

# STATE OF RHODE ISLAND

2015 Flexible Spending Arrangement  
Plan Year 7/1/2015 – 6/30/2016



## What is Section 125?

Section 125 plans enable you to pay for qualifying expenses before your paycheck is taxed, which effectively lowers your gross income.

All monies deducted pre-tax will be exempt from Federal Income Tax (FIT), FICA and some state income taxes which results in a savings of 25-35%

When you use your FSA to pay for eligible expenses you get to take home more of your paycheck!!



## Flexible Spending Arrangements

A Flexible Spending Arrangement enables you to set aside money on a pre-tax basis to pay for out-of-pocket health care and/or day care costs.

Utilize this benefit for you, your spouse and dependents regardless of if they are covered on your medical insurance.

This benefit operates on a plan year basis. The plan year is July 1, 2015 through June 30, 2016 and all claimed expenses must have dates of service that fall within the plan year.

Run Out: claims must be filed by September 30, 2016.



## Health Care Flexible Spending Arrangement (HCFSA)

This benefit is used to pay for eligible out-of-pocket expenses that are medically necessary.

The maximum amount that you set aside for your Health Care FSA is \$2,550.

The Health Care FSA is **pre-funded**. You will have access to your full annual election amount at the beginning of the plan year.



## \$500 Carry Over

The \$500 Carryover is a provision put in place by the IRS in 2013 that allows participants to carry over up to \$500 of unused FSA dollars into the following plan year. Carryover amounts will be credited after your claim filing period.

The Health Care FSA is no longer a complete Use-It or Lose-It program!

The maximum carry over amount allowed by your employer, does not affect your ability to elect the maximum annual election allowed each plan year for the Health Care FSA.

**Example: \$500 in carry over funds + \$2,550 max = \$3050 for the next plan year.**



## Health Care FSA Eligible Expenses

Section 213 (d): the expense must treat a medical condition:

Copays, Rx, Deductibles and Coinsurance

Dental and orthodontia expenses

Vision expenses- lenses, contact lens solution, frames etc.

Acupuncture, Chiropractic, Rehabilitation

NOTE: All Over-the-Counter drugs require a prescription.



## Over the Counter Medications

Have your provider write a  
**“GENERAL PRESCRIPTION!”**

“OTC Pain Medication” = Advil, Midol, Aspirin...

“OTC Allergy Medication” = Claritin, Zyrtec, Benadryl...

Navia Benefits will keep it on file for the plan year and allow you to submit your receipts for reimbursement.



## Health Care FSA Ineligible Items

(Generally speaking, things that are hygienic or cosmetic in nature are not eligible)

Cosmetic surgery

Teeth bleaching

Club memberships

Swimming pools

Hot tubs

Sonicare toothbrush and replacement heads



## Choosing Your Annual Election

Add up all of your medical expenses for you, your spouse and any tax dependents.

### Health Care Expenses Estimated Amount

Chiropractic Visits	\$
Dental Care (routine checkups, fillings, etc.); Orthodontics	\$
Eye Care: Exams, prescription (sun)glasses, contacts, solutions	\$
Laser Eye Surgery and procedures	\$
Insurance Copays and Deductibles	\$
<b>Over-the-Counter Medications*</b>	\$
Prescription drugs	\$
Routine Exams	\$
	\$
<b>Annual Total</b>	\$



## Navia Benefits Card

Rather than filing a claim and waiting for reimbursement, you can use the Navia Benefits Card to pay your provider directly for qualified expenses.

- The card is accepted at participating merchants using the IIAS technology system and/or medical merchants setup with the MasterCard system.
- Be sure to hang on to your receipts in case we need to see them to verify expense eligibility.
- If we need to see a receipt, you will notice an alert on your mobile app and we will send you an email reminder.



## Navia Benefits Card

### Understanding the information sent through the card:

- Date of card swipe
- Location of card swipe
- Cost of transaction



### Transactions that should not require documentation:

- Copays
- Prescriptions purchased at an IIAS Pharmacy
- Recurring Expense Matches



## IIAS Stores

Below is a partial list of stores that accept the Navia Benefits Card. A more extensive list can be found on our website.

- Albertson's
- Bartell Drugs
- Costco Online
- Kroger (QFC)
- Long's Drug Stores
- Rite Aid
- Safeway
- Sam's Club
- Target
- Top Food and Drug
- Walgreens
- Wal-Mart Stores
- CVS
- HEB



## Important Regulations!

IRS Mandates for Every Claim:

1. DATE of Service
2. TYPE of Service
3. COST of Service



HIPAA: Health Insurance Portability and Accountability Act

Protects YOUR personal health information from being accessed by anyone other than the participant.



# FlexConnect – Never Lose Your Funds Again!

**Expenses**  
**\$1,202.25**

Expenses shown are for current plan year only

<b>Delta Dental</b>	
Dental	\$128.96
<b>United Health Care</b>	
Health	\$1,073.29

  

**Flexible Spending**  
**\$2,444.38**

Flex Services

<b>Dependent Care 2013</b>	\$235.38
<small>118 days to use it</small>	
<b>Health Care FSA 2013</b>	\$1,825.00
<small>118 days to use it</small>	
<b>HRA 2013</b>	\$384.00
<small>118 days to use it</small>	

**Pending Reimbursements**

Service	Provider / Date	Individual	Amount	Doc	
	<b>Jamal Roberts</b> <small>Fri, Jun 28 2013</small>	Wilfred	\$357.95		<a href="#">Reimburse me!</a>
	<b>Ricky Rutherford</b> <small>Sun, May 19 2013</small>	Wilfred	\$357.11		<a href="#">Reimburse me!</a>
	<b>Murphy Keebler</b> <small>Tue, May 07 2013</small>	Wilfred	\$358.23		<a href="#">Reimburse me!</a>
	<b>Wendell Roob</b> <small>Thu, Feb 21 2013</small>	Theodore	\$128.96		<a href="#">Reimburse me!</a>

Now you can FlexConnect your FSA to your Medical, Dental and Vision carriers' websites!

FlexConnect will automatically pull your EOBs for quick online claim submissions!



## Dependent Care Flexible Spending Arrangement (DCFSA)

Child care is a large expenditure for many families. This benefit provides some relief by allowing families to set aside up to **\$5,000** dollars pre-tax to pay for qualifying expenses.

To qualify, care must:



Be for dependent children 12 and under unless they are physically or mentally impaired.

Enable you and your spouse to work, actively look for work or be a full time student.

Not be educational in nature (i.e. school tuition).



## Dependent Care FSA

### Eligible Expenses:

- Before and after school care
- Day camps
- Montessori for preschool

### Ineligible Expenses:

- Overnight camp
- Kindergarten
- Childcare while you are not working
- Care provided by spouse or dependent

### The Day Care FSA calendar year maximum:

\$5,000 if you are married filing jointly,  
\$5,000 if you are single, or  
\$2,500 if you are married filing separately



The Dependent Care FSA is not pre-funded;  
reimbursements are paid based on your account balance.



## Reimbursement

Submit your claim to Navia using one of the following methods:

1. Fax – (425) 451-7002 or toll free (866) 535-9227
2. Email – [claims@naviabenefits.com](mailto:claims@naviabenefits.com)
3. Mail – Navia Benefits, PO Box 53250, Bellevue, WA 98015
4. MyNavia Mobile App – download for iPhone or Android
5. Submit claims via online tool at [www.naviabenefits.com](http://www.naviabenefits.com)

Allow 2 full business days for your claim to be processed.

Reimbursements will be issued **according to your employers reimbursement schedule.**



## MyNavia Mobile App

- Submit a Claim with Your Camera!
- Claim Approval & Disbursement Notifications
- Update Personal Information
- Substantiate Debit Card Transactions
- Reissue Navia Benefits Card
- View Active Benefits
- View Claims History
- View Pending Claims



## Enrolling in the Plan

Estimate out-of-pocket health care expenses and day care expenses for yourself and your family

Complete enrollment form

Money will be taken out of your paycheck pre-tax and put into your FSA.



## Support

Our dedicated staff of customer service agents is available to assist you, Monday through Friday, between the hours of 8:00 am and 8:00 pm EST.

You can reach our customer service at (425) 452-3500 or toll-free at (800) 669-3539.

Customer service inquiries can also be sent by email to [customerservice@naviabenefits.com](mailto:customerservice@naviabenefits.com).





## IMPORTANT

Navia Benefit Solutions is currently undergoing a company-wide rebranding. Our current company name is **Flex-Plan Services**. The name will be officially updated to Navia on September 22, 2015. If you need to call or contact Navia before then, representatives will answer as “Flex-Plan Services”. Our current website is [www.flex-plan.com](http://www.flex-plan.com). This will be updated and redirected to [www.naviabenefits.com](http://www.naviabenefits.com) beginning on September 22, 2015.

If you have any questions, please contact our team at (800) 669-3539. Thank you!



Questions?

