

Start Here for Fast Answers to Your BESTflexSM Plan and BennyTM Questions.

The information contained in this document is meant to bring you up to speed on the latest changes to the BESTflex Plan and BennyTM Benefits Card, and answer some frequently asked questions. For detailed help with your specific situation, please contact Employee Benefits Corporation's Participant Services team or consult the BESTflex Plan Summary Plan Description, Over-the-counter Drug Restriction Flyer and Enrollment Brochure that you received before enrolling.

Employee Benefits Corporation is a third-party benefits administrator that your employer chose to administer your BESTflex Plan. Please see page 4 for contact information and an introduction to Employee Benefits Corporation's website.

Important and recent changes

Over-the-counter Drug Reimbursement

In March, 2010, President Obama signed comprehensive health care reform legislation into law. One of the legislation's many provisions, effective January 1, 2011, requires that you have a prescription for over-the-counter (OTC) drugs in order to have them reimbursed by your Health Care Flexible Spending Account (FSA).

OTC drugs include such items as cough medicine, allergy medicine, pain relievers and aspirin. Any OTC drugs you purchase on or after January 1, 2011 are treated the same as prescription drugs **in terms of reimbursement**. This means you will not necessarily need a prescription to *purchase* OTC drugs, but you will need a prescription to be *reimbursed* for them.

You have two options for submitting claims for OTC drugs purchased on or after January 1, 2011.

1. Have the OTC drug filled by a pharmacist and submit the receipt with a Claim Form
2. Submit the doctor's prescription and the receipt for the OTC drug purchase with a Claim Form

Doctor's prescriptions must include the patient name, medication name, dosage, number of refills, directions for use and any other state law requirements.

BennyTM Benefits Card and OTC Drugs

The IRS released on December 23, 2010, last-minute guidance that allows you to use BennyTM to pay for OTC drugs that have been prescribed by a doctor. You must present your prescription to the pharmacist, and the pharmacist must fill the OTC drug in accordance with applicable law and assign a prescription number in order for BennyTM to be accepted when you pay for the OTC drug.

Non-drug OTC Medical Expense Reimbursement

You can continue to be reimbursed and use the BennyTM Benefits Card as usual for OTC medical items that are not a drug or medicine. These items include contact lens solution, bandages, ice packs, heating pads, braces, and durable medical equipment. Insulin and diabetic supplies will also remain eligible without a prescription.

Supplements that the IRS has approved for reimbursement will continue to be reimbursable without a prescription. These items include glucosamine, chondroitin, bulk laxatives and pre-natal vitamins.

The
BESTflexSM
Plan

BennyTM
Benefits
Card

All other supplements will require a letter of medical necessity. A letter of medical necessity is different from a prescription. It shows that the supplement is being used to treat a specific medical condition and is not personal in nature. It must be issued and signed by anyone who practices any type of medicine (i.e., chiropractor, nutritionist, acupuncturist, homeopathic doctor, etc.).

Social Security Number Use

In the past, Employee Benefits Corporation asked for your full Social Security Number when you submitted a claim for reimbursement or called in with questions about your account.

Securing your identity information is important. In this regard, our new Claim Form requires only the last four digits of your Social Security. When you contact our Participant Services team, your representative will only ask for the last four digits, as well.

Frequently Asked Questions

The BESTflex Plan In General

What is a flexible spending account?

When you enroll in the BESTflex Plan, you choose to set aside a portion of your pay to spend on eligible health care and dependent care expenses. A flexible spending account (FSA) is the account that holds these funds. The money deducted from your pay and placed in an FSA is not subject to payroll taxes, helping you save money.

Can I participate in the BESTflex Plan even if I don't participate in the insurance plan?

Yes. Your eligibility to participate does not depend on your participation in the insurance plan.

Do I have to re-enroll in the BESTflex Plan each year?

Yes. Enrollment in the BESTflex Plan lasts for one plan year, usually consisting of 12 calendar months or less. You must fill out a new Enrollment Form for each plan year in which you intend to participate.

Can I cancel my participation in the BESTflex Plan?

You cannot cancel your participation during the plan year unless you experience a Qualifying Event (for example, a change in marital status or employment status). Please see the BESTflex Plan Summary Plan Description for more information on Qualifying Events.

Can I change my BESTflex Plan election amount?

You cannot increase or decrease your Health Care FSA or Dependent Care FSA election during the plan year unless you experience a corresponding Qualifying Event.

What should I do if I experience a Qualifying Event?

Please contact your employer if you experience a Qualifying Event.

How long do I have after experiencing a Qualifying Event to make changes to my BESTflex Plan election?

Changes to the plan must be made within 30 days of the event – 60 days for Children's Health Insurance Program (CHIP) events – and can only be made for a future date.

To notify your employer of the Qualifying Event, complete a Qualifying Event Election Change Form. Your employer sends a copy to Employee Benefits Corporation, so both parties process your election change.

What happens if I don't use all of the money in my accounts by the end of the plan year?

The IRS requires that any money you do not use by the end of the 2-1/2 month grace period be returned to your employer. It cannot be returned to you or carried over to the next plan year. If, near the end of the plan year, you have not spent all of the money in your accounts, you should look for other eligible expenses, on which you can spend the unspent portion.

The Health Care FSA

What is the Health Care FSA?

The Health Care FSA is a tax-advantaged account you use to pay for out-of-pocket medical, vision, and dental expenses for you and your dependents.

Whose medical expenses are eligible under the Health Care FSA?

You can use the money in your Health Care FSA to cover eligible medical expenses for yourself, your spouse and your dependents. For a full definition of a dependent, please see your BESTflex Plan Summary Plan Description.

What are the maximum and minimum pre-tax contribution limits?

The annual maximum amount you may contribute to the Health Care FSA is \$5,000. The minimum monthly contribution is \$20.

What happens to my Health Care FSA if my employment is terminated during the plan year?

If your employment is terminated, you can only submit claims for expenses incurred prior to your termination date. You have 90 days from the date of termination to submit your claims.

To receive reimbursement for expenses incurred **after** your termination date, you must elect Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) continuation, which may require after-tax contributions to the plan.

The Dependent Care FSA

What is the Dependent Care FSA?

The Dependent Care FSA is a tax-advantaged account you use to pay for eligible daycare expenses for your dependents.

When you enroll in the BESTflex Plan, you choose to set aside a portion of your pay to spend on eligible health care and dependent care expenses. A flexible spending account (FSA) is the account that holds these funds.

What expenses does the Dependent Care FSA cover?

You use your Dependent Care FSA for daycare expenses incurred for the care of your child(ren) or other eligible dependents. You (and your spouse, if you are married) must work or be a full-time student to use this account.

What is the maximum pre-tax contribution amount?

The IRS limits the annual Dependent Care FSA contribution to \$5,000. If you or your spouse is a full-time student, the limit is \$250 per month for one child and \$500 per month for two or more children, up to the \$5,000 limit.

What happens to my Dependent Care FSA if my employment is terminated during the plan year?

If your employment is terminated, the contributions to your plan stop. You can continue to submit eligible expenses for daycare through the end of the plan year; however, you cannot contribute additional dollars after your termination date.

Reimbursement from the BESTflex Plan

Can I fax claims to Employee Benefits Corporation?

Yes. You can fax your completed Claim Form and documentation of the eligible expense(s) to us at **608 831 4790**.

Do I have to pay for an expense before I request reimbursement?

No. You only need to show that you have already **incurred** the expense.

Can I pay for insurance premiums using the Health Care FSA?

No. IRS regulations do not recognize insurance premiums as eligible expenses under the Health Care FSA.

What is the average turnaround time for claims processing and payment?

Employee Benefits Corporation processes your claims within three business days of receipt. If you have an e-mail address on file, you will receive an e-mail notification when we have processed each of your claims.

We issue reimbursements approximately one week after receiving your claims.

Why was my claim denied?

Your claim may be denied if the expense is ineligible or you did not submit proper documentation of the expense.

All documentation for each expense submitted for reimbursement must be attached to the *Claim Form*. Your documentation from the service provider must show the date(s) of service, type of service, name of the provider and the amount of the expense. You also must remember to sign and date the form.

Where can I find a Claim Form?

You can download a Claim Form from our home page, at www.ebcflex.com. You can also call our Participant Services team at **800 346 2126** to request a copy of the Claim Form.

Benny™ Benefits Card In General

How does the Benny™ Benefits Card work?

Benny™ debits your BESTflex Plan Health Care FSA when you use the card to pay for eligible health care expenses.

Benny™ debits your BESTflex Plan Health Care FSA when you use the card to pay for eligible health care expenses.

Where can I use the Benny™ Benefits Card?

You can use Benny™ to pay for eligible expenses at retailers and pharmacies that automatically substantiate the purchase at the point of sale using an inventory information approval system (IIAS). The IIAS determines whether expenses are FSA-eligible, and only applies those expenses to Benny™. You can find a “List of IIAS Retailers” at www.ebcflex.com.

You can also use Benny™ at health care, dental and vision provider offices. Transactions at these merchants may require that you submit a receipt to manually substantiate the transaction.

What are Receipt Request Letters?

Whenever possible, Benny™ tries to electronically verify your purchase at the cash register. However, some Benny™ swipes require that you submit itemized receipts in order to verify the transaction. Receipt Requests are sent via e-mail and used to collect those receipts and substantiate the expense. When Benny™ cannot verify a claim electronically or at the cash register:

1. We send you a Receipt Request e-mail outlining the unverified expenses
2. You print and return the tear-off portion of the Request to us via fax or U.S. Mail with copies of your receipts for the specified expenses

In the event we do not have a valid e-mail address, we will send the Requests via U.S. Mail (this may cause delays in processing your documentation).

How do I open the Receipt Request Letter?

The Receipt Request Letter will be sent to you directly via e-mail from “Benefit Central Card Management System” with the Receipt Request Letter attached to the e-mail as a password-protected PDF file. To view the letter attachment, enter the last four digits of your Benny™ card number when requested to enter a password.

What happens if I need new Benny™ Benefits Cards?

You can request new cards from Employee Benefits Corporation. There is a \$5.00 replacement fee for new Benny™ Benefits Cards.

Website and Contact Information

Employee Benefits Corporation's Website

What is My Account Assistant?

My Account Assistant is your online portal to your BESTflex Plan account. It offers convenient access to account details, including FSA balances, the status of your claims and reimbursement payments, and the plan design details of your BESTflex Plan.

My Account Assistant even lets you download a copy of My Company Plan, authorize Employee Benefits Corporation to directly deposit your reimbursement payments, manage your account user name and password, and update your contact information.

How do I access My Account Assistant?

Follow these steps to activate your My Account Assistant account.

1. Using a web browser, go to www.ebcflex.com
2. Locate the "First Time Users Activate Account" area on the right side of the page and follow the activation instructions

After following the activation instructions, you will receive your PIN via e-mail within minutes. Then, you can log on and securely access your account information.

Contact Employee Benefits Corporation

There are several ways for you to contact Employee Benefits Corporation.

By Phone:

Monday - Friday, 8:00 - 5:00 CST
Local: 608 831 8445
Toll Free: 800 346 2126

By Fax:

608 831 4790

On the web:

www.ebcflex.com

By US Mail:

Employee Benefits Corporation
P.O. Box 44347
Madison, WI 53744-4347

By E-mail:

participantservices@ebcflex.com

The screenshot displays the 'My Account Assistant' portal for a 'Sample Employee'. The interface includes a navigation menu at the top with options like 'Account Overview', 'Account Settings', 'Claims & Payments', 'Plan & Features', 'Forms & Reports', and 'Renewal'. The main content area is divided into several sections:

- Claims & Payments:** Lists 'Last 3 Claims Requests (as of 1/21/2011)' with details for three different claims, including claim amounts, IDs, plan types, process types, and payment status.
- Sample Employee:** Provides personal information for 'STREET, 165 Raceway Blvd Middleton, WI 53562 | EMPLOYER: Demo Employer'.
- Contact Info:** Lists 'Toll Phone : 800 346 2126', 'Phone : 608 831 8445', 'Fax : 608 831 4790', and 'E-mail : sbordline'.
- Plan Quick Link(s):** Offers links for 'Plan Design Details', 'My Company Plan', 'Participant Statement', and 'Renewal Information'.
- Health Care FSA:** Shows 'Start date 01/01/2010', 'End date 12/31/2010', 'Grace period 03/15/2011', and 'Claims runout 03/31/2011'. It also includes a table for 'Election Amount' and 'Employer Contribution'.
- Dependent Care FSA:** Shows 'Start date 01/01/2010', 'End date 12/31/2010', 'Grace period 03/15/2011', and 'Claims runout 03/31/2011'. It includes a similar table for election and employer contributions.
- User Account:** Lists 'First Name: Sample', 'Last Name: Employee', 'Employee Suffix', 'Birth Date: 3/28/1972', 'Division', 'Address: 165 Raceway Blvd Middleton, WI 53562', 'Phone', 'Phone Ext', 'Fax', and 'Email'.
- Additional PHI Users:** Shows a table with columns for 'Name' and 'Sample Employee'.

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