT?

1. On the **Home Page**, you may simply select the “**File a Claim**” under the “I want to...” section, **OR** from any page on the portal, expand the **Accounts** tab on the top of the screen.
2. The claim filing wizard will walk you through the request including entry of information, payee details and uploading a receipt.
3. For submitting more than one claim, click **Add Another**, from the **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 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 the required receipts.



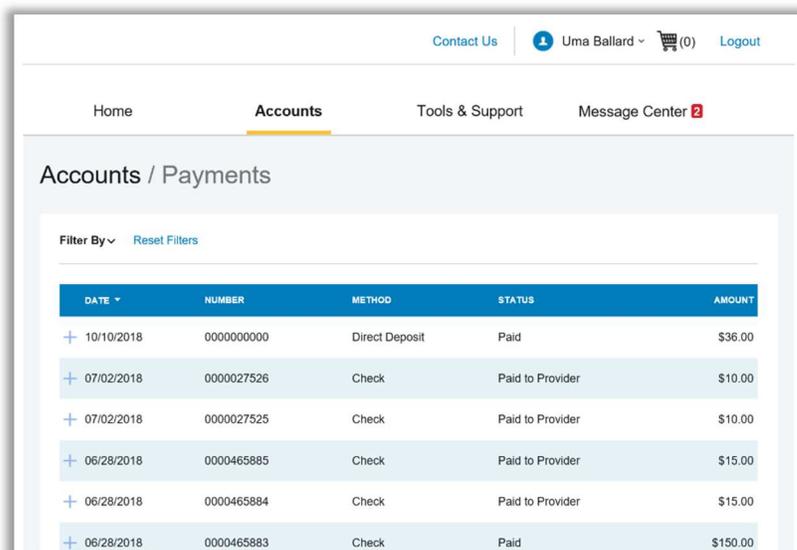
NOTE: If you see a **Receipts Needed** link in the Tasks section of your Home Page, click on it. You will be taken to the **Claims** page where you can see the claims that require documentation. You can easily upload the receipts from this page.



Simply click to expand the line item to view claim details and the **upload receipts link**.

## HOW DO I VIEW MY PAYMENT (REIMBURSEMENT) HISTORY?

1. From the **Home Page**, under the **Accounts** tab, click **Payments**. You will see reimbursement payments made to date, including debit card transactions.
2. By clicking on the line of a payment, you can expand the data to display additional details about the transaction.

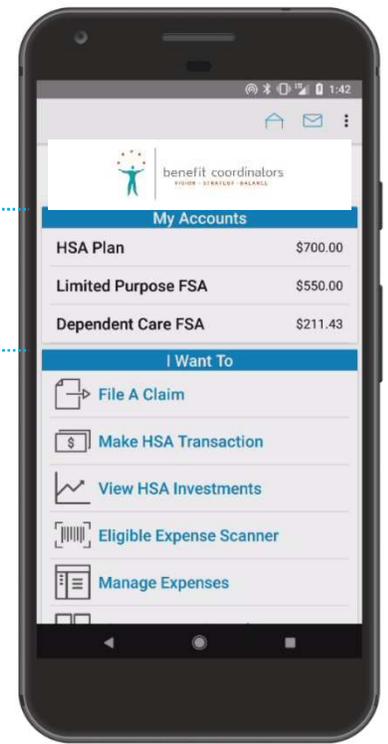


# Manage your health benefits on the go.

Want a simple, easy way to check your healthcare account balances and submit receipts from anywhere? The BCI4me app lets you securely access your health benefit accounts with a touch of a finger. Designed so you can quickly find what you need most, our Mobile App provides easy, on-the-go access to all your health accounts.

*View balance information for all your account(s) right away.*

*Use the "I Want To" section to quickly take any number of actions from making payments to viewing HSA investments to scanning items for eligibility and more.*



## Stay up to speed

With the BCI4me app, you can get to the healthcare account information you need—fast. Wondering whether you have enough money to pay a bill or make a purchase? BCI4me puts the answers at your fingertips\*:

- Enjoy real-time access including an intuitive app design and navigation
- Log in to your account(s) with ease using your fingerprint
- Quickly check available balances and account details for medical and dependent care FSA, HSA and HRA plans
- View charts summarizing account information
- View in-app messages and text alerts that provide instant notifications about your account(s)
- Link to an external web page to obtain helpful information such as a list of eligible expenses
- Retrieve a lost username or password
- Use your device of choice – including Apple® and Android™ -powered smartphones

Get started with BCI4me in minutes.



Download the BCI4me app for your chosen device from the Apple App Store or Google Play and log in using the password you use to access the Benefit Coordinators, Inc. consumer portal.

\* Some functionality listed may require additional products and services

**SC State Credit Union**  
**Reimbursement Account Claim Form**

Employee Information	
Employee Name: _____	Social Security Number: _____
Home Address: _____ <input type="checkbox"/> check here if your address has recently changed	
Daytime Email Address: _____	Daytime Phone Number: _____

Medical Expense Claims (for your FSA Medical and/or HRA/105 Account)						
Account Type FSAM   HRA/105	Name of Person Incurring Expense	Relationship to Employee	Date of Service	Type of Service (Rx, copay, OTC, etc.)	Letter of Medical Necessity On File	Amount Requested
<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> Attached	
<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> Attached	
<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> Attached	
<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> Attached	
<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> Attached	
Visa™ Debit Card used on this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No					Total Amount Requested	

Dependent Care Expense Claims					
Name of Person Incurring Expense	Relationship to Employee	Date of Service From   To		Provider Name Tax ID or SS #	Amount Requested
Visa™ Debit Card used on this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No					Total Amount Requested

**Acceptable Forms of Documentation:**

Documentation for medical reimbursement should include: name of the person incurring the service, provider name, date of service, type of service that was incurred and the amount charged less any amount that has been or will be paid by insurance or other sources. *All claims must include a receipt showing the name of the medication, date of purchase, provider and amount paid. You are also required to provide supporting documentation, such as a prescription or physician's statement, in order to be reimbursed.* An explanation of benefits from your insurance company, walk-out statement from a physician's office, or pharmacy statement is acceptable depending on the nature of the expense.

Daycare documentation should include the name of the child, name of the provider, beginning and ending date of service and amount charged. If the daycare provider is an individual, then the documentation should include that person's signature and tax ID or social security number.

Cash register receipts, cancelled checks and credit card receipts/statements are not acceptable forms of documentation.

**Employee's Certification for Reimbursement**

I certify that the expense for reimbursement requested from my account was incurred by me (and/or my spouse and/or eligible dependents), was not reimbursed by any other plan, and, to the best of my knowledge and belief, is eligible for reimbursement under my Reimbursement Plan. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual tax return and agree to file IRS Form 2441 with my tax return for Dependent Care purposes. I also agree to notify my Employer if I have reason to believe that any expense(s) for which I have obtained reimbursement is not an Eligible Medical or Dependent Care Expense, and also agree on demand to indemnify and reimburse my Employer for any liability it may incur for failure to withhold federal and state income tax or Social Security tax for any reimbursement I receive for an expense which does not qualify as an Eligible Expense pursuant to Section 213d of the Internal Revenue Code.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## QUESTIONS?

**Phone:** 803-772-0110 x100

**Toll-Free:** 800-951-1012 x100

**Fax:** 803-772-0140

**Email:** [125claims@benefitcoordinators.com](mailto:125claims@benefitcoordinators.com)

**Mailing Address:**

Benefit Coordinators, Inc.

Attn: 125 Claims

PO Box 197

Irmo, SC 29063

