

PAYFLEX[®]

FAQs

Frequently Asked Questions

[LET'S GET STARTED](#)

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Flexible Spending Accounts (FSAs)

What is a Flexible Spending Account?

A Flexible Spending Account (FSA) is a tax-advantaged account offered by your employer. You may pay for eligible expenses with tax-free money. You contribute to an FSA with pretax money from your paycheck. This, in turn may help lower your taxable income. There are three types of FSAs: health care FSA, dependent care FSA and limited purpose FSA.

Health Care FSA (HCFSA)

An HCFSA helps you pay for eligible out-of-pocket medical, dental, vision, hearing and prescription drug expenses for you, your spouse and the adult child of the employee until the end of the year in which the child turns 26. The child does not have to be a tax dependent. These expenses include deductibles, coinsurance, co-pays, and over the counter (OTC) items. Depending on how your HCFSA is structured, you may be able to carry over unused funds into the subsequent year.

Dependent Care FSA (DCFSA)

A DCFSA helps you pay for eligible child or adult day care expenses. These include day care, before- and after-school programs, nursery school or preschool, summer day camp and adult day care. The care must be for your child(ren) under age 13, or for a spouse or dependent who is incapable of selfcare and who lives with you at least half of the year. [> More about DCFSA](#)

Limited Purpose FSA (LPFSA)

An LPFSA helps you pay for eligible dental and vision expenses. (Eligible expenses, as determined by your employer, may also include prescriptions and OTC items for dental and vision care). A LPFSA may also cover other health care expenses incurred after you meet your deductible. You can enroll in a LPFSA if you have a Health Savings Account (HSA). Funding dental and vision expenses from an LPFSA may also allow you to keep more savings in your HSA. Depending on how your LPFSA is structured, you may be able to carry over unused funds into the subsequent year; current maximum is \$500 with an opportunity to amend plans to \$550 (*amount may change for 2021). [> More about FSAs](#)

How does an LPFSA work?

You contribute pretax dollars from your paycheck. You can use those dollars for eligible dental and vision expenses.

How can I save money?

You can contribute up to the IRS limit of \$2,750 on a pretax basis for 2020 (subject to IRS increase in 2021).

What expenses are eligible?

Expenses may include dental care such as fillings, X-rays and braces. Eligible vision care expenses include eyeglasses, contact lenses and LASIK eye surgery.

How will I benefit?

The main benefits of the FSA are that the money you contribute is deducted from your pay on a pretax basis. Therefore, your taxable income is less. So, when you use your FSA funds, it's like you're saving about 30 cents on every dollar you spend. Also, when in enrolled in a HCFSA or LPFSA your full contribution is available on the first day of the plan year.

How much money can I expect to save in taxes with an FSA?

When you contribute to an HCFSA, that money is deducted from your pay on a pretax basis. This means your contribution comes out of your paycheck before Federal, Social Security and in some cases, state taxes are deducted from your pay. Generally, Federal taxes range from 15 percent to 28 percent and Social Security tax is currently 7.65 percent of your pay. So, you could save about 30 cents on every dollar you spend on eligible expenses.

[> More about FSAs](#)

Example: You have an annual salary of \$60,000 and you decide to contribute \$2,500 to a HCFSA and \$2,000 to a DCFSA. With your pretax FSA contributions, you could save about \$1,020. Here's how it works.

| SAMPLE ACTION | WITH AN FSA | WITHOUT AN FSA |
|--|-------------|----------------|
| Annual salary | \$60,000 | \$60,000 |
| Health Care FSA contribution | (\$2,500) | \$0 |
| Dependent Care FSA contribution | (\$2,000) | \$0 |
| Taxable income after FSA contributions | \$55,500 | \$60,000 |
| Estimated taxes withheld (22.65%)* | (\$12,570) | (\$13,590) |
| Post-tax income | \$42,930 | \$46,410 |
| Money spent after-tax on health care expenses | \$0 | (\$2,500) |
| Money spent after-tax on dependent care expenses | \$0 | (\$2,000) |
| Take-home pay | \$42,930 | \$41,910 |
| Potential savings | \$1,020 | \$0 |

*This example is for illustrative purposes only. It's based on 7.65 percent FICA and 15% tax bracket.

[> More about FSAs](#)

How does an FSA work?

It's quite simple really. You contribute, spend and save.

- 1. Contribute** — Estimate the amount you expect to spend during the plan year on eligible out-of-pocket expenses. Out-of-pocket expenses are those not covered by insurance or any other plan. Select the FSA (HCFSA, DCFSA, and/or LPFSA) that's right for you and choose how much you want to contribute. Your employer will deduct that amount from your paycheck in equal amounts each pay period. These deductions are pretax. Each FSA has its own contribution limit, which is set by the Internal Revenue Service (IRS).

Below are the 2021 limits.

- **Health Care FSA contribution limit: \$2,750**
- **Limited Purpose FSA contribution limit: \$2,750**
- **Dependent Care FSA contribution limit: \$5,000**

These limits are subject to change annually. Your employer may set a lower limit. Check your plan to know how much you can contribute.

- 2. Spend** — Once funds are in your FSA, you can use the PayFlex Card®, your account debit card, to pay for your eligible expenses, if offered by your employer. Or you can simply pay out of pocket and then submit a claim to pay yourself back. You can do this online, through the PayFlex Mobile® app, or complete a paper claim form and fax or mail it to us.
- 3. Save** — Your FSA contributions are tax-free. Therefore, when you use your FSA funds on eligible expenses, you save about 30 cents on every dollar you spend.

[> More about FSAs](#)

How do I use the money in my FSA?

Once funds are in your FSA, you can use the PayFlex Card®, (your account debit card — if offered by your employer) to pay for your eligible expenses. Or you can simply pay with cash, check or credit card, and then submit a claim to pay yourself back.

How do I file an FSA claim?

After you incur an eligible expense, you can:

- **Submit a claim online.** You can upload or fax your documentation to us.
- **Submit a claim using the PayFlex Mobile® app.** You can download it for free* from your mobile app store. You'll use the same username and password that you use for the PayFlex website.
* Standard text messaging and other rates from your wireless carrier still apply.
- **Complete a paper claim form and mail or fax it with your documentation.** Members can find this claim form by logging into [PayFlex.com](https://www.payflex.com) here: [Documents & Forms](#).

What do I need to send with my FSA claim?

It depends on your expense type.

- **If your expense went through your medical or dental plan,** you'll need to send an Explanation of Benefits (EOB) from your plan. This is the best form of documentation.
- If your expense didn't go through your medical or dental plan, you can send an itemized receipt or statement for the expense. It must show:
 - Date of purchase or service
 - Amount you were required to pay
 - Description of the item or service

[> More about FSAs](#)

- Name of the merchant or provider
- Patient Name
- For **prescriptions**, send your detailed receipt that includes the pharmacy name, patient name, prescription name, the prescription fill date, and amount you paid.
- For dependent care expenses, the dependent care provider must sign the claim form or provide an itemized receipt. It must include the date(s) of service, provider name, qualifying person's name, and the amount charged for the care.
- **Note:** If you don't send an EOB, itemized receipt or statement with your claim, we'll deny it. We can't accept a cancelled check, credit card receipt or billing statement that shows "previous balance," "balance forward," "estimated," "filed" or "pending insurance."

Can I change my election during the plan year?

Your FSA election remains in place for the plan year. This is an IRS rule. The only way to change your FSA election during the plan year is if you have a status change event and as a result of that event, it's necessary for you to change your election. Your employer's plan determines which status change events are allowed. **Note:** Generally, you have 30 calendar days from the date of your status change to change your election. Please contact your Human Resources or Benefits Department to change your election. Below are some examples of status change events:

- Change in legal marital status (marriage, divorce, legal separation, annulment, death of a spouse)
- Change in number of tax dependents (birth, adoption, death)
- Change in employment status that affects benefit eligibility
- Dependent becomes or is no longer eligible under the plan (reaches limiting age, gains or loses student status)
- Change in residence that affects eligibility

[> More about FSAs](#)

What happens if I have funds left in my FSA at the end of the plan year?

Generally, funds left in an FSA at the end of the year are forfeited. This is the FSA “use-it-or-lose-it” rule. However, your plan may have a “grace period” or “carryover” feature, which can help reduce forfeitures.

- **Grace Period:** If your FSA has a grace period, you have an additional two months and 15 days after the end of your plan year to spend your FSA funds.
- **Carryover Feature:** If your Health Care FSA or Limited Purpose FSA includes the carryover feature, you may be able to carry over unused funds into the subsequent year; current maximum is \$500 (*this may increase for 2021). Your employer sets your carryover amount. (Please note: The Carryover Feature is not available on Dependent Care Flexible Spending Accounts)
- **NO Grace Period or Carryover Feature:** If your FSA does not have a grace period or the carryover feature, you may have a run out period. This gives you more time to submit claims for eligible expenses that you incurred during the plan year. Any funds left in your FSA after the runout period will be forfeited.

What happens to my HCFSA if I leave my company?

It depends on your plan. Your FSA coverage may end on your last day of work or it may end at the end of that month. Your employer may allow employees to continue to incur spend down of their cash balance for eligible expenses that are incurred after termination through the end of the plan year. Therefore, you may still be able to submit claims for eligible expenses that you incurred during the time you had coverage. Your employer will let you know how and when to submit claims. You may also be eligible to elect COBRA coverage for your HCFSA or LPFSA.

[> More about FSAs](#)

What happens to my DCFSA if I leave my company?

It depends on your plan. Your employer may allow you to continue to spend down your DCFSA cash balance for eligible expenses that are incurred AFTER your termination date until the end of the plan year. Standardly, Dependent Care Flexible Spending Accounts are NOT eligible for COBRA. Please contact your Human Resources or Benefits Department for more information.

Do I have to enroll in my employer's medical or dental plan to participate in the health care FSA?

Your plan will determine this. Although your employer can require that you take the medical or dental plan in order to have a health care FSA, not all plans are designed this way. Please check your plan documents to confirm this.

Can I use my FSA to pay for over-the-counter (OTC) items, supplies, drugs and medicines?

Yes. You can use your FSA funds for over-the-counter (OTC) items, supplies, drugs and medicines (if they're considered eligible under your plan). [See Eligible Expenses](#)

Do I need a prescription from my physician to pay/get reimbursed for over-the-counter (OTC) drugs and medicines?

On March 27, 2020, the CARES Act passed and changed the rules for OTC drugs and medicines. You no longer need a prescription from your physician to pay or get reimbursed for OTC drugs and medicines. This change only applies to OTC drugs and medicines you paid for after December 31, 2019.

May I submit eligible health care expenses incurred by my spouse and dependents?

Yes. You can seek payback for eligible expenses that you, your spouse and eligible tax dependents have during the plan year. This is true even if you don't cover your spouse and dependents on your health plan.



Dependent Care FSA (DCFSA)

How does the DCFSA work?

When you enroll in a DCFSA, you set aside money from your paycheck on a pretax basis for eligible child and adult day care expenses. Your expenses must be work-related. This means that your dependents need the care so that you can work. During the plan year, you'll pay for your eligible dependent care expenses out of pocket. Once your dependent receives the care, you can submit a claim to pay yourself back from your DCFSA. You can do this online, through the PayFlex Mobile® app, or complete a paper claim and fax or mail it to us.

A DCFSA does have a few rules that you should know:

- If you're married, both you and your spouse must be working. If just one of you is working, the other spouse must be actively looking for work; be a full-time student; or be unable to care for him or herself. Unpaid or minimally paid volunteer work doesn't qualify as employment.
- The expenses must be for a qualifying person. A qualifying person is your dependent child who is younger than age 13 or a spouse or tax dependent who is not physically or mentally able to care for him or herself.
- You must receive these services from an eligible care provider. This can include a licensed childcare facility, an adult day care center and a summer day camp. Check your plan for further details.
- The care provider can't be your tax dependent, your child who is under age 19 at the end of the year, a person who was your spouse any time during the year or the parent of your qualifying person.
- The expenses must be for services you get during the plan year and while the qualifying person regularly spends at least eight hours each day in your home.

[> More about DCFSA](#)

- The expenses can't be for future services. For example, you pre-pay your child's summer day camp. You can't file a claim until after your child attends the camp.
- The Internal Revenue Service (IRS) annual contribution limit is \$5,000. However, the IRS limits reimbursement to the lesser of your earned income for the year or the cost of care, up to \$5,000. If you're married, this limit is based on the income of the lower paid spouse and whether you file joint or separate tax returns.
- Even if you have a DCFSA, you must file Form 2441, Child and Dependent Care Expenses, with your federal tax return.

What expenses are eligible under a DCFSA?

You can view a list of common eligible expenses on this [website](#). You can also find more details in [IRS Publication 503](#).

How much can I contribute to a DCFSA?

Typically, the most that you can contribute to a DCFSA is \$5,000. This is per household per year. This means that if you and your spouse each have a DCFSA, you're limited to \$5,000 between the two of you. Keep in mind, this amount may be less based on earned income and tax filing status. For example, if you're married and filing taxes separately, your individual contribution limit is \$2,500.

When can I submit a claim for my dependent care expenses?

You can submit a claim at any time during the plan year. However, you can only receive reimbursement after the dates of service. **Example:** You pre-pay your dependent care provider every Friday for the following week. To receive reimbursement, you must wait until the end of the next week to submit your claim.

[> More about DCFSA](#)

What do I need to send with my dependent care claim?

When you submit a claim, we need the detail for that expense. You only need to send one of the following with your claim form:

- A completed Dependent Care FSA claim form that your provider signs. The form must include dates of service, name of dependent, cost of care, and the provider's name. You don't need to include documentation if your dependent care provider signed the form.
- An itemized statement that includes the dates of service, name of dependent, cost of care, and the provider's name.

Dependent Care General Questions:

I have a dependent care expense that I want to submit for reimbursement. However, I don't have enough in my DCFSA right now to cover the full amount. How should I submit this claim?

You can submit a claim for the full amount. The DCFSA will reimburse you up to the balance in your account. You'll only receive reimbursement for the remaining amount if you make more contributions your DCFSA.

I just had a baby and will be home for six weeks. I'm taking my older child to day care during this time. Will these day care expenses be eligible?

This is not an eligible expense. The dependent care must be so you can work. Since you're not working during this period, the day care expense is not reimbursable.

I pay my neighbor to watch my 13-year-old after school. Is this an eligible expense?

No. Care must be for a qualifying person. A qualifying person includes your dependent child who is younger than age 13. This would only be an eligible expense if your child wasn't able to care for himself or herself.

[> More about DCFSA](#)

My 16-year-old daughter cares for my 8-year-old son after school. Will my DCFSA reimburse me for the amount I pay my daughter?

No. This is not an eligible expense. The care provider **MUST** be:

- An eligible day care provider
- 19 or older by the end of the year
- A NON-tax dependent to you, nor may they be your child

If I participate in the DCFSA, do I need to report this on my income tax return?

Yes. When you have a DCFSA, you must include this information as part of your tax return. You'll do this on IRS Form 2441: Child and Dependent Care Expenses. For more information, see instructions for IRS Form 2441 at www.irs.gov. Your employer will also list your contributions on your Form W-2. If you have questions, you should speak with your tax adviser.

If I have a DCFSA, can I also use the Child and Dependent Care Tax Credit?

Generally, if you have a DCFSA you can't also take the full tax credit. You should talk to your tax adviser to learn which option is best for you.

Can I use my DCFSA to pay for child's virtual childcare during the pandemic?

*Yes.

*Subject to change

Can I decrease my DCFSA contribution?

You may change your contribution if you have a change in status, such as your marital or employment status, your number of tax dependents, etc., and your employer allows election changes.



Health Savings Account (HSA)

What is an HSA?

An HSA is a tax-advantaged health care account that you own. You contribute to it with tax-free or tax-deductible funds. You can use those funds to pay for eligible health care expenses now and in the future. This includes expenses for you, your spouse and your tax dependents. This is true even if your spouse and dependents are not on your health plan. **To contribute to an HSA you must have a qualified high deductible health plan (HDHP). Each year, the IRS sets the maximum amount you can contribute to the HSA. The funds that you contribute but don't use will roll over year to year.** In addition, **an HSA is portable.** This means that if you change employers or leave the work force, the HSA stays with you. Finally, with an HSA **you don't have to submit documentation for the funds you use.** However, you should keep all your receipts and statements in the event of an IRS audit. These will show that you used the funds for eligible expenses. **You can also use a Limited Health Reimbursement Arrangement account and a Limited Flexible Spending Account with an HSA.**

Who is eligible for an HSA?

To be eligible for an HSA, you must meet certain requirements.

- You must enroll in a qualified High Deductible Health Plan (HDHP).
- You cannot have other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible.
- You or your spouse cannot have an active HCFSA or active HRA in the same year that you are making or receiving HSA contributions.
- You cannot have Medicare or TRICARE.

[> More about HSA](#)

- You did not receive Veterans Administration (VA) health benefits in the previous three months. However, veterans with a service-connected disability will not be blocked from HSA eligibility.
- You cannot be a dependent on another person's tax return.

What are the Tax advantages of an HSA?

- Payroll deduction contributions are pre-tax
- After-tax contribution can be deducted when you file your tax return
- Interest earned on your cash account is generally not taxable
- Withdrawals to pay qualified health care expenses are tax-free
- At age 65, withdraw funds for any reason with no penalty (taxes apply)

What is a qualified high deductible health plan (HDHP)?

A HDHP has a higher deductible than most health plans. With this type of plan, the monthly premium is usually lower. Once you meet your deductible, then the health plan can pay a portion of your claims. To be HSA-eligible, a qualified HDHP must meet the following criteria.

- 1. Minimum Deductibles** — A qualified HDHP must have minimum deductibles as established by the IRS. If the plan has a deductible that's lower than this minimum, it's not a qualified plan for the HSA. For 2020, the minimum deductible amount for a self-only plan is \$1,400. For a family plan, the minimum deductible is \$2,800. For 2021, those amounts will stay the same. Your plan may have a higher deductible.

[> More about HSA](#)

- 2. Limit on Out-of-Pocket Expenses** — A qualified HDHP limits what you pay out of pocket in the plan year. This limit includes what you would pay for deductibles, co-payments and co-insurance. **Note:** These limits apply to in-network services only. The limits don't include what you pay for premiums, out-of-network services, expenses that the plan doesn't cover, or amounts that exceed lifetime limits, if applicable. **SPECIAL NOTE: For 2021, the out-of-pocket maximum for a self-only plan is \$7,000. For a family plan, the maximum is \$14,000.**
- 3. Preventive Care** — The HDHP can cover preventive care before you have met your deductible. The plan can cover preventive care at 100 percent. It may also require a copay or coinsurance for certain preventive services. Even though the plan covers preventive care, you would still be eligible to contribute to an HSA. As of July 17, 2019, preventive care also includes certain medicines and services related to chronic conditions including asthma, congestive heart failure, depression, diabetes, heart disease, hypertension and osteoporosis (For details, see [IRS Notice 2019-45](#)).

Preventive care includes:

- Annual health exams
- Routine prenatal
- Well-child care
- Child and adult immunizations
- Stop-smoking programs
- Weight-loss programs
- Certain screening services

[> More about HSA](#)

When am I eligible for an HSA?

First, you must have a qualified HDHP to have an HSA. The date that you're eligible to contribute to an HSA is based on the effective date of your HDHP.

- If your HDHP starts on the first day of the month then you're eligible for the HSA that same day. **Example:** Your HDHP starts on January 1. This means, you're eligible for the HSA on January 1.
- If your HDHP starts on any day after the first day of the month, you're eligible for the HSA on the first day of the next month. **Example:** Your HDHP starts on January 15. This means you're eligible for the HSA on February 1.
- Once you sign up for the HSA, you must go through a Customer Identification Process (CIP). With the CIP, we verify your name, Social Security number, address and date of birth. If we need more information from you, that could delay the opening of your HSA. Once your HSA opens, that's the effective date. So, your effective date may be later than the date you're eligible.

I have an HSA with another bank. Can I also enroll in a PayFlex HSA?

- Yes. You can have more than one HSA. The amount that you contribute to all HSAs cannot be more than the annual contribution limit for the year.
- You may also close your old HSA and transfer the funds to your new HSA. You may be paying fees on your old HSA. If you want to move your funds to your HSA with PayFlex, complete the **HSA Trustee Transfer Form**. Members can download this form by logging into [PayFlex.com](https://www.payflex.com) here: [Documents & Forms](#). Be sure to have your other bank send the funds to: **PayFlex Systems USA, Inc., HSA Operations, P.O. Box 3317, Carol Stream, IL 60132-3317.**

Can I have an HCFSA with an HSA?

If you're contributing to an HSA, you can't have a regular HCFSA. However, you can have a LPFSA, if offered by your employer. You can use a LPFSA for eligible dental and vision expenses. This can help you save your HSA funds for other eligible expenses.

[> More about HSA](#)

Am I still eligible for an HSA if I have other types of health coverage?

It depends on the type of health coverage you have. You may have other insurance that covers:

- Liabilities from workers' compensation laws, torts, or ownership or use of property (such as automobile insurance)
- Specified disease or illness
- Fixed indemnity, which pays an amount per day (or other period) for hospitalization
- Accidents
- Disability
- Dental care
- Vision care
- Long-term care
- You can also have a discount card and an HSA. A discount card gives you discounts on health care services or products, as long as you pay the costs of the health care (taking into account the discount) until you satisfy the HDHP deductible.

I'm currently enrolled in Medicare. Am I eligible to enroll in an HSA?

If you're enrolled in Medicare, you aren't eligible to contribute to an HSA. If you didn't have Medicare all year, you may be able to contribute for the months before you started Medicare. If so, you can open an HSA. If you had Medicare all year, you can't open an HSA.

Can I have an HSA if my spouse is in Medicare, but I am not?

If you're eligible to open and contribute to an HSA, then you can do so. This is true even if your spouse has Medicare coverage.

[> More about HSA](#)

Who may contribute to my HSA?

Anyone can contribute to your HSA. This means that you, your spouse, your employer, a family member and any other person can contribute to your HSA. All contributions will count toward your annual limit.

How much can I contribute to my HSA?

Each year, the Internal Revenue Service (IRS) sets annual contribution limits for HSAs. These limits are based on your HDHP coverage level (self-only/individual or family). **For 2021, the limit for self-only/individual coverage is \$3,600. For family coverage, the contribution limit is \$7,200.** You can contribute in a lump sum or multiple times throughout the year. You can change how much you contribute at any time during the year; you don't need a life event change. **If you're age 55 or older, you can contribute another \$1,000 per year. This is a "catch-up" contribution to help you save for health care expenses in retirement.** **Note:** You may want to speak with your tax advisor. They can help you understand how much you can contribute to your HSA. You might also find it helpful to review IRS Publication 969.

I became eligible for Medicare during the year. Can I continue to contribute to my HSA?

Starting with the month that you enroll in Medicare, you're no longer eligible to contribute to an HSA. However, you can still use your funds for eligible expenses. **Example:** You have an HSA on January 1. Starting in the month of July, you're covered under Medicare. This means you're eligible to contribute to an HSA for the months of January through June. For these months, you would prorate how much you can contribute. You still have until the tax filing deadline to contribute to your HSA, however, you can only contribute up to your prorated amount. The tax filing deadline is generally April 15 of the following year.

I am no longer in a qualified HDHP. Can I still contribute to my HSA?

No. Per IRS regulations, you must be in a qualified HDHP to contribute to an HSA. However, you have until the tax filing deadline of the following year to contribute for the time you were eligible. The tax filing deadline is generally April 15 of the following year. You are still eligible to use the funds in the HSA even if you don't have HDHP coverage.

[> More about HSA](#)

Can I transfer funds from my IRA into my HSA?

Yes. You can make a one-time transfer from your Individual Retirement Account (IRA) into your HSA. You would do this as a trustee-to-trustee transfer. The transfer amount is tax-free. It does count toward your HSA contribution limit for the year. You must stay in a qualified HDHP for 12 months after the transfer date. This is the testing period. If you don't keep HDHP coverage for the entire testing period, you'll have to pay income taxes on the transfer amount. You may also have to pay a 10 percent penalty tax. If you have additional questions, you should talk to your tax advisor.

To transfer your funds, complete the **HSA Trustee Transfer Form**. Members can download this form by logging into [PayFlex.com](https://www.payflex.com) here: [Documents & Forms](#). Be sure to have your other bank send the funds to: **PayFlex Systems USA, Inc., HSA Operations, P.O. Box 3317, Carol Stream, IL 60132-3317**.

When is the deadline for contributing to an HSA?

For any year that you have an HSA, you can contribute up to the tax filing deadline. The tax filing deadline is usually mid-April of the next year. Just be sure that you don't contribute more than the IRS contribution limit. If you do contribute for the previous tax year between January 1, and the end of the tax filing deadline, you'll need to note that on your contribution. If you don't let us know, we'll post the contribution for the current year.

What happens if I contribute more than the IRS limit for the year?

The amount that you can contribute to your HSA each year is based on several factors. These include your level of HDHP coverage (self-only or family), how long you had the HDHP, and your age. If you or anyone else contributes more than the IRS contribution limit to your HSA, you have an "excess contribution."

You should remove the excess contribution from your HSA. You can do this online as a withdrawal of an excess contribution. Or you can complete the HSA Return of Excess Contribution form and send to PayFlex. Log into [PayFlex.com](https://www.payflex.com) and go to [Documents & Forms](#) to download the form. This form will give you details on how to fax or mail the form to us. You should

[> More about HSA](#)

remove excess contributions by the tax filing deadline for that year. If you don't remove the excess contribution, that amount will be subject to income taxes and may be subject to a 6 percent penalty tax. If you have more questions about your contributions, you should talk with your tax advisor.

How do I use the funds in my HSA?

Once you have funds in your HSA, you have a few ways you can use your funds. You can make a payment to your provider from your HSA. If you have a PayFlex Card®, you can use it to pay for eligible health care expenses. If you paid out of your pocket, you can go online and pay yourself back. When you pay yourself back, you can do so through a linked bank account. This will withdraw funds from your HSA and deposit them into your personal account. It can take up to 48 hours for you to see the funds in your account. **To link a bank account**, log in and go to your account settings. **If you prefer to receive a check**, use the online tool to request funds and pay yourself back.

Can I use my PayFlex Card® with my HSA?

If your employer offers the card, you can use it with your HSA. If you have more than one account with us, you'll receive one card for all accounts. **Example:** You have an HSA and a LPFSA. You'll receive one card for both accounts.

Do I need to keep my receipts?

You should keep all your itemized statements and receipts. These will show that you used your HSA funds for qualified medical expenses. You would also need them if the IRS ever audits your tax return.

I no longer have a qualified HDHP. Can I still use my HSA to pay for health care expenses?

Yes. You can continue to use your HSA funds to pay for eligible health care expenses. However, you can't contribute to your HSA if you no longer have an HDHP.

[> More about HSA](#)

I'm enrolled in Medicare. Can I use my HSA funds for my Medicare premiums?

If you're age 65 or older, you can use your HSA funds for most Medicare premiums. You can't use your HSA funds to pay for a Medicare supplemental policy.

Can I use my HSA to pay for my spouse's health care expenses if they're enrolled in Medicare?

Yes. You can use your HSA to pay for eligible out of pocket health care expenses for you and your spouse. Medicare premiums for coverage of your spouse or a dependent (who is 65 or older) are generally qualified medical expenses if you, the account beneficiary, are 65 or older.

I'm 65 and I have Medicare. I also still have coverage through my employer. May I use my HSA funds to pay my portion of my employer's health coverage?

You can't treat insurance premiums as qualified medical expenses unless they are for:

- Long-term care insurance
- Health care continuation coverage (such as COBRA)
- Health care coverage while receiving unemployment compensation under federal or state law
- Medicare and other health coverage if you are 65 or older (other than premiums for a Medicare supplemental policy, such as Medigap)

Will I have to pay taxes when I use my HSA funds?

When you use your funds for qualified medical care, you don't pay taxes on that amount. If you use your HSA funds for an ineligible expense, then you'll have to pay income taxes. You may also have to pay a 20 percent penalty tax. There are times when the penalty tax doesn't apply. If you're disabled or age 65 or older at the time you use the funds, you don't have to pay the penalty.

[> More about HSA](#)

Can I invest my HSA funds?

Yes, if your employer offers the investment option. You first need to have a minimum balance in your HSA. This is typically \$1,000. You can invest any HSA funds over this minimum balance. You can find this minimum balance amount on the investments page of your online account. If you do invest any of your HSA funds, those funds would be in an investment account. Any funds in an investment account are not FDIC-insured.

How does an HSA investment account work?

- If you're enrolled in a PayFlex HSA, you have the option to open an investment account and buy shares from a diversified group of mutual funds.
- Any earnings from your HSA investments grow tax-free.
- When you reach the required minimum balance in your HSA deposit account, you have the option to open an HSA investment account.
- If you later need access to spend those invested dollars, simply transfer (sell mutual funds) from the HSA investment account to the HSA deposit account.

What happens to my PayFlex HSA if I leave my employer? What happens if I cancel my health plan coverage?

Your HSA belongs to you. If you leave your employer or cancel coverage under your health plan, you may continue to use your HSA funds for eligible health care expenses. We'll send you a letter about the changes you can expect with your HSA. You'll keep the same PayFlex account and debit card. You'll have to pay a monthly maintenance fee. We'll deduct this fee from your HSA on the first of each month.

- You can still contribute to your HSA for the months that you were eligible to do so. You have until the tax filing deadline to contribute. The tax filing deadline is generally April 15 of the next year.

[> More about HSA](#)

- If you continue your health plan under COBRA or enroll in another qualified HDHP, you may still be able to contribute to your HSA.
- If you want to close your HSA, you'll need to complete the Account Closure Form. Log in to the PayFlex member website and go to Documents & Forms to download the form. You can also call us to request a form. After you close your HSA, you can still view your deposits, payments and withdrawals on the website. There may be a fee to close your HSA.

Can I name a beneficiary for my HSA?

Yes. You can name one or more beneficiaries for your HSA. You can do this from your online account. You may have done this when you first registered your HSA online. If you didn't or if you'd like to make changes, you can do so at any time online through your account settings.

What happens to my HSA upon my death?

- If you name your spouse as your beneficiary, your HSA will become your spouse's HSA after your death. Your spouse won't have to pay taxes on these funds if they use them for qualified medical expenses.
- If your beneficiary is not your spouse, the HSA is closed. Your beneficiary will receive the funds from your HSA. **Note:** If you have a spouse and the beneficiary is not your spouse, some states require your spouse's consent for you to have that beneficiary. The Fair Market Value of the account as of the date of death is taxable to that person in the year of death (minus any qualified medical expenses paid by the beneficiary on your behalf within one year after your death).
- If you don't name a beneficiary to your HSA, your estate will be your beneficiary. PayFlex will pay the funds to your estate. The value of your HSA is included on your final income tax return.



Health Reimbursement Arrangements (HRAs)

What is a health reimbursement arrangement (HRA)?

An HRA is a health care account only your employer can fund. You can use these funds to pay for eligible health care expenses. Your employer determines what's eligible. Some employers may offer other types of HRAs, like:

- A limited HRA or
- A retiree reimbursement account (RRA)

What is a retiree reimbursement arrangement (RRA)?

An RRA is an employer-funded account designed to help you pay for certain eligible medical expenses during retirement. Your employer may fund it while you're working or not until you retire. You can use the funds to pay for eligible expenses after you retire.

What is a limited health reimbursement arrangement (LHRA)?

A LHRA is an account funded only by your employer. It's offered with a health savings account (HSA). You can use LHRA funds to pay for your eligible health care expenses. Your employer determines what's eligible. This account may have two phases — pre-deductible and post-deductible.

- **Pre-deductible** — Before you meet your health plan deductible, you can use your LHRA to pay for eligible dental and vision expenses.
- **Post-deductible** — Once you meet your health plan deductible, the LHRA turns into a standard HRA. This means you can use your HRA funds to pay for all eligible health care expenses you have after you reach your deductible.

[> More about HRAs](#)

Can I contribute funds to my HRA?

No. Only your employer can contribute to your HRA.

Do I pay taxes on the money my employer puts in my HRA?

No. These funds are available to you tax-free.

How do I use my HRA funds?

Once funds are available in your HRA, you can:

- Use the PayFlex Card, your account debit card, to pay for eligible expenses.
- Use our online tool to pay your health care provider directly from your HRA.
- Pay for your eligible expenses out of pocket and submit a claim to pay yourself back. You can do this online, through the PayFlex Mobile app, or complete a paper claim form and fax or mail it to us.

What can I pay for with my HRA?

It depends on your plan. You should check your plan documents for a list of eligible expenses.

Can I use my HRA to pay for eligible over-the-counter (OTC) items?

It depends on your plan. If your plan allows it, you may be able to use your HRA to pay for eligible OTC items, supplies, drugs and medicines. You can use your PayFlex Card or pay out of pocket and then submit a claim to us.

[> More about HRAs](#)

What do I need to send with my claim for insurance premiums?

If insurance premiums are eligible under your plan, you would first pay out of pocket. Then submit a claim to pay yourself back from your HRA or RRA. When you submit a claim, you'll need to include documentation from the insurance company. Below are some examples.

- Coupon slip
- Itemized statement
- Letter on the insurance company's letterhead
- Your documentation needs to include all of the following:
 - Name of covered individual
 - Insurance company name
 - Type of insurance
 - Coverage period
 - Amount of premium due
- You also need to include proof of payment with your claim. Just send a copy of one of these documents:
 - Bank statements showing your check to your insurance company has cleared
 - Insurance company statement showing payment in full for the coverage period
 - Ongoing monthly insurance company statements showing previous months premium payment
 - Your Social Security "Cost of Living Statement" or Medicare statement clearly showing the amount of the monthly premium paid for Part B, C or D
 - Cancelled check for premium payment to insurance company (copy of front and back of cancelled check)
 - Credit card statement showing payment to insurance company

[> More about HRAs](#)

I have an HRA and an HCFSA. Which account pays an eligible expense first?

It depends on your plan. Generally, when you use your PayFlex Card or submit a claim to us, we pay approved expenses from your HCFSA first. Once you spend all the funds in your HCFSA, your HRA will pay your eligible expenses.

What happens to my HRA funds at the end of the year if I don't use them?

It depends on your plan. Generally, any amount left in your HRA at the end of the year will roll over to the next plan year. You just have to be an active employee in the plan. You should confirm your plan details with your employer.



Commuter Benefits

What is the PayFlex Commuter Benefits online program?

This program provides you with an online ordering system for transportation and parking passes. You can pay for your eligible parking and transit costs with pretax dollars up to the monthly IRS limit. You simply place your order online and your employer will deduct the cost from your paycheck. If you order passes, we will mail them to your home. You can order the passes for any amount. If your order is over the pretax limit, your employer will withhold the difference from your paycheck on a post-tax basis. Or, your employer may require you to pay the remaining post tax amount with a personal credit card.

How can I save money with this program?

With this program, you don't pay certain taxes on the amount taken from your pay. For example, if you spend \$255 per month for transit expenses, you could save up to \$918 per year on taxes. If you also spend \$255 per month for parking, you could save up to another \$918 per year.

What are the monthly pretax limits?

| | 2021 |
|-----------------------|-----------------|
| Parking limit | \$270 per month |
| Transit/vanpool limit | \$270 per month |

(Note: The Federal government sets these limits each year.)

> [More about Commuter Benefits](#)

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What expenses are eligible for this pre-tax benefit?

Eligible transit expenses include public transportation (such as a bus or train), vanpools and commuter highway vehicles. Parking includes parking at or near where you work. It may also include where you park to use public transit or a vanpool or carpool.

Keep these other important points in mind:

- If you carpool, only one member of the carpool can claim the pretax parking cost.
- If you vanpool, the van must be mainly for commuting (at least 80 percent of the time). The van must seat at least six adults plus the driver. On a regular basis, it must be at least half-full. A van that you or one of the other riders owns or operates as your personal vehicle isn't an eligible vanpool.
- Parking doesn't include parking expenses where you live.

How do I purchase my transit pass online?

Log in to your PayFlex account. From there, select "Commuter Benefits" on the left side of the screen.

How do I submit a parking order online?

There are three options for you online. You may choose Monthly Direct Pay, Commuter Checks for Parking or Cash Reimbursement.

When can I purchase my transit pass or monthly parking?

The timing varies by employer. It can be from the 21st of one month until the 10th of the next month. Check your plan documents for your ordering period.

[> More about Commuter Benefits](#)

I ordered a transit pass online. When will I receive it?

You'll receive your transit pass at home in the mail. You should have it before the 1st of the benefit month. If you added funds to a Stored Value Transit Card (e.g., Chicago Card, MetroCard, etc.), the funds will be on the card by the 1st of the benefit month.

I set up Monthly Direct Pay for my eligible parking expenses. When will my parking provider receive my monthly payment?

We'll pay parking garages and lots at the end of each month for use the next month. There may be times when we can't pay the lot directly. If that happens, you'll receive the payment so you can give it to your parking provider.

What should I do if my parking provider can't take payments from PayFlex?

If your parking provider can't take payments directly from PayFlex, you can still take part. You'll need to enroll in the Cash Reimbursement program. When you pay for your eligible parking expense, be sure to get a receipt. You can submit your claim online.

Do I need to submit any receipts for transit passes?

No. You don't need to submit any receipts when you order your transit passes online.

Do I have to go online every month to purchase my transit pass?

No. You can set up your purchase as a recurring order. If you do, the system will automatically order your passes based on the schedule you set. You don't need to go back online each month. You can make a change or cancel the recurring option at any time. (Please note: If you cancel the recurring option after the order cycle date, you may still get a pass for that month).

[> More about Commuter Benefits](#)

Can I cancel my pass at any time during the month?

You can cancel a pass before the order cycle close date. Your employer determines your close date.

What happens if I lose my pass?

Passes are non-refundable. You can't get your money back for a lost pass.

What happens if my pass doesn't arrive in the mail?

If you don't receive your pass and you used the correct mailing address, you may be able to get a refund. You're allowed one refund in the calendar year for a pass you didn't get. Log in to your PayFlex account and click on "Commuter Benefits" on the left side of the screen. Under "Help," follow the instructions for a non-delivered pass refund.

What do I do if my mailing address changes?

You'll want to give your new address to your employer right away. We can only accept an address change from your employer. You can't change your mailing address online or by calling our call center. But your employer can get this started for you.



COBRA

What is COBRA?

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law for continuation of group health care benefits. It gives certain former employees, retirees, spouses, former spouses and dependent children the right to continue coverage at group rates. There are time limits for this coverage. The amount of time depends on why group health coverage was lost.

Who can receive benefits under COBRA?

There are three elements to qualifying for COBRA benefits. The law sets specific criteria for plans, qualified beneficiaries and qualifying events.

- 1. Plan coverage** — Typically, group health plans for employers with 20 or more employees have to offer COBRA. Both full- and part-time employees are part of that count. Each part-time employee counts as part of a full-time employee. The number of hours that the part-time employee works is divided by the hours an employee must work to be considered full time.
- 2. Qualified beneficiaries** — A qualified beneficiary generally is someone who had group health plan on the day before a qualifying event. This includes an employee, the employee's spouse or a dependent child. In some cases, a retired employee, spouse or dependent child can be qualified beneficiaries. In addition, a child born to or placed for adoption with a covered employee while on COBRA is typically a qualified beneficiary.

[> More about COBRA](#)

3. Qualifying events — A qualifying event is one that causes someone to lose coverage under a group health plan. The type of qualifying event will determine who the qualified beneficiaries are and how much time that a plan must offer for COBRA.

- **Qualifying events for employees:**

- Voluntary or involuntary termination of employment for reasons other than gross misconduct
- Reduction in the number of hours of employment

- **Qualifying events for spouses:**

- Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct
- Reduction in the hours worked by the covered employee
- Covered employee becoming entitled to Medicare
- Divorce or legal separation of the covered employee
- Death of the covered employee

- **Qualifying events for dependent children:**

- Loss of dependent child status under the plan rules
- Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct
- Reduction in the hours worked by the covered employee
- Covered employee becoming entitled to Medicare
- Divorce or legal separation of the covered employee
- Death of the covered employee

[> More about COBRA](#)

How do I become eligible for COBRA continuation coverage?

To be eligible for COBRA coverage, you must have coverage with your employer's group health plan at the time of the qualifying event. The health plan must continue to be in place for active employees. COBRA continuation is available when a qualifying event occurs that would cause an individual to lose their health care coverage.

How long after a qualifying event, do I have to elect COBRA coverage?

As a qualified beneficiary, you have an election period. During this period, you may choose whether to elect COBRA coverage. Anyone else in your family who's eligible for COBRA may elect on their own. They don't need to elect with you. But you or your spouse may elect COBRA on behalf of all other qualified beneficiaries. A parent or legal guardian may elect on behalf of a minor child. The election period is at least 60 days.

This period starts on the day you lost coverage or the date of your COBRA election notice, whichever occurs later. You must be sent the election notice in person or by first class mail, within 14 days after the plan administrator receives your qualifying event.

When does COBRA coverage begin?

COBRA coverage begins on the date you would otherwise lose health care coverage.

How long does COBRA coverage last?

COBRA sets required periods of coverage. Most COBRA beneficiaries are eligible for up to 18 months of coverage. Some qualifying events, or a second qualifying event during the initial period of coverage, may allow up to 36 months of coverage.

Who pays for COBRA coverage?

Typically, the person covered under COBRA pays for it.

[> More about COBRA](#)

When are COBRA premiums due?

You must pay the first premium payment within 45 days after the date of the COBRA election. That first payment must cover the period of coverage from the date of the COBRA election back to the date of the loss of coverage. After that, premiums are due on the date stated in the plan. There's a 30-day grace period for each payment. A payment is "made" on the date of its postmark.

What happens if I forget to pay my premium?

If you don't pay the first payment within the 45 days after the COBRA election, COBRA will no longer be available to you. After that, you must make your payments by the end of each grace period.

If I elect COBRA, how much do I pay?

When you were an active employee, your employer may have paid all or part of your group health coverage. Under COBRA, you'll most likely pay the entire premium. This means you'll pay the amount you paid when you were an active employee and the amount your employer paid. You may also have to pay a 2 percent administrative fee.

How do I file a claim for benefits while covered under COBRA?

Check your health plan documents. They should tell you how you would use your benefits and process claims.

Can someone qualify for longer periods of COBRA continuation coverage?

Yes. Disability can extend the 18-month COBRA period. To qualify for more time, the qualified beneficiary must:

- Have a ruling from the Social Security Administration that they became disabled within the first 60 days of COBRA.

[> More about COBRA](#)

- Send the plan a copy of the Social Security ruling within 60 days of receipt. The plan must have this letter prior to expiration of the 18-month period of coverage.

If you meet these requirements, the entire family would have another 11 months of COBRA. You may have to pay more for this additional coverage. Plans can charge 150 percent of the group cost for the extended period of coverage.

Can I receive COBRA benefits while on FMLA leave?

Under the Family and Medical Leave Act (FMLA), you still have health coverage. While on FMLA leave, the health coverage is the same as for active employees. This is not COBRA coverage. FMLA leave is not a qualifying event under COBRA. However, a COBRA qualifying event may occur when an employer no longer has to maintain health benefits under FMLA. Like when an employee on FMLA leave tells the employer, they won't return to work.

How do I find out about COBRA? How do I elect it?

If you're eligible for COBRA, you received an initial general notice. You probably got it when you were a new hire. If you're no longer eligible for coverage under the group health plan, your plan must give you notice about your COBRA rights.

- Your employer has 30 days after your qualifying event to notify the COBRA plan administrator.
- Within 14 days of receiving this notice, the plan must tell you of your right to elect COBRA.
- If you plan to elect COBRA, you must do so within 60 days of the written notice or the day your group health coverage ends, whichever is later. If you don't reply, you'll lose your rights to COBRA coverage.
- If you cover your spouse or dependent children on the plan, they may have their own right to elect COBRA.

Are there alternatives to COBRA continuation coverage?

Yes. You may be able to enroll in coverage through the Health Insurance Marketplace or Medicaid. Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596 (TTY: 1-855-889-4325)** to learn more.



Direct Billing

What is Direct Billing?

Direct Billing lets you easily pay for eligible insurance premiums. You can do it directly from the PayFlex member website. Your employer determines what's eligible. It's generally available for retirees, members out on disability and those taking a leave of absence.

How does Direct Billing work?

If you're eligible to use the Direct Billing service, you'll receive some type of letter, coupon or premium notice telling you to send your payment. You can easily pay your eligible insurance premiums online. And you can even set up recurring* payments so they take place automatically each month. We'll process your payments for you so you can continue receiving your health coverage.

* **Note:** If you set up recurring payments, we'll stop sending you monthly communications in the mail. We'll store these documents online so you can view and download them. You can also sign up for notification by email, web alert or text message. Just log in and go to your account settings. Click on the "Notifications" link. Then, follow the online instructions.

How do I make a Direct Billing payment?

If your plan has the Direct Billing service, you may pay your eligible insurance premiums online. You can make a one-time payment or set up recurring* payments. Or you can mail a check to us. Our mailing address is on the Contact Us page.

* **Note:** If you set up recurring payments, we'll stop sending you monthly communications in the mail. We'll store these documents online so you can view and download them. You can also sign up for notification by email, web alert or text message. Just log in and go to your account settings. Click on the "Notifications" link. Then, follow the online instructions.

[> More about Direct Billing](#)

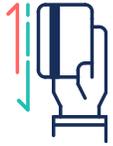
Where can I find my Direct Billing payment amount and due date?

You'll need to log in. On your dashboard, you can view the amount and due date of your next payment.

How do I know if PayFlex received my Direct Billing payment?

You can sign up to receive a notification by email, web alert or text message. Just log in and go to your account settings. Click on the "Notifications" link. Then, follow the online instructions.

Note: We'll only send documents via email, text or web alert that don't require a proof of mailing. We'll send documents that require proof of mailing by mail.



PayFlex Card®

What is a PayFlex Card?

The PayFlex Card is your account debit card. It helps make it easier for you to spend the money in your PayFlex account. You can use this card to pay for certain eligible expenses.

Eligible expenses may include doctor and dentist visits, hospital stays, prescriptions, and hearing and/or vision care. Or your plan may only allow prescription expenses. Be sure to review your plan documents to find out what's eligible.

Some employers may also offer the PayFlex Card with a DCFSA. In order for your card to work, the merchants and providers must accept Mastercard®.

What are the benefits of using a PayFlex Card?

There are four key benefits to the PayFlex Card.

1. Immediate payment from your account — When you use the card, it automatically uses the money in your PayFlex account to pay for eligible expenses.
2. Increased personal cash flow — When you use your card, you don't have to pay out of pocket.
3. Reduced claim filing — You won't have to submit a claim for your expenses and wait get paid back. You should still keep all of your itemized receipts and Explanations of Benefits (EOBs). We may ask you to submit them.
4. Ease of use — Simply select your eligible expense and swipe your card for payment.

[> More about PayFlex Card](#)

How does my PayFlex Card work for health care expenses?

- You can use your PayFlex Card to pay for eligible health care products and services. If you have a health care FSA, you can use your card for eligible expenses that you incur during the plan year.
- If you have an HSA, you can use the card for eligible expenses you incur after your HSA is open.
- You can only use the card at merchants and providers that accept Mastercard® and health care cards. This generally includes doctor and dental offices, hospitals, pharmacies and hearing and vision care centers. You can also use your card at some discount and grocery stores.
- If your health plan covers part of the expense, you may want to wait to use the card until you know how much you owe. When you're ready to pay for an eligible expense, just provide your card for payment.
- Please keep all of your itemized receipts and Explanations of Benefits (EOBs). There may be times when we need to ask you for proof that a card purchase is eligible.
- **Your PayFlex card is good for five years as long as you're a PayFlex member.** You don't need a new card when you move from one PayFlex plan to another (unless you change employers). The amount you decide to put aside is deposited to your account and available on your card.

I just received my PayFlex Card. Do I have to use the card for all my eligible expenses?

No. You don't need to use your card for all eligible expenses. You can always use another form of payment for your expenses. Then submit a claim to pay yourself back. You can do this online, through the PayFlex Mobile® app, or complete a paper claim form and fax or mail it to us.

Where can I use my PayFlex Card?

You can use your card at qualified merchants where Mastercard® is accepted, and where merchants can process health care cards. This may include doctor and dental offices, hospitals, pharmacies and hearing and vision care centers. You may also use your card at some discount and grocery stores.

[> More about PayFlex Card](#)

How do I activate my new card?

If you receive a new card, call the number on the activation label. Then enter your card number and the # sign. You'll then enter the last four digits of your Social Security number (SSN). (Or, you may need to enter the last four digits of your employee ID number.) Once you finish these steps, your card will be active.

Should I select “debit” or “credit” when using my PayFlex Card? Do I need a PIN?

If the merchant or provider allows you to select “debit” or “credit,” either option will work. This means you may choose “credit” and sign the receipt. If you select “debit,” you'll need to enter a Personal Identification Number (PIN). To create or change your PIN, call **1-888-999-0121**.

How do I change my PIN for my PayFlex Card®?

Call Card Services at **1-888-999-0121**. You'll need to enter your card number, the three-digit security code (located on the back of your card) and your five-digit zip code. Then you must enter a **new four-digit PIN**. To do this, enter four digits of your choice. To confirm your PIN, re-enter your four digits. Once you create your PIN, you can use it right away. Please make sure to remember your PIN, as you won't receive a confirmation of it.

Now that my card will have a PIN, can I withdraw funds at an Automatic Teller Machine (ATM)? Can I get cash back at a merchant?

No. The card won't work at an ATM. And you can't get cash back with your card. You can only use the card to pay for eligible expenses.

[> More about PayFlex Card](#)

What should I do if my PayFlex Card isn't accepted?

There's more than one reason why you may not be able to use your card.

- The expense may be ineligible under your plan.
- A merchant or provider may not accept Mastercard®.
- The merchant may not be able to accept health care cards.
- You may not have enough money in the account to cover the expense.
- Your card may be suspended. This only applies to flexible spending accounts (FSAs) and health reimbursement accounts (HRAs). We have to suspend cards when we don't receive information from you to show that a card purchase is eligible.

If you're unable to use your card, you can use another form of payment. If your expense is eligible, you can submit a claim to pay yourself back. You can do this online, through the PayFlex Mobile® app, or complete a paper claim form and fax or mail it to us.

Can I buy over-the-counter (OTC) items with the card?

You may be able to use your PayFlex Card® to pay for OTC items if they're considered eligible under your plan. For instance, supplies, drugs and medicines.

What happens if I don't have enough money in my account and I used my card to pay for an eligible expense?

Your PayFlex Card will deny a purchase if you don't have enough funds in the account. You could check your balance and ask the merchant to charge your card just for the amount that you have available. Then you would pay the balance with another form of payment. If funds become available in your account, you can pay yourself back by submitting a claim.

[> More about PayFlex Card](#)

Why did I receive a request for documentation for my PayFlex Card purchases?

Generally, we send a request for documentation when we're unable to verify if one or more of your card purchases is eligible. We'll let you know in the letter the date by which you need to respond. If you do not respond by this date, we'll have to suspend your card. When this happens, you cannot use it for that account. This can happen when the amount you paid does not match your copay amount, or you paid an "estimated" or "pending" amount. It can also happen when we receive a description of the expense from the merchant or provider that doesn't clearly tell us what you paid for. However, you can still pay for eligible expenses out-of-pocket and submit a claim to pay yourself back.

All you need to do is send us documentation that shows:

- Date of purchase or service
- Final amount you had to pay
- Description of the product or service
- Merchant or provider name
- Patient name (if applicable)

I received a request for documentation for my card purchases. What do I need to do?

You have three options:

1. Send us the documentation for your card purchase.

You can do this online, through the PayFlex Mobile® app, or by fax or mail. If you're sending documentation online, you'll need to send it to us in PDF format. It needs to include:

- Date of purchase or service
- Final amount you had to pay
- Description of the product or service
- Merchant or provider name
- Patient name (if applicable)

[> More about PayFlex Card](#)

If your expense went through your medical or dental plan, you'll need to send an Explanation of Benefits (EOB) from your plan. This is the preferred form of documentation.

If your expense did not go through your medical or dental plan, you can send an itemized receipt or statement for the expense. It must show:

- Date of purchase or service
- Final amount you had to pay
- Description of the product or service
- Name of the merchant or provider
- Patient name (if applicable)

Notes:

- Generally, we won't ask you to send information for your prescriptions. But if we do, send your prescription drug receipt that includes the pharmacy name, patient name, prescription name, the fill date and how much you paid.
- We can't accept a cancelled check, credit card receipt, or billing statement that shows "previous balance," "balance forward," "estimated," "filed" or "pending insurance."

2. Send us another expense.

If you have another expense that you incurred in the same plan year and paid out of your pocket, you can use that expense to help cover the one in question. Just send us documentation for that expense. You can do this online, through the PayFlex Mobile® app, or by fax or mail.

3. Pay back your account.

Just send us a personal check or money order (either made payable to PayFlex) with a copy of the letter.

You'll want to provide the documentation or payment as soon as possible. We'll let you know in the letter the date by which you need to respond. If you don't respond by then, we'll have to suspend your card. When this happens, you can't use it for that account. However, once we confirm that the amount you paid was for an eligible expense or receive your re-payment to cover the expense, we'll reactivate your card.

[> More about PayFlex Card](#)

What should I do if my card is lost or stolen?

Call us right away to report a lost or stolen card. We'll then cancel your card and send you a new one. If you are worried about identity theft after cancelling your card, you can use Mastercard's Identity Theft Resolution Services at no cost. They can help you restore your identity.

Identity Theft Resolution Services include: Note: This information is general in nature for informational purposes only.

Please refer to your employer's plan for specific information:

- 24/7 access to Mastercard's certified resolution specialists
- Internet monitoring to proactively detect stolen personally identifiable information and compromised confidential data online
- Assistance from a specialist who will notify all three major credit reporting agencies to place blocks on cardholders' records and obtain free credit reports
- Help with paperwork to alert various parties of the potential fraud
- Education about how identity theft can occur and protective measures to avoid further occurrences

Note: This information is general in nature for informational purposes only. Please refer to your employer's plan for specific information.

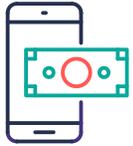
To learn more about the Identity Theft Resolution Services, call the Mastercard Assistance Center at 1-800-MC-ASSIST (1-800-622-7747).



Retiree Reimbursement Account (RRA)

What is an RRA?

With a Retiree Reimbursement Account (RRA), your employer puts money in the account for you. RRAs help you pay for eligible expenses during retirement, including eligible insurance premiums.



PayFlex Mobile® App

How do I get the PayFlex Mobile app?

- You can download the app from your mobile device's app store.
- The app is supported by the following devices:
 - iOS version 10 or above on iPhone® 5S, iPad Air®, iPad Mini® 2 or newer models
 - Android version 4.4 (Kitkat) or above on phones or tablets

Is there a fee to download or use the PayFlex Mobile app?

No. There's no fee to download the app. Anyone with a PayFlex account can use it for free. (But standard text messaging and other rates from your wireless carrier still apply.)

How do I get a username and password for the PayFlex Mobile app?

You'll use the same username and password you use for the PayFlex member website. (Currently, you must create a username and password on our PayFlex member website first.)

What if I have trouble signing in to the PayFlex Mobile app?

Click on "Trouble logging in?" on the log in page of the app.

I have a flexible spending account (FSA). What can I do on the PayFlex Mobile app?

- View your account balance, deposits and payments
- Submit claims for reimbursement
- View your PayFlex Card purchases and submit documentation (if applicable)
- View account alerts and PayFlex contact information

[> More about PayFlex Mobile App](#)

I have a health reimbursement account (HRA). What can I do on the PayFlex Mobile app?

- View your account balance, deposits and payments
- Submit claims for reimbursement
- View your PayFlex Card purchases and submit documentation (if applicable)
- View account alerts and PayFlex contact information

I have a health savings account (HSA). What can I do on the PayFlex Mobile app?

- View your account balance, deposits and payments
- Deposit funds into your HSA
- Withdraw funds from your HSA
- Pay your health care provider directly from your HSA
- View account alerts and PayFlex contact information

Can I submit a claim using the app?

If you have a PayFlex FSA or HRA, you can use the app to submit a claim to pay yourself back for an eligible expense you paid out of pocket. After you log in to the app, select “Manage” to get started. To send documents with your claim, simply take a picture and upload it through the app.

Can I use the app to transfer funds to and from my HSA?

If you have a PayFlex HSA, you can transfer funds through the app. After you log in to the app, select “Manage” to get started. You can deposit funds into your HSA or request funds from your HSA.

[> More about PayFlex Mobile App](#)

Is the app secure?

Yes. Here are a few of the ways we make your security our priority:

- Log in with Secure Touch ID
- Get protected access to your account information
- Use the same secure username and password you use on this website

I need app support. What do I do?

Give us a call at **1-844-729-3539 (TTY: 711)**. If your issue is account related, you can get help via your online account.



Tuition Assistance

How does the Tuition Assistance program work?

Your employer may pay some of your tuition costs for certain education courses if you reach a certain grade point level. If your employer offers this, they'll put funds in a PayFlex account for you to use. Depending on your plan, you may be able to use the money to pay yourself back for tuition, textbooks, lab fees, and resource or computer fees. Check your plan to see what's covered.

What do I need to send with the claim form?

You'll need to send the following with your claim form:

- **School grade report** — The report must show your name and number of credits. It must also show your grade for the course. To receive reimbursement, you need to achieve a certain grade point level. This is set by your employer.
- **Tuition bill or statement from the school** — This must show the course name and number, tuition costs and any related fees.
- **Proof of payment** — Include your credit card receipt or cancelled checks as proof of payment. You must also include any grants, scholarships and other financial aid you received.
- If you don't include the required documentation with your claim form, we can't process your claim.



Adoption Assistance

How does the Adoption Assistance program work?

Adoption Assistance works like a Flexible Spending Account (FSA). You can contribute pretax money from your paycheck and use it for eligible expenses. Just like with an FSA, you must incur the expenses during the plan year. Your plan sets the limit that you can contribute for the year. The IRS limit for 2021 is \$14,440. But your plan may set a lower limit. This limit is for each eligible child you adopt. An eligible child is one who is unmarried and under the age of 18. If the child is older than 18, they must be physically or mentally incapable of self-care. The adoption can be domestic or foreign.

What expenses are eligible under the Adoption Assistance plan?

It depends on your plan. Eligible expenses may include:

- Adoption agency fees
- Travel expenses, including meals and lodging while away from home
- Court costs
- Attorney fees

How do I get reimbursed for my adoption expenses?

You can submit your claims online. This is the quickest way to get reimbursed. You can also complete a paper claim and fax or mail it to us. You'll need to include documents supporting the adoption. These include the agency bill, or a detailed court document. If you're doing a "special needs," adoption which varies from state to state, you'll need to send supporting documentation from the state.

[> More about Adoption Assistance](#)

What do I need to send with the claim form?

You'll need to send the following with your claim form:

- **Copy of your adoption certificate**
- **Copy of agency documentation** — This must state the date the child was placed in your home.
- **Proof of payment** — This includes a copy of your itemized bills or receipts, invoices, and cancelled checks for your eligible expenses.

If you do not include the required documents with your form, we cannot process your claim.

What is a “special needs” adoption?

A special needs adoption is for a child who is difficult to place. This means that, without any assistance, the child wouldn't be adopted. A state child welfare agency makes this determination. The child must be a U.S. citizen or resident.

If I receive Adoption Assistance, can I also take the tax credit on my tax return?

You may be eligible for both. However, you can't take a credit and receive Adoption Assistance for the same expense. You should speak with your tax adviser to know what's best for you.

If I elect the Adoption Assistance now, are any of my expenses from prior years eligible for reimbursement?

No. You can only get paid back for your eligible expenses during the time you were covered by the Adoption Assistance benefits.

[> More about Adoption Assistance](#)

What happens if I enroll in Adoption Assistance and the adoption falls through?

You can stop your election if the adoption is cancelled. This means you can stop any more payroll contributions. You can't get a refund of any money left in your account. You forfeit that money. This is the FSA "use-it-or-lose-it" rule.

What happens if I overestimate my adoption expenses and have money left at the end of the plan year?

The FSA "use-it-or-lose-it" rule applies. You will forfeit any money left in your account.

Is there an income limit for Adoption Assistance?

Yes. It's based on your Modified Adjusted Gross Income (MAGI). The available adoption credit begins to phase out under § 23(b)(2)(A) for taxpayers with modified adjusted gross income in excess of \$216,660 and is completely phased out for taxpayers with modified adjusted gross income of \$256,660 or more. These amounts are set by the IRS and subject to change annually.



HSA Assist

What is HSA Assist?

HSA Assist is a service that gives HSA members access to future employer contributions before it's put in your account. It is for employers who want to fund employees' HSA through multiple deposits during the plan year. It gives employees greater access to their funds once their account is open if their balance is too small to cover their out-of-pocket expenses.

How does it work?

Money you've put in your HSA deposit account is always used first to pay for qualified expenses.

If there isn't enough money in your account to pay an expense in full, HSA Assist will automatically advance your employer's future contributions, up to the total.

How will you benefit?

You'll have peace of mind knowing there is tax-free money available to you when you need it. This service helps pay for costs that come up right after your account goes live.



Well-Being Reimbursement Account

How does it work?

Your employer chooses which products and services are eligible for reimbursement. Usually it's for things like gym memberships, weight management programs, financial planning, group fitness classes, pet adoption and nutrition counseling.

How will you benefit?

Your employer puts a fixed dollar amount into an account for you. You can use it for health-related activities. This makes it easier for you to invest in your own well-being.



Support

Additional Questions?

Please visit our website or contact us:

Online: [PayFlex.com](https://www.payflex.com)

Phone: 1-844-729-3539 (TTY: 711)

Phone hours: Monday-Friday 7 AM-7 PM CT; Saturday 9 AM-2 PM CT

PayFlex Systems USA, Inc.

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This material does not contain legal or tax advice. You should contact your legal counsel or tax advisor if you have any questions or need additional information. Go to **PayFlex.com** to learn more.

There may be fees associated with a Health Savings Account (HSA). These are the same types of fees you may pay for checking account transactions. Please see the HSA fee schedule in your HSA enrollment materials for more information.

Investment services are independently offered through a third-party financial institution. By transferring funds into an HSA investment account you can potentially benefit from capital appreciation in the value of mutual fund holdings. However, you will also be exposed to a number of risks, including the loss of principal, and you should always read the prospectuses for the mutual funds you intend on purchasing to familiarize yourself with these risks. The HSA investment account is an optional, self-directed service. We do not provide investment advice for HSA investment account participants. You are solely responsible for any investment account decisions you make. Mutual funds and brokerage investments are not FDIC-insured and are subject to investment risk, including fluctuations in value and the possible loss of the principal amount invested. The prospectus describes the funds' investment objectives and strategies, their fees and expenses, and the risks inherent to investing in each fund. Investors should always read the prospectus carefully before making any investment decision. System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, system performance, and other factors.

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