



**ProBenefits Flexible Benefit Plan
Enrollment Guide**

**We specialize in benefits
so you don't have to.**

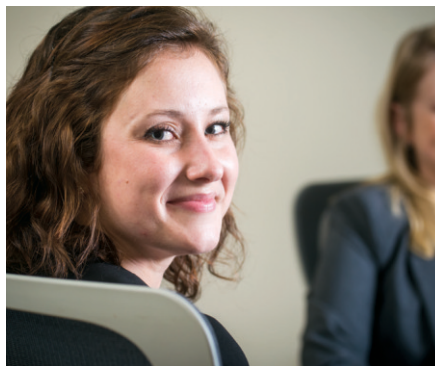
**You're not just a valued
employee of your company
— we value you, too.**

We believe in helping businesses build strong relationships with their employees, and benefits are a big part of that. After all, a great working environment leads to a productive team, and a productive team leads to a successful organization — so we like to think that by delivering knowledgeable, caring service to you and to your employer, we're a part of that equation. The ProBenefits team will make sure that your human resources staff members have what they need to offer the benefits and support you deserve. We'll create the best plan, walk you through the enrollment process, and be here if you should ever have a question.

That's the benefit of trust.

**Benefit experts on
a first-name basis**

Your employee benefits are extremely important to you — and to us. That's why every member of our team manages your account with expertise, accessibility



and integrity. You can count on us to be benefits experts, to answer when you call and to always have your best interests in mind. In fact, you and your employer will get to know us by our first names because that's

how we do business: with a level of dedication and caring that can be hard to find.

*Pictured: Elizabeth
ProBenefits Customer Service Representative*

Flexible Spending Accounts

What to know and how to use them

Flexible Spending Accounts (FSAs) are reimbursement accounts that allow you to pay for certain eligible expenses with tax-free dollars. Through pre-tax salary reduction and reimbursement, you convert taxable income into non-taxable benefits. The result is reduced tax withholdings and more take-home pay — and who doesn't want that, right? When you participate in an FSA, you give yourself access to tax savings of approximately 30 percent for all dollars run through the plan.

There are two types of FSAs:

- 1. Medical/Dental/Vision FSA** can be used to pay for eligible unreimbursed medical expenses (not covered or paid by any insurance) incurred by you, your spouse, and your dependents. A general listing of reimbursable and non-reimbursable expenses is included in this guide. For more information visit ProBenefits.com
- 2. Dependent Care FSA** can be used to pay for eligible dependent care expenses (daycare, childcare) so you and your spouse can work, look for work, or attend school full-time. Covered expenses must be for:
 - Dependent children age 12 and under; or
 - A person of any age whom you claim as a dependent on your taxes and who is mentally or physically incapable of caring for himself or herself.

What's eligible? Eligible expenses include childcare (nursery, preschool or private sitter), before and after-school care and day camps.

What's not? Ineligible expenses include kindergarten tuition, overnight camps and expenses paid to a tax-dependent.



Important Notes about FSAs

There are varying FSA plan designs that treat unused funds at the end of the plan year differently. For more information about how your plan treats unused funds, please refer to your Summary Plan Description (SPD).

Your FSA annual election cannot change during the plan year except in the event of a recognized Status Change or Qualifying Event.

Per IRS regulations, dependent care elections cannot exceed \$5,000 per family per tax year.

Reimbursement is based on the date of service, not the date of payment. In order for you to be reimbursed from your FSA funds, the date the expense is incurred must be within the current plan year and while you are an active participant in the plan.

Prepayments, such as deposits for prenatal care/delivery, surgery, dental work or dependent care summer programs are not eligible for reimbursement until the service has actually been rendered.

Generally, you have 90 days after the end of your plan year or 90 days after your last day of plan participation to file reimbursement claims for eligible expenses; your plan details may vary — see your SPD.

Your Dependent Care and Medical/Dental/Vision FSAs are two separate plans, and funds cannot be transferred between them.

Please visit ProBenefits.com for more detailed information on the IRS rules governing FSA plans.

Flexible Spending Accounts

What to know and how to use them

What's Reimbursable?

Sometimes we have to require certain documentation or confirm a few details of your plan with you — it's all in the best interest of you and your organization. Our commitment to doing things well and doing things right ensures that both you and your employer are protected. Below are some examples of common types of expenses reimbursable by your Medical/Dental/Vision Flexible Spending Account, based on Internal Revenue Code 213(d). These types of expenses are reimbursable when incurred by you, as well as by your spouse and eligible dependents, even if they are not enrolled in your employer's insurance coverage. There are many other eligible expenses - find more at ProBenefits.com, or call us to discuss.

Reimbursable with a Letter, continued

Orthopedic shoes (not mass-produced)

Vitamins & nutritional supplements (only if recommended by a doctor for a specific medical condition)

Weight loss to treat existing disease

Wigs

Medical

Insurance deductibles, copays, and coinsurance

Office visits, diagnostic tests, and surgical procedures (non-cosmetic)

Prescription drugs

Birth control/contraception

Hearing aids and batteries

Insulin and diabetic test supplies

Addiction treatment, including smoking cessation programs

Care, special education, and supplies for persons with disabilities

Durable medical supplies such as crutches, wheelchairs, and bandages

Transportation expenses for medical services

Diagnostic devices such as blood pressure monitors

Orthotics/orthopedic shoe inserts

Specialist services, including psychologists/psychiatrists, physical therapy, chiropractors, and acupuncture

New in 2020: Menstrual care products

Dental

Orthodontia (special rules apply – see ProBenefits.com)

Exams, cleanings, x-rays

Fillings, caps, crowns, bridges

Dentures

Vision

Eye exams

Contact lenses and care supplies

Glasses

Laser eye surgery

Reimbursable with a Letter of Medical Necessity

The following items may be reimbursable if accompanied by a note from a doctor recommending the item to treat a specific medical condition. Other special rules may apply. Please see ProBenefits.com for more information.

Cord blood/embryo/egg/sperm storage

Home improvements for medical conditions

Massage

Nutritionist

OTC Drugs and Medicines: Prescription no longer Required

New! Thanks to the CARES Act, passed on 3/27/20, over-the-counter drugs and medicines purchased in 2020 and beyond **no longer require a prescription** for FSA reimbursement. You will soon be able to use your ProBenefits debit card to purchase these items, and you may submit reimbursement claims for them through the mobile app or web portal at any time.

Acid control medication (Prevacid, Prilosec, Zantac, etc.)

Acne treatment

Allergy medication (Zyrtec, Claritin, etc.)

Antacids (Tums, etc.)

Anti-itch medication

Cold medication

Cough drops

Nicotine patches or gum

Pain relievers (Advil, Tylenol, etc.)

Sleep aid medication

Stomach remedies (Pepto-Bismol, etc.)

Not Reimbursable

Here are some common examples of ineligible expenses:

Cosmetic surgery (unless restorative)

Finance charges

Food

Imported drugs (Canada, Mexico)

Insurance premiums for individual policies

Long-term care expenses

Marriage counseling

Missed appointment fees

Personal hygiene products

Spa fees

Teeth whitening

Toothbrushes

Toothpaste

Warranties (including extended eyeglasses or corrective lens warranties, such as Eyewear Protection Plans)

Instant Access to your Account

Logging in to your *my.ProBenefits.com* account

After enrollment is complete, you can access your Flexible Spending Account information at any time on our secure web portal. Just go to *my.ProBenefits.com* and click "Create your new username and password" under New User? Then follow the steps to set up your account. If you have logged in on *my.ProBenefits.com* before but have forgotten your username and/or password, click the Forgot Username or Password link and follow the steps to have your login information reset.

Here's what you can find online

When logged in to your account, you will be able to view account balances, claim information, pending debit card transactions, and even images of claims you have submitted online or on the mobile app. ProBenefits will also email important information to help you keep track of your account — so be sure to provide your email address on your Plan Participation Form, or add or change your email address and other contact information online at *my.ProBenefits.com*.

Yes, we have an app for that!

To access account balances, submit claims on the go, and more, you can download our ProBenefits mobile app, available for iOS and Android. Look for the yellow apple icon.



Here's what you can do online:

Use an interactive FSA Savings Calculator to see how much you save with the Flexible Spending Account

Change your contact information

Add or change your direct deposit information

View account balances

Submit a claim

Check the status and view images of claims you have submitted



Flexible Benefit Plan Participation Form



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Employer _____

Employee Name _____

Social Security Number (at least last four digits;
full number required for new participants) _____

Mailing Address _____

Email: (required for online account access) _____

Birth Date _____

Flexible Spending Accounts

Request to PARTICIPATE

Medical / Dental / Vision Care

The cost paid by you or your dependents for medical, vision or dental care that is not reimbursed by insurance.

Dependent Care

Employment-related custodial care for qualifying dependents (children age 12 and under; or dependent, disabled adults).

Plan Year Benefit Elections

\$ _____ / Plan Year

\$1,500 maximum set by employer

\$ _____ / Plan Year

IRS Family Maximum \$5000/yr.

Employer: Please complete

_____ Med FSA Amount/Pay Pd.

_____ Dep FSA Amount/Pay Pd.

_____ First Payroll Date Impacted

_____ Initial to Indicate Approval

Request to WAIVE

The Flexible Benefit Plan has been explained and I elect to waive participation in Flexible Spending Accounts. I understand that without a Change in Status or other Qualifying Event described in the Plan, my next opportunity to enroll will be at the start of the next plan year; if not changed, this waiver will continue in effect indefinitely.

Direct Deposit Signup

(If offered by your plan)

Type of Account:

Checking

Savings

Please check one:

I am signing up for Direct Deposit for the first time.

I would like to change my account information.

Important: If you are a new participant in the FSA plan, once your account is set up with ProBenefits, please log in to your account online at my.ProBenefits.com to enter your direct deposit information.

If you are re-enrolling for a new plan year and you already receive Direct Deposit reimbursements, DO NOT complete this section unless your bank information has changed.

You may also add or change Direct Deposit information any time during the plan year by logging in to your account online at my.ProBenefits.com.

By signing below I certify that I have read the Flexible Spending Accounts Acknowledgments and, if applicable, the Debit Card Acknowledgments and/or the Direct Deposit Reimbursement Authorization Agreement on the reverse of this page. I agree to the terms of participation listed in this guide. I authorize my employer to adjust my compensation by the amount of my Benefit Elections shown above.

Signature: _____ Date: _____

Acknowledgments

Flexible Benefit Plan and Flexible Spending Accounts

1. My portion, if any, of insurance premiums for eligible employer-sponsored insurance plans elected for myself and my dependents will be automatically pre-taxed unless I sign a Pre-Tax Waiver form provided by my employer. My employer may adjust pre-tax premiums if rates change during the year, but I may not be able to change my election during the Plan Year.
2. I cannot change or revoke my elections prior to the start of the next plan year, unless I have a Change in Status or other Qualifying Event described in the Plan. The Summary Plan Description ("SPD") includes a full explanation.
3. Signing this form does not initiate my coverage under any insurance policy.
4. My Plan Year benefit elections may be slightly rounded, if necessary, to allow per-pay-period salary reductions.
5. I understand that the Annualization Rule (Uniform Coverage Rule) applies to the Medical/Dental/Vision FSA and entitles me to reimbursement up to the full annual election at any time during the plan year once eligible expenses are incurred. I understand the Annualization Rule does not apply to the Dependent Care FSA, and that Dependent Care reimbursements cannot exceed contributions for the plan year to date. This means that eligible childcare expenses can only be reimbursed as contributions are deducted from my pay, and even though an expense may be eligible and approved, reimbursement will not be made until sufficient funds are contributed.
6. Depending on my plan design, unused amounts remaining in Flexible Spending Accounts for the Plan Year and applicable runout period(s) may be forfeited.
7. I can only submit claims for expenses incurred during the Plan Year while I am an active participant in the Plan. Such reimbursement requests must be submitted with appropriate documentation (completed claim and provider receipts) no later than 90 days after the end of the Plan Year or 90 days after termination of plan participation, whichever comes first.
8. My benefit account(s) and claim data may be maintained on a computer system providing automated access.
9. Due to privacy concerns, ProBenefits will discuss claim information only with me as the participant.
10. Participation in this Plan may mean paying less Social Security tax, which could reduce my future Social Security benefits.
11. Enrollment in the Medical Flexible Spending Account listed covers me and my eligible dependents, if any. I understand that FSA enrollment may impact my eligibility, or eligibility of my spouse or dependent(s), for a Health Savings Account (HSA). I also understand that I cannot change or reduce my Medical FSA during the plan year in order to enroll in an HSA. *Note: To enroll in an "Employee-Only" or "Employee-Plus-Children" Medical FSA or a "Limited" FSA (covering only dental/vision expenses), see your benefits administrator for a special form.*
12. This document provides general information about a Flexible Benefit Plan. For more specific information, I will review my Plan's SPD.
13. Due to IRS non-discrimination rules for flex plans, in some

circumstances the pre-tax elections of Highly Compensated Employees or Key Employees must be adjusted mid-year to meet IRS compliance testing guidelines. If you are deemed to be a Highly Compensated Employee or Key Employee, your election may be reduced or discontinued in such a circumstance. If so, the benefits administrator will provide notice and further details.

Direct Deposit Reimbursement Authorization Agreement (If offered by your plan)

1. I hereby authorize ProBenefits, Inc. (hereinafter "Plan Service Provider") to initiate credit entries (electronic and otherwise) and, if necessary, debit entries and adjustments for any erroneous credit entries to my Personal Bank Account in the financial institution named (hereinafter "Financial Institution").
2. This authority is to remain in force until the Plan Service Provider has received written notification from me of its termination in such time and manner as to afford Plan Service Provider and Financial Institution a reasonable opportunity to act on it. I can discontinue this arrangement at any time and receive reimbursements monthly by check, if offered by my plan.
3. I acknowledge that my Flexible Spending Account (FSA) information will be available to me 24 hrs/day by internet (*my.ProBenefits.com*), and that I will not receive written verification each time a reimbursement payment is made.

This Guide contains general, explanatory information about a Flexible Benefit Plan. Flex Plans are governed by IRS regulations, which may be amended from time to time. Information in this guide is correct as of the date of printing, but please consult your company benefits administrator, a ProBenefits representative, or *ProBenefits.com* for the most current information. If you enroll in the plan, your Summary Plan Description (“SPD”) will contain a full explanation of the plan and your rights under the plan. The information included in this guide is for explanation only and is not intended as tax advice. In all matters where tax or legal advice is needed, the services of professional counsel should be sought.



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