

City of Salem

Effective 1/1/25

Agenda

Pre-Tax Accounts

- Health Flexible Spending Account (FSA)
- Dependent Care Assistance Program

Resources

- Welcome Email
- Logging into member portal
- Mobile App
- Contact Info & Forms/Resources

How to Request Reimbursement

- Debit Card Best Practices
- Forms
- Substantiation Requirements

What is a Flexible Spending Account?



Set money aside, before taxes, for healthcare expenses.

(Save up to 30% on eligible healthcare expenses!*)



All funds available day 1



Plan ahead through next year

*Based on a 30% tax bracket.

Example of Peter's annual savings	With an FSA	Without an FSA
Peter's taxable income	\$30,000	\$30,000
Pre-tax amount deposited into an FSA	\$1,200	\$0
Peter's taxable income	\$28,800	\$30,000
Subtract estimated Federal, State & FICA taxes	\$8,060	\$8,400
Take home pay spent on FSA eligible expenses	\$0	\$1,200
Peter's actual spendable income	\$20,740	\$20,400
Annual savings	\$340	\$0

FSA Annual Contribution Limit

2025 Medical FSA maximum annual election: \$3,200

- Contribute and spend funds tax-free
- Pay for eligible out-of-pocket healthcare expenses

Use-or-lose

Don't forget to spend your FSA dollars. You will forfeit any money left in your account over the carryover max at the end of the plan year.

What does it cover?

There are thousands of eligible items, including:

- Copays and coinsurance
- Doctor visits and surgeries
- Over-the-counter medications (first-aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and Lamaze classes
- Dental and orthodontia
- Frames, contacts, prescription sunglasses, etc.

Changes to your FSA Election

To make changes to your election after open enrollment, you need to experience a qualifying life event.

These events include:

- Change in marital status
- Change in the number of dependents
- Change in employment status

If you experience a qualifying life event, your employer can help you change your election.

FSA Carryover and Claim Filing

Your plan year is: 1/1/2025 – 12/31/2025

You have 90 days to file run out claims at the end of the year

Last day to file a claim is 3/30/2026. Debit card can't be used for runout claims

You have a carryover, which means you can carry over up to \$660 into the next year

What is Dependent Care FSA?



Set money aside, before taxes, for dependent care expenses



Funds available as deducted from paycheck



To be eligible for a dependent care FSA, both you and your spouse (if applicable) must work, be looking for work or be full-time students.

What does it cover?

The list includes, but is not limited to:

- Childcare center, babysitter, nanny (birth through age 12)
- Summer day camp
- Before- or after-school care
- Disabled dependent and/or spouse care
- Elder care

Dependent Care FSA Annual Contribution Limit

Dependent Care FSA maximum annual election:

\$5,000 per household

\$2,500 per person (if married or filing separately)

- Contribute and spend funds tax-free
- Pay for eligible out-of-pocket Dependent care expenses
- Employer contribution (if applicable)

Use-or-lose

Don't forget to spend your FSA dollars. You will forfeit any money left in your account at the end of the plan year.

Your plan year is: 1/1/2025 – 12/31/2025

Last day to file a claim: 3/30/2026

Changes to your Dependent Care FSA Election

To make changes to your election after open enrollment, you need to experience a qualifying life event.

These events include:

- Change in marital status
- Change in the number of dependents
- Change in employment status
- There is a change in daycare providers
- Your child turns age 13
- The cost of qualified daycare expenses increases or decreases
- There is a judgment, decree or order requiring a change in coverage

If you experience a qualifying life event, your employer can help you change your election.

Resources

Member Portal – Logging in

Logging into the BenefitHelp Solutions Member Portal

You will receive an enrollment confirmation with instructions on how to log into your account for the first time.

Go to [www. Benefithelpsolutions.com](http://www.Benefithelpsolutions.com)

For your first-time login, select the “Login” Icon and then under reimbursement accounts section select ‘Create an account’.

Hello from BenefitHelp Solutions

You have successfully been enrolled into your BenefitHelp Solutions Flexible Spending Account, Parking Account, Transportation Account, and/or Health Reimbursement Arrangement. If you would like to access your account online to view your balance or submit claims, then **please follow the below instructions to set up your account:**

We're here to help you get started utilizing your account. First you need to complete the activation process. To begin, follow the simple steps below:

1. For your 2019 benefits, visit bhconsumer.lh1ondemand.com.
2. Please choose "Create your new username and password."
3. A "User Identification" box will appear. Follow the onscreen instructions, fill in your first name, last name, and zip code. Enter your Social Security Number. Click "Next."
4. Select and answer **three security questions**. Click "Next." For security reasons, you may be asked one of these questions when completing certain account functions.
5. The system will generate a username for you. Create a password -- a minimum of 8 characters that includes at least one number and one special character. Click "Submit."
6. **Congratulations!** Your account is activated. You can now set up your bank account for convenient reimbursement.

If your plan offers a benefit card, your new BenefitHelp Solutions Debit Card will arrive in the mail shortly. Use it to pay for qualified medical expenses or other eligible expenses. See IRS publication 502 available at <http://www.irs.gov/pub/irs-pdf/p502.pdf> for a partial list of qualified expenses.

Questions? Contact our BenefitHelp Solutions Consumer Services team at 855-378-0197, Monday- Friday, 7:00 a.m. to 7:00 p.m. CST.

Thank you,

healthaccounts@benefithelp.com

Please do not respond.

Reimbursement accounts

[Login](#)

Access your reimbursement account to manage your preferences and payments.

Log in to manage your account.

NEW? [Create an account](#)

NEW! Download our mobile app. [Learn more](#)

Member Portal

- Log in on BenefitHelp Solutions website from the homepage
- 24/7 access to account information
- Submit claims and upload documentation
- Pay providers
- Enroll in direct deposit
- Access tool, resources, and forms
- Order replacement benefits cards
- Shoebox for storing receipts
- Update communication preferences and enroll in text alerts

Get help anytime with BenefitHelper!

Benefithelp is available 24/7/365 to help you with your account, debit care, claims, receipts and much more.



Account

- Account balances
- Eligible expenses



Debit card

- Debit card status
- Debit card replacement
- Report lost/stolen card



Claims


- Claims status
- Denied claims



Receipts

- Upload and view receipts
- Receipt validation/documentation help

 [Need Help?](#)

Hi , I'm **BenefitHelper** a virtual assistant. Start by asking me a question or you can click the button below for a list of popular topics. Protect your privacy and never disclose sensitive data such as passwords or SSN.

[See what you can ask me](#)

Mobile App

Check balances

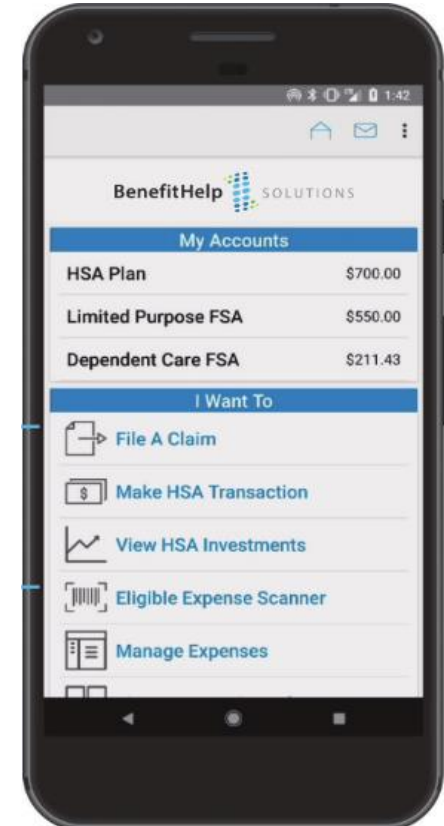
Wondering if you can pay for procedure? No need to wait for an answer. Your account balance is right at your fingertips.

Scan expenses

Scan a product barcode to find out if it qualifies as a medical expense.

Make payments quickly

Capture receipts and record eligible expenses when they happen. Add payees and pay bills from any account.



Get started with the BenefitHelp SOLUTIONS Mobile App in minutes.

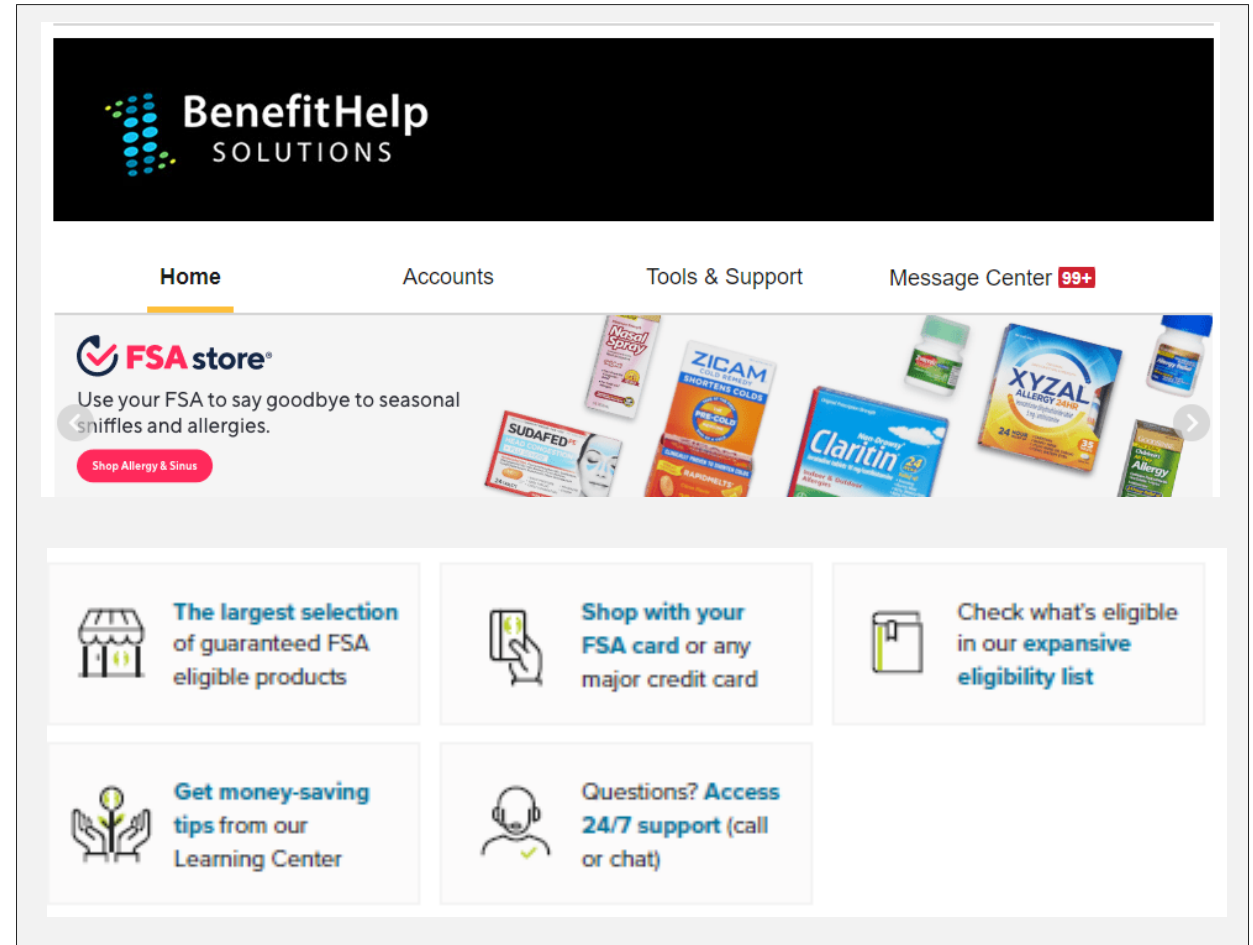


FSA Store

Shop directly from your member portal

Visit fsastore.com/BenefitHelpOE

Discount code for \$20 off \$200 in open enrollment packet



Contact Information

Claims: BenefitHelp Solutions,
P.O. Box 2823, Fargo, ND 58108
Fax: 855-778-9837

Questions? Contact BenefitHelp
Solutions at 855-378-0197, Monday -
Friday, 5:00 a.m. to 5:00 p.m. PST.

Resources & Forms

www.benefithelp.com or
Member portal: Reimbursement
forms, authorized representative,
member guide, medical necessity,
recurring dependent care/ortho,
transit & parking, POA, eligibility list

Reimbursement

How to request Reimbursement

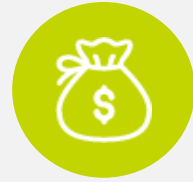
Member Portal

Mobile App

Benefit Debit Card

Claim Form

Substantiation Requirements



Payment options:

- Direct Deposit
- Check

Member Portal

- Reimburse yourself or a provider
- Must upload documentation
- Request mileage reimbursement

I Want To:

Reimburse Myself **Send Payment**

Receipt / Documentation * Required

Receipt(s) * ? [Upload Valid Documentation](#)

Summary

Pay From: Medical
Pay To: Me

[Cancel](#) [Previous](#) [Next](#)

Create Reimbursement * Required

Online claims filing is a fast and easy way to file claims. Just choose your expense type and a payee below, then start filing!

Pay From *

Pay To * ?

Based on your selection, you will be requesting a Claim Reimbursement.

Start Date of Service *

End Date of Service

Amount *

Provider *

Category * ?

Type *

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient * Bert Winters
 Child Winters
[Add Dependent](#)

Summary

Pay From: Medical
Pay To: Me
Documentation Uploaded: Yes


[Cancel](#) [Previous](#) [Next](#)

Mobile App

Miles Driven

You must have a valid receipt to file a claim >

Receipts

 Upload Receipt

Claim Summary

Pay From
Medical

Pay To
Me >

Claims Terms and Conditions

By Submitting this claim you agree to the terms and conditions for filing claims (available on the portal).

SUBMIT

Home Profile BHS Resources

ADD NEW PAYEE

Or Pick a Payee

Me >

Claim Details

Start Date of Service* 9/1/22 >

End Date of Service Please select >


Amount*
\$250.00

Provider*
Dr Smith

Category & Type* Medical Deductible >

Description

I Want To

 **File A Claim** >

Pick an Account

Dependent Care >

Transportation and Parking >

Medical >

Member Portal

- Reimburse yourself or a provider
- Upload a picture or receipt from your phone
- Request mileage reimbursement

Benefit Debit Card

Point of sale access

- Merchant category code for eligible retailers and providers
- Inventory information approval system for eligible healthcare expenses

Submitting Documentation

- Unnecessary for copays, recurring fees, and prescriptions
- Documentation must be received within 60-days to avoid suspension of card

Timing limitations

Should only be used for expenses (date of service) within the active plan year



Claim Forms

- Reimbursement Form
- Automatic Orthodontia Request Form
- Recurring Dependent Care Form
- Medical Necessity Form
- Available in the member portal and [benefithelpsolutions.com](https://benefithelp.com)

Reimbursement Request Form BenefitHelp SOLUTIONS

PLEASE PRINT CLEARLY

* This information is mandatory. Form processing may be delayed if fields with an asterisk are not filled out.

Section 1 Account holder information

2(a) Claim Information
Please select only one to start, change, or stop reimbursement.

First name	MI	Last name	Date of birth	Social Security number
Mailing address		City	State	ZIP
Physical address		City	State	ZIP
Email address		Contact phone number		
Employer				

Section 2 Reimbursement information

* Plan type*	Did you file online (Y or N)	Date(s) expense(s) incurred	Merchant/provider name	Name of person receiving product/service	* Claim amount
					\$
					\$
					\$
					\$
* Total reimbursement requested					\$ 0.00

*Plan types: FSA/Flexible Spending Account, DCA-Dependent Care Account, LISA-Limited Flexible Spending Account, HRA-Health Reimbursement Arrangement

2(b) Dependent care provider signature and certification (dependent care claims only)
If you are unable to provide a receipt for any claims submitted for your Dependent Care Account, your daycare provider must complete this step. If you would prefer to file only one claim for the plan year, please access the Recurring Dependent Care Request Form at www.benefithelp.com

Dependent's name	Dependent's Social Security number	Dependent's date of birth (month/year)	Service type (please check)
			<input type="checkbox"/> Child care <input type="checkbox"/> Adult care**

** Choosing adult care as an expense, please submit a medical necessity form if you haven't already.

I certify the information provided above is accurate. I understand the purpose of my signature on this form is to eliminate the necessity for the participant to provide receipts for reimbursement purposes.

Dependent care provider signature _____ Date _____

Section 3 Participant certification

I certify that the reimbursement request I am submitting are eligible expenses as defined by the IRS and I have not been previously reimbursed for these expenses, nor am I seeking reimbursement for these expenses from any other source. I understand BenefitHelp Solutions, its agents or employees, will not be held liable if I submit ineligible expenses for reimbursement. I certify that no reimbursement is for the purpose of a qualified expenditure for an eligible individual as defined by the Internal Revenue Service (IRS) code. By submitting this request, I certify that the information provided is complete and accurate. If there are any changes in the provided information, I understand it is my responsibility to notify BenefitHelp Solutions. I understand that I should retain a copy of all submitted documentation in the event of an IRS audit.

Participant signature _____ Date _____

Home Accounts **Tools & Support** Message Center **99+**

Tools & Support

<p>Documents & Forms</p> <p>FORMS</p> <ul style="list-style-type: none"> Authorized Representative Form Automatic Orthodontia Request Form Claims Terms and Conditions Consumer Guide Debit Card Transaction Dispute Form Medical Necessity Form 	<p>How Do I?</p> <ul style="list-style-type: none"> Change Payment Method Report Card Lost or Stolen Update Notification Preferences Download Mobile App
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Substantiation

Flexible Spending Account (FSA)

- Explanation of Benefits
- Itemized receipt with – date of service, type of service, provider, final out of pocket amount
- Credit card receipts are not valid documentation

Dependent Care

- Itemized receipt showing the of service, type of service, provider, final out of pocket amount
- Providers signature on claim form
- Can submit one recurring dependent care form for the entire year

Questions