



# AMERICAN BENEFITS GROUP

## FLEXIBLE SPENDING ACCOUNTS



Customer Service  
[support@amben.com](mailto:support@amben.com)

Claims  
[claims@amben.com](mailto:claims@amben.com)

800-499-3539 • [www.amben.com/WealthCare](http://www.amben.com/WealthCare)



*Almost 40 Million Americans  
Participate in Flexible Spending  
Accounts Every Year.*

Flex Accounts allow you to pay for your eligible out-of-pocket medical expenses with the Health Flexible Spending Account (FSA) and dependent day care expenses with the Dependent Care Assistance Plan (DCAP) expenses using pre-tax dollars it's like . . .



**. . . Signing Yourself Up For A Pay Raise**



## **Flexible Spending Accounts Allow You to Set Aside Pre-Tax Dollars to Pay for Out-of-Pocket Medical (FSA) and Dependent Care (DCAP) Expenses**

- For You & Your Spouse
- For Your Eligible Dependents
- Participation in your Employer's Health Plan is Not Required



And, now you can keep more of it.



**20%**

of the annual IRS Maximum  
Health FSA or Limited Purpose FSA  
election amount.





## **What is the Carryover Provision?**

- You can roll over up to 20% of the IRS maximum Health FSA election for a given year of your unused FSA funds at the end of the plan year, to be used in the new plan year.
- The money you put in an FSA is not taxed, so assuming you pay a combined 40% state and federal tax rate, you're saving 40% off healthcare expenses funded through the account.

If you chose not to participate in the FSA program because of the "use-or-lose" mandate, it's time to take another look.

You must make a new plan year election of a minimum of \$100 to take advantage of any carryover funds.



## It's Easy to Participate!

- Estimate Your Out-of-pocket Expenses
- Enroll as Directed by Your Employer
- Your Election Amount will be Deducted *Pre-Tax* from Your Paycheck in Equal Amounts throughout the Plan Year
- The Full Amount of Your Health FSA Election is Available to You from the Beginning of the Plan Year
- Dependent Care Assistance Plan (DCAP) Funds will be Available to You as they are Contributed



## **Examples of Qualified Health Flexible Spending Account Expenses**

- Deductibles
- Co Payments
- Vision Care
- Dental Care
- Chiropractic
- Birth Control
- Hearing Care
- Acupuncture
- Orthodontia
- Counseling
- Prescription Drugs
- Medical Supplies
- Elective Surgery  
(e.g. Laser Keratotomy)



**Per The CARES ACT – thousands of additional Over-the-Counter (OTC) and Menstrual items can be purchased without a prescription.**

**Examples:**

- Diabetic management supplies
- Hearing aid supplies
- Foot therapy supplies
- Band-aids
- Contraceptives
- Pain relief medications
- Cold & Flu products
- Allergy Products
- Heartburn medications
- Menstrual products



## Examples of Expenses that are *not* Reimbursable from Your Health Flexible Spending Account

- Vitamins or Supplements  
(**unless they have been prescribed to treat a medical condition**)
- Personal Hygiene Items
- Cosmetics
- Teeth Whitening
- Veneers



## Dependent Care Assistance Plan

- Allows Participants who incur Child and Dependent Care Expenses to Pay up to \$7,500 per Calendar Year with *Pre-Tax* Dollars
- All Expenses Must be Reported on IRS Form 2441 with accompanying Form W10



## **Qualified Dependent Care Expenses**

- Care for Children Under Age 13
- Care of a Disabled Dependent
- Daycare
- Summer Camp
- Pre-School
- After School Programs



## The Following Dependent Care Expenses are *not* Eligible for Reimbursement

- Over Night Camps
- Educational Expenses for Kindergarten and above
- Amounts Paid to Your Dependent for Childcare



## Dependent Care Eligibility

- 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



# Flexible Spending Accounts = Tax Savings

## *Employee Withholdings*

Health and/or Dental Insurance

Premium Contributions . . . . . \$2,162

Reimbursable Medical Expenses . . . . . 2,750

Dependent Care Expenses . . . . . 5,000

\$9,912

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## *Savings to Employee*

Federal Income Taxes . . . . . \$1,000

State Income Taxes . . . . . 410

FICA and Medicare Taxes. . . . . 580

\$1,990





## The Importance of Planning

- Estimate your elections carefully, you may elect up to the current maximum annual election for the Health FSA. The maximum election for Dependent Care is \$7,500 (new for plans beginning 2026).
- Unused funds at the end of the Plan Year will be forfeited, with the exception of the ***Carryover Provision*** your employer has adopted, which will allow you to roll funds from your current Health FSA into the next plan year if you make an active Health FSA election of a minimum of \$100.



## Flex Plan Reminders

- Expenses must be incurred during the Plan Year, after you become a participant.
- If you or your spouse are participating in an FSA, you may not contribute to an HSA unless the FSA reimburses only vision and dental expenses (Limited Purpose FSA).
- You may only change your election during the Plan Year if you have a Qualifying Status Change Event (see next screen).



## Qualifying Status Change Events

- Change in Legal Marital Status
- Change in Number of Dependents
- Change in Employment Status or Work Schedule of You or Your Spouse
- Dependent Satisfies/Ceases to Satisfy Dependent Eligibility Requirements
- Entitlement to Medicare or Medicaid
- Judgment, Decree or Court Order



## Reimbursement – How it Works

### 1. Use your Prepaid ABG Benefits Card:

- Great for your cash flow:  
No paying for your medical expenses out-of-pocket first, and then waiting for your reimbursements.
- No need to file claim forms.
- Save Your Receipts:  
You must submit receipts upon request.





## Reimbursement – How it Works

### 2. File a Manual Claim Form

- Enter Your Claim Online: Log into your secure web portal ([www.amben.com/WealthCare](http://www.amben.com/WealthCare)) to submit your claim with receipts, or you can fax your receipts with the confirmation page from entering the claim.
- Smart Mobile App: Submit your claim in the app and upload your receipts, or take a photo of your documentation using your smart phone or tablet.
- Submit A Paper Claim: Fill out our claim form then fax, mail, or email the completed form along with your eligible receipts (see next page) to ABG.



## **Submitting a Manual Claim**

Completed, Signed Claim Form including the following information:

- Dates the Service was Provided
- Name of the Provider of the Service
- Nature of Service Provided
- Name of the Recipient of the Service
- Copies of Receipts



## Receiving Your Reimbursement

Reimbursements for manual claims are issued every Tuesday – claims received in our office no later than Noon (EST) on Fridays typically are processed for reimbursement the following Tuesday.

- Funds will be deposited to your bank account on Wednesday; or
- A check will be mailed to you (where applicable).



## Just a Swipe Away

*Instantly Pay for Eligible Expenses:*

- Insurance Co-Pays and Deductibles
- Office Visit Co-Pays
- Prescription Drugs and Co-Pays
- Vision & Dental Care Expenses
- Over-the-Counter Medications and Supplies
- Dependent Care Expenses
- 100% IAS Compliant (See Next Slide)





## What is the Inventory Information Approval System (IIAS)?

Pharmacies, supermarkets, grocery stores, discount stores, warehouse clubs, and mail-order merchants that sell medical goods are now required to maintain a card transaction system that identifies eligible medical expenses at the point-of-sale.



## What Does IAS Mean For You?

- The eligibility of all items purchased with your benefits card will be verified at the point of service.
- The purchase of ineligible items with the benefits card will be declined.
- In most cases you will not be required to submit receipts for eligible transactions.



## Benefits Card Reminders

- Use Only for eligible expenses that were Incurred during your Plan Year (or the “Grace Period” if applicable).
- **Keep Your Receipts:** IRS Requirement!
- If asked to select “Debit” or “Credit” always choose “Credit” the card has no PIN.
- No cash advances.



# WealthCare Portal

[www.amben.com/WealthCare](http://www.amben.com/WealthCare)

800-499-3539  
support@amben.com



If You Are a Registered User  
SIGN IN

If You Have Not Registered  
For The Site - You Will Need  
To Register





800-499-3539  
support@amben.com

My Account ▾ Claims ▾ Resources ▾



jamesborden123  
Last login:  
12:50pm on May 31, 2018



### Personal Dashboard



James Borden

**YOUR PROFILE IS 80% COMPLETE**

Fill out the information below to complete your profile and take advantage of all our capabilities!

MOBILE PHONE	EMAIL	REIMBURSEMENT METHOD	ALERTS
 +1 413 522 0089	 EBONNEY@AMBEN.COM	 CHECK	 YOU HAVE OPTED INTO 5 ALERTS

HSA Family Maximum Contribution for 2018 to Remain at \$6,900  
May 3, 2018



New WealthCare Portal - June 3, 2018  
May 3, 2018



Discover Over 4,000 Eligible Products with One Click!

Shop FSA Store Now

FSA Store



### Get Reimbursed Faster

Add your bank account for direct deposit reimbursement



### Your Accounts

Plan years to show:  Previous  Current  Future

Flexible Spending Account - ABG (01/01/2018-12/31/2018)

**\$100.00**

Available \$100.00 Spent \$0.00

Transit Benefit



My Account ▾ Claims ▾ Resources ▾

Benefit Account Summary Current ▾

Communication Settings

FSA Account - ABG (01/01/2018-12/31/2018)

User Profile

Contact Us

Available Balance  
\$100.00

Spent  
\$0.00

Account Summary

Annual Election	\$100.00
Payroll Deposits YTD	\$38.50
Spent	\$0.00
Balance	\$100.00

Deadlines

Plan Start	Jan 1, 2018
Plan End	Dec 31, 2018
Last Day to Submit Claims	Mar 31, 2019
Last Day for Spending	Mar 15, 2019

Quick Action Links

VIEW DETAILS TRANSACTIONS SUBMIT CLAIM

Scroll down to see all accounts



My Account ▾ Claims ▾ Resources ▾ Enrollment ▾

**Add a Claim**

Add a Claim

Claim Activity

Transaction History

Reimbursement Settings

Add Expense

**CLAIM DETAILS** → DOCUMENTATION → CONFIRMATION

[Claim Form Instructions](#)

Claimant: Primary account holder's name.  
Service Date(s): When you had the service or purchased an item. If you have multiple services over a period of time from the same provider you can enter a date range.  
Service Type: Choose service type from drop-down.  
Claim Amount: Original expense amount.

Provider Name: Name of service provider such as the name of a doctor's office or pharmacy.  
Comments: Use for additional information.  
Upload Receipt: Upload receipts/statements. If receipt is unavailable at time of submission, submit via the WealthCare Mobile App (learn more) or fax statements and/or EOBs to 877-723-0147.  
If you have an HRA and are submitting Deductible, Copay or Coinsurance expenses, please provide an Explanation of Benefits (EOB) from your insurance carrier. [Sample EOB](#).

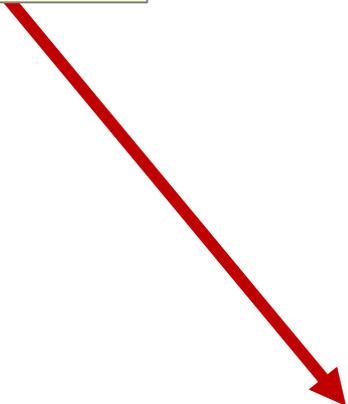
Get your reimbursement as quickly and securely as possible by changing your reimbursement method to Direct Deposit.  
[Click Here to change your settings](#)

\* - Required Field

Service Start Date \*

Service End Date

Enter Service Dates – Not the date that you paid for the expense.





# Get Your Benefits On The Go!

## Smart Mobile app

- Check Available Balances 24/7
- View Account Activity
- Submit Claims and Upload Receipt Images Taken With Your Mobile Device
- Available for Smart Phones and Tablets



For more information [www.amben.com/WealthCareMobile](http://www.amben.com/WealthCareMobile)



## Text Messaging

Register your mobile device for text messaging in the WealthCare Portal.

- Text Bal to received account balances in seconds

Automatic notifications you can receive via text message:

- ABG Benefits Card Mailed
- WealthCare Commuter Deposit Received
- Enrollee Welcome
- Year End Reminder
- Grace Period Reminder
- Run Out Reminder

For more information [www.amben.com/WealthCareMobile](http://www.amben.com/WealthCareMobile)



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