



FSA { HEALTH & DEPENDENT CARE }

ENROLLMENT BOOKLET

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It's Time to Enroll in Flex Benefits

Flexible Spending Accounts (FSAs) are a great way to save taxes on money you spend for medical and dependent care expenses

That's because you do not pay income tax or Social Security tax on your election amount (the money you set aside). A Health FSA account is used for medical expenses, and a Dependent Care FSA (also known as a Dependent Care Assistance Plan) is used for child care expenses.

Health FSA

In a Health FSA account, you can put aside funds (up to the max per year, depending on your plan) to pay for unreimbursed medical, dental and vision expenses (that is, bills that are not paid by any insurance). This money is deducted from your pay before Federal and State withholding and FICA taxes are calculated. To access your FSA funds to pay medical expenses, just use your Mastercard® debit card to pay the bill (avoiding out-of-pocket cost), or file a manual claim for reimbursement by fax, email, postal mail, online, or via mobile app. Reimbursements can be deposited directly into your bank account.

To see a list of qualified medical expenses, see page 5.

Dependent Care Assistance Plan

With a Dependent Care FSA, you can set aside up to \$5,000 through your employer's cafeteria plan to cover care expenses for dependents while you're at work. DCAP applies to children from birth until their 13th birthday and can reimburse for daycare, preschool and pre-kindergarten, before- and after-school care, and summer camp (day camp only). You can also use a Dependent Care FSA to cover care costs for adult dependents who cannot take care of themselves while you're working.

Flexible Spending Account (FSA) Contribution Limits:

Health FSA: \$2,850

Dependent Care FSA: \$5,000

FSA Debit Card

Your employer is offering an FSA debit card to allow you to pay for eligible expenses without being out-of-pocket and waiting for reimbursement. The debit card is a payment facilitator that can be used at healthcare facilities, doctors, dentists and orthodontists, vision care providers, drug stores, and selected retailers.



You will receive a blue Summit benefits debit card.

Your debit card will be automatically approved when used for FSA-eligible items at any approved IIAS Qualified Merchant. When using your debit card, be sure to keep all receipts. Your benefits administrator may request them at any time to verify your purchase.



FSAs & Debit Card *FAQs*

Q: What if I am not covered or I do not have my dependents covered under my company's health insurance plan?

A: You and your family can still participate in the Health FSA or Dependent Care reimbursement account.

Q: Why should I participate in the Health FSA when I already have health insurance?

A: The Health FSA is used to pay for expenses that are not covered by most health insurance policies, such as co-payments, co-insurance, prescription drugs, glasses and contacts, orthodontics, dental care, and certain over-the-counter items, to name a few.

Q: Do I need to have a lot of expenses?

A: No. You should put aside only enough funds to cover what you expect to spend during the plan year. If you do not use the money, the IRS mandates that you lose it, unless your plan allows unspent Health FSA monies (up to a maximum of \$570) to be carried over to the next plan year. Review your Summary Plan Description (SPD) to see if your plan includes Carryover.

Q: How do I figure how much to set aside?

A: Review receipts and check registers to see what you typically spend out-of-pocket on medical expenses for yourself and qualified family members. Then think about what might be different this year that would cause an increase or decrease. **Use the FSA worksheet provided.**

Q: What is the minimum/maximum amount that I can put into my account?

A: These amounts are determined by your employer and specified in your SPD. The maximum cannot exceed the IRS-mandated maximums. **See the top of page 2.**

Q: When must expenses be incurred in order to receive reimbursement under the Health FSA?

A: Eligible medical expenses must be incurred during the plan year and while you are a Plan participant. "Incurred" means that the service or treatment has been provided. If you pay for an eligible expense in advance, you cannot be reimbursed until the service or treatment has actually been received. You also cannot be reimbursed with current plan year funds for expenses incurred:

- Before the plan year began;
- Before your election form became effective;
- After the close of the plan year; or,
- After a job separation or loss of eligibility (unless incurred during an applicable COBRA continuation period).

FSA Worksheet

Use this to estimate the amount you want to set aside in your flexible spending accounts

Insurance Deductibles.....\$ _____

Insurance Co-Pays.....\$ _____

Dental Deductibles.....\$ _____

Dental Expenses.....\$ _____

Vision Deductibles.....\$ _____

Vision Expenses.....\$ _____

Hearing Expenses.....\$ _____

Prescriptions.....\$ _____

Medical Equipment.....\$ _____

Chiropractor.....\$ _____

Other Medical Expenses.....\$ _____

Total Out-of-Pocket
Medical Expenses.....\$ _____

Divide by No. of Pay
Periods Per Year..... ÷ _____

= Per-Payroll Deduction
For Health FSA.....\$ _____

Dependent Care for Children under 13 years of age

Cost Per Week.....\$ _____

Multiply by 52 weeks.....X _____

Total Annual Cost.....\$ _____
(Maximum \$5,000)

Divide by No. of Pay
Periods Per Year..... ÷ _____

= Per-Payroll Deduction
For DCAP.....\$ _____



FSAs & Debit Card *FAQs*

Q: How do I access my FSA funds? What is the Summit debit card?

A: You will receive a benefits debit card that is linked to your FSA account. This is a limited-purpose Mastercard® that is coded for medical providers only. Having the Summit debit card lets you cover qualified expenses without first having to pay out-of-pocket and then wait for reimbursement. Although you have the option of setting a PIN for your card, a PIN is not necessary; to pay an expense, just swipe the Summit debit card as you would a regular credit card. If for any reason you did not use your card to pay an eligible expense, you can submit a claim for reimbursement (also known as a “request for distribution”).

Q: Do I have to keep up with receipts?

A: You should always keep your receipts, even when you use your FSA debit card. With an FSA card, your transactions should automatically be approved, however, your administrator may ask for the receipt at any time in order to verify a transaction. Without an FSA card, you will have to send in a signed claims form with valid claims documentation.

Q: What is required as claims documentation?

A: You must submit a copy of your statement, invoice, visit record, explanation of benefits (EOB), or other document that shows the date and type of service, amount charged, and provider. Canceled checks and credit card slips are not qualified receipts.

Q: What if I have a claim early in the plan year and do not have enough money in my account?

A: You are eligible for 100% of your Health FSA election at the start of the plan year, due to the “Uniform Coverage Rule.” Your payroll deductions will continue throughout the plan year to catch up on any expenses you have been advanced. For the Dependent Care FSA, you will be reimbursed as your deductions are deposited with your employer.

Q: If I put my own pre-tax money in a spending account, why would I lose it if I don't spend it?

A: This is an IRS requirement. If your plan does not include Carryover, you may have a grace period of up to 2.5 months from the end of the plan year to use any leftover funds. You may also have a run-out period from the end of the plan year to submit eligible claims. Refer to your SPD.

Q: Can I change my contributions during the year?

A: Only if you experience a qualified change of status, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status.

Q: Can Dependent Care expenses be reimbursed at the beginning of the month for care that will be provided later in that month?

A: No, regulations require that Dependent Care claims can only be reimbursed when a service has actually been received. If you pay in advance for a certain period of time, you cannot be reimbursed until the period has ended (i.e., until the care has been received).

Q: Can an employee who participates in Dependent Care FSA also claim the Dependent Care Tax Credit?

A: No. There is no ‘double-dipping.’ If you are using a DCAP you may not also elect the tax credit on the same money. Please consult with a tax preparer for more information.

Q: Does the provider have to do anything different to take the FSA debit card?

A: No. The card is compatible with standard Mastercard processing systems. The only requirement is that the provider's credit card Merchant Category Code matches one of those assigned to qualified goods and services (i.e., the card will not work at a gas station, pet store, hair salon, etc.)

Q: What if there is not enough money in my FSA when I swipe the card to pay an expense?

A: If the transaction exceeds your available balance (purse value), usually it will be declined. Some merchants can accept “split tender,” which means their system is able to charge your card only for the portion that equals your available balance and then ask for a different form of payment to cover the remainder.

Q: Are there any transaction limits on my FSA debit card?

A: Both the per-transaction limit and the maximum combined daily transaction limit for the Summit debit card is \$5,000.

Q: How can I check my account balance, card transactions, status of reimbursement claims, and so on?

A: You have account access 24 hours a day through your Summit online employee portal and through the Summit mobile app. To register and log in for the first time, refer to the welcome email that your benefits administrator will send after enrollment.

Q: What if I still need help after looking at my account?

A: Contact your benefits administrator, whose information can be found on the back cover of this enrollment booklet.

Eligible/Non-Eligible Expenses

FSA Eligible Health Care Expenses

Please note that we do not intend this list to be comprehensive tax advice. For more detailed information, please consult IRS Publication 502 or see your tax advisor. ***If prescribed for a particular ailment or medical condition; provider letter required.**

| | | |
|---------------------------------------|---|--|
| Acupuncture | Home health and/or hospice care | Physical therapy |
| Alcoholism treatment | Hospital services | Psychiatric care |
| Allergy shots and testing | Insulin | (psychologists, psychotherapists) |
| Ambulance (<i>ground or air</i>) | Laboratory fees | Radial keratotomy |
| Artificial limbs | LASIK eye surgery | Schools (<i>special, relief, or handicapped</i>) |
| Blind services and equipment | Medical alert (<i>bracelet, necklace</i>) | Sexual dysfunction treatment |
| Car controls for handicapped* | Medical monitoring and testing devices* | Smoking cessation programs |
| Chiropractor services | Nursing services | Surgical fees |
| Coinsurance and deductibles | Obstetrical expenses | Television or telephone for the hearing impaired |
| Contact lenses | Occlusal guards | Therapy treatments* |
| Crutches, wheelchairs, walkers | Operations and surgeries (<i>legal</i>) | Transportation (<i>essentially and primarily for medical care; limits apply</i>) |
| Dental treatment | Optometrists | Vaccinations |
| Dentures | Orthodontia | Vitamins* |
| Diagnostic tests | Orthopedic services | Weight loss programs* |
| Doctor's fees | Osteopaths | X-rays |
| Drug addiction treatment & facilities | Oxygen/oxygen equipment | |
| Drugs (<i>prescription</i>) | Physical exams (<i>except for employment-related physicals</i>) | |
| Eye examinations and eyeglasses | | |

Important Notice About Over-the-Counter (OTC) Medications

With passage of the Coronavirus Aid, Relief and Economic Security Act (CARES Act) in March 2020, OTC medications are once again eligible for purchase with FSA/HSA funds without the need for a prescription. In addition, menstrual care products are now also eligible for purchase with FSA/HSA funds without the need for a prescription. You can use either your debit card to purchase these items or submit the purchase receipt for reimbursement.

Common FSA Eligible OTC Medications and Products

| | | |
|--|---|---|
| Acne medications & treatments | Braces & supports | Laxatives |
| Allergy & sinus, cold, flu & cough remedies | Contact lens solution | Medicated bandaids & dressings |
| Antacids & acid controllers | Contraceptives (<i>condoms, gels, foams, suppositories, etc.</i>) | Menstrual Care Products |
| Antibiotic & antiseptic sprays, creams & ointments | CPAP equipment & supplies | Motion sickness remedies |
| Anti-diarrheals | Diabetic testing supplies/equipment | Smoking cessation aids |
| Anti-fungals | Durable medical equipment (<i>power chairs, walkers, wheelchairs, etc.</i>) | Nicotine patches and medications |
| Anti-gas & stomach remedies | Eczema & psoriasis remedies | smoking cessation aids |
| Anti-itch & insect bite remedies | Eye drops, ear drops, nasal sprays | OTC varieties of insulin |
| Anti-parasitics | First aid kits | Pain relievers (<i>aspirin, ibuprofen, acetaminophen, naproxen, etc.</i>) |
| Digestive aids | Hemorrhoidal preparations | Reading glasses |
| Baby care (<i>diaper rash ointments, teething gel, rehydration fluids, etc.</i>) | Home diagnostic (<i>pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.</i>) | Sleep aids & sedatives |
| Bandages and bandaids | Hydrogen peroxide, rubbing alcohol | Wart removal remedies, corn patches |
| Breast pumps for nursing mothers | | |

All OTC items listed are examples.

These items are commonly mistaken as eligible but do not meet the requirements:

| | | |
|---|--|---|
| Cosmetic surgery and procedures | Health programs, health clubs and gyms | Teeth whitening |
| Cosmetic Dental Procedures (<i>incl. teeth whitening</i>) | Insurance premiums (<i>not reimbursable under FSA</i>) | Vitamins & supplements without prescription |

Dependent Care Assistance Plan Guidelines

IRS permits you to exclude from your gross income a certain amount of the dependent care expenses that you pay in order to work (or look for work) and has provided two methods for you to do this. Under § 21, you can deduct your expenses as a Dependent Care Tax Credit when filing your income tax return. IRC § 129 allows you to participate in a Dependent Care Assistance Plan (DCAP) through your cafeteria plan.

- How do I know whether to use the DCAP under the cafeteria plan or the Dependent Care Tax Credit when filing my income tax return?

Generally, if your income tax bracket is 15% or less, you will probably come out ahead by filing for a tax credit on your income tax return. However, this varies depending on your filing status and how many dependents you have. For more information, see the IRS Publication 503, Child and Dependent Care Expenses.

- Must my spouse work also?

Your spouse must also be gainfully employed, in active search of gainful employment, be physically incapable of self-care, or be a full-time student. Unpaid volunteer work is not considered gainful employment.

If you divorce and remarry, your spouse must also be gainfully employed even if she has no legal connection with the children.

- What is a "qualified individual"?

There are two types of qualified individuals:

- Dependent 13 or younger. This is your dependent living with you (usually your child) for whom you are eligible to claim a dependency exemption on your income tax return.
- Disabled spouse or dependent. If your spouse (or dependent) is physically or mentally incapable of self-care, that person is a qualified individual. It is not necessary for you to be eligible to claim a dependency exemption on your income tax return for that person.

- What expenses can I claim under a DCAP?

You can only claim expenses that are "employment-related expenses" or expenses which pass both of the following tests:

- The dependent care is necessary for you (and your spouse) to be gainfully employed (or to actively search for gainful employment), and
- The dependent care (and incidental household services) is for one or more qualifying individuals.

The expenses are determined on a daily basis. This means that the dependent care for each day must be necessary for you (and a spouse, if any) to work. If you work Monday through Friday and your spouse works Thursday through Sunday, only the dependent care for Thursday and Friday are eligible since those are only the two days both of you work.

The following expenses are **not** reimbursable:

- Overnight Camp (not even if the charges for day and night are split out)
- Care where the provider is your child that is under 19 years old
- Care provided by a day care center that does not comply with state or local law
- Payment to someone that you or your spouse could claim as a dependent for federal income tax purposes
- Services provided outside your household for dependent incapable of self-care unless that person spends at least eight hours a day in your household
- Educational expenses for kindergarten and above

- How much can I claim?

The most you can claim in a calendar year is the smallest of the following amounts:

\$5,000 if you are married and filing a joint return or you are single (\$2,500 if you are married, but filing separately), Your earned income, or

If you are married at the end of the taxable year, your spouse's earned income.

If your wife is physically incapable of self-care or is a full-time student, your wife will be considered to have an imputed earned income of \$200 for one child or \$400 per month for two or more children.

- How do I get reimbursed?

AWM will reimburse via direct deposit each pay period the amount that is deducted pre-tax from your paycheck for the DCAP plan.

- What happens if I change day care providers or the provider changes rates?

IRS has realized the difficulties these issues raise for employees and has become very liberal in allowing changes for day care. You can change your election if your day care provider changes rates unless the day care provider is a relative. If you switch day care providers, you can change your election accordingly.

- What happens if I do not have enough expenses to be reimbursed for the whole amount that I have contributed?

The regulations for cafeteria plans do not allow any unused contributions to be carried forward to the next plan year or to be refunded to you. Be careful estimating your expenses. The deductions are reflected on your W2 and the expenses are report on your federal income taxes. If you have been deducted more than you have spent on eligible items, you will be taxed on these funds.



Welcome to Mobile Summit

Benefits at Your Fingertips

Access your employee benefits account information on your mobile device with the Mobile Summit app for Apple and Android.

- ✓ **View Accounts** – Access detailed balance and account information, including alerts.
- ✓ **Card Activity** – Review transaction information, including whether receipts are needed.
- ✓ **Enter a Claim** – Easily file a claim using your smartphone or mobile device. Just open a claim using the app, fill in some details onscreen, take a photo of the receipt with your smartphone camera, and upload. Claims filing couldn't be easier!



Locating and Loading the Mobile Summit App



Search for "Mobile Summit" on the App Store for Apple products or in the Google Play Store for Android products, and load as you would any other app.

Logging in

Mobile Summit uses the same login credentials as the online participant portal. Once you have registered online, log in to Mobile Summit using the same username, password, and TPA code 88. After logging in to the app, you will be on the home page which lists your navigation options.

Getting Help



Click the Contact icon located in the 3 line menu at the top of the page to access contact information for your administrator, who will be able to provide assistance.

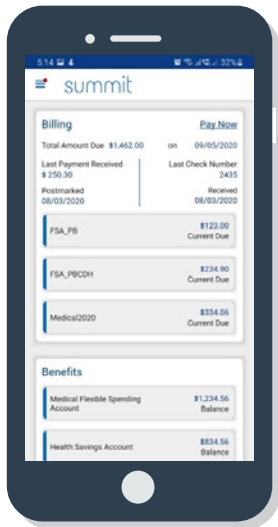
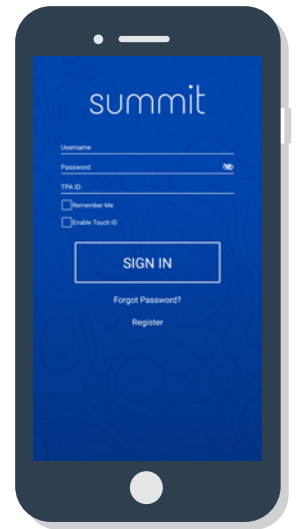
summit Mobile Quick Start Guide

Logging In

Open the Mobile Summit app. Use the same username and password to log in that you use to log in to the full Summit portal online.

What You Can Do with Mobile Summit

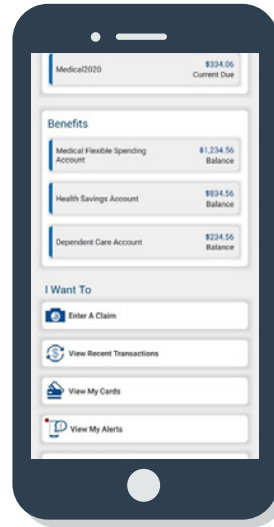
Once you log in, the Home page displays on the screen. Tap the icons to access the available features:



Homepage –

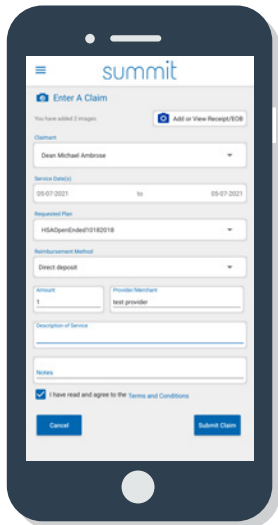
The Billing section will display for participants who have at least one Premium Billing coverage (COBRA, direct or retiree billing). View details about your account or click Pay Now to pay a premium that is due.

The Benefits section displays all active and prior year benefits and their balance for participants with CDH benefits (FSA, DCAP, HRA, HSA, Transit). Navigate to the Account Detail page by clicking on a particular benefit.



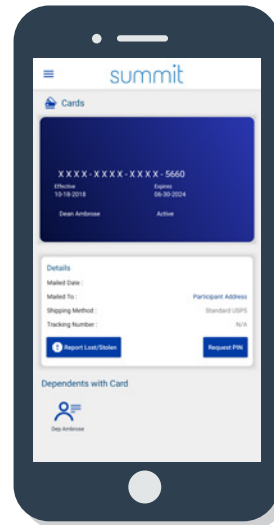
I Want to –

The I Want To section at the bottom of the homepage allows you to quickly access available features of the app. You can easily navigate to enter a claim, request a withdrawal or reimbursement, view recent transactions, view alerts, and update your profile. Premium Billing only participants will see the menu items that pertain to billing activities.



Enter a Claim –

Mobile Summit provides a quick, convenient, and secure way to file claims using your smartphone's camera. Enter claim information including Claimant, Service Dates, Amount, Provider/Merchant, and Reimbursement Method, then upload a photo of the receipt or EOB, and submit for processing.



Cards –

View card details shows the name on the card issued to you, the card number, expiration date, and current status. You may also view dependents who hold cards. If your card is lost or stolen, you may report it through this screen.



Transactions – Access a list of transactions across all accounts, sorted by date. Select a transaction to view details.



Profile – Access your profile and view information. You may edit information from this screen.



Alerts – View all alerts for your accounts and cards.

Election Form

- If not electing for the current year, please fill in name at top and sign at the very bottom to waive participation -

Employer Name (Please Print) _____

Employee Last Name _____ First Name _____ Middle Initial _____

Address City _____ State _____ Zip _____

Social Security Number _____ Home Phone () _____ Work Phone () _____

Employee Email Address _____

I hereby authorize and direct my employer to reduce my earnings in the amount necessary to fund my Cafeteria Plan as indicated below. I understand such reductions, considered elective contributions under the Plan, will start with my first paycheck dated after the plan year begins. I understand that the purpose of this program is to allow employees to select qualified benefits within the guidelines of the Internal Revenue Code. I also understand that the flexible spending account plan(s) will allow me to be reimbursed for eligible out-of-pocket medical, dental, vision and/or dependent care expenses.

I choose to participate in Flexible Spending Account (FSA) elections.

Health FSA – Medical Expenses..... \$ _____ (Annual Amt.)

DCAP – Dependent Care (Child Care) Expenses..... \$ _____ (Annual Amt.)

I choose the debit card for my payment method.

I understand that the debit card is restricted to certain merchant categories and is not accepted at all Mastercard® acceptance locations. I understand that I may not obtain a cash advance with the debit card at any merchant, bank or ATM. I understand that the debit card is to be used exclusively for Qualified Expenses as defined by the plan(s) in which I participate. If the debit card is issued pursuant to Employer Plans and I use the Card for an expense that is not a Qualified Expense I am indebted to my Employer and must repay the full amount of the non-qualified expense. I agree to save all invoices and receipts related to any expenses paid with the debit card; upon request I must submit these documents for review by the benefits administrator. Failure to submit the receipt(s) will cause the expense to be treated as a non-qualified expense and I will be required to remit payment to my Employer. Payment may be in the form of an offsetting claim, personal check, electronic draft from my personal checking or savings account, a post-tax deduction from my paycheck, or other options established by my employer.

Additional Card Requested: Name on 2nd Card (cannot be same as Employee) _____

I choose Direct Deposit for my payment method.

Routing Transit Number
(All 9 boxes must be filled)

Account Number
(Include hyphens, but not spaces or special symbols)

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ATTACH A VOIDED CHECK HERE
DO NOT attach a Deposit Slip because deposit slips often do not show all the needed information

I understand this salary reduction agreement will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in my family status. I hereby certify the above information to be correct and true and I choose to participate.

Signature _____ Date _____

OR I choose not to participate in the FSA for this plan year (sign bottom line).

Signature _____ Date _____

Claim Form – Health FSA Reimbursement or Card Substantiation

Please check here if new mailing address

Please check here if new email address

Employer Name (Please Print) _____

Employee Last Name _____ First Name _____ Middle Initial _____

Address City _____ State _____ Zip _____

Social Security Number _____ Home Phone () _____ Work Phone () _____

Employee Email Address _____

Please read the Reimbursement Account Rules and Claim Filing Instructions before completing this claim.
All information below must be completed.

| Debit Card Purchase? | Service Date (mm/dd/yyyy) | Patient Name & Relationship | Provider Name & Address | Description of Service | Amount |
|--|---------------------------|-----------------------------|-------------------------|------------------------|-----------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | \$ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | \$ |
| Total | | | | | \$ |

Employee's Certification for Disbursement

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return. I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee's Signature _____ Date ____ / ____ / ____
mm/dd/yy

For fastest reimbursement, please submit claims via FAX, EMAIL or MOBILE APP



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PO Box 380968
Birmingham AL 35238
support@awm.cc