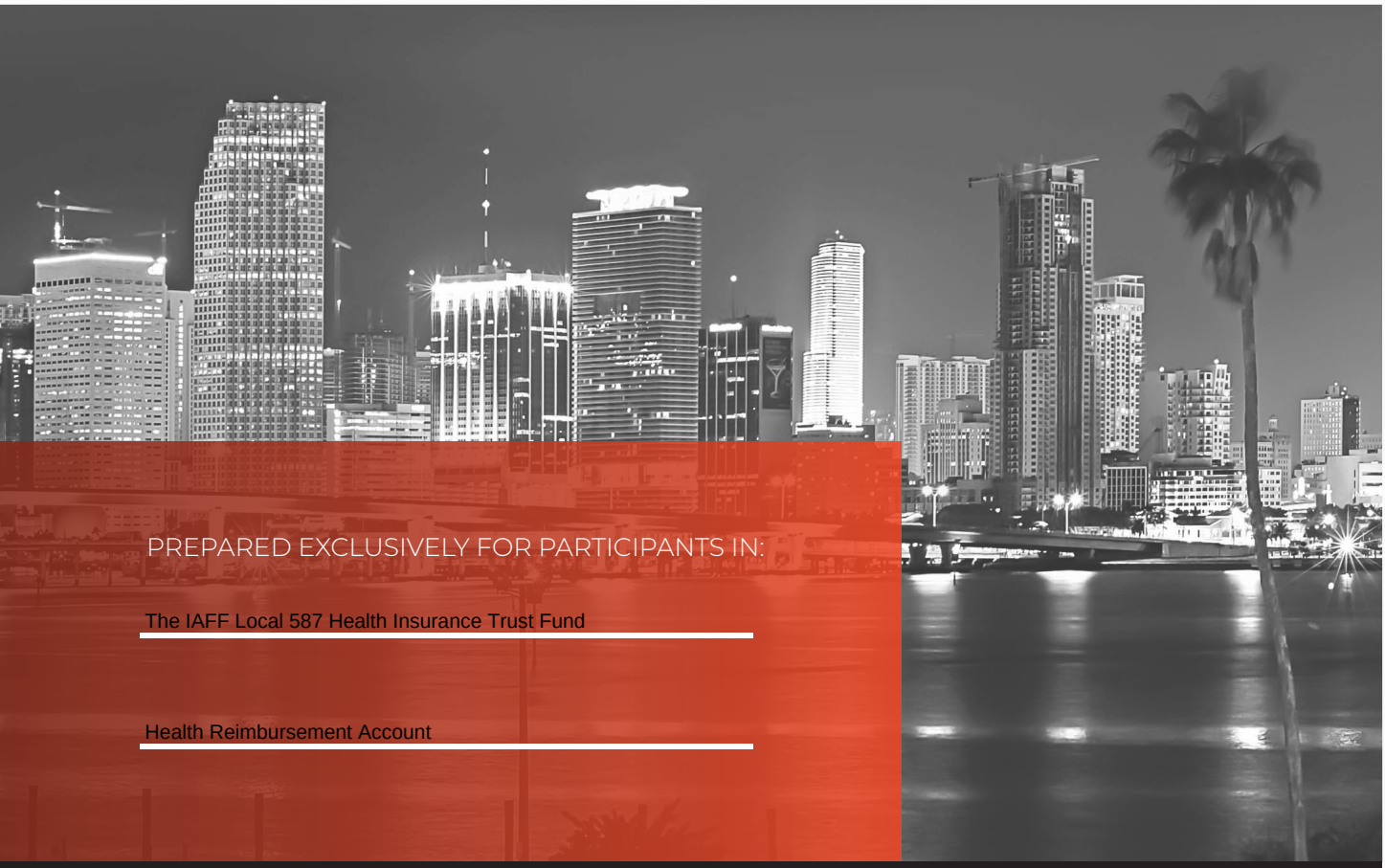
Diversified
Administration, Inc.
Tax Savings For Employers & Employees

Diversified Administration, Inc.
6600 Taft Street, Suite 304
Hollywood, FL 33024
www.**Div125**.com



PREPARED EXCLUSIVELY FOR PARTICIPANTS IN:

The IAFF Local 587 Health Insurance Trust Fund

Health Reimbursement Account

How to Make the Most Out of My **Health Reimbursement Arrangement (HRA)**

Plan Year

From 01/01/2027
To 12/31/2027

Contact Us at

Email: Claims@Div125.com
Phone: (954) 983-9970 Option 3
Fax: (954) 983-9695

SECTION 105 HRA PLAN INFORMATION

What is our plan year?

Our plan year will start on 01/01/2027 and ends on 12/31/2027

With the HRA, you can benefit from reimbursements for various medical expenses without them being subjected to federal income tax! This concise Q&A guide offers an overview of the HRA benefits. For a deeper understanding and further details, please consult the Summary Plan Description provided by your employer.

What are the expenses that are eligible under my HRA plan?

The IAFF Local 587 Health Insurance Trust Fund has established a plan to reimburse you for:

Any eligible IRS permitted medical, dental or vision expense. (See page 4 for a list of the most common eligible and ineligible expenses.)

The Advanced Eye Care Benefit, with a lifetime benefit of $5,000 per member.

This benefit is in addition to the HRA amounts listed below. This benefit does not cover cataract surgery.

Who is eligible to participate?

Only those enrolled in our Group Health Plan, and any covered spouses, domestic partners, or dependents are eligible to participate.

How much money is available for reimbursement?

Employee only receives $1000; Married/Domestic Partner or Single with Child(ren) receives $2,000; Employee plus family receives $3,000.

What else should I know about how this plan operates?

HRA reimbursements are based on the date of service, not the date of payment. Additionally, your reimbursements from the HRA can't exceed the total amount your employer has allocated for you within the plan year. With the HRA, any unused funds at the end of the plan year may be subject to the plan's specific carryover or forfeiture rules.

What are the dates eligible expenses can be incurred, or services be received?

For this plan year, expenses must be for services performed or benefits received on or after 01/01/2027 and by 12/31/2027. If you terminate from the company before the end of the plan year, the expense must be incurred while you are employed.

What is the last day I have to submit my receipts?

There is a 180 day grace period at the end of the plan year or your termination date, whichever comes first. This grace period gives you some extra time to organize and submit your receipts after the end of the plan year or termination date. Based on this plan's grace period, the final day to submit receipts (for expenses incurred during the plan year) is 06/29/2028.

Does my plan have a Debit Card?

Yes. Your plan provides one debit card to all participants. Please verify we have your correct address

Does my plan have Direct Deposit?

Yes. Direct Deposit is Required. Reimbursements can not be issued without Direct Deposit information on file.

SECTION 105 HRA PLAN INFORMATION

PLAN YEAR FROM 01/01/2027 **To** 12/31/2027

We will be processing **weekly** this year.

If your claim is in our office by 4:00 pm on Tuesday, we will be able to process it on Wednesday.

You will receive the money shortly after the processing date.

**Any claim received after the cut-off date will be processed on the following date.

Participants can now submit claims directly on our www.Div125.com website, or on our Mobile Phone app without the need for a separate claim form.

ALL USERS MUST LOG IN TO THE WEX ACCOUNT THE FIRST TIME USING THE FOLLOWING INSTRUCTIONS:

- Go to www.Div125.com
- Click on the blue CDH Login button in the upper right-hand corner
- Click in the **Existing Users** box, entering the Username and Password following the instructions on the next lines.
- Your first time username is your first initial, your last name, and the last 4 of your SSN - jsample9999
- If you have another login from a different group's benefits, one of those logins will have a 1 after it - jsample99991
- Click the next button, and a password field will appear below where you entered your username
- Your first time password is your 5-digit zip, your first initial (lowercase), and the last 4 of your SSN - 33333j9999
- After setting up 3 security questions, you can customize your username and password. Answers are CASE sensitive.

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E-mail claims to Claims@Div125.com

Scan for the **iPhone** Diversified App

Scan for the **Android** Diversified App

WHICH EXPENSES ARE ABLE TO BE REIMBURSED WITH YOUR HRA PLAN?

THE FOLLOWING EXPENSES ARE ELIGIBLE FOR REIMBURSEMENT WITH AN HRA PLAN

- Acupuncture Services
- Alcoholism & Drug Abuse Treatment
- Birth Control Pills & Devices
- Blood Pressure Cuffs
- Blood Sugar Test Kits for Diabetics
- Braces & Orthodontia
- Chiropractic Adjustments
- Compression Products (30-40 mmHg or above)
- Contact Lenses & Glasses
- Crutches & Medical Equipment
- Deductibles, Coinsurance, and Copays
- Dental Procedures and Dentures
- Doctor Office Visits
- Eyeglasses, including Exam Fee
- Flu Shots & Vaccines
- Handicapped Persons' Special Schools
- Hearing Devices and Batteries
- Incontinence Products
- Insulin & Other Diabetic Supplies
- Laboratory & Diagnostic Fees
- Lasik Eye Surgery
- Hospitalization and Clinical Care
- Menstruation Products
- Obstetrics & Gynecology
- Orthopedic Shoes
- Over the Counter Medications
- Oxygen and Oxygen Equipment
- Physical & Speech Therapy
- Prescription Medication
- Psychiatrists & Psychologists
- Smoking Cessation Programs
- Surgical Procedures
- Thermometers
- Vasectomy Operations
- Walkers, Wheelchairs & Canes
- X-Rays & Medical Imaging

THE FOLLOWING EXPENSES WILL NEED A LETTER OF MEDICAL NECESSITY / RX

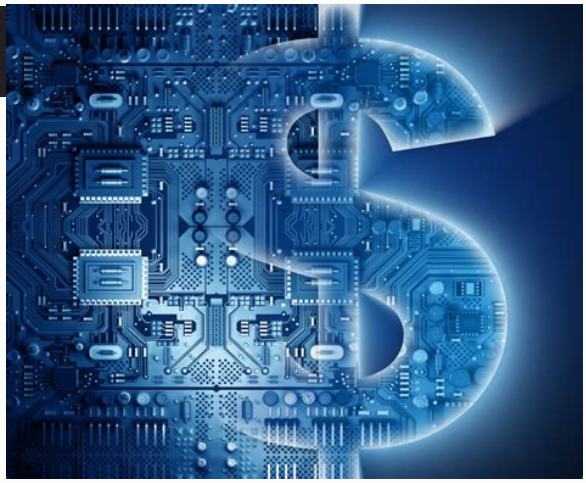
- Alopecia Treatment
- Certain "Dual Use" Rx (Botox)
- Cervical Pillows
- Dermatologist (not matching a copay)
- Learning Disability Treatment
- Massage Therapy Sessions
- Orthopedic Shoes
- Probiotics & Most Supplements
- Service Animals
- Weight Loss Programs and Rx

THE FOLLOWING EXPENSES ARE NOT REIMBURSABLE UNDER AN HRA PLAN

- Baby Wipes & Diapers
- Body Lotions & Creams
- Cosmetic Surgery / Prescriptions
- Deodorants & Moisturizers
- Electrolysis Procedures
- Hair Transplants & Rogaine
- Marijuana (Medical or Otherwise)
- Teeth Bleaching & Toothpaste
- Soap, Face Wash & Body Wash
- Q-tips, Dental Floss, & Toiletries

ENJOY BENEFIT-LINKED DEBIT CARDS

HRA Benefits Debit Card



If your employer offers an Debit Card linked to your HRA Benefit, you also get real time access to view all of your debit card activity. This includes the ability to view every swipe you've made using the card. You can see the date you swiped the card, the provider you went to, the amount of the swipe, and the when it was approved. You also get information about any card declines. As an identity theft protection measure, you will also get an e-mail notifying you every time the card is used.

Your smart card can be easily used at qualifying locations to pay for out of pocket medical expenses. While some swipes will always require a claim form and receipt (such as dental offices, which provide both medical and cosmetic services), this benefit linked debit card is smart enough to auto-approve certain expenses without the need to submit additional documentation. When the card is used at a doctor's office, and the amount charges is a standard copay amount ($25, 30, 35, 50, 75, etc), no documentation is needed to approve your claim. Prescription medication purchased at major pharmacies using your smart card will also be auto-approved without having to submit additional documentation. We can also set up "recurring claims" for when you have situations where you see the same service provider, and pay the same amount each time. Once this recurring claims is set up, you will not need to submit documentation for subsequent services provided by this merchant.



Smarts Cards are a Great Idea!

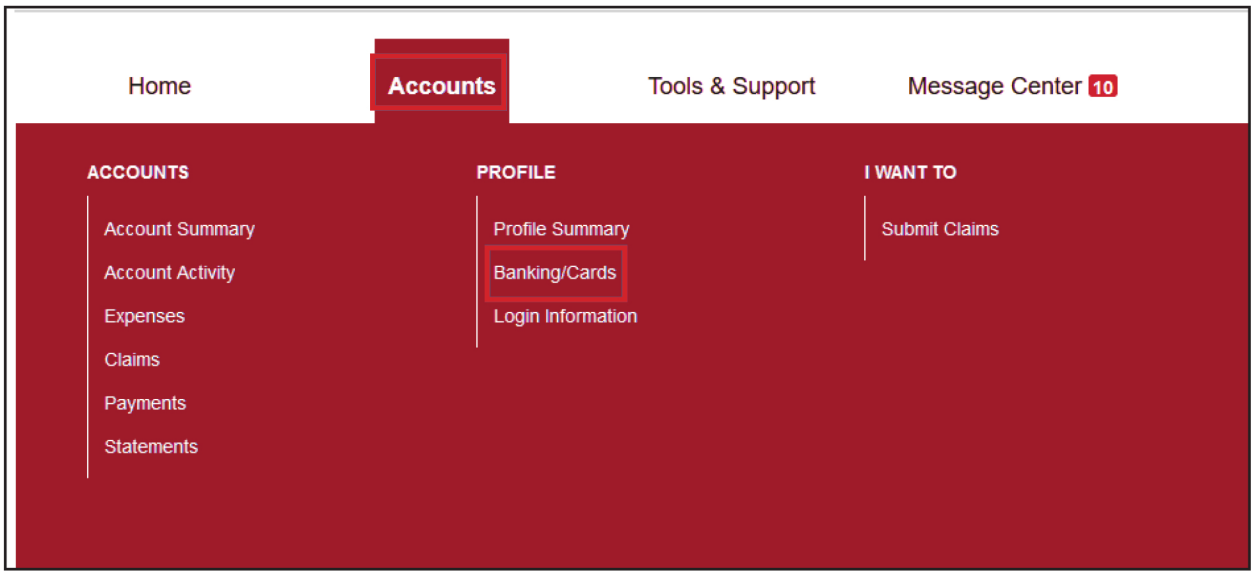
When your benefit linked debit card is used for expenses other than standard copays, Rx medication or recurring charges, you will need to submit substantiating documentation along with a completed claim form. This means you will need to submit a bill, statement, receipt, or explanation of benefits which include the following: Date of service, Type of service, Recipient of Service, and Cost of Service. The claim form and documentation can be sent via app, e-mail, fax, or mail. Claims are typically processed within 1-2 business days, if not sooner.

Benefits that Come with your Smart Card

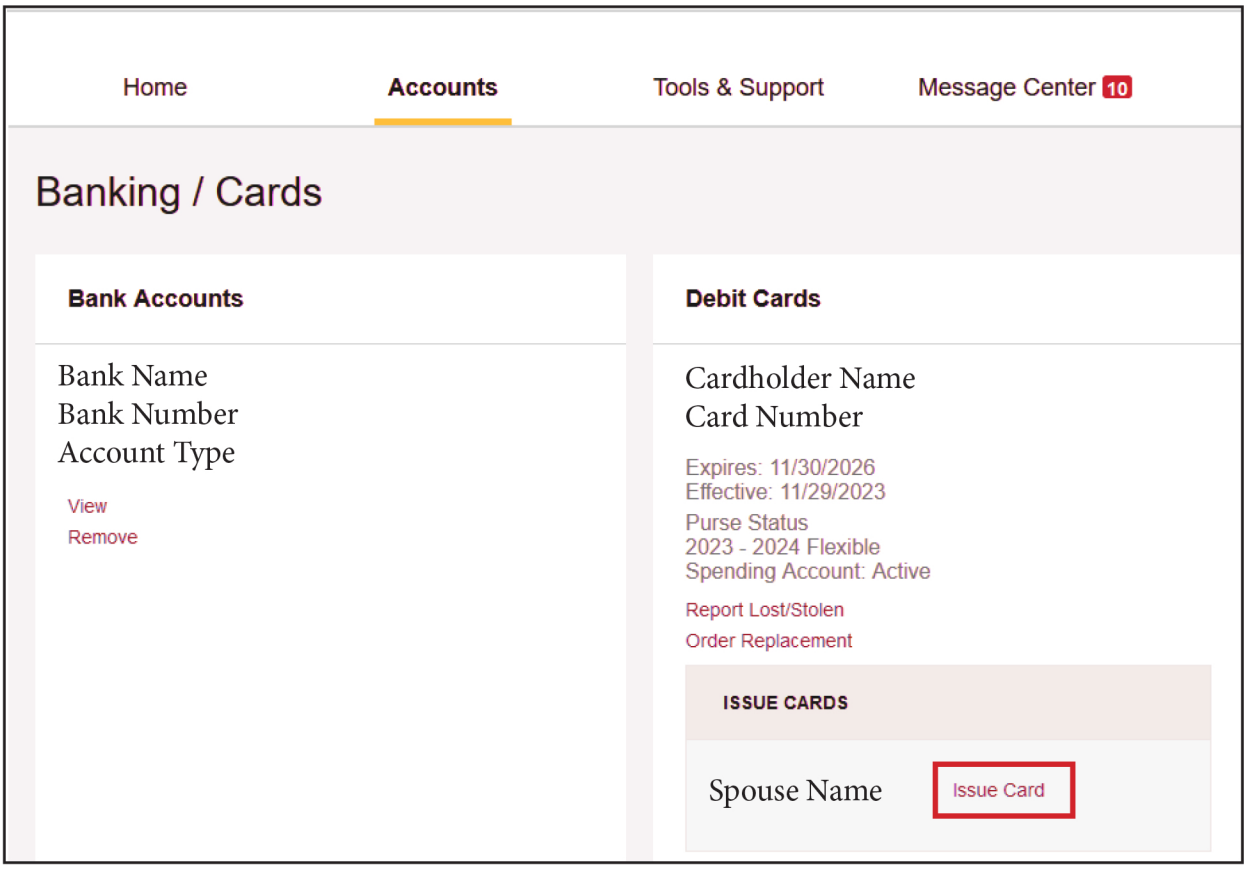
- Prescriptions & Pharmacies
- Doctor's Office Visits
- Hospitalizations (In & Out Patient)
- Insurance Deductibles
- Dental & Orthodontic Care
- Eye Exams, Glasses & LASIK
- Medical Testing & Diagnostics
- Recurring Claims
- Auto-Substantiation
- Email Notification & Much More!

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How to Order a Spouse or Dependent Debit Card



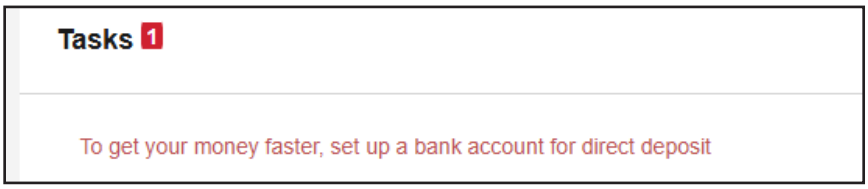
After entering your spouse/dependents, click **Accounts**, and then **Banking/Cards**
To order your spouse/dependents a Debit Card, click **Issue Card**.
Only dependents 18 or older are eligible to reveice a Debit Card.

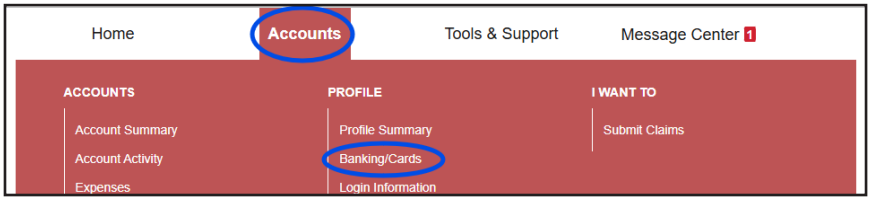


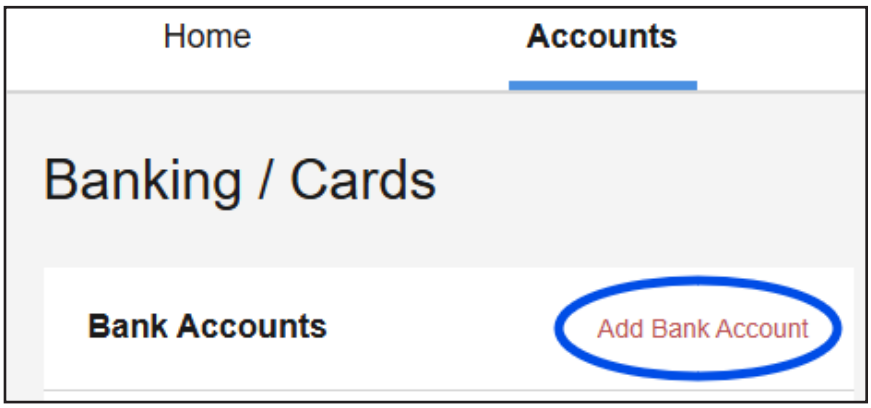
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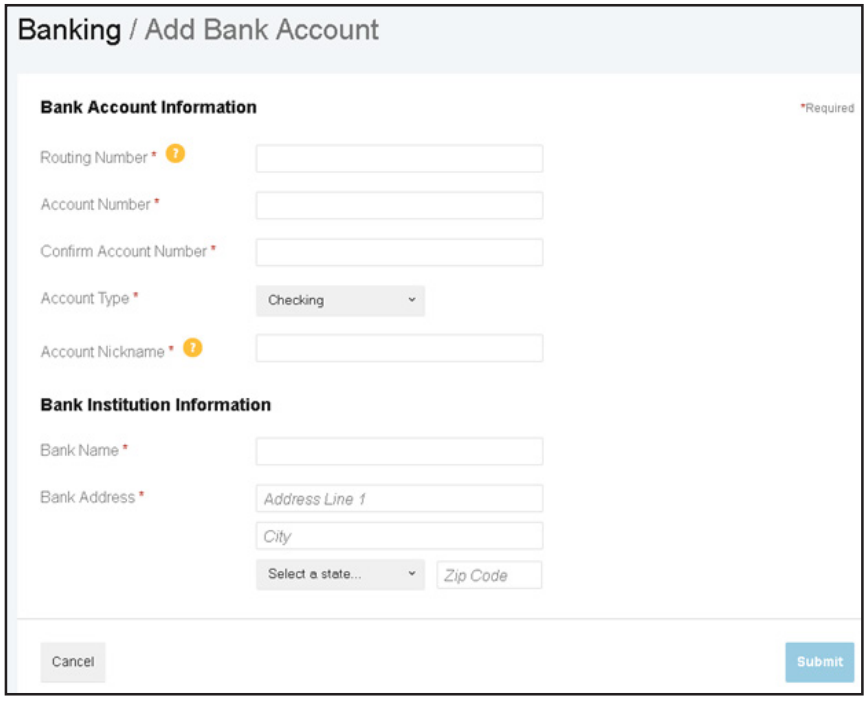
How to Add a Bank Account using the Wex Web Portal

When reimbursements are issued for approved claims, your employer issues payment via Direct Deposit. To verify the accuracy of the banking information when it is first entered, a "micro-deposit" will be deposited into your account, between the amounts of $0.01 and $0.99. The following steps show how to enter your banking information, and verify the micro-deposit to activate the account.









Step 1: Log In To The Consumer Portal at: https://diversified.lh1ondemand.com/
In the **Tasks** section click the link to set up a bank account for direct deposit. (This will take you right to Step 3)
or
In the **Account** section at the top, go to the **Profile** section, and click the link that says **Banking/Cards**.

Step 2: On the Banking page, click the **Add Bank Account** link.

Step 3: Enter your:
Routing Number
Account Number
Confirm Account Number
Select Account Type
Account Nickname
Please also provide your
Bank Name and Address.
Then click the Blue Submit button.

Step 4: A deposit will be made to your bank account within 1–3 business days.

You must verify the micro deposit amount with your bank and confirm it on the Diversified website within 10 calendar days. If not verified in time, your banking info will become inactive, and you'll need to restart the process.

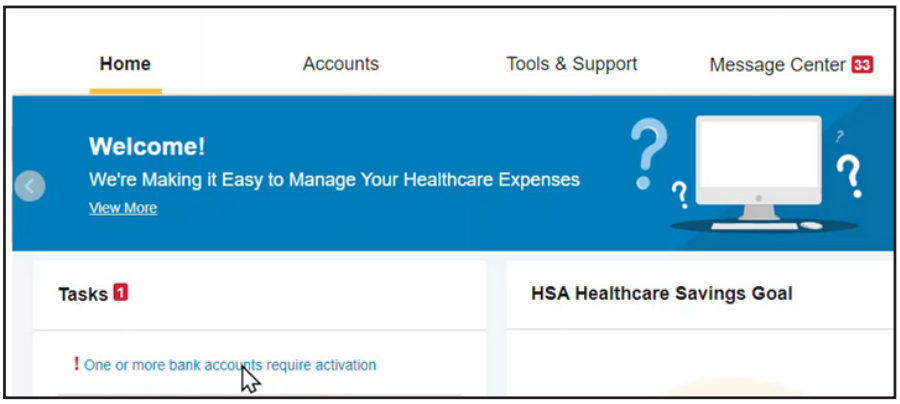
Follow the steps on the next page to confirm the deposit and activate your account for use.

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How to Add a Bank Account using the Wex Web Portal

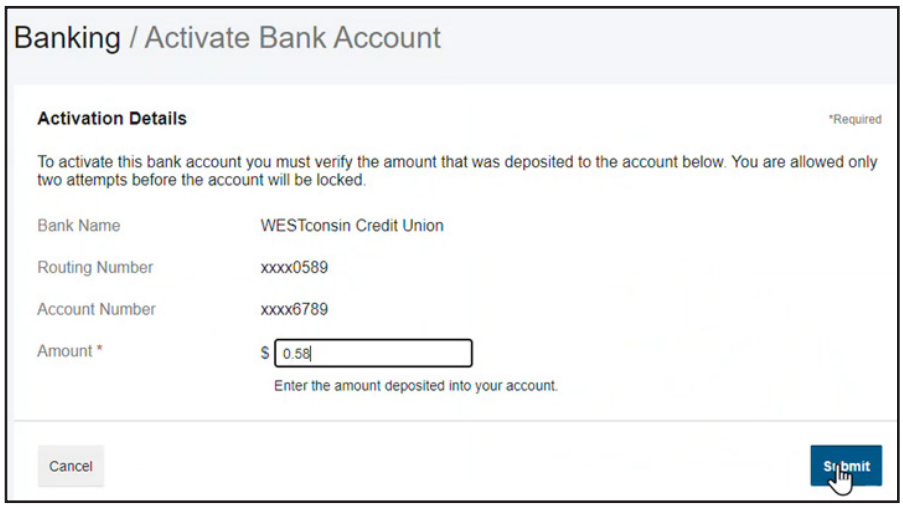
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Step 5: Log In To The Consumer Portal at: https://diversified.lh1ondemand.com/

Locate the **Tasks** section on the Home page, and click the link that says **One of more bank accounts require activation**.



Step 6: Enter the amount, between $0.01 and $0.99 which was deposited into your bank account.

Then click the blue **Submit** button at the bottom of the page.

The system will check to see if the amount you entered matches the amount deposited.

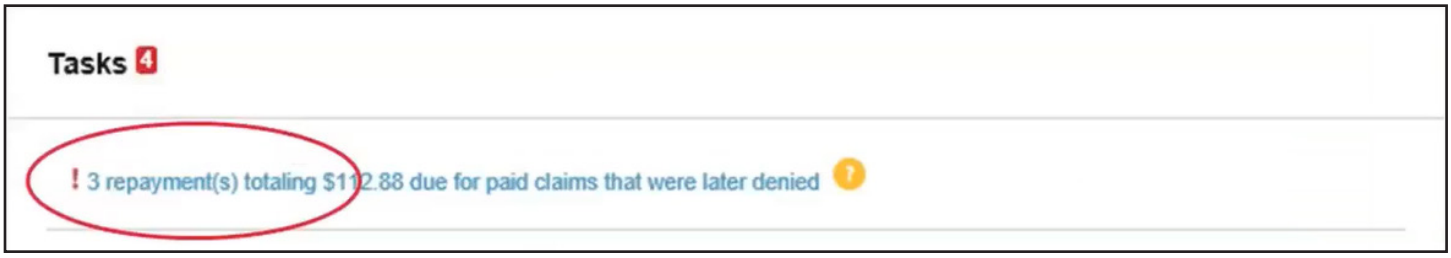
You get two attempts to enter the right amount. Entering the correct amount allows Direct Deposits to be made to that account.

This completes the Employee Micro-Deposit Banking Verification Process.
If you have any questions, please email us at claims@div125.com or call us at (954) 983 - 9970 Option 3.

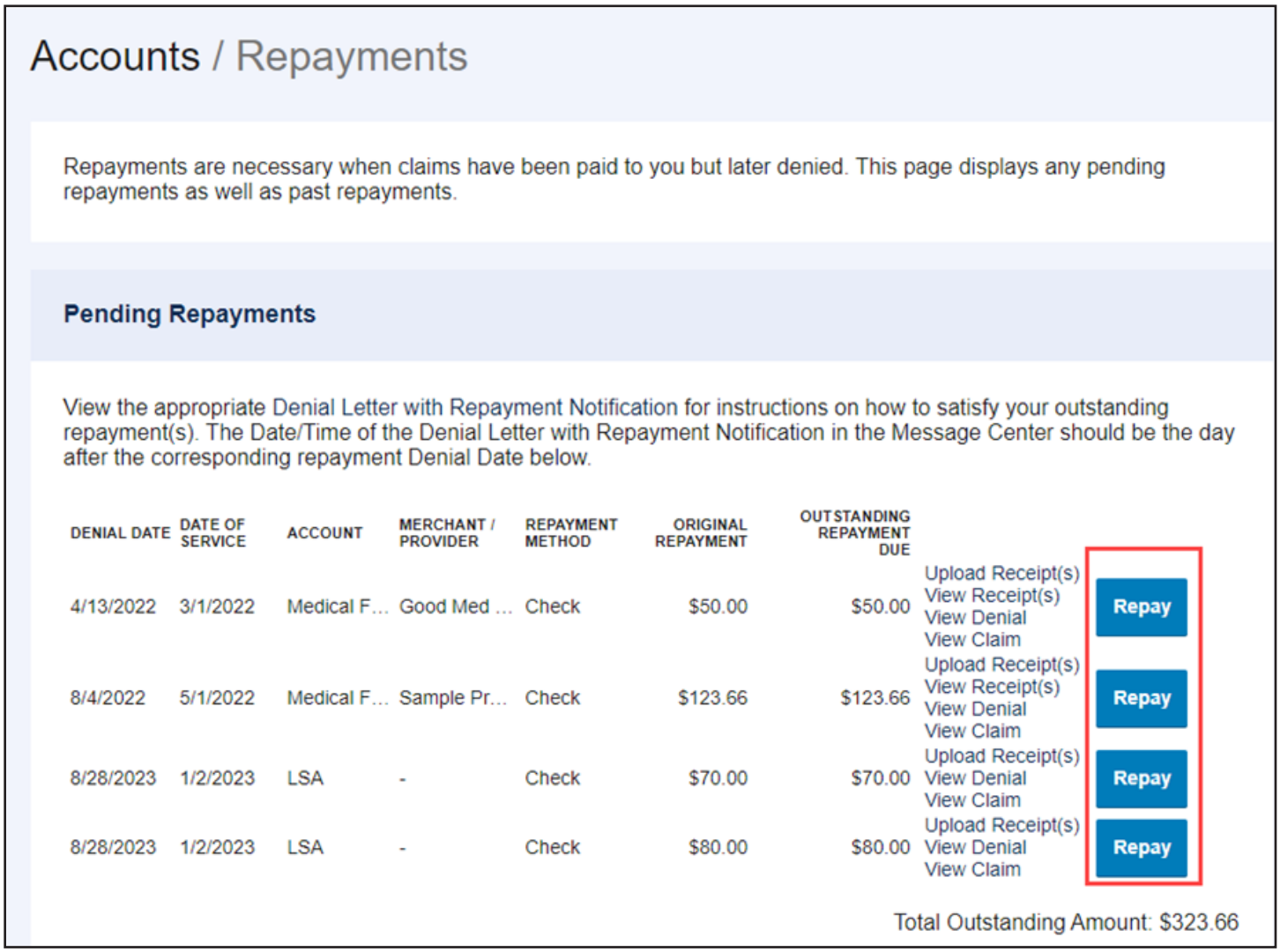
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How to Repay a Debit Card Swipe in the Wex Online Portal

After logging in, you will see a Task for each Debit Card Swipe which needs to be repaid. Click the link.



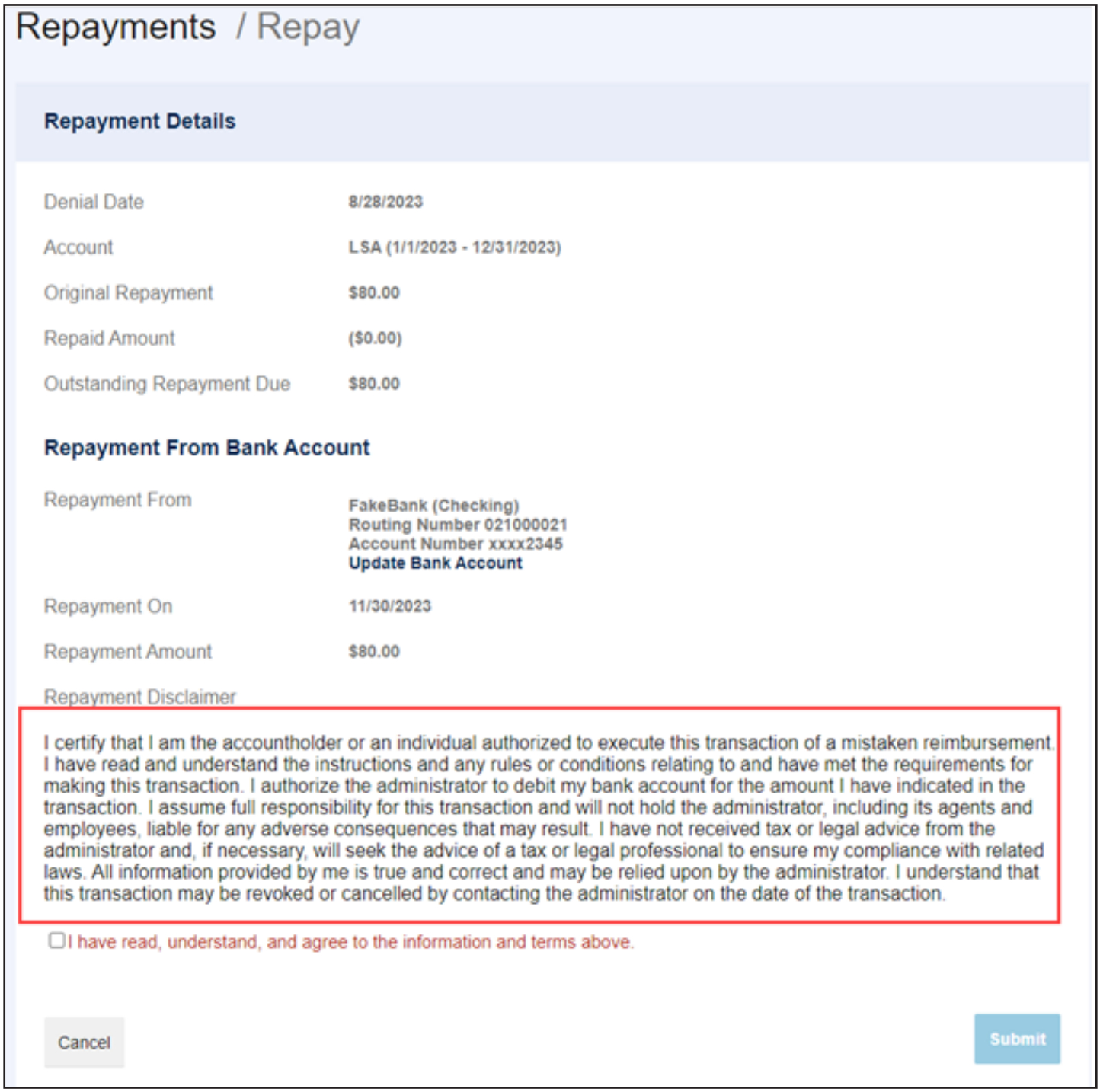
You are then taken to the screen below, where you can click the blue **Repay** button.



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How to Repay a Debit Card Swipe in the Wex Online Portal

After clicking repay, you will be brought to the Repayments / Repay screen.
Confirm the details are correct, and check the box indicating you have read the disclaimer.
Click Submit to repay the debit card swipe via the listed bank account.



Repayments / Repay

Repayment Details

Denial Date	8/28/2023
Account	LSA (1/1/2023 - 12/31/2023)
Original Repayment	$80.00
Repaid Amount	($0.00)
Outstanding Repayment Due	$80.00

Repayment From Bank Account

Repayment From	FakeBank (Checking) Routing Number 021000021 Account Number xxxx2345 **Update Bank Account**
Repayment On	11/30/2023
Repayment Amount	$80.00

Repayment Disclaimer

I certify that I am the accountholder or an individual authorized to execute this transaction of a mistaken reimbursement. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I authorize the administrator to debit my bank account for the amount I have indicated in the transaction. I assume full responsibility for this transaction and will not hold the administrator, including its agents and employees, liable for any adverse consequences that may result. I have not received tax or legal advice from the administrator and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by the administrator. I understand that this transaction may be revoked or cancelled by contacting the administrator on the date of the transaction.

☐ I have read, understand, and agree to the information and terms above.

Cancel

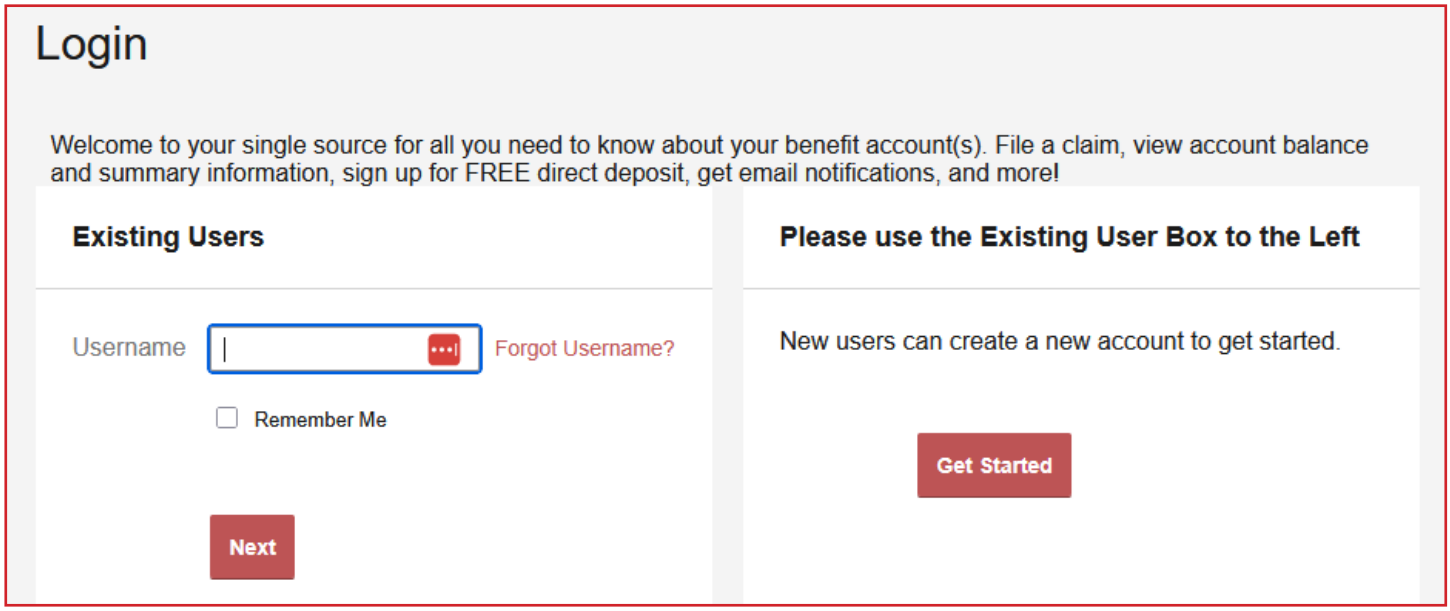
Submit

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How to Substantiate a Card Swipe Using the Web Portal

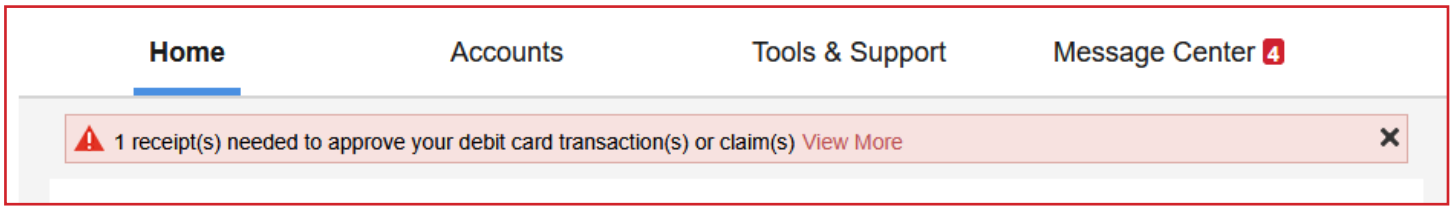
STEP 1:

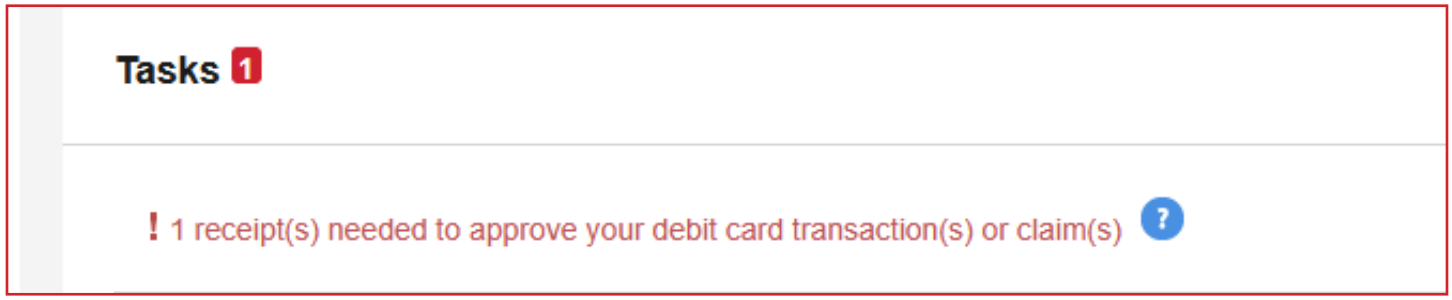
Log in using the credentials you previously created when registering and click **Next**.



STEP 2:

There are two ways to bring up your claim to submit documentation.
Click **View More** in the **Alert** section at the top of the page.
Or scroll down to the **Tasks** section, and click the link to go to the page with your claims.



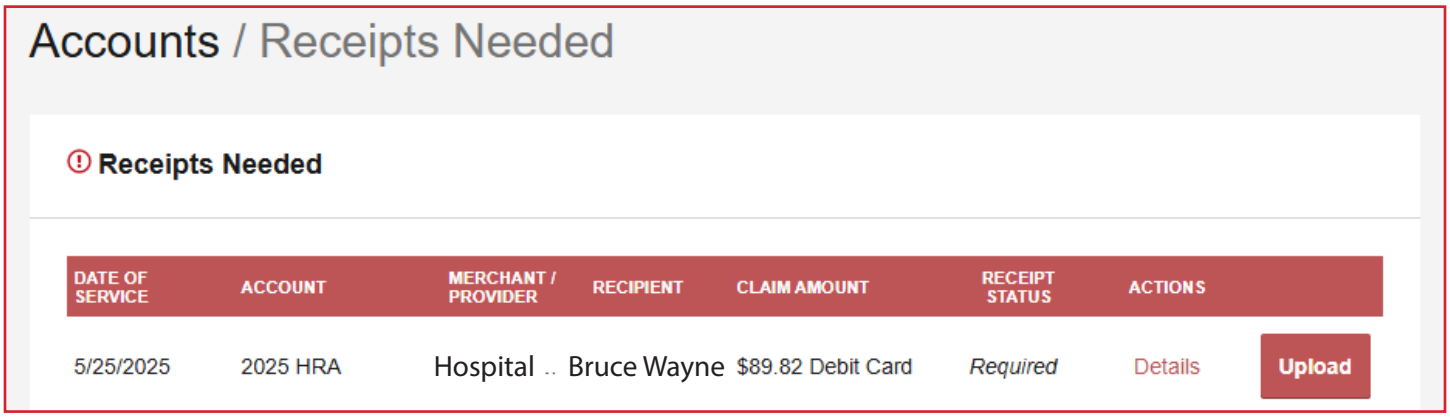


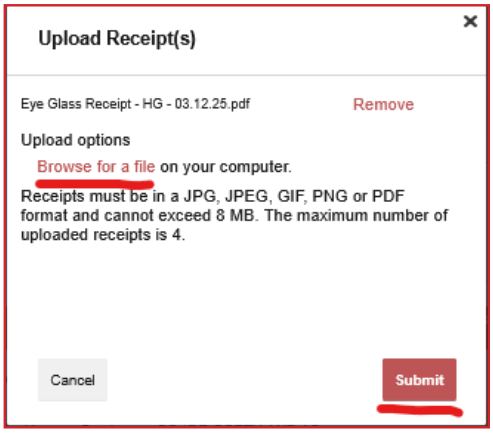
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How to Substantiate a Card Swipe Using the Web Portal

STEP 3:

For each transaction requiring documentation, click the **Upload** on the right side.





STEP 4:

Click **Browse for a File** in the new window.

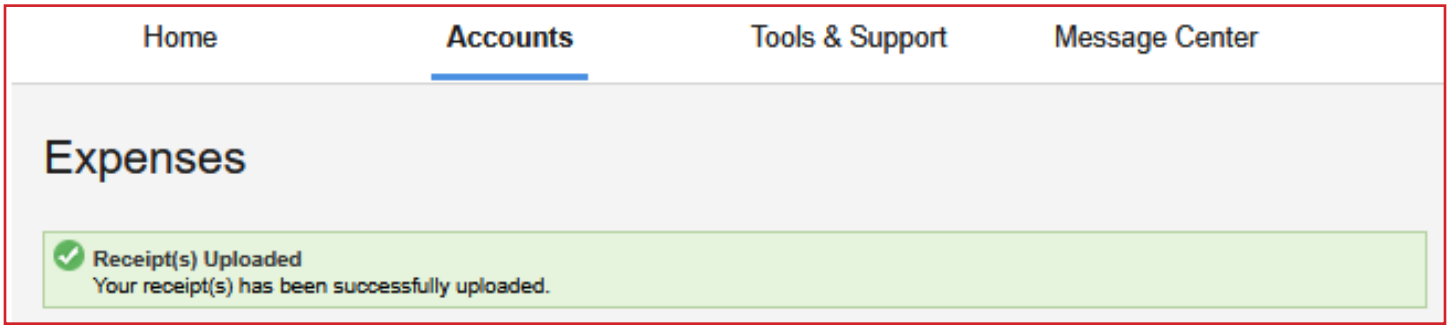
Locate the documentation from your computer.

Select the files and click **Open**.

Once all of the documents have been uploaded, click **Submit**.

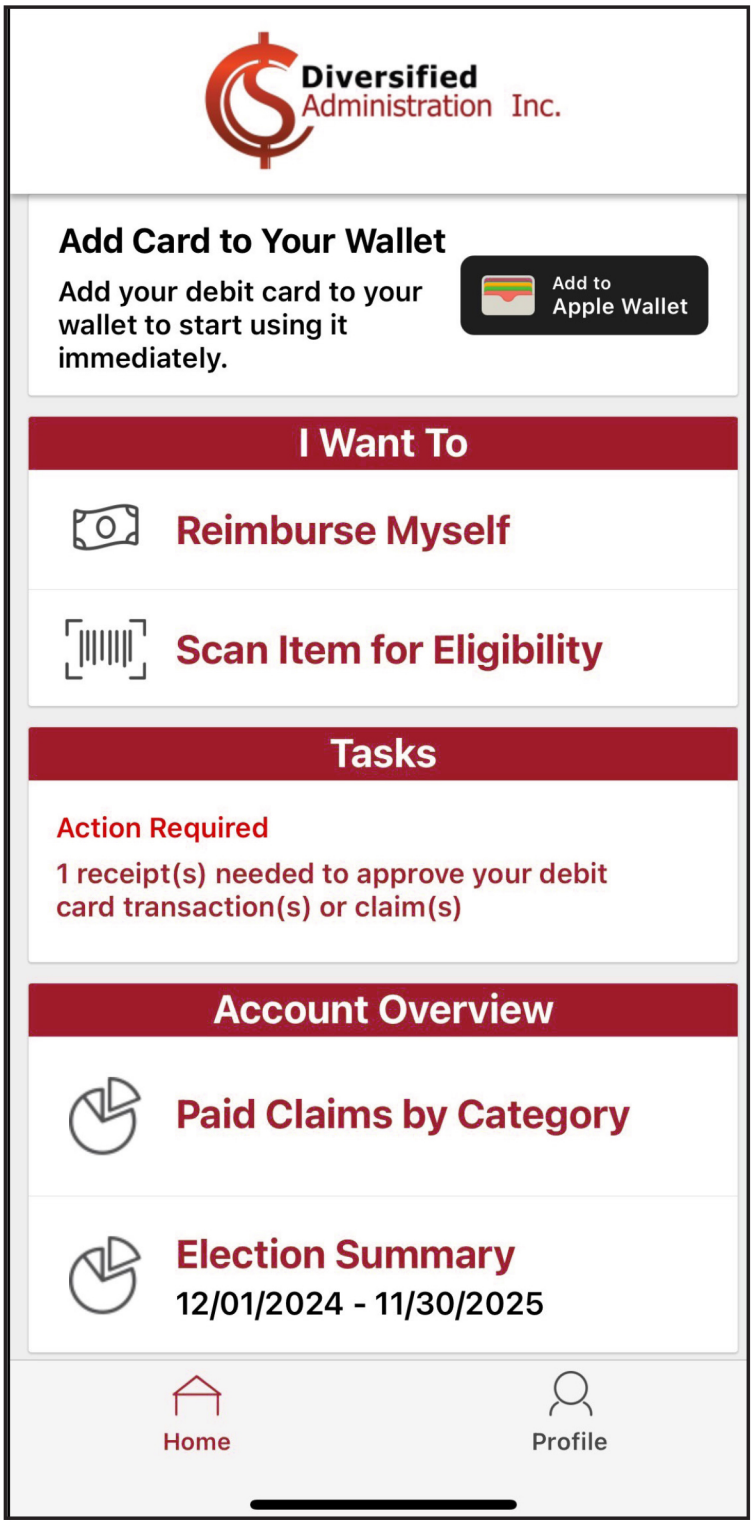
STEP 5:

After submitting, the page will refresh and you will see a confirmation message at the top.



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How to Substantiate a Card Swipe Using the Smartphone App



STEP 1:

After opening the app, you will see a notification under the **Tasks** section that says:

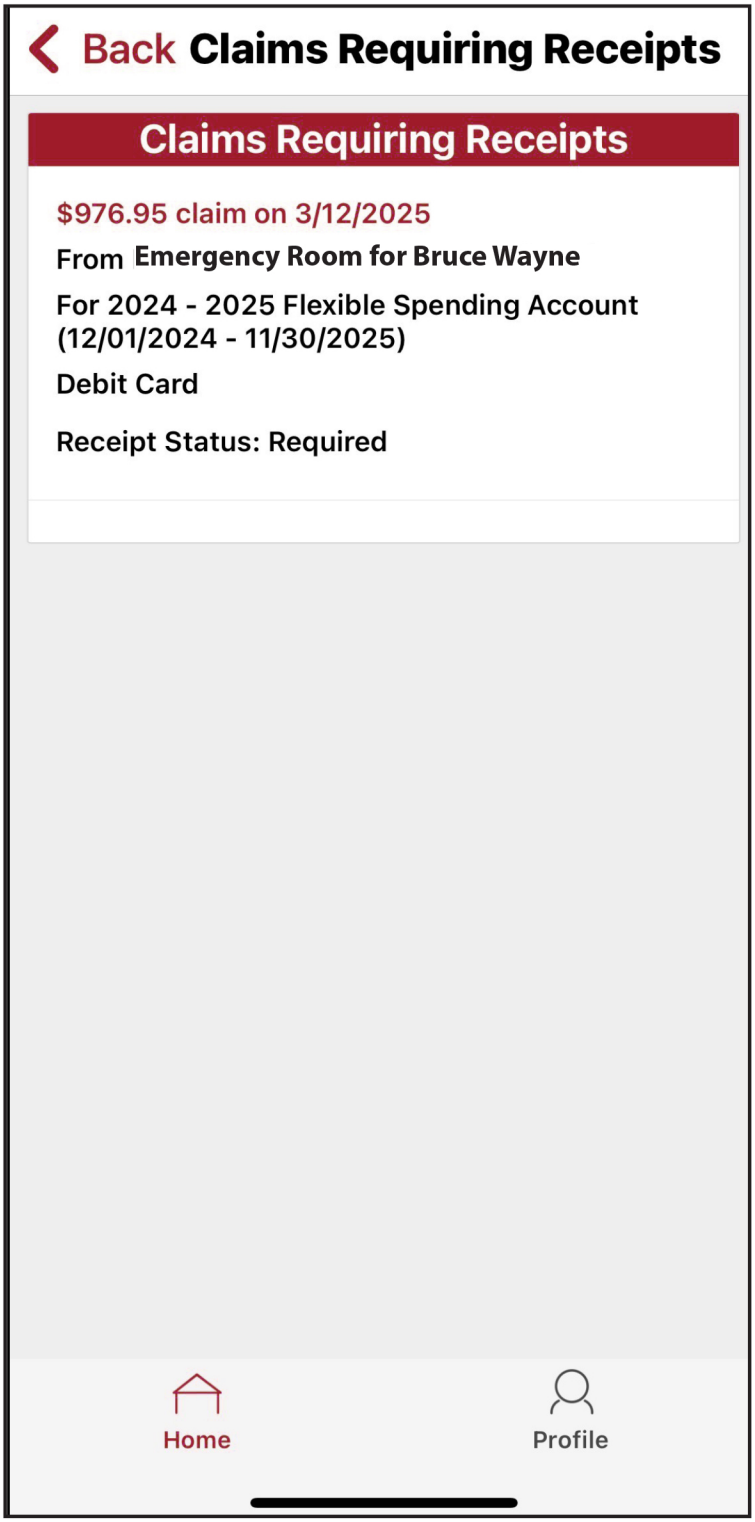
Action Required

1 (or more) receipt(s) needed to approve your debit card transaction(s) or claim(s)

Tap that notification to move to the next step of the process.

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How to Substantiate a Card Swipe Using the Smartphone App



STEP 2:

This will take you to the **Claims Requiring Receipts** page.

In this example, we'll submit proper documentation for Bruce Wayne's card swipe on 3/12/2025 at the Emergency Room in the amount of $976.95.

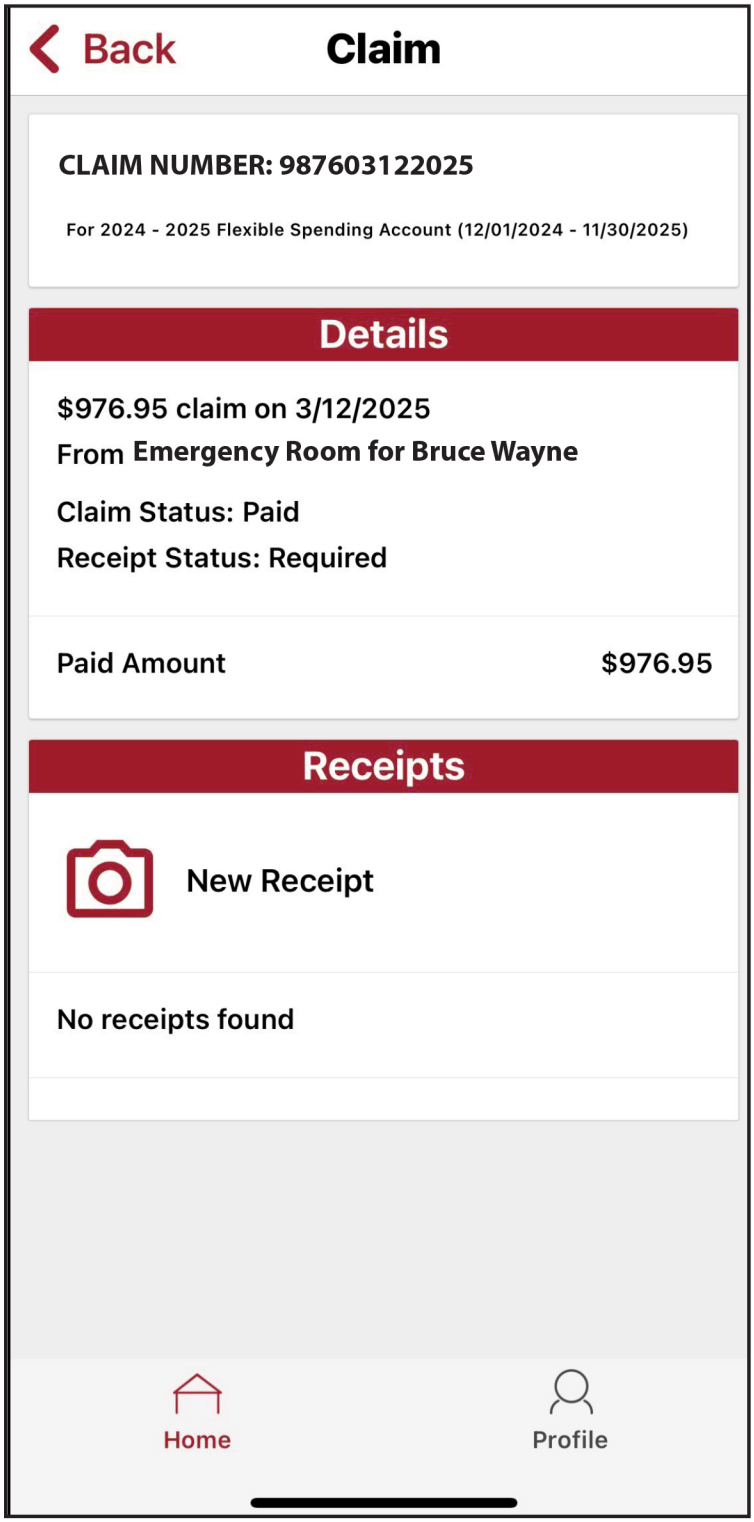
We can see the Receipt Status is: **Required**

Tap that notification to move to the next step of the process.

Repeat this for each claims requiring receipts.

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How to Substantiate a Card Swipe Using the Smartphone App



STEP 3:

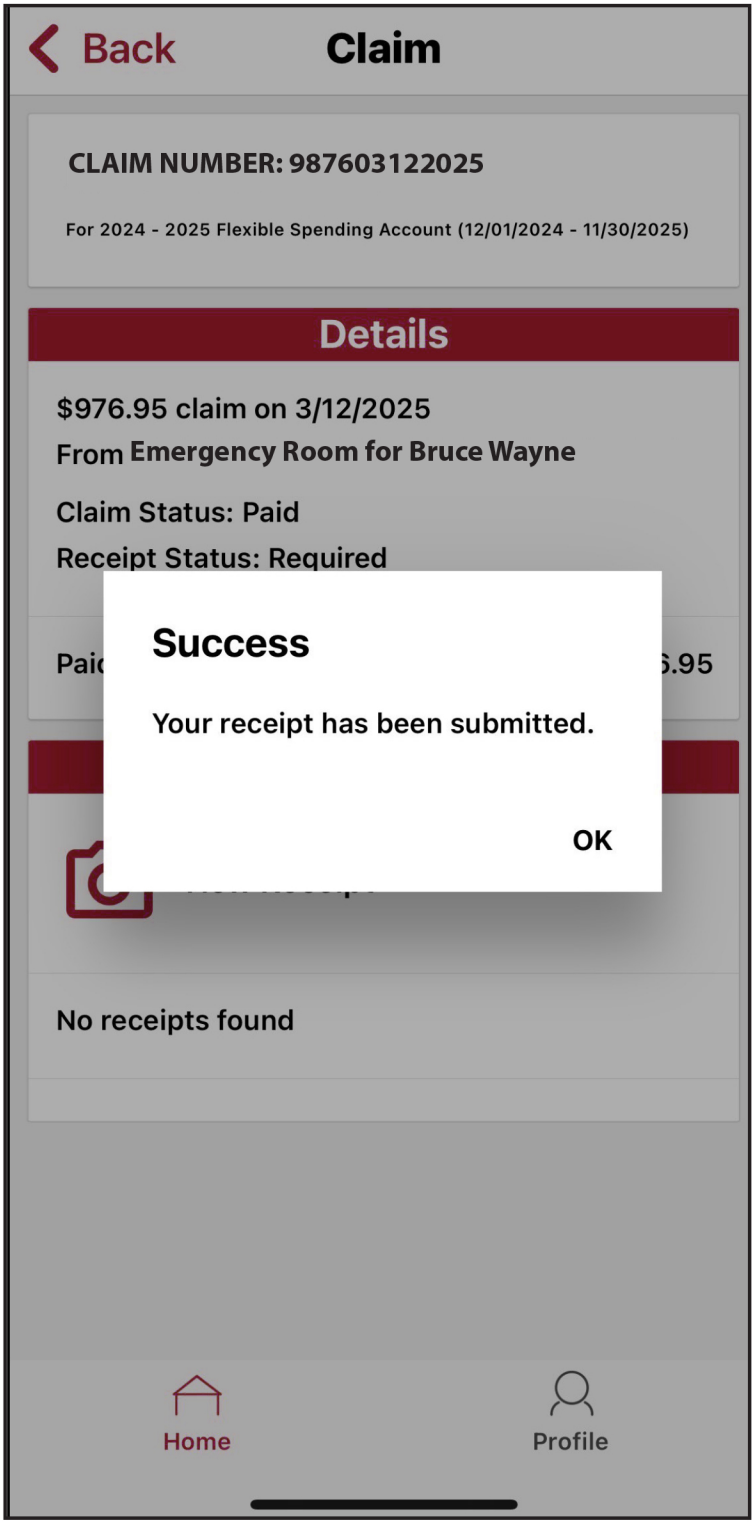
This will take you to the page specific to that **Claim**.

In the **Receipts** section you can see it says **No receipts found.**

Tap **New Receipt** to move to the next step of the process.

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How to Substantiate a Card Swipe Using the Smartphone App



STEP 4:

Upload documentation with the 5 pieces of information required by the IRS:

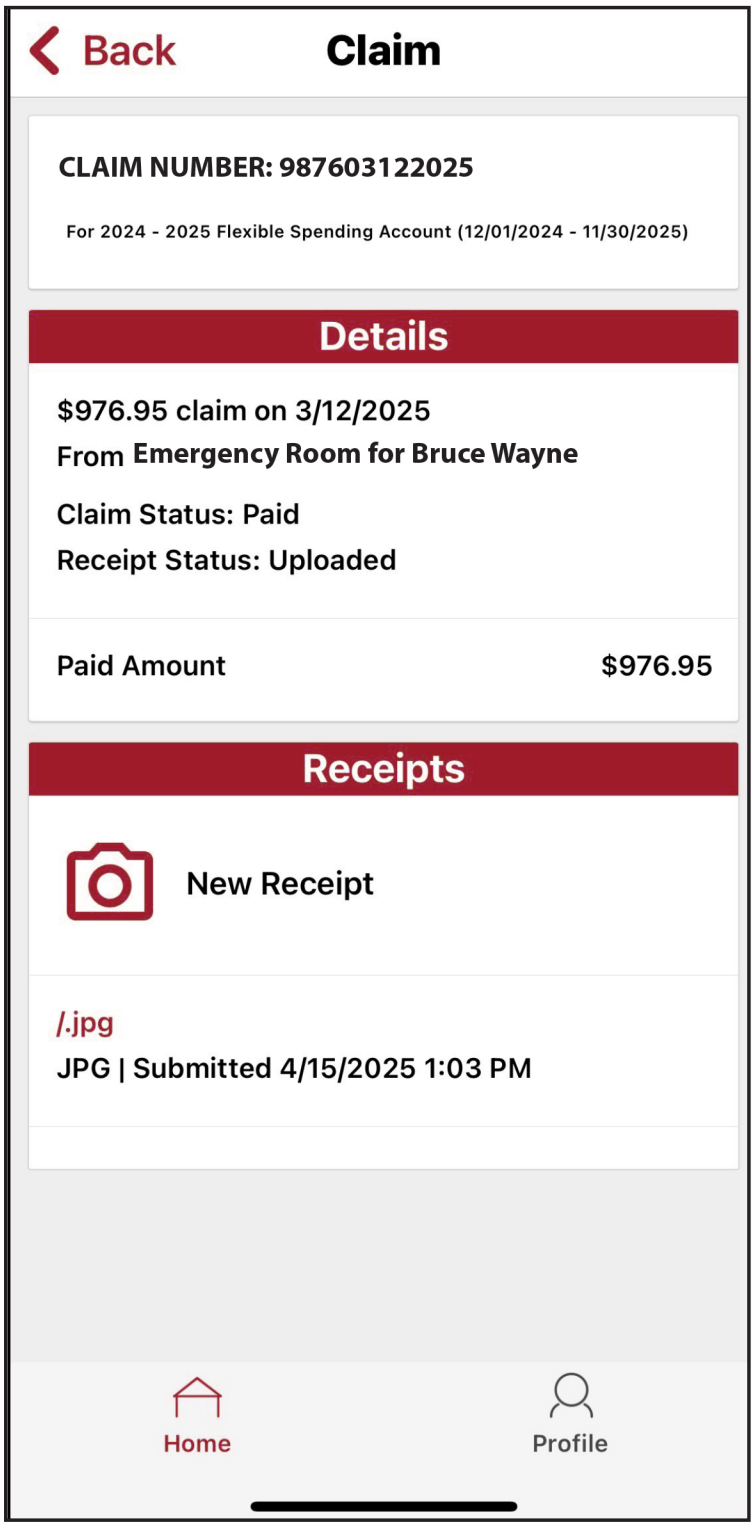
Provider of Service
Recipient of Service
Type of Service
Date of Service
Cost of Service

You will get a notification that your receipt has been submitted successfully.

Tap **OK** to move to the next step of the process.

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How to Substantiate a Card Swipe Using the Smartphone App



STEP 5:

This will take you to the page specific to that **Claim**.

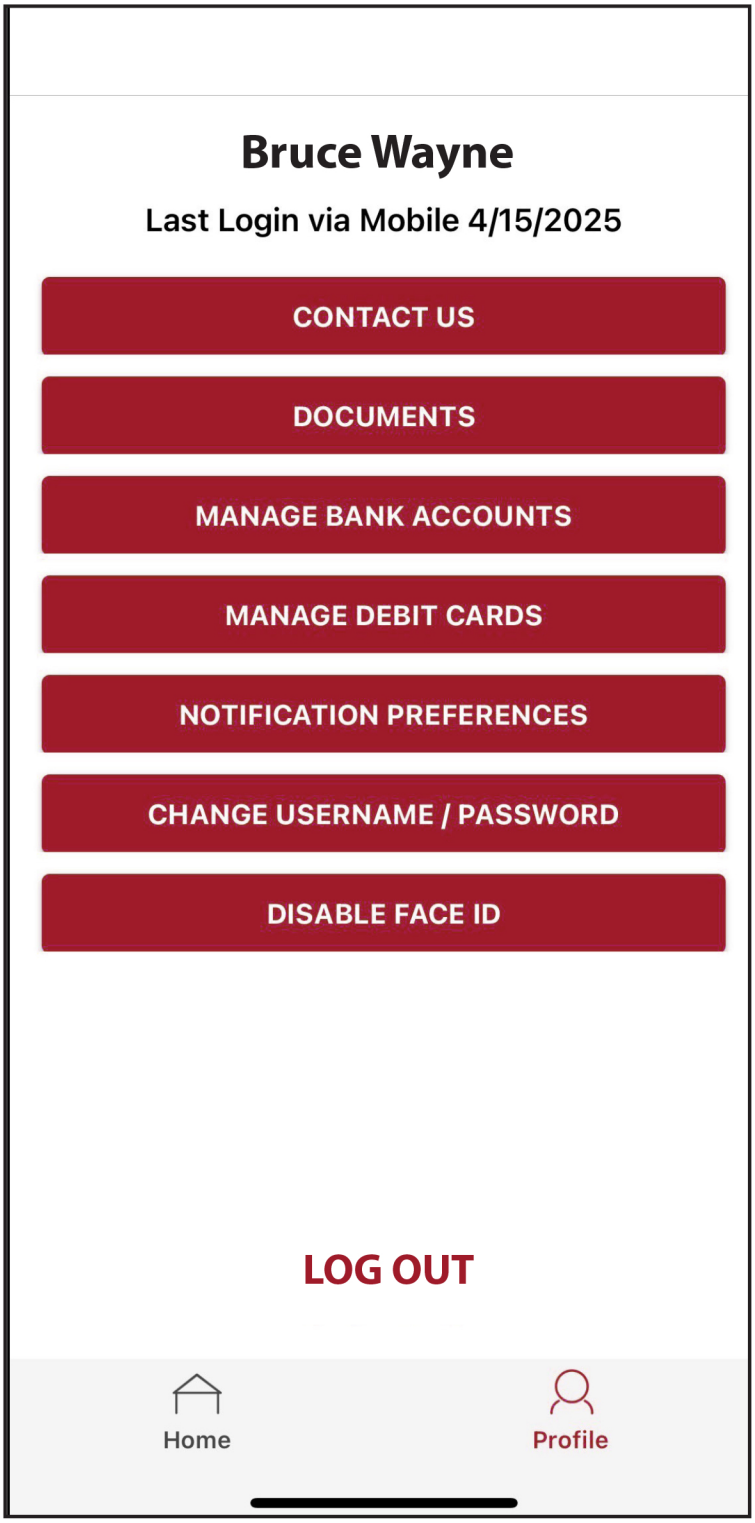
In the **Receipts** section you can see it lists the receipt that has just been uploaded.

Tap **New Receipt** to upload any additional receipts for this claim.

Or if that's the last receipt, tap the **HOME** icon.

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How to Substantiate a Card Swipe Using the Smartphone App



STEP 6:

You are done, and back on the home screen.

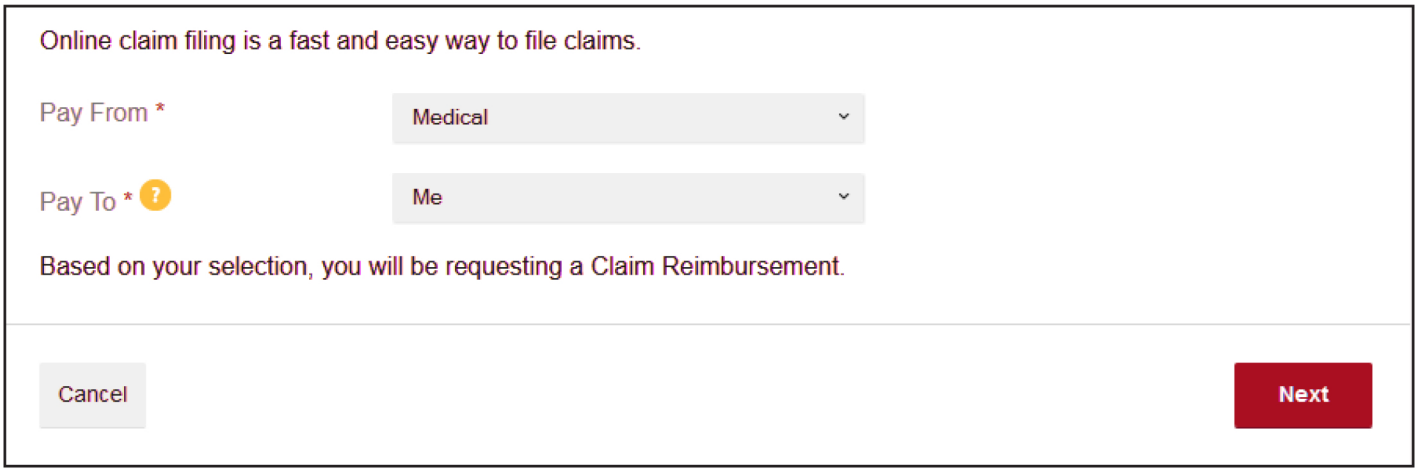
Select one of the other options, or tap **LOG OUT**

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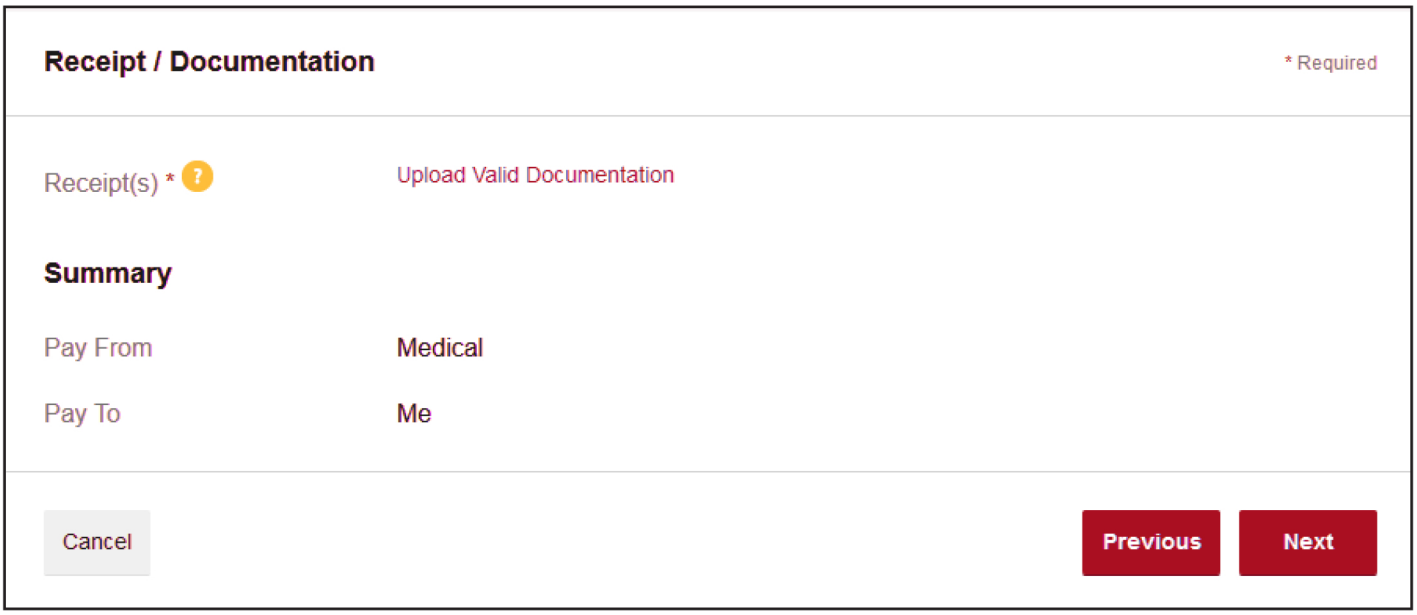
How to Submit a Claim Online Using the Wex Portal



Login in, and click the blue **Submit Claims** button. Make your selections and then click **Next**.



You will then need to click **Upload Valid Documentation** to continue.



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How to Submit a Claim Online Using the Wex Portal

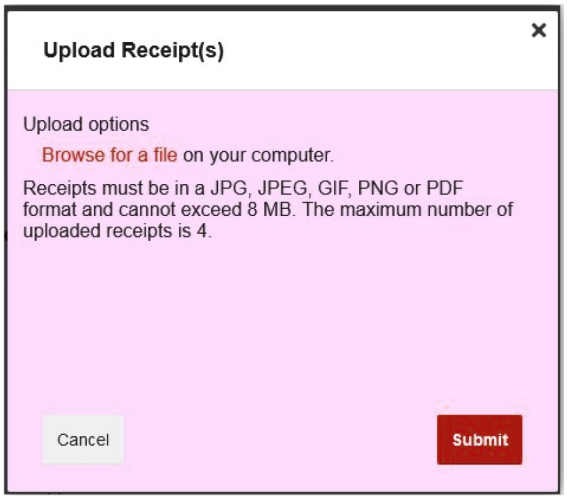
Medical Expense Valid Receipts

You must have one of the following valid receipts to substantiate your claim:

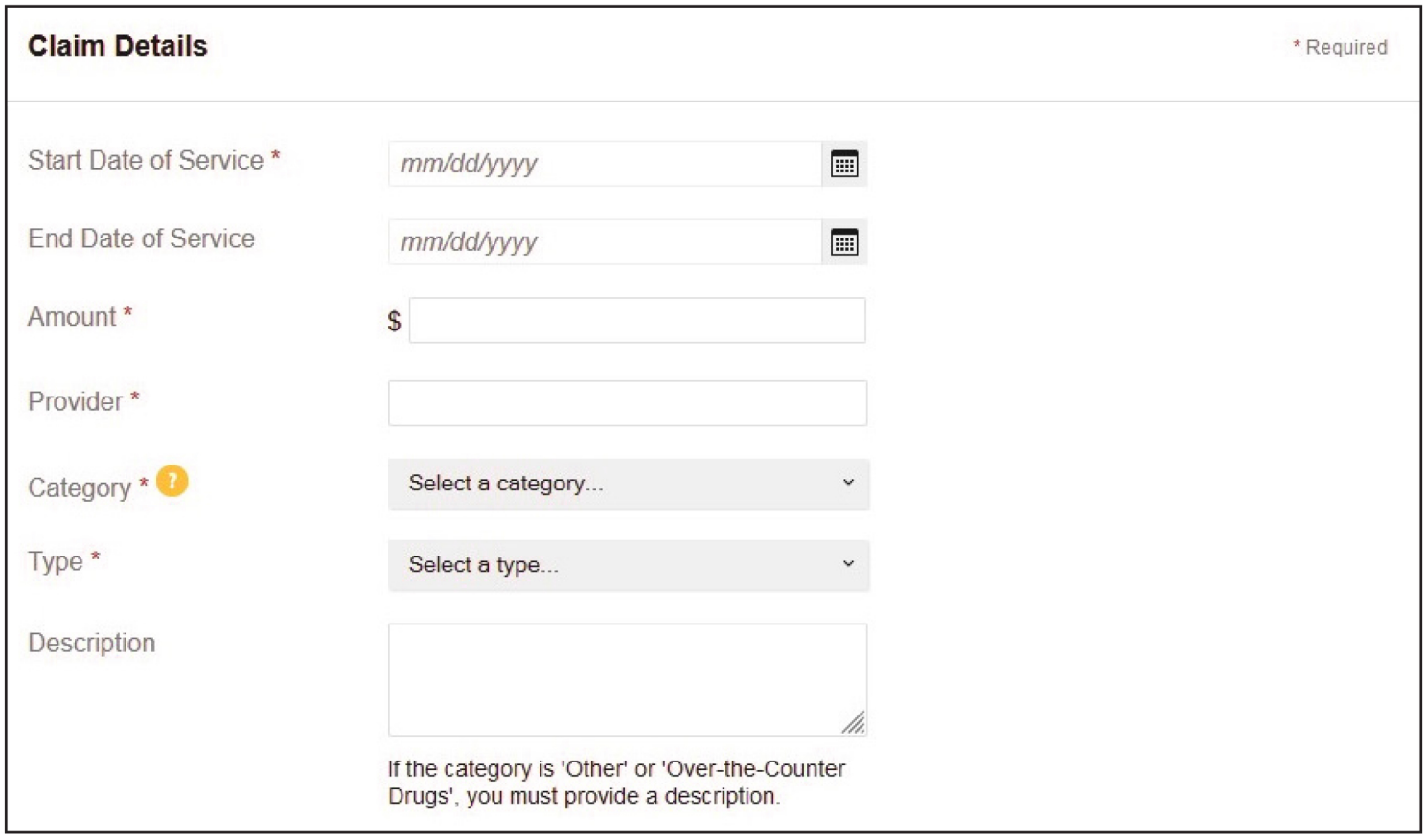
- Store/Pharmacy receipt, including name of product and date of service
- Co-pay receipt from medical provider, including date of service
- Itemized bill from medical provider, including date of service
- Insurance company's "Explanation of Benefits", including date(s) of service
- Canceled checks and credit card statements are not valid receipts

Effective 1/1/2011, over-the-counter drugs and medicines require a prescription in addition to a valid receipt, to be reimbursed. Over-the-counter supplies and equipment remain eligible for reimbursement with a valid receipt. Your receipts must contain the name of the product to be reimbursed.

Documentation from a physician must accompany receipts if they are for medical expenses that seem as if they would not be accepted for reimbursement. For example, cosmetic treatments or massage therapy are not typically reimbursable, but could be if prescribed by a physician.

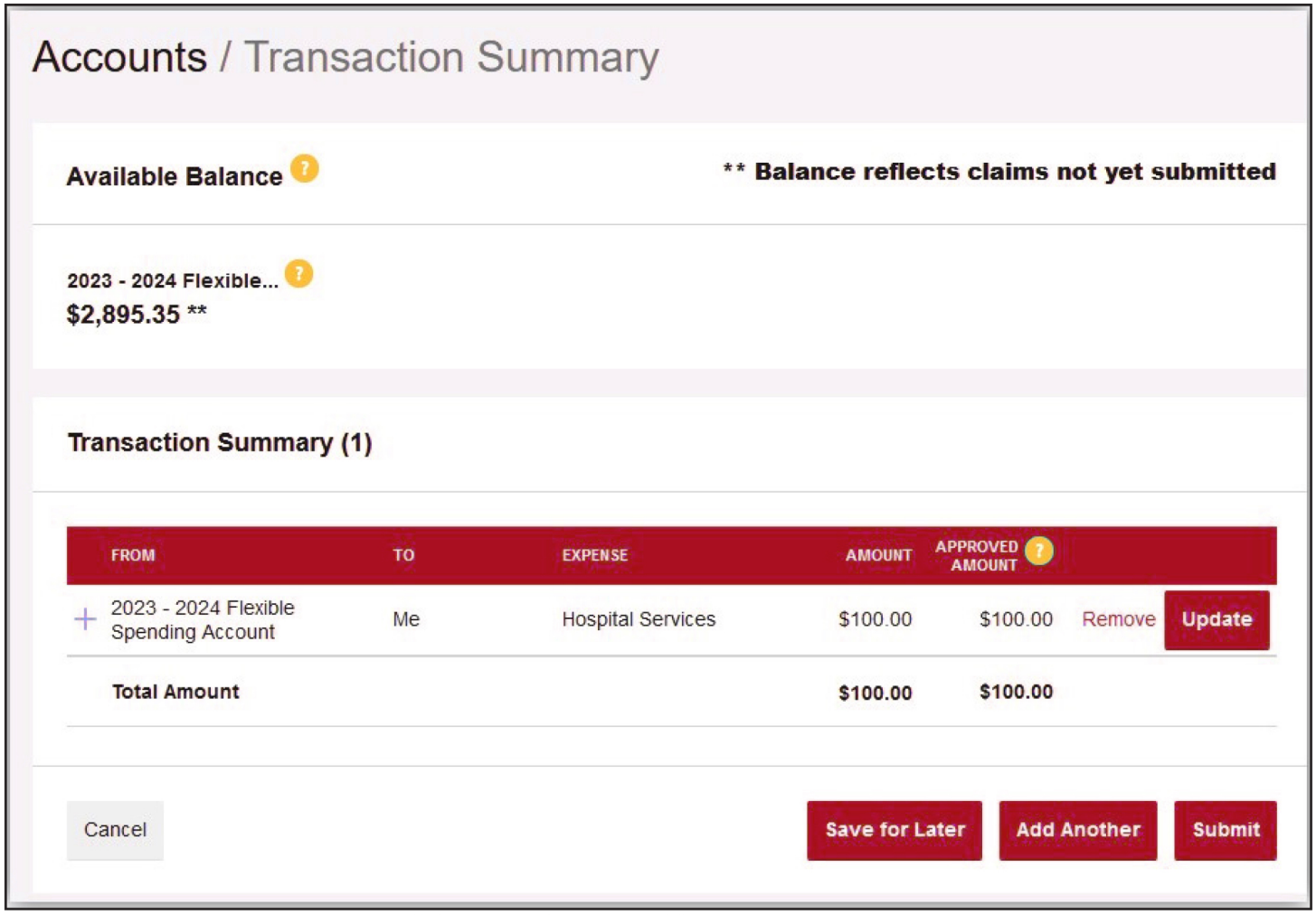


You are provided with examples of valid receipts required for claims reimbursements.
Click the **Browse for a File** link, and then select up to 4 receipts, and click the blue **Submit** button.
Now enter the claim details requested in the form below.

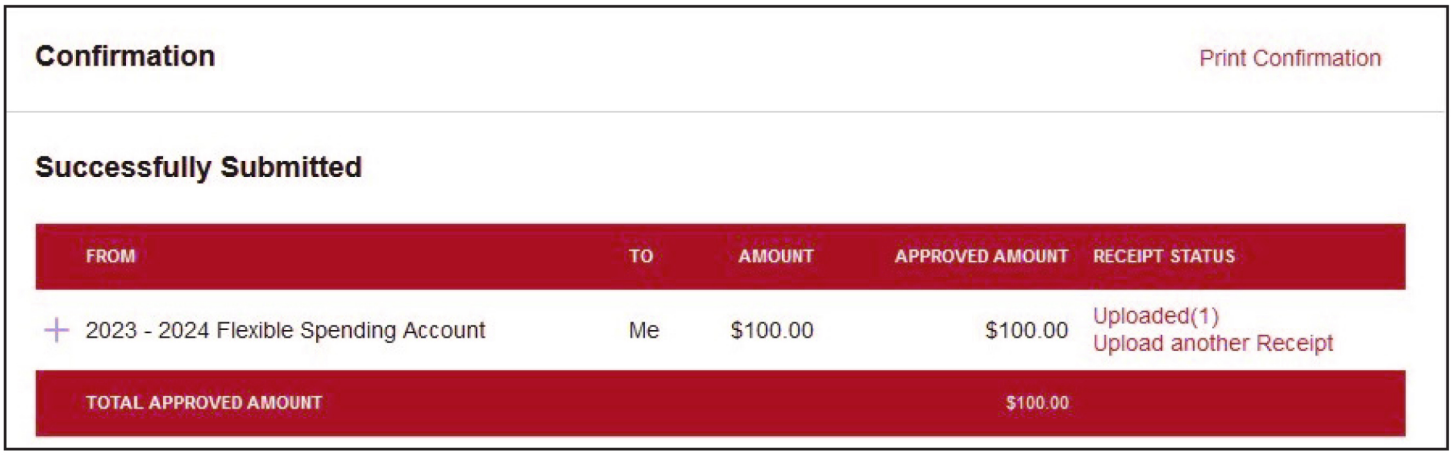


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How to Submit a Claim Online Using the Wex Portal



You will then be taken to the Transaction Summary Page.
Click the blue **Submit** button to finalize your submission.
This will take you to the confirmation page, where you can see your claim has been successfully submitted.



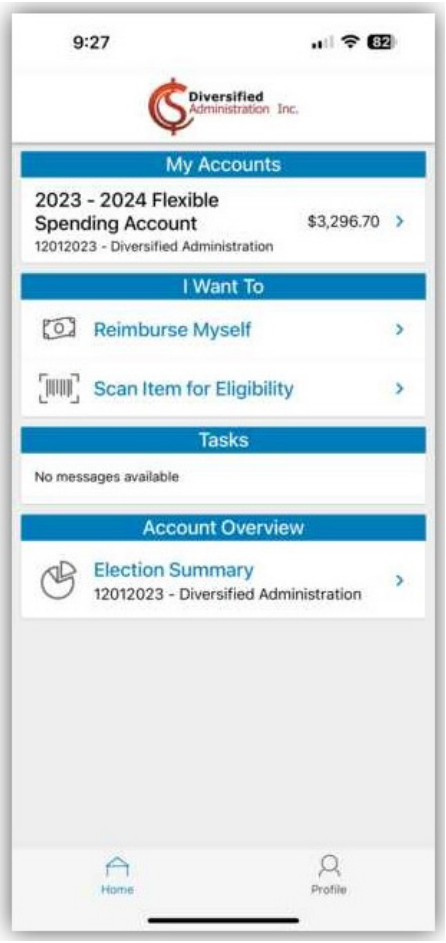
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Tax Savings For Employers & Employees

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How to Submit a Claim Using the Smartphone App

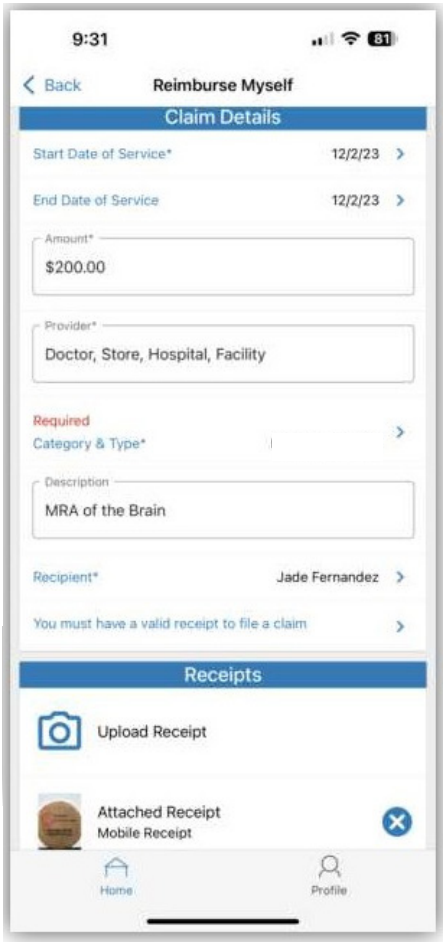
Use the QR code on the LEFT
to download the iPhone App

Use the QR code on the RIGHT
to download the Android App



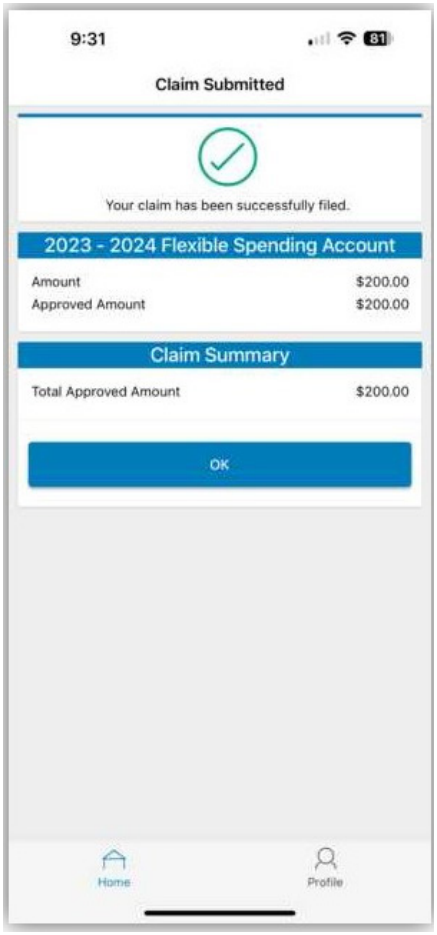
Open your smartphone app and log in to your account.

Once you've logged into the smartphone app, tap the blue **Reimburse Myself** link, near the top of the screen.



Enter the Dates of Service, Amount, Provider, Category & Type of Expense, and Description.

Once that has been entered you will need to upload a receipt before being able to click submit.

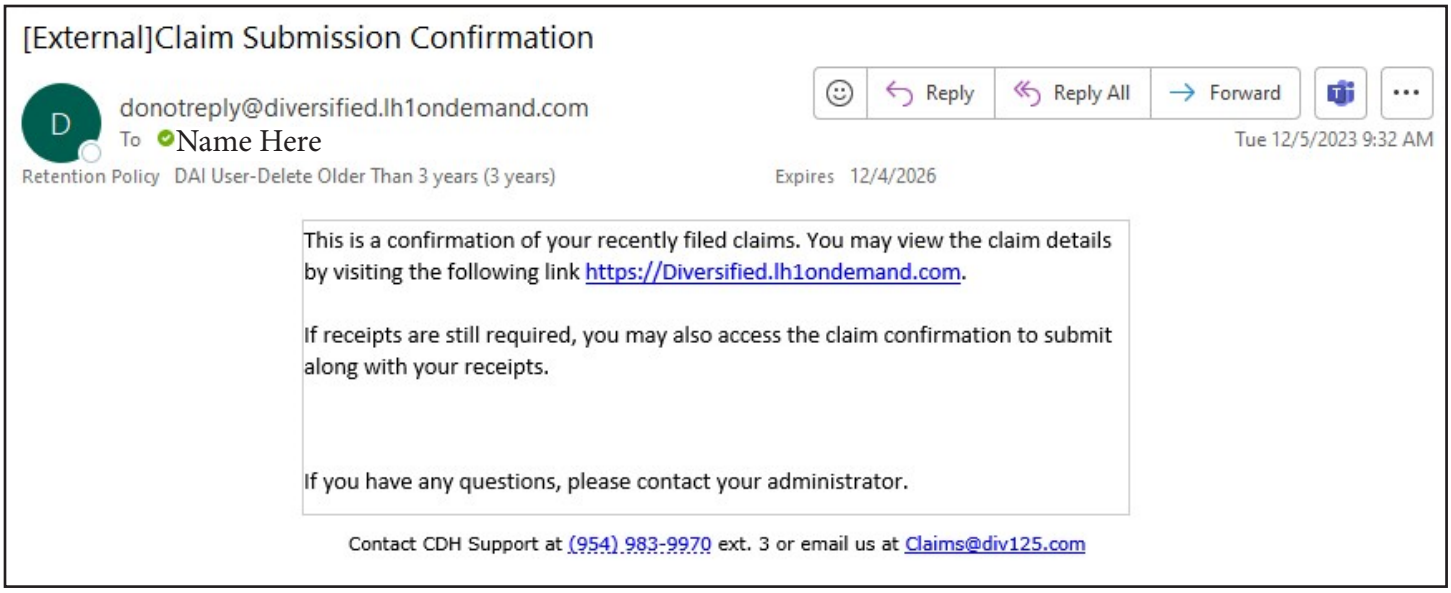


You will then be taken to a confirmation screen, which will show you the details of the claim just submitted.

Tap OK to go back to your home page.

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How to Submit a Claim Using the Smartphone App



[External]Claim Submission Confirmation

donotreply@diversified.lh1ondemand.com
To Name Here

Reply | Reply All | Forward

Tue 12/5/2023 9:32 AM

Retention Policy DAI User-Delete Older Than 3 years (3 years) Expires 12/4/2026

This is a confirmation of your recently filed claims. You may view the claim details by visiting the following link https://Diversified.lh1ondemand.com.

If receipts are still required, you may also access the claim confirmation to submit along with your receipts.

If you have any questions, please contact your administrator.

Contact CDH Support at (954) 983-9970 ext. 3 or email us at Claims@div125.com

After submitting your claim, you will receive a confirmation email like the one above.

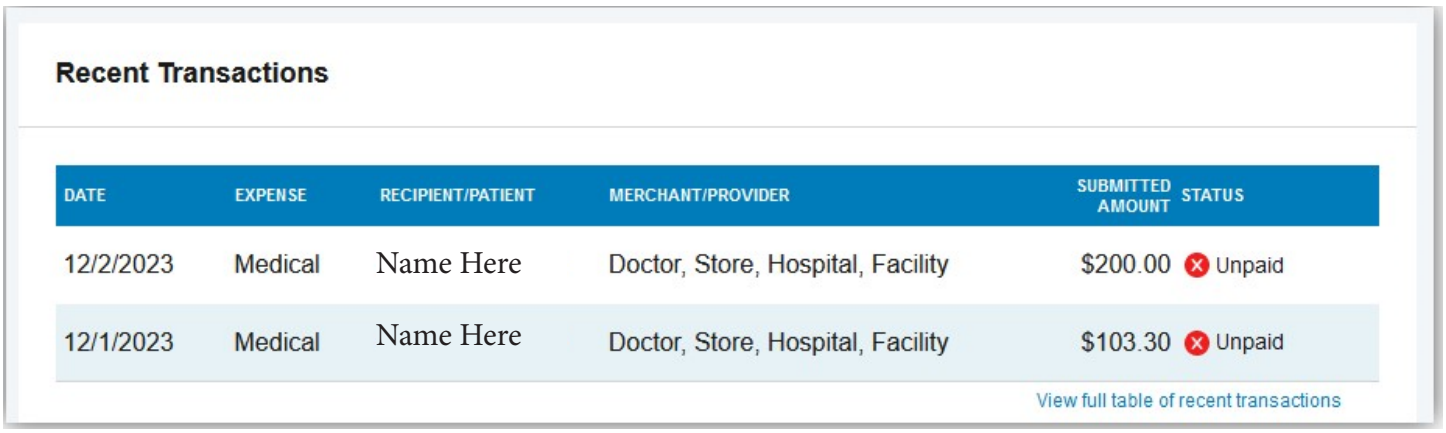


Accounts

12012023 - DIVERSIFIED ADMINISTRATION

	AVAILABLE
2023 - 2024 Flexible Spending Account	$3,096.70

The funds will already taken from the available balance, and will show as unpaid until its been reimbursed.



Recent Transactions

DATE	EXPENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	SUBMITTED AMOUNT	STATUS
12/2/2023	Medical	Name Here	Doctor, Store, Hospital, Facility	$200.00	Unpaid
12/1/2023	Medical	Name Here	Doctor, Store, Hospital, Facility	$103.30	Unpaid

View full table of recent transactions

Diversified
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Tax Savings For Employers & Employees

Thank you for the opportunity to provide you with unparalleled benefits administration services.

Contact Us at

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