



Limited Flexible Spending Account

Your Limited Flexible Spending Account Helps You Save Money Each Year!

If you are participating in a High Deductible Health Plan (HDHP), you are eligible to participate in a Limited Flexible Spending Account (LFSA). This plan allows for reimbursement of dental and vision expenses for you and your dependents.

How the Plan Works

The LFSA plan has five easy steps:

1. Make your LFSA election during your company's open enrollment period.
2. Incur your dental and/or vision expenses during the plan year.
3. Obtain receipts and the necessary documentation to support your claim.
4. Submit your claim to TRI-AD (with supporting documentation).
5. TRI-AD reimburses you. Or, use the TRI-AD BenefitCard™, as discussed on page 2 of this flyer.



Need More Information?

Online at www.tri-ad.com/fsa

TRI-AD's FSA website provides information, educational materials and other features. Register online to file claims, access your account history and more. When you log in, be sure to update your personal profile and give us your email address so we can notify you about the status of your claims.

Via phone at (888) 844-1372

Our Participant Services representatives are available Monday through Friday from 5:00 a.m. to 6:00 p.m. Pacific Time to answer your questions.

There are specific rules and regulations that affect the way the plan operates.

■ Elections must be made in advance

You must decide before the beginning of the plan year how much you want to contribute to your Limited Flexible Spending Account.

■ You can only change your election under certain circumstances

Once you have made your election for the year, you can change it only if you have a qualified status change event. These include marriage, divorce, birth or death of a dependent, or a spouse losing a job or starting a new one.

■ You need to budget carefully

Some plans allow for an amount up to \$500 to be carried over into the next plan year. Not all plans have this feature and some limitations apply. See your Summary Plan Description for the rules specific to your plan. If your plan does not allow for a carryover of funds, you will forfeit any money left in your account when the plan year ends. A run-out period in the new plan year allows you to submit expenses you incurred during the last plan year.



Eligible Expenses

- Dental care
- Eye care: exams, prescription glasses and prescription sunglasses
- LASIK procedures
- Orthodontia (including prepaid arrangements)
- Dental or vision related over-the-counter items such as contact lens solution and denture adhesive. Some over-the-counter items such as fluoride rinse require a prescription.

Common Ineligible Expenses

- Medical expenses
- Cosmetic procedures (teeth whitening/veneers, etc.)
- Medically related over-the-counter items
- Dental care items such as toothpaste, mouthwash or dental floss.

Expenses that might be construed as medical will require further documentation to show that they are related to dental or vision services.



About the TRI-AD BenefitCard™

If your employer offers the BenefitCard, when you enroll, you will receive a TRI-AD BenefitCard that you can use at eligible dental and vision care providers.

How the Card Works

The TRI-AD BenefitCard is pretty smart. Here's how it helps cut down on paperwork:

- **It only works at eligible merchants**

The card knows whether a transaction is coming from a dental office or a restaurant. It will not work at providers other than dental and vision providers.

- **It can accept and instantly approve many transactions**

If the merchant is valid, the card takes a two-step process to accept and then approve the transaction. It will generally clear transactions that are copays under your employer's health plan immediately.

- **It is connected to many merchants**

The TRI-AD BenefitCard system is connected with dental and vision merchants to allow for easy transaction approval based upon your available election balance.

- **Save your receipts**

You may be required to submit receipts to support the TRI-AD BenefitCard transaction.

Using Your TRI-AD BenefitCard

1. Incur your expense at the dentist or vision provider.
2. Swipe your card to access your LFSA funds.
3. Obtain receipts and the necessary documentation to support your transaction. **Keep your receipts.** Dental and vision providers offer both eligible and ineligible services and products, so your receipts may be requested to prove your transaction was LFSA-eligible.
4. Submit your documentation to TRI-AD *only if it is requested*.

Remember, it is sometimes unclear what service you received or what item you purchased with your card. For example, at a dentist's office, a root canal is an eligible expense but teeth whitening is not. That is why we ask for documentation. Keep all your receipts in case we request documentation.

Filing a Claim is as Easy as 1-2-3

1. **Log into your account and enter your claim:** Log into your FSA account at www.tri-ad.com/fsa. Click "Enter a New Claim" and provide your claim information or use the Benefits by TRI-AD mobile app.
2. **Provide the supporting documentation.** IRS rules say that your documentation must show:
 - The date the service was incurred (not the date you paid the bill)
 - The service provider's name
 - To whom the service was provided
 - The charges or out-of-pocket expense amount
 - A clear and detailed description of service or item

Acceptable documentation:

Examples of acceptable documentation are insurance company Explanation of Benefit forms (EOBs), receipts showing the above information, and "bag tags" for prescriptions.

Unacceptable documentation:

Bank card statements, insurance company claim forms, canceled checks, estimates of expenses and balance forward statements are not valid documentation.

3. **Upload your documentation:** After you provide your basic claim information, you can upload your documentation at that time right to TRI-AD's site, and attach it to your claim as part of filing the claim. If you don't have a scanner, you can print a special cover sheet and fax it with your documentation to TRI-AD as instructed on the cover sheet. Mobile app users may take a photo of their receipts to submit through the phone.

Contact Information

TRI-AD Participant Services representatives are available Monday through Friday from 5:00 a.m. to 6:00 p.m. Pacific Time.

Phone: (888) 844-1372

FSA Fax: (866) 233-4741 or
(760) 233-4741

Web: www.tri-ad.com/fsa

Email: flexmail@tri-ad.com

The information contained herein is considered to be general in nature. In the event that anything on this flyer differs from the information contained in your company's plan provisions as set forth in the Summary Plan Description and/or Plan document, those documents shall prevail.