

FSA Guide

Everything you need to know about your flexible spending account



Welcome to Your FSA

We have put together this guide to help you get the most out of your flexible spending account (FSA). The FSA is a great way to help save money on your out-of-pocket medical and dependent care expenses. Employees enrolled in this program will save on federal, state and FICA taxes. The following pages contain commonly asked questions that come up in regard to using the account. The answers will help you make the best use of Sentinel's FSA services.

Your Online Account

A good starting point in using your flexible spending account is to set up your online account. To set up online access, go to www.sentinelgroup.com and hover over ACCOUNT ACCESS in the upper right corner. Choose "SMARTLink (FSA, HRA, HSA and Retirement)" in the "For You" category of the drop-down menu. If you are logging in for the first time, you will need to get your "Plan Access Code" from your HR department. Click "Register Online", enter the required information and press "Begin."

After you complete the registration process, you will no longer need the Plan Access Code to enter your account. All you will need to remember is the User ID and Password that you created. You will receive an e-mail confirmation of your completed registration within 24 hours.

My Plan Dashboard

View My Summary to see and manage your entire account from this one page:

- ▶ Review and change your Personal Information
- ▶ Get your FSA balance
- ▶ Read the latest information about your plan at the Plan Message Center
- ▶ Review Recent Claims that you have submitted for process status
- ▶ Manage your User ID and Password from the Password Change link
- ▶ Update your reimbursement method through the Payment Options function

The screenshot shows the 'Summary' page of the FSA portal. It includes a 'Personal Information' section for 'Test Employee 2' with details like birth date (03/17/1970), hire date (01/01/2006), and payment method (Direct deposit). Below is a 'Benefits' table for the plan year 01/01/2013 - 12/31/2013, showing available balances and YTD deposits/claims for Dependent Care and Health Reimbursement. A 'Recent Claims' table lists claim IDs, dates of service, benefit types, claim statuses (e.g., Pending approval, Denial), service providers, and claim amounts.

My Claims

You may submit claims online. Simply click Submit Claim, follow the online instructions and press "Submit" when you are finished. Detailed instructions can be found on page 4.

- ▶ Assures that you have properly answered all necessary questions
- ▶ Receive verification that claim was received by Sentinel
- ▶ Fastest method to submit claim information

Review your Claim History for any period by providing the criteria for your search and pressing "Submit."

- ▶ By clicking on the "Claim ID" you can review detail on specific claims
- ▶ Find previous claims to attach substantiation so claim can be reviewed

The screenshot shows the 'Step 1 of 3: Enter Your Claims' form. It includes instructions to enter claim information and press the 'Add' button. Below are fields for 'Reimbursement Type' (dropdown), 'Dependent' (dropdown), 'Service Start Date' and 'Service End Date' (date pickers), and 'Type of Service' (dropdown). There are also fields for 'Taxpayer ID', 'Description', and 'Amount'. The form includes 'Reset', 'Add', 'Save and Continue', and 'Cancel' buttons. An important note states: 'IMPORTANT: Your claim will not be reviewed for reimbursement until you complete all steps.'

Eligible Expenses

Plan Statements & Forms

Print an on-demand account statement to monitor the performance of your plan through the Plan Statements tool.

- ▶ View your account balance, claims paid and deductions as of a specified date
- ▶ View all claims submitted during a given time period as well as the date, description, amount, status and payments on each

Sentinel has posted important forms online to offer you a convenient resource to get the most from your plan. Simply click Plan Forms to access these forms and more:

- ▶ FlexChoice Claim Form
- ▶ List of Eligible/Ineligible Expenses
- ▶ Account Information Access Request
- ▶ FlexChoice Enrollment/Change Form
- ▶ Summary Plan Description (SPD)

The items eligible for reimbursement in a Flexible Spending Account (FSA) are determined by the IRS under code Section 213(d). Please refer to the following information regarding commonly submitted FSA expenses.

What are the top 5 most commonly submitted *eligible* FSA expenses?

- ▶ Prescription drug co-payments
- ▶ Office visit co-payments
- ▶ Eye care
(eyeglasses, contacts, contact lens solution, etc)
- ▶ Dental work
- ▶ Vaccinations/Immunizations

What are the top 5 most commonly submitted *ineligible* FSA expenses?

- ▶ Vitamins*
- ▶ Massage therapy*
- ▶ Supplements (ex. Benefiber/Metamucil)*
- ▶ Cosmetic dentistry and other cosmetic procedures
(ex. teeth whitening)
- ▶ Toothbrush/toothpaste

Where can I find the complete list of eligible FSA items?

You can access the complete list by visiting www.sentinelgroup.com as well as through your individual online account by logging in, highlighting Plan Statements and Forms and choosing Plan Forms from the drop-down menu.

*Eligibility requires a yearly physician's prescription stating medical necessity for treatment of a specific diagnosed medical condition.



Plan Utilization

You can take advantage of your FSA at anytime during the Plan Year. Any money that you do not spend will be forfeited back to the plan. This is considered a “use or lose” benefit. Money cannot roll over from year to year (unless your plan has elected the Health FSA \$500 carryover provision). Sentinel offers three convenient ways for you to utilize the benefits of the plan (depending on the plan provisions).

Option 1

Sentinel's FSA Debit Card: The Benny Card

Participants that take advantage of the Benny Card will enjoy an 80% auto-adjudication rate which means that, in most cases, you will not need to submit documentation of your activity to Sentinel. Instead, the transaction will automatically reduce your account balance. Even better, you will not need to pay out-of-pocket and wait to be reimbursed.

How do I activate the card upon receipt?

The Benny Card can be activated by calling the number located on the sticker on the front of the card when it is first received. Even though you will receive two cards, you only have to call once to activate both. They will be available for use within 24 hours of activation.

Why did I receive two cards?

You are issued two cards so you can choose to make the second card available for a spouse or dependent. Both cards come in your name, but since the Benny Card is signature-based, your spouse or dependent just needs to sign the back of the card and it is their card to use.

I did not choose to enroll in the debit card during my election period. Can I request cards now?

Yes. You can enroll in the cards at any time during the year by filling out a “FlexChoice Enrollment/Change Form” found in your online account and sending to Sentinel.

Should I select “Credit” or “Debit” when making a purchase?

Your card can be used as either “Debit” or “Credit”. In order to use the card as a “Debit”, you must establish your own PIN by calling the number located on the card and walking through the setup steps.

Will I be required to substantiate a debit card claim and how will I be notified?

If, upon adjudication of a debit card swipe, backup documentation is needed to substantiate a claim, Sentinel will send you a letter via mail. You must provide the receipt for the eligible expense or payment in lieu of receipt. This is why it is important to always hold on to your receipts when using your Benny Card.



Option 2

Online Claim Submission

If you pay out-of-pocket for an eligible expense, submitting a claim request online via Sentinel's secure website is the quickest and easiest way to be reimbursed, second to using the Benny Card. You can immediately verify that your request has been received by Sentinel. In addition, you can upload your required substantiation (receipts, EOB, etc.) using our upload tool. Scanned substantiation completely eliminates the need for paper and will automatically attach to the claim(s) that you have entered.

How do I do it?

- 1 Log into your account at www.sentinelgroup.com
- 2 Select "My Claims" from the top menu
- 3 Follow the online instructions
- 4 Attach or submit receipts

Fast. Print claim confirmation sheet and fax in with receipt(s) or other substantiation

Faster! Upload receipt(s) or other substantiation via the upload option.

Option 3

Download a claim form and submit

Complete a paper claim form, then fax in the form with receipt(s) or substantiation to our secure Flexible Spending fax line.

Where can I get the form?

You can access the FlexChoice Claim Form by logging into your account at www.sentinelgroup.com, highlighting Plan Statements and Forms, and choosing Plan Forms from the dropdown menu.

What is the fax number for claims?

If you choose to fax in your FSA claim with copies of receipt(s) or substantiation, the secure fax number to use is 781-213-7301

Claim Approval

A completed claim form signed by the participant is needed (unless submitted online) as well as the receipt(s) or substantiation. To ensure that the request for reimbursement is approved and paid timely, the following information is required:

Medical

- ▶ Date service was rendered
- ▶ Description of service or item
- ▶ Name of provider of service
- ▶ Your out-of-pocket cost
- ▶ Name of the person receiving the service
- ▶ Proof of Purchase

Dependent Care

- ▶ Date(s) service was rendered
- ▶ Name of provider of service
- ▶ Amount charged
- ▶ Name of the person receiving the service
- ▶ Tax ID# or Social Security Number of the Service Provider
- ▶ Signature of the Caregiver or a cancelled check or receipt from the caregiver if one exists

Important Notes:

- ▶ Providing just a credit card receipt/statement or bank statement is not an acceptable form of documentation for reimbursement. Please note that all expenses must be itemized.
- ▶ You should keep all receipts or other substantiation of claims in case of an audit of your personal tax return.

Reimbursement

Once claims are submitted and approved, Sentinel will process reimbursements and issue payments directly to you. Payments are issued every Friday (excluding certain holidays).

What is the time frame for reimbursement?

Sentinel promises that any claim entered online with substantiation or faxed claims received, in good order; by 5 PM ET (2 PM PT) on a Wednesday will be paid out the following Friday (as long as claim is approved).*

What happens if a holiday falls during the week?

During holiday weeks, claims will have to be received by Tuesday at 5 PM ET (2 PM PT) in order to be approved for Friday payment. If the holiday falls on a Friday, the payments will be issued on Thursday.

What are my options for being reimbursed?

The quickest option for reimbursement is via direct deposit. You can enter an email address so you are notified when any direct deposit goes out to you. Alternatively, you can be set up to receive a paper check sent directly to your home address. Both direct deposits and checks are issued each Friday (excluding certain holidays).

How can I manage or change my reimbursement method?

You can manage your reimbursement method online by logging into your online account, highlighting My Plan Dashboard and choosing Payment Options from the dropdown menu.



*Subject to change based on the funding arrangement agreed to by your employer as well as holiday weeks.

Rules, Rights & Information

If I do not use up all of the money I elected for the year, do the remaining funds carry over to the next year?

It depends. Some employers have elected the \$500 carry over provision for the Health FSA benefit. If this is the case, your Health FSA funds will roll over from one plan year to the next (up to a maximum of \$500). Please note that Dependent Care FSA benefits do not roll over. Either way, this is why it is important during your election period to make an educated estimate of what your expenses will be throughout the year. This will provide the most beneficial cost savings for you and your family.

In what situation can I change my election during the plan year?

Upon electing coverage under a cafeteria plan, your election is irrevocable until the end of the Plan Year unless:

- ▶ You experience a change in status (explained below)
- ▶ You experience a significant cost of coverage change
- ▶ There is a termination of employment
- ▶ There is an approved leave of absence

What is considered a "Change in Status Event"?

There are certain life-changes that will allow you to change or cancel your coverage under a cafeteria plan. For a change to an existing election to qualify, the change in status must be due to one of the following reasons:

- ▶ Change in legal marital status
- ▶ Change in the number of tax dependents
- ▶ Commencement of employment (including spouse or dependent)
- ▶ Termination of employment (including spouse or dependent terminations)
- ▶ Change in work schedule which affects benefit eligibility
- ▶ Change in place of residence or work which affects the coverage in a benefit plan

Where do I go to find out more information on my plan and log into my account?

Visit our website at www.sentinelgroup.com to learn more about your benefits and get the latest news and information. You can also access your individual account, once it is set up, by logging in under the "Smart Link Member Login" with your personal User ID and Password.

What if I have a specific question on my account?

If you have any questions specific to your account, please call our Member Services Call Center at 888-762-6088, Monday through Friday, 8:00 am - 6:00 pm ET (5:00 am - 3:00 pm PT, excluding certain holidays).

