



CORESOURCE

A Trustmark Company

PERSONAL. FLEXIBLE. TRUSTED.

ENROLLMENT GUIDE FOR **COREFLEX**

Flexible Spending Accounts FROM CoreSource

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Welcome to CoreFlex! CoreSource’s Flexible Spending Accounts (FSAs) provide easy access to YOUR tax-free dollars for qualifying expenses and may increase the amount of your take-home pay.

Your Own Personal Spending Account

CoreFlex offers two types of FSAs: a Medical Reimbursement Account and a Dependent Care Account. With either FSA, you “deposit” pre-tax dollars, contributions made before taxes are withheld, into an account through automatic payroll deductions. To pay for eligible expenses, you make “withdrawals” from the account. In the process, your disposable income may rise because FSA participation reduces your taxable income.

The following chart shows the significant savings that become apparent in a one-year period when using CoreFlex FSAs for out-of-pocket healthcare and dependent care expenses:

Flexible Spending Account Potential Savings Chart		
(Your savings may differ from those shown here on the example chart. Taxes were taken for a single employee earning \$50,000/yr.)		
No FSA		With FSA
\$50,000	Gross Earnings	\$50,000
\$0	FSA Contribution	\$2,500
\$50,000	Net Taxable Income	\$47,500
\$8,843.75	Income Taxes*	\$8,218.75
\$1,500	Dependent Care (Eligible expense)	\$0
\$1,000	Unreimbursed Medical (Eligible expense)	\$0
\$38,656.25	Take Home Pay	\$39,281.25
\$0	Tax Savings (May vary based on your tax bracket)	\$625
* 2008 Federal Tax Rate Schedule - Single		

Medical Reimbursement Account

With a Medical Reimbursement Account, you can pay out-of-pocket or be reimbursed for medical expenses such as prescriptions and dental or vision expenses, as well as medical deductibles or co-insurance which are not covered by other healthcare benefits.

Deposits

Contributions to the account are made by automatic payroll deductions. Ask your employer about the maximum amount that you can contribute to this account.

Withdrawals and Reimbursement Options

CoreFlex offers three easy options to use tax-free dollars in your Medical Reimbursement Account to pay for healthcare expenses. **Please check with your employer to find out which options are available to you.**

The first option is a Benny Card, a Debit MasterCard® that automatically deducts money from your FSA. The Benny Card is used to pay for healthcare expenses upfront at the point of purchase and to avoid the need to submit a claim. It can be used at any location that accepts MasterCard®. With a Benny Card, you can check the balance of your FSA and access account details anytime online or with a quick phone call. Because of healthcare reform legislation, debit cards linked to FSAs, such as the Benny Card, can no longer be used for over-the-counter medications, effective Jan. 1, 2011. They can continue to be used for prescription drugs, medical supplies and other qualified medical expenses.

Remember to keep your receipts when using the Benny Card, because sometimes we may need to verify an expense. Plus, keeping the receipts for at least seven years will help you meet IRS requirements for documentation in case of a personal audit.

The second option is reimbursement by check. During enrollment, you can select an option giving CoreFlex the ability to automatically reimburse you for out-of-pocket expenses incurred from healthcare providers that submit claims. CoreFlex will mail you a check for the eligible reimbursement amount.

The last option is reimbursement through direct deposit. If you choose this option, CoreFlex would automatically send the reimbursement directly to your bank account for any out-of-pocket expenses incurred from an eligible medical expense.

If you do not select any of these options, or if you incur allowable expenses that do not appear on a claim, fill out a Request for Reimbursement Form, attach a receipt and send the documents to CoreSource to recoup your payment.

Additional Information for Reimbursement

When submitting a form for reimbursement, you must submit the Explanation of Benefits (EOB) from the administrator of your health benefits program after it's considered your claim for payment.

To submit pharmacy claims, send a copy of your receipt from the prescription bag or a printout from the pharmacy. When submitting any claim, make sure to include the name of the provider, name of the patient, date of service and type of service.

To obtain a claim Reimbursement Form:

- Print out the form from myCoreSource.com
- E-mail your request to cskccoreflex@coresource.com
- Call 800.990.9058 ext. 42086

To submit a claim:

- E-mail your paperwork to cskccoreflex@coresource.com
- Fax your paperwork to 866.514.8287
- Mail your paperwork to:

CoreSource
 Attn: Flexible Spending Department
 P.O. Box 25946
 Overland Park, KS 66225

Dependent Care Accounts

Dependent Care Accounts are designed if you need to pay for care for a dependent child or adult, while you continue working or searching for work.

Childcare costs are eligible for reimbursement if a child is younger than 13 and you claim the child as a dependent on your federal income tax return. Costs of care for an adult dependent, including a spouse or a parent, qualify if the adult is physically or mentally disabled.

Deposits

Contributions to a Dependent Care Account are made through automatic payroll deductions.

- If you are married and you and your spouse file separate tax returns, you can contribute up to \$2,500.
- If you are single, or if you are married and file jointly, you can contribute up to \$5,000 per year, or up to your earned income if it is lower than \$5,000.
- If you are married and plan to contribute to a Dependent Care Account, your spouse must work outside the home, be a full-time student, incapacitated or actively looking for work.

Withdrawals

To be reimbursed for dependent care expenses, a claim must be submitted to CoreSource. Complete an FSA Reimbursement Form and include the following information:

- Name of the dependent child(ren) or adult(s)
- Amount paid
- Dates of service
- Provider's name
- Provider's Tax Identification Number or Social Security Number

If the provider is a daycare center, a printout of your charges can be submitted with the Reimbursement Form. If your provider is an individual with no tax identification number, a receipt signed by the provider must be provided.

To obtain a claim Reimbursement Form:

- Print out the form from myCoreSource.com
- E-mail your request to cskccoreflex@coresource.com
- Call 800.990.9058 ext. 42086

To submit a claim:

- E-mail your paperwork to cskccoreflex@coresource.com
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Contribution Tips

Right now, you can decide how much you want to contribute to an FSA up to the limit set by your employer. It's best to remain conservative with your contribution so that you do not deposit more money in an FSA than you will use. Remember, in most cases, you will lose any money left in the account at the end of the year will be forfeited.

The Patient Protection and Affordable Care Act of 2010, better known as healthcare reform, caps annual employee contributions to a medical FSA at \$2,500, effective Jan. 1, 2013.

When you are deciding how much you want to contribute to your FSA, here are some important points to consider:

- Set aside money for known expenses, such as orthodontia or vision expenses.
- Determine whether your employer has an extended grace period, which would allow you to be reimbursed for eligible healthcare services that occur up to two and one-half months after the plan year has ended.
- Remember that all FSAs are separate. If you have more than one FSA, money cannot be transferred from one to the other to pay expenses.



CoreFlex Website

If you need help determining what you should contribute to your flex account, look no further. As an FSA account holder, you gain access to an FSA Calculator and many other helpful tools and information when you login to myCoreSource.com. Your FSA information will be at your fingertips!

Gain Access To:

- An FSA calculator
- Personal account balances
- Claim forms
- Claim summaries for the current plan year or a prior year
- Benny Card expenses

Remember to have the account holder's Social Security Number or ID Number and the plan year in order to search for information.

If you have any questions, use the link on the site that allows you to contact the CoreFlex Department via e-mail. If you have any problems and need to speak with someone directly, please call 800.990.9058 ext. 42086.



Frequently Asked Questions

How can I obtain a reimbursement claim form?

Reimbursement forms are available by signing in to myCoreSource.com, e-mailing cskccoreflex@coresource.com, or calling 800.990.9058 ext. 42086.

How can I submit a claim?

E-mail it to cskccoreflex@coresource.com, fax your paperwork to 866.514.8287, or mail it to:

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I tried to use my Benny Card but the transaction was denied.

There are several reasons why the transaction might be denied. The most common problems are insufficient funds in the account to cover the transaction, or the vendor does not have an approved MasterCard® vendor code. Please contact our office if you experience a problem to see if it can be resolved while you are at the provider's office.

Can I be reimbursed for the cost of over-the-counter drugs with my FSA?

The Patient Protection and Affordable Care Act of 2010, better known as healthcare reform, places new restrictions on FSA reimbursement for over-the-counter (OTC) drugs and medications. Beginning Jan. 1, 2011, members will be required to provide a copy of a prescription from a physician in order to obtain reimbursement for these items. Many medical devices and supplies are still covered. Contact your HR Department for a more complete list of eligible and ineligible expenses for an FSA or consult the back of this guide.

Can I submit my credit card receipt or a balance due statement from my provider instead of an itemized statement?

The credit card receipt and the balance due statement do not include the necessary information to process a claim. An EOB form or itemized statement is required.

I did not receive my reimbursement check. How can I get a new check issued?

We must wait three weeks from the date the check was mailed before we can issue a stop payment. After the three week period has expired, we will issue a replacement check.



Eligible Medical Expenses

Eligible Expenses

Dental Services

- Dental X-rays (not employment related)
- Dentures
- Exam/Teeth Cleaning
- Extractions
- Fillings
- Gum Treatment
- Oral Surgery
- Orthodontia/Braces
- Physical Exam

Lab Exams/Tests

- Blood Tests
- Cardiographs
- Laboratory Fees
- Metabolism Test
- Spinal Fluid Tests
- Urine/Stool Analysis
- X-rays

Vision Services

- Artificial Eyes
- Contact Lenses
- Eye Exams
- Eyeglasses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy/LASIK
- Reading Glasses

Medical Treatment/Procedures

- Acupuncture
- Exercise/Fitness Programs (if necessary and prescribed by your doctor)
- Hearing Exams
- Hospital Services
- Infertility
- In Vitro Fertilization
- Norplant Insertion/Removal
- Physical Exam (not employment related)
- Reconstructive Surgery (if medically necessary due to congenital defect or accident)
- Rolfing
- Speech Therapy
- Sterilization
- Transplants (including organ donor)
- Treatment for Substance Abuse (alcoholism and drug addiction)
- Vaccinations/Immunizations
- Vasectomy and Vasectomy Reversal
- Weight Loss Programs (as prescribed by your doctor)
- Well Baby Care

Medication

- Insulin
- Prescribed Birth Control and Vitamins
- Prescription Drugs

Obstetric Services

- Breast Pumps and Supplies (only for supplies that assist with lactation)
- Lamaze Class
- Midwife Expenses
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Prenatal and Postnatal Treatments

This list contains numerous examples of eligible expenses but should not be considered complete.

More Eligible Medical Expenses

Medical Equipment Supplies and Services

- Abdominal/Back Supports
- Ambulance Services
- Arches/Orthopedic Shoes
- Contraceptives, prescribed
- Crutches
- Guide Dog (for visually/hearing impaired)
- Hearing Devices and Batteries
- Hospital Bed
- Learning Disability Support (special school/teacher)
- Medic Alert Bracelet or Necklace
- Oxygen Equipment
- Prosthesis
- Splints/Casts or Support Hose (requires medical necessity)
- Syringes
- Transportation Expenses (essential to medical care)
- Tuition Fee at Special Schools for disabled child
- Weight Loss Drugs (to treat specific disease)
- Wheelchair
- Wigs (hair loss due to disease)

Non-Eligible Medical Expenses

- Cosmetic Surgery/Procedures
- Cosmetics, Toiletries
- Diaper Service
- Hair-Loss Medications
- Hair Transplants
- Health Club Dues (if exercise is not prescribed by your physician)
- Insurance Premiums
- Long-Term Care Premiums
- Marriage Counseling
- Maternity Clothes
- Vitamins or Nutritional Supplements
- Teeth Whitening/Bleaching

This page contains numerous examples of eligible and ineligible expenses but should not be considered complete.



