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LEON COUNTY SCHOOLS

Employee Enrollment Packet

Flexible Spending Account (FSA) Packet Contents:

FSA Questions and Answers

DCA Questions and Answers

Eligible FSA Expenses

Online Access

Dependent Care Verification Form

Reimbursement Request Form

Mobile App Information

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FSA Q&A (1)

What is a Healthcare Flexible Spending Account (FSA)?

A Flexible Spending Account is an employer-sponsored benefit that allows you to pay for eligible medical expenses on a pre-tax basis. If you expect to incur medical expenses that won't be reimbursed by an insurance company or another plan, FSAs are a great way to save money while covering those costs.

How does it benefit me?

A FSA saves you money. The contributions you make to a FSA are deducted from your pay before your Federal, State and FICA taxes are calculated and are never reported to the IRS. The end result is that you decrease your taxable income and increase your spendable income. You can potentially save hundreds of dollars.

Estimated Eligible Expenses	Without Plan	WITH Plan
Annual Salary	$30,000	**$30,000**
Annual before-tax contribution	0	**-$2,400**
Taxable Income	$30,000	**$27,600**
Estimated taxes (30.65%)*	-$9,195	**-$8,460**
Annual after-tax contribution	-$2,400	**0**
Net take-home pay	$18,405	**$19,140**
Increase in Spendable Income		**$735**

**For illustrative purposes only. Based on a monthly premium of $200 and average tax rates of 20% Federal, 3% State and 7.65% FICA. Your tax situation may be different. Consult your tax advisor for actual savings.*

How does a Healthcare FSA work?

You can contribute up to **$3,300** annually to your Flexible Spending Account. This annual election amount will be deducted evenly from each pay check on a pre-tax basis and put into your FSA. You can then use the funds to pay for eligible expenses. Changes to your annual election amount are only permitted due to a Qualifying Life Event such as marriage, divorce, death, disability, adoption of a child or birth of a child.

A big perk to a FSA is that it is pre-funded, meaning that you will have access to your full annual election amount at the very beginning of the plan year, regardless of the amount deducted from your paycheck. That is like having a tax-free, interest-free loan to help you pay for healthcare expenses.

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FSA Q&A (2)

How do I get reimbursed?

As you incur healthcare expenses throughout the year, you can access your funds by using your Benefits Card® for eligible expenses or get reimbursed for your out-of-pocket expenses by submitting a claim form. Claims should be sent to Murfee Meadows via fax, email or regular mail.

What is the Benefits Card®?

The Benefits Card® is a MasterCard® that can be used for qualified healthcare expenses. When you use the card for purchasing healthcare related items, your healthcare account is automatically debited to pay for eligible expenses. You can use the card at qualifying merchant locations that accept MasterCard®.

Can I change my election during the plan year?

Since these plans are regulated by the IRS, there are specific rules that apply. The IRS requires that you make your election decision before the new plan year begins each year; or before your effective date if you are newly eligible. The election decision remains in effect for the plan year, unless you have a Qualifying Life Event. Call Murfee Meadows for more details on the rules.

Are there any Special Plan Rules?

- You may only enroll in the FSA during open enrollment or when you first become eligible. Once you establish your plan year contribution, you can only change it if you experience a Qualifying Life Event.
- Any funds left in your account at the end of the plan year can be rolled over to the next plan year (up to **$500**).
- You may file paper claims through the **30 day run out date** following the plan year as long as the claims were incurred during the plan year.
- If you or your family members are covered by health insurance elsewhere, you can still claim the qualifying out-of-pocket healthcare expenses under your employer's FSA.
- Remember that your expenses must be incurred during your period of coverage. Expenses are considered as having been incurred when you are provided healthcare or dependent day care services, not when you are formally billed.
- Always keep your receipts. You may be asked to submit proof of purchase. New IRS and DOL rules may require a doctor's prescription when purchasing certain Over-The-Counter (OTC) items and/or submitting a claim for reimbursement.

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FSA Q&A (3)

Do I have access to my account information?

Yes! To check the balance in your account, view transactions or your claim history, go to https://mmi.wealthcareportal.com. Please refer to the page regarding “Online Access” for details on how to set up your online account.

Can I use my Flex Account for my dependents' medical expenses?

The answer is yes for qualifying dependents.Family members who qualify as your dependents include:

- Your spouse
- Your children, including biological, adopted and step-children, who are under the age of 27 and whom you claim on your taxes.The children must live with you at least half of the year.
- Qualifying relatives whose gross income is less than the exemption amount and have limited self-support.

Can my dependents have their own Flex Cards?

Yes, they can.

Simply provide Murfee Meadows, Inc. with the qualifying dependent's name as it should appear on the card plus the last four digits of their social security number and a card will be ordered for each dependent. No more having to remember to give your Flex Card to your spouse or child for their doctor's appointments!
You can email your dependent's information to 125info@murfeemeadows.com.

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DCA Q&A (2)

What expenses are DCA eligible?

Dependent Care FSA funds cover costs for your eligible dependents while you are at work:

- Before school or after school care (other than tuition)
- Custodial care for dependent adults
- Licensed day care centers or individuals
- Nursery schools or pre-schools
- Placement fees for a provider, such as an au pair
- Day camp, nursery school, or a private sitter
- Late pick-up fees
- Summer or holiday day camps

What DCA expenses are not eligible for reimbursement?

These items are not eligible for tax-free purchase with dependent care FSA funds:

- Expenses for children 13 and older, unless the child is disabled
- Care provided by a relative that lives in your household or your dependent under age 19
- Educational expenses including kindergarten or private school tuition fees
- Amounts paid for food, clothing, sports lessons, field trips, and entertainment
- Care for dependent while sick employee stays home
- Overnight camp expenses
- Registration fees
- Transportation expenses
- Late payment fees
- Advanced payments

How does the DCA FSA work?

With a Dependent Care FSA, you can only be reimbursed up to the amount that has been deducted from your paycheck. You can submit claims for reimbursement to Murfee Meadows.

Do I have access to my account information?

Yes! To check the balance in your account, view transactions or view your claims history, go to https://mmi.wealthcareportal.com. Please refer to the page regarding “Online Access” for details on how to set up your account online.

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FSA COVERED EXPENSES

Your Healthcare Flexible Spending Account (FSA) dollars can be used to pay for co-payments, co-insurance, and deductibles. But that's not all! You can also use your FSA to pay for many other expenses in the following categories: Medical, Dental Care, Eye Care, and Over-the-Counter (OTC) medications and products. For a complete list of eligible expenses go to **https://fsastore.com.**

ELIGIBLE MEDICAL EXPENSES

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limb
- Autoette / Wheelchair
- Bandages
- Birth control pills
- Braille books and magazines
- Breast reconstruction surgery
- Chiropractor
- Christian Science Practitioner
- Crutches
- Diagnostic services
- Disabled dependent medical care
- Drug addiction treatment
- Drugs and medicines
- Fertility treatment
- Guide dog or other service animal
- Hearing aids
- Home care
- Hospital services
- Laboratory fees
- Lead-based paint removal
- Lodging essential to medical care
- Maternity care & related services
- Meals for inpatients
- Medical information plan (fees to maintain medical info in databank for your care)
- Medical services (e.g., physician, surgeon, specialist)
- Mentally disabled (special home)
- Nursing home
- Nursing services
- Operations
- Organ donor's medical expenses & transportation
- Osteopath
- Oxygen
- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychologist
- Special education
- Sterilization
- Stop-smoking program
- Surgery
- Telephone for hearing impaired
- Television adapted for hearing impaired
- Therapy
- Transplants
- Transportation essential to medical care
- Vasectomy
- Weight-loss program
- Wig to replace hair lost to disease
- X-Ray

ELIGIBLE PRESCRIPTION MEDICATION EXPENSES

You can use your Flexible Spending Account (FSA) dollars to pay out-of-pocket expenses for prescription drug co-payments and co-insurance.

ELIGIBLE EYE CARE EXPENSES

- Contact Lenses
- Optometrist
- Eye Examinations
- Eyeglasses
- Prescription Sunglasses
- Eye Surgery (e.g. LASIK)

ELIGIBLE DENTAL CARE EXPENSES

- Artificial teeth
- Dental treatment

ELIGIBLE OTC MEDS WITHOUT PRESCRIPTION (CURRENT)

- Band Aids
- Birth Control
- Braces & Support
- Contact Lens Supplies
- Denture Adhesives
- Diagnostic Tests & Monitors
- Elastic Bandages & Wraps
- First Aid Supplies
- Insulin & Diabetic Supplies
- Reading Glasses
- Wheelchairs, Walkers, Canes

ELIGIBLE OTC MEDS WITHOUT PRESCRIPTION (2020 NEW)

- Acid Controllers
- Allergy & Sinus
- Antibiotic Product
- Anti-diarrhea
- Baby Rash Ointment
- Cold Sore Medicines
- Cough, Cold & Flu Medicine
- Digestive Aids
- Laxatives
- Menstrual Care Products
- Motion Sickness
- Pain Relief
- Respiratory Treatments

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ONLINE ACCESS (1)

Employee User Guide for Online Access

The Murfee Meadows portal can be accessed by navigating to the following URL:
https://mmi.wealthcareportal.com

Registration

Step 1. If this is your first time accessing the Murfee Meadows flex portal, simply **click the *register* button** atop the right corner of the home screen (as shown to the right).

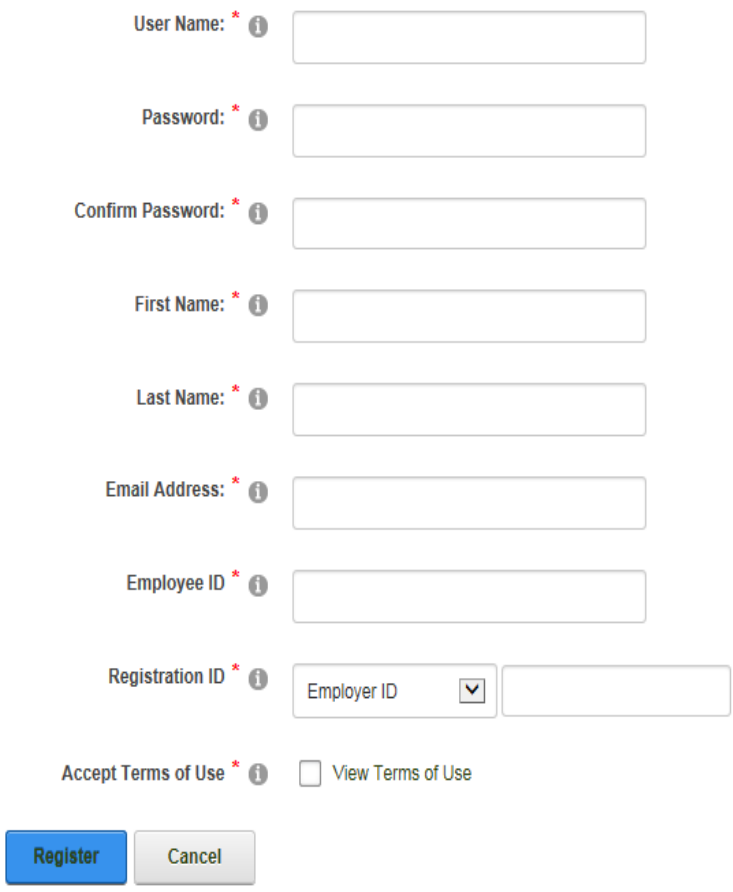
Step 2. After clicking the register button, complete the registration form (as shown in the lower right below).

Choose a username and password. Enter the required demographic information. Your **employee ID** is your **social security number** and your **employer ID** is **MMILCS**

If you already have a Benefit Card®, the card number can be used in place of the employer ID in the registration ID field.

Before clicking register, be sure to view and accept the terms of use.

Step 3. After successfully completing the registration form, **click *register***. The process may take several seconds. Do not click your browser's back button or refresh the page.



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ONLINE ACCESS (2)

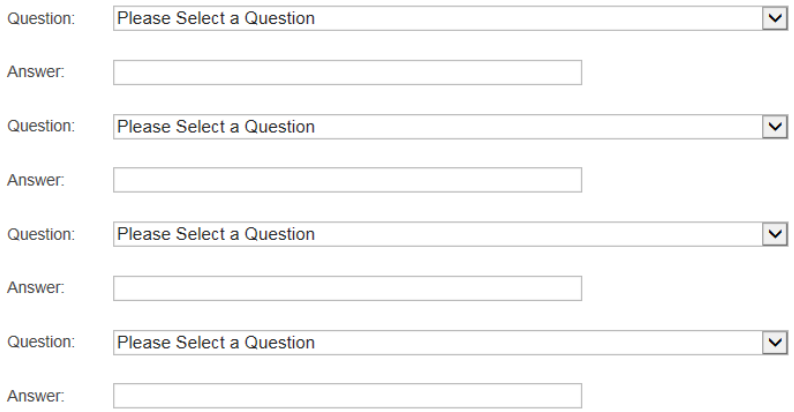
Secure authentication

The next part of the registration process involves setting up your secure authentication. This important step helps ensure your account is secure and private.

After the registration form is successfully completed, you will be prompted to complete the secure authentication setup process. After reading the secure authentication setup instructions, simply **click the *begin step now* button**, as shown below.

Step 1. Select security questions.

You must select four security questions and provide your secret answers. These questions are asked at random while you attempt to login to the Murfee Meadows Portal. The questions help provide an additional layer of security and help ensure only you are able access your account.



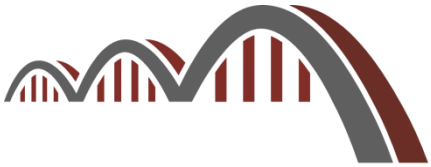
Step 2. Verify your email address.

In the next page, you will be prompted to verify your email address.
Enter your email address, and **click *continue setup***.

On the next page, you will be asked to verify all of the information you've entered during the secure authentication process. After you've reviewed and confirmed the accuracy of the information, please **click *submit setup information.*** A confirmation page will display showing the registration process has been completed. At this point, you can either 1) sign off, or 2) proceed to your account.

Your first login

After registering, for all subsequent logins you can click the *login* link in the upper right corner of the home page. You will be prompted to enter your username, two of your four security questions, and finally your password.



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Verification of Dependent Care Expenses

NAME OF EMPLOYER: **LEON COUNTY SCHOOLS**

NAME OF EMPLOYEE:_____

SOCIAL SECURITY #:_____

This is to certify that my dependent receives childcare/dependent care services from

_____, Tax I.D.#_____.
(Dependent Care Provider)

My cost incurred for the plan year is $_____ for the following dependent(s):

Dependent(s) Name	Age*
_____	_____
_____	_____

_____ _____
Provider Signature Employee Signature

_____ _____
Date Date

*Qualifying child must be your dependent and under the age of 13.

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DIRECT DEPOSIT INFORMATION FORM

INSTRUCTIONS: **Please print or type.** Complete all items under Personal Information and Bank Account Information. Please include a copy of a voided check. **You must sign and date the form in order for us to process it.**

Return form to MMI at claims@murfeemeadows.com or fax to 205-871-9519

PERSONAL INFORMATION	
Employer's Name **LEON COUNTY SCHOOLS**	
Employee's Name	Date of Request
SSN	Daytime Phone No.

I hereby authorize Murfee Meadows to initiate credits to the bank account indicated below. It is further agreed that Murfee Meadows is also authorized to initiate debits to the same account for the purpose of processing a stop payment or correction on a previously issued deposit should such a stop payment or correction become necessary.

BANK ACCOUNT INFORMATION	
Financial Institution Name	
Transit/ABA Number*	
Account Number	
Type of Account (Checking or Savings)	

* Nine digit routing number that appears on the bottom of a check (include a voided check with authorization).

This authorization is to remain in force until my Employer and Murfee Meadows have received written notification from me (the Section 125 Participant) of its termination. A change of account must afford my Employer, Financial Institution and Murfee Meadows a reasonable opportunity to act on the change. Failure to inform my Employer and/or Murfee Meadows of account changes which cause a transaction error will result in a fee of $25.00 to the Participant.

Signature _____ Date _____

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REIMBURSEMENT REQUEST FORM

INSTRUCTIONS: **Please print or type.** Complete all items under Personal Information. In order to receive reimbursement you must report the requested amount for each Healthcare Claim. **Please attach receipts**. For Dependent Care reimbursement you have two choices: 1) fill-out **all** items in the *Dependent Care Expenses* section and attach a receipt of your payment, **OR** 2) fill in your dependent's name, age, date of service and the requested amount **and** have your Day Care provider complete the *Affidavit of Dependent Care Provider (see below).* **You must sign and date the form in order for us to process it.**

Return form to MMI at claims@murfeemeadows.com or fax to 205-871-9519

PERSONAL INFORMATION	
Employer's Name **LEON COUNTY SCHOOLS**	
Employee's Name	Date of Request
SSN	Daytime Phone No.

HEALTHCARE EXPENSES

Unreimbursed Medical, Dental, Over-The-Counter Items, etc.**(Attach all receipts) Total: $ _____**
(Annual Maximum Limit: $3,300**)**

DEPENDENT CARE/CHILD CARE EXPENSES

Dependent's Name	Age	Date of Service		Requested Amount
		From	To	
Provider's Name and Tax ID / SSN				**Total:$**
Provider's Address				

AFFIDAVIT OF DEPENDENT CARE PROVIDER

I have provided adult/child care for _____age _____for the period beginning _____ and ending _____. Services were provided by _____ for a fee of $ _____

Signature of Provider _____Tax ID# of SS# _____Date _____

I, the undersigned, hereby certify that the above listed expenses have not been previously reimbursed from my Flexible Spending Account, nor are they reimbursable from any other source. I hereby authorize Murfee Meadows to obtain the necessary information from all physicians, hospitals, day care providers, employers and all other agents in order to adjudicate the claim for reimbursement under the Benefit Plans established by my employer.

Signature _____ Date _____

Flex account management tools that are as mobile as you are.

Download the app today.

Have the account information you need, right when you need it most. Our mobile app provides a single access point for you to manage all of your tax-advantaged benefit accounts from any iOS or Android mobile device. You can also configure account alerts via text message.

Go to your Appstore and search for Murfee Meadows, Inc.

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