



Flexible Spending Account — Real Savings. Real Simple.

Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid benefits card.

WHO IS LIFETIME BENEFIT SOLUTIONS?

Lifetime Benefit Solutions is a full-service third party administrator who facilitates the insurance needs of thousands of clients throughout the United States, leveraging our experience, flexibility and practical creativity to generate solutions beyond what our customers expect.

WHAT IS AN FSA?

With an FSA, you elect to have your annual contribution deducted from your paycheck each pay period, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.

- A Healthcare FSA allows reimbursement of qualifying out-of-pocket medical expenses.
- A Dependent Care FSA allows reimbursement of dependent care expenses, such as daycare) incurred by eligible dependents.

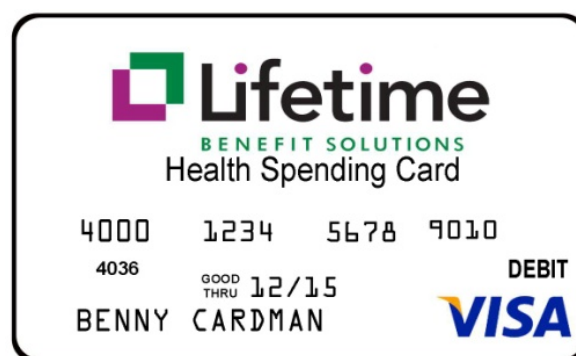
With all FSA account types, you'll receive access to a secure, easy-to-use web portal where you can track your account balance, view your claims history and submit requests for reimbursements.

In addition, you'll receive a convenient **health spending card** to make it easy to pay for eligible services and products not covered by your health insurance. When you use the card, payments are automatically withdrawn from your account. Just swipe the card and go. Most expenses can be validated through the card transaction but you may be prompted to provide a copy of the receipt for certain transactions in accordance to IRS regulations. When required, receipts can be easily sent uploaded to either the consumer portal online or, through the mobile app.

WITH AN FSA YOU CAN:

An FSA is a great way to pay for expenses with pre-tax dollars.

- **Enjoy significant tax savings** with pre-tax deductible contributions and tax-free reimbursements for qualified plan expenses
- **Quickly and easily access funds** using the prepaid benefits card at point of sale, or request to have funds directly deposited to your bank account via online or mobile app
- **Reduce filing hassles and paperwork** by using your prepaid benefits card
- **Enjoy secure access** to accounts using a convenient Consumer Portal available 24/7/365
- **Manage your FSA "on the go"** with an easy-to-use mobile app
- **File claims easily online** (when required) and let the system determine approval based on eligibility and availability of funds
- **Stay up to date on balances** and action required with automated email alert and convenient portal and mobile home page messages
- **Get one-click answers** to benefits questions
- **Grace Period** Your plan allows for a 2 ½ month extension making enrollment in an FSA less risky. You can use it for necessary out-of-pocket healthcare expenses, rather than feeling pressured to engage in last minute and potentially unnecessary spending at the end of the year.





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IS AN FSA RIGHT FOR ME?

An FSA is a great way to pay for expenses with pre-tax dollars.

A Healthcare FSA could save you money if you or your dependents:

- Have out-of-pocket expenses like co-pays, coinsurance, or deductibles for health, prescription, dental or vision plans
- Have a health condition that requires the purchase of prescription medications on an ongoing basis
- Wear glasses or contact lenses or are planning LASIK surgery
- Need orthodontia care, such as braces, or have dental expenses not covered by your insurance

A Dependent Care FSA provides pre-tax reimbursement of out-of-pocket expenses related to dependent care. This benefit may make sense if you (and your spouse, if married) are working or in school, and:

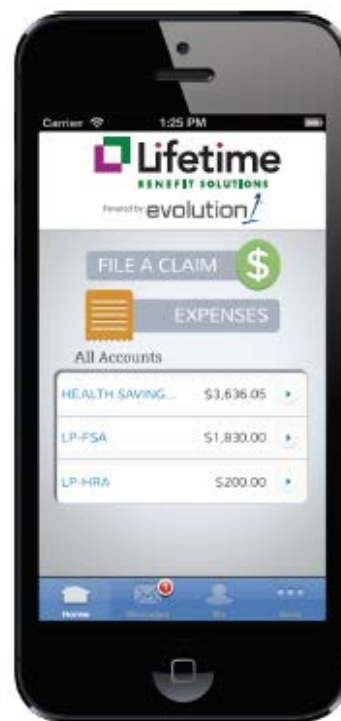
- Your dependent children under age 13 attend daycare, after-school care or summer day camp
- You provide care for a person of any age whom you claim as a dependent on your federal income tax return and who is mentally or physically incapable of caring for himself or herself

PLAN AHEAD

Before you enroll, you must first decide how much you want to contribute to your account(s). You will want to spend some time estimating your anticipated eligible medical and dependent care expenses for the calendar year, but you will have an additional 2 ½ months grace period to incur these expenses. Please note terminated employees do not have a grace period. Terminated employees have 90 days to submit for reimbursement for services incurred prior to termination date.

Throughout the year, you'll likely find yourself with expenses for yourself and your family that insurance won't cover. By taking advantage of an FSA, you can actually reduce your taxable income and reduce your out-of-pocket expenses when you use your FSA to pay for the things you'd purchase anyway.

*The amount you save in taxes with a Flexible Spending Account will vary depending on the amount you set aside in the account; your annual earnings; whether or not you pay Social Security taxes; the number of exemptions and deductions you claim on your tax return; your tax bracket and your state and local tax regulations. Check with your tax advisor for information on how participation will affect your tax savings.



Above: With the convenience of a mobile device, you can see your available balance anywhere, anytime as well as file claims and upload receipts.

The Health Spending Card

The Health Spending Card is a convenient payment method...you simply swipe the card without incurring an out-of-pocket expense! Behind the scenes, the provider is paid and the amount is deducted from your account balance. You don't have to file a claim form for reimbursement—the payment function is fully automated.

Cashless but Not Paperless:

Each time you use your Health Spending Card, you must be able to prove you used it to pay for a Plan eligible item or service. Fortunately, technology behind the Health Spending Card automatically substantiates the vast majority of your transactions. You will receive a letter asking you to send in copies of your receipt and necessary documentation for those transactions that can't be automatically substantiated with supporting technology.

Purchasing Items with the Card:

When you purchase items with the card, such as over-the-counter (OTC) items, they may be auto-substantiated if the merchant uses a special barcoding system called Inventory Information Approval System (IIAS). You will not be sent an RFI letter for transactions that are automatically substantiated. Eligible OTC items classified as not drugs and medicines, such as bandages, have the IIAS barcodes directly on the product. These items may be purchased with the card; no additional rules apply.

The IRS states that OTC items classified as drugs and medicines, such as cough syrup, are only eligible if they are accompanied by a doctor's prescription. Additional rules apply to pay for eligible drugs and medicines that are accompanied by a doctor's prescription with the Health Spending Card: 1) the pharmacist must assign an Rx number; and 2) the pharmacist must retain a record of the Rx with the transaction details. Only if all rules are met can eligible OTC drugs and medicine be paid for



with a Health Spending Card. If the pharmacy is unable to meet the IRS rules, you must pay for the items out of pocket and then submit a claim form with the proper documentation including the doctor's prescription.

Paying for Services with the Card:

Paying a doctor's office copay is an example of paying for services with the card. However, in some cases, services provided at a medical, dental or vision office cannot be auto-substantiated. In these cases, you will receive an RFI letter asking for copies of your receipt and necessary documentation.

Important Health Spending Card Tips:

- Keep all receipts associated with your Health Spending Card in a central location, and promptly reply when asked for a copy.
- The IRS states that services are eligible for reimbursement after the services have been rendered. Prepaying for services such as weight loss or fitness memberships is not allowed.
- The Health Spending Card will be mailed directly to your home address. Read all information enclosed with the card and sign the card to agree to the terms.
- If a merchant will not accept the card, just pay out of pocket and submit for reimbursement.

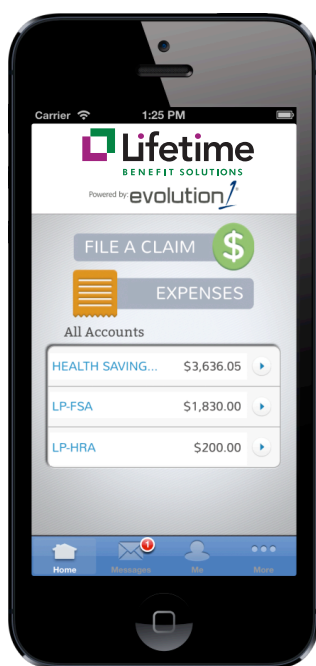
Remember—the Health Spending Card is cashless, but not always paperless!
Be prepared to submit copies of your receipts and other documentation when requested.





Reimbursement Account Mobile App

Intuitive. Simple.
Convenient.



Take the hassle out of managing your reimbursement accounts. Our self-service functions put you in control.

Want to check your account balances and submit receipts anywhere, anytime? There's an app for that!

At Lifetime Benefit Solutions, we work hard every day to help you get the most benefit from your FSA, HRA and HSA accounts. Lifetime Benefit Solutions' mobile app, the LBS Health Spending App, enables you to easily and securely access your health care spending accounts. You can view account balances, submit health care account claims, and capture and upload pictures of your receipts anytime, anywhere on any iPhone, Android or tablet device. You can also sign up to receive account alerts via text message.

The LBS Health Spending App, the newest mobile app from Lifetime Benefit Solutions, provides time-saving options¹ for you to:

- Check current FSA, HRA and HSA reimbursement account balances and transaction details
- View account activity and receive alerts via text message
- File new claims with receipt images
- Review expense information and enter a new expense

But wait, there's more to it...

Our app is a simple, intuitive experience for you. This means things like "easy-in/easy-out access" to common tasks like capturing receipts and viewing balances; and pictures and words where pictures and words make sense. By using your smartphone you'll know how much money you have available to spend on qualified medical expenses at the time of purchase. Try it and you'll see how we're simplifying the business of health care.

Get started with the LBS Health Spending App in minutes

Simply search "LBS Flex Mobile" in iTunes and download the LBS Health Spending App for your iPhone (also compatible with iPad® and iPod touch®). To download the app in the Google Play store, select Categories, select Health & Fitness then type in "LBS Health Spending" in the search field. Log in using the same password you use to access the Lifetime Benefit Solutions consumer portal.

¹ If supported or applicable to your account(s)



The cure for benefits as usual.

To learn more, contact:

Lifetime Benefit Solutions
1-800-327-7130
lbs.customerservice@lifetimebenefitsolutions.com

LifetimeBenefitSolutions.com

Doing business as LBS Administrators and Flexible Benefit Insurance Solutions in California.
Doing business as LBS Administrators in New Hampshire.

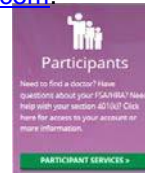
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Important FSA/HRA/HSA/QTB Information



As part of your employer's FSA/HRA program, you have access to your account... 24 hours a day, 7 days a week. You can access your account online at www.LifetimeBenefitSolutions.com.

Click on the **Participants** link at the bottom of the page.



Select **Reimbursement Accounts:**
FSA/HRA/HSA/QTB



Reimbursement Account Administration: FSA/HRA/HSA/QTB

You may use the Participant website to view your account, file claims, view payment and contribution history, elect direct deposit, access Plan forms, view important notifications, access related links and more!

Login to your FSA/HRA/HSA/QTB Account

Click the green button to get to the log in page.

Your initial **username** will be the **first letter of your first name, your last name, followed by the last four digits of your Social Security Number**.

Your **password** will be the **first letter of your first name (lower case) followed by your 5- digit zip code**.

If you are a dependent of the employee, you must use the employee's information to log in.

For example - employee John Smith, SSN#123-44-6789, will login with a username of **jsmith6789** and a password of **j12345** (the lower-case "j" is from his first name and 12345 is his zip code).

If this is your first entry to the site, you will be required to change your password. You will also be asked to set up security questions.

From this site, you will be able to:

- File claims online (with an option to scan and attach your receipts, or fax/mail them)
- Update your email address, username, and password
- Manage notification letters from Lifetime Benefit Solutions
- View your account summary and track account contributions and payments
- Complete Plan-related forms directly online, then print, and submit for processing

Direct Deposit: Avoid a trip to the bank and sign up for direct deposit. Simply enter your banking information into the Bank Accounts section of the Profile tab.

Email Address: It is essential that you maintain an updated email address at all times. Your email address will be used at Lifetime Benefit Solutions strictly for the purpose of communicating important Plan information.

Questions regarding your account can be directed to our Customer Service Department by phone at (800) 327-7130 or by email at lbs.customerservice@lifetimebenefitsolutions.com.





► Direct Deposit Authorization Form

Employer Name: _____

Participant Name (First, MI, Last): _____

Social Security Number: _____ - _____ - _____

Address: _____

City, ST, ZIP: _____

Date of Birth: ____/____/____ Phone Number (____) _____

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

Please check one:

☐ Set up New Direct Deposit ☐ Change Direct Deposit ☐ Cancel Direct Deposit

Direct Deposit Election:

Type of Account (Check one): ☐ Checking ☐ Savings

Name of Bank: _____

Transit ABA Routing #: _____

Account #: _____

Participant Certification

By submitting this form, I hereby authorize Lifetime Benefit Solutions to deposit my reimbursements directly into the bank account indicated above and, if necessary, to withdraw amounts from the account in order to adjust for any amounts erroneously deposited. This authorization will remain in effect until Lifetime Benefit Solutions receives written notice from me of its termination. The set up process is approximately 10 business days.

Please retain a copy of this form for your records.

Participant Signature: _____ Date: _____

- **Mail to:** Lifetime Benefit Solutions, FSA/HRA Dept, PO Box 680, Liverpool, NY 13088 or
- **Fax to:** 877-256-7228.
- Call **Customer Service** with questions at 800-327-7130.



Qualifying Health Care Expenses

Acupuncture	Drug overdose, treatment of	Occlusal guards to prevent teeth grinding	Surgery
Alcoholism treatment	Eye examinations, eye glasses, equipment and materials	Operations	Taxes on medical services and products
Ambulance	Fluoridation services	Optometrist	Telephone for hearing impaired persons
Artificial limbs	Guide dog; other service animal	Organ donors	Television for hearing impaired persons
Artificial teeth	Hospital services	Orthodontia	Therapy
Asthma treatments	Immunizations	Osteopath fees	Transplants
Body scans	Laboratory fees	Oxygen Physical exams	Transportation expenses for person to receive medical care
Braille books and magazines	Laser eye surgery; Lasik	Physical therapy	Tuition evidencing separate breakdown for medical expenses
Breast reconstruction surgery following mastectomy	Lodging at a hospital or similar institution	Preventive care screenings	Vaccines
Chelation therapy	Mastectomy-related special bras	Prosthesis	Vision correction procedures
Chiropractors	Medical alert bracelet or necklace	Psychiatric care	Wheelchair
Co-insurance amounts	Medical information plan charges	Radial keratotomy	X-ray fees
Co-payments	Medical records charges	Screening tests	
Deductibles	Obstetrical expenses	Seeing eye dog	
Dental sealants		Sleep deprivation treatment	
Dental treatment		Smoking cessation programs	
Diagnostic items/services		Speech therapy	
Drug addiction treatment		Stop smoking program	
		Supplies to treat medical condition	

Potentially Qualifying Health Care Expenses

A Certification of Medical Necessity Form must be completed by your physician.

AA meetings, transportation to	Dyslexia treatment	Hypnosis	Nutritionist's expenses
Alternative healers	Fitness programs	Lactation consultant	Occupational therapy
Automobile modifications	Gambling problem, treatment	Lamaze classes	Personal trainer fees
Birthing classes	Health club fees	Language training	Psychoanalysis
Blood storage	Home improvements (such as exit ramps, widening doorways, elevator, etc.)	Lead-based paint removal	Psychologist
Books, health related	Hormone replacement therapy	Lodging of a companion	Ultrasound, prenatal
Car modifications		Long-term care services	Varicose veins, treatment of
Childbirth classes		Massage therapy	Veterinary fees (service animals)
Counseling		Mineral supplements	Weight loss programs
		Nursing services	

Ineligible Health Care Expenses

Appearance improvements	Electrolysis or hair removal	Late fees (e.g., for late payment of bills for medical services)	Recliner chairs
Car seats	Funeral expenses	Maternity clothes	Tanning salons and equipment
Controlled substances in violation of federal law	Hair removal and transplants	Mattresses	Teeth whitening
Cosmetic procedures	Household help	Missed appointment fees	Veneers
Ear piercing	Illegal operations and treatments		

Qualifying Over-The-Counter (OTC) Items

Acne treatment	Bactine	Cold medicine (Examples: Comtrex, Sudafed)	Diabetic supplies (including Insulin)
Allergy medicine	Bandages (Examples: Band-Aid, Curad, Ace)	Contact lenses, materials and equipment	Diaper rash ointments and creams (Example: Desitin)
Antacids (Examples: Maalox, Prilosec OTC, Zantac)	Blood pressure monitoring devices	Cough suppressants (Examples: Pediacare, Robitussin, cough drops)	Diarrhea medicine (Examples: Imodium, Kaopectate)
Antibiotic ointments (Examples: Bacitracin, Neosporin)	Blood sugar test kits and test strips	Crutches	Eczema treatments
Antihistamines (Examples: Benadryl, Claritin)	Calamine lotion	Decongestants (Examples: Dimetapp, Sudafed)	Expectorants (Examples: Comtrex, Robitussin)
Anti-itch creams (Examples: Benadryl, Cortaid, Ivarest)	Carpal tunnel wrist supports	Dentures, denture adhesives	First aid cream
Arthritis gloves	Claritin, an allergy drug		First aid kits
Aspirin	Cold/hot packs		

Continued

Qualifying Over-The-Counter (OTC) Items

Gauze pads	Laxatives (Example: Ex-Lax)	Pain relievers (Examples: Advil, Aspirin, Tylenol)	Sunscreen
Glucose monitoring equipment	Medical monitoring and testing devices	Petroleum jelly	Thermometers
Hearing aids	Menstrual pain relievers	Pregnancy test kits	Throat lozenges (Examples: Cepacol, Chloraseptic)
Hemorrhoid treatments	Motion sickness pills (Examples: Bonine, Dramamine)	Reading glasses	Toothache and teething pain relievers (Example: Orajel)
Example: Preparation H)	Nasal strips or sprays	Sinus medications (Example: Sudafed)	Walkers
Insect bite creams and ointments (Examples: Benadryl, Cortaid)	Orthopedic shoe inserts	Support braces	Wart remover treatment
Lactose intolerance tablets (Example: Lactaid)		St. John's Wort	Yeast infection medications
		Sunburn creams and ointments	

This is not a comprehensive list and is subject to change at any time and without notice.

Potentially Qualifying OTC Expenses

Items in this category require a Certification of Medical Necessity form completed by your physician.

Air conditioner	Dietary supplements	Incontinence supplies	Sunglasses
Air purifier	Fiber supplements	Nutritional supplements	Treadmill
Allergy treatment products; household improvements to treat allergies	Glucosamine	Probiotics Rehydration solution (Example: Pedialyte)	Vitamins
Chondroitin	Herbs	Retin-A Rogaine	Wigs
Compression hose	Holistic or natural healers, and drugs and medicines	Special foods	
	Humidifier		

Ineligible OTC Expenses

Dental floss	Hair colorants	Safety glasses	Soaps
Deodorant	Mouthwash	Shampoos	Toiletries
Diet foods	Perfume, Cologne	Shaving cream or lotion	Toothbrushes
Face creams	Permanent waves	Skin moisturizers, hand lotion	Toothpaste

Eligible Menstrual Product Expenses

Tampons	Cups	Other similar products used by individuals with respect to menstruation
Pads	Sponges	
Linens		

Eligibility rules for OTC items may change. The ability to pay for eligible items with the Health Spending Card may vary by merchant and is dependent on the merchant's IAS system.

This is not a comprehensive list and is subject to change at any time and without notice. Items listed in each category may be reclassified into another category depending on future IRS guidance.

Eligible Dependent Care Expenses

- Care in your home, someone else's home, or in a daycare center for child care and/or eldercare. Licensing requirements may apply.
- Registration fees for a daycare.
- Before and after school care for children under age 13.
- Education expenses for a child not yet in kindergarten, such as nursery school expenses.
- Expenses paid to a relative are eligible, however, the relative cannot be under age 19 or a tax dependent.
- Day camp (not overnight) expenses if the camp qualifies as a daycare center.
- FICA and FUTA payroll taxes of the daycare provider.

Note: This is not a comprehensive list.